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Evidence Base: Mindfulness & Mental Health / Addictions

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Over the last 20 years or so, a significant number of research studies have been conducted on the effectiveness of mindfulness meditation and related practices in relation to mental health (particularly anxiety and depression) and addictions, through Mindfulness-Based Relapse Prevention and other specialized programs.

What follows is a sampling of these studies. Many more are available online.

Anxiety

1. “The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review” (2010), Hoffman, S. G., et al, *Journal of Consulting and Clinical Psychology*, (78(2), 169–183).
 - Based on 39 studies, including 1,140 participants.
 - “Results suggest that mindfulness-based therapy is a promising intervention for treating anxiety and mood problems in clinical populations.”

2. “Three-year follow up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders” (1995), John J. Miller MD, Jon Kabat-Zinn, et al, *General Hospital Psychiatry*, (Volume 17, Issue 3, May 1995, Pages 192-200).
 - “A previous study of 22 medical patients with DSM-III-R-defined anxiety disorders showed clinically and statistically significant improvements in subjective and objective symptoms of anxiety and panic following an 8-week outpatient physician-referred group stress reduction intervention based on mindfulness meditation.”
 - In the three-year follow up, researchers noted maintenance of the gains that had been reported previously.
 - “We conclude that an intensive but time-limited group stress reduction intervention based on mindfulness meditation can have long-term beneficial effects in the treatment of people diagnosed with anxiety disorders.”

(Over)

3. “Mindfulness-Based Cognitive Therapy for generalized anxiety disorder” (2008), Susan Evans, et al, *Journal of Anxiety Disorders*, (Volume 22, Issue 4, May 2008, Pages 716-721).
 - 11 participants with a mean age of 49 completed the study.
 - “MBCT may be an acceptable and potentially effective treatment for reducing anxiety and mood symptoms and increasing awareness of everyday experiences in patients with GAD”.

Depression

1. “Prevention of relapse/recurrence of major depression by mindfulness-based cognitive therapy” (2000), Teasdale, J.D, et al, *Journal of Consulting and Clinical Psychology*, (68(4), 615–623).
 - 145 recovered recurrently depressed patients participated in either the study group or treatment as usual.
 - “For patients with 3 or more previous episodes of depression (77% of the sample), MBCT significantly reduced risk of relapse/recurrence.”
 - For patients with only two previous episodes, this was not the case.
2. “The Effects of Mindfulness Meditation on Cognitive Processes and Affect in Patients with Past Depression” (2004), Wiveka Ramel, et al, *Cognitive Therapy and Research*, (Volume 28, Pages 433–455).
 - Individuals with lifetime mood disorders underwent an 8-week training in Mindfulness-Based Stress Reduction.
 - The principal change anticipated was a reduction in ruminative tendencies.
 - “Overall, the results suggest that MM (mindfulness meditation) practice primarily leads to decreases in ruminative thinking, even after controlling for reductions in affective symptoms and dysfunctional beliefs.”
3. “Effectiveness and cost-effectiveness of Mindfulness-Based Cognitive Therapy compared with maintenance antidepressant treatment in the prevention of depressive relapse or recurrence (PREVENT): a randomized controlled trial”, Dr. Willem Kuyken PhD, et al, *THE LANCET*, (Volume 386, Issue 9988, 4–10 July 2015, Pages 63-73).
 - “We aimed to see whether MBCT with support to taper or discontinue antidepressant treatment (MBCT-TS) was superior to maintenance antidepressants for prevention of depressive relapse or recurrence over 24 months.”
 - 212 patients were in the MBCT group, and 212 patients were in the maintenance antidepressant group.
 - “The time to relapse or recurrence of depression did not differ between MBCT-TS and maintenance antidepressants over 24 months... nor did the number of serious adverse events.”

Addictions

1. “Mindfulness-Based interventions (MBIs) for the treatment of substance and behavioural addictions. A systematic review” (2018), Marta Sancho, et al., *Frontiers in Psychiatry*, (29 March 2018).
 - 54 randomized controlled trials (2009 - 2017) involving mindfulness-based interventions for substance (e.g. smoking and alcohol) and behavioral (e.g. gambling) addictions were included in the development of a narrative synthesis.
 - “These treatments were successful for reducing dependence, craving, and other addiction-related symptoms by also improving mood state and emotion dysregulation.
 - “The revised literature shows support for the effectiveness of the MBIs. Future research should focus on longer follow-up assessments as well as on adolescence and young population...”

2. “Retraining the addicted brain: A review of hypothesized neurobiological mechanisms of mindfulness-based relapse prevention” (2013), Witkiewitz, K., et al, *Psychology of Addictive Behaviors*, (27(2), 351–365).
 - “The mindfulness practices in MBRP are intended to increase discriminative awareness, with a specific focus on acceptance of uncomfortable states or challenging situations without reacting ‘automatically.’”
 - “A recent efficacy trial found that those randomized to MBRP, as compared with those in a control group, demonstrated significantly lower rates of substance use and greater decreases in craving following treatment.
 - [Note: Co-author Sarah Bowen was co-author of the ground-breaking book, *Mindfulness-Based Relapse Prevention for Addictive Behaviors*]

3. “Randomized trial comparing mindfulness-based relapse prevention with relapse prevention for women offenders at a residential addiction treatment center” (2014), Witkiewitz, Katie, et al, *Substance Use & Misuse*, (Volume 49, 2014 - Issue 5).
 - This study compared mindfulness-based relapse prevention (MBRP) with standard relapse prevention (with cognitive behavioural therapy).
 - 105 women were referred by the criminal justice system.
 - “At 15-week follow up, regression analyses found women in MBRP, compared to RP, reported significantly fewer drug use days and fewer legal and medical problems.”