

Article:

Mindfulness-Based Interventions in Psychiatry

Benjamin G. Shapero, Ph.D., Jonathan Greenberg, Ph.D., Paola Pedrelli, Ph., Marasha de Jong, M.D., and Gaelle Desbordes, Ph.D.

Abstract:

Mindfulness meditation has a longstanding history in eastern practices that has received considerable public interest in recent decades. Indeed, the science, practice, and implementation of Mindfulness Based Interventions (MBIs) have dramatically increased in recent years. At its base, mindfulness is a natural human state in which an individual experience and attends to the present moment. Interventions have been developed to train individuals how to incorporate this practice into daily life. The current article will discuss the concept of mindfulness and describe its implementation in the treatment of psychiatric disorders. We further identify for whom MBIs have been shown to be efficacious and provide an up-to-date summary of how these interventions work. This includes research support for the cognitive, psychological, and neural mechanisms that lead to psychiatric improvements. This review provides a basis for incorporating these interventions into treatment.

Conclusion:

Although mindfulness practice has a longstanding history, it is only since the late 20th century that mindfulness interventions have been incorporated into western medicine. Despite this relative short history, MBIs have garnered considerable support for their efficacy to treat psychiatric disorders. Numerous research investigations have shown that MBIs are efficacious for reducing depression relapse and treating depression symptoms. In addition, these interventions reduce symptoms across psychiatric disorders with mounting support for anxiety disorders, bipolar disorder, eating disorders, and substance use disorders. Although we know much about the patient populations that may benefit from receiving mindfulness training, we do not yet know for whom MBI treatment may work best. With a movement towards more personalized care, it is important to identify for whom these interventions may work best and for those who may not be helpful. For example, some research has shown that those with a chronic history of depressive episodes may benefit the most from MBCT, however there are many other factors that may contribute to optimal clinical outcomes. Further work is needed to give clinician's a better understanding of the best candidates for MBI and when to refer for treatment. Much work is still needed to enhance our understanding of MBIs so that they may have a broad public health impact (92).

Research has also provided evidence for the mechanisms on how mindfulness-based interventions improve psychological health. MBIs have been shown to increase positive psychological attributes like mindfulness, meta-awareness, and self-compassion. In addition, MBIs have been shown to reduce negative thinking patterns and reactions associated with psychopathology such as rumination, worry, and emotional reactivity. Further, mindfulness interventions may reduce cognitive deficits that are associated or a result of psychiatric disorders such as overgeneral autobiographical memory, poor attention regulation, and cognitive rigidity. Mindfulness meditation may also be associated with neural changes. Some research supports the association of structural and functional differences between those

who meditate and those who do not. However, further research is needed to establish a direct causal model associated with brain changes with MBIs.

Although the efficacy of MBIs has been extensively studied further work is needed to integrate these interventions into standard practice. Additionally, limited studies have examined the effectiveness of MBIs in real-life settings (92) and how best to disseminate these efficacious interventions into the community. A key issue in this regard is the training of practitioners in empirically supported MBIs. Further, although mindfulness interventions may reduce psychiatric symptoms on their own, it is less clear whether they can serve as an adjunctive treatment to current psychotherapy or psychopharmacological interventions. It is likely the case that these group-based programs can be added to standard care, however research is needed in order to make strong recommendations for providers. In sum, the science and practice of MBIs have proven to have clear benefit among those with psychiatric disorders. The field is at a stage in which the decades of research in this efficacy needs now turn to effectiveness trials to make a broad impact and integration in health care.