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## Mindfulness-based interventions for the treatment of depressive rumination: Systematic review and meta-analysis



Lilisbeth Perestelo-Perez<sup>a,b,\*</sup>, Jorge Barraca<sup>c</sup>, Wenceslao Peñate<sup>d</sup>, Amado Rivero-Santana<sup>b,e</sup>, Yolanda Alvarez-Perez<sup>e</sup>

<sup>a</sup> Servicio de Evaluación del Servicio Canario de la Salud, Spain

<sup>b</sup> Red de Investigación en Servicios de Salud en Enfermedades Crónicas (REDISSEC), Spain

<sup>c</sup> Universidad Camilo José Cela, Spain

<sup>d</sup> Universidad de La Laguna, Spain

<sup>e</sup> Fundación Canaria de Investigación en Salud (FUNCANIS), Spain

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### KEYWORDS

Depression;  
Meta-analysis;  
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Systematic review

**Abstract** *Background/Objective:* This systematic review aims to evaluate the effect of interventions based on the mindfulness and/or acceptance process on ruminative thoughts, in patients with depression. *Method:* Electronic searches in Medline, Embase, Cochrane Central, PsycInfo, and Cinahl until December 2016, in addition to hand-searches of relevant studies, identified eleven studies that fulfilling inclusion criteria. *Results:* A meta-analysis of the effect of the intervention compared to usual care showed a significant and moderate reduction of ruminative thoughts ( $g = -0.59$ , 95% CI:  $-0.77$ ,  $-0.41$ ;  $I^2 = 0\%$ ). Furthermore, findings suggest that mindfulness/acceptance processes might mediate changes in rumination, and that they in turn mediate in the clinical effects of interventions. A meta-analysis of three studies that compared the intervention to other active treatments (medication, behavioral activation and cognitive-behavioral therapy, respectively) showed no significant differences. *Conclusions:* Mindfulness-based cognitive therapy compared to usual care, produces a significant and moderate reduction in rumination. This effect seems independent of the treatment phase (acute or maintenance) or the number of past depressive episodes, and it was maintained one month after the end of treatment. However, further controlled studies with real patients that

\* Corresponding author: Servicio de Evaluación del Servicio Canario de la Salud, Camino Candelaria, s/n, 38109 El Rosario, Santa Cruz de Tenerife, España.

E-mail address: [lperperr@gobiernodecanarias.org](mailto:lperperr@gobiernodecanarias.org) (L. Perestelo-Perez).

**PALABRAS CLAVE**

Depresión;  
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compare the most commonly used cognitive-behavioral techniques to treat ruminative thoughts to the acceptance and mindfulness techniques are needed.

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### Intervenciones basadas en Mindfulness para el tratamiento de rumiaciones en depresión: revisión sistemática y metaanálisis

**Resumen** *Antecedentes/Objetivo:* Revisión sistemática para evaluar el efecto de las intervenciones basadas en la atención plena y/o en el proceso de aceptación de pensamientos rumiativos en la depresión. *Método:* Búsquedas sistemáticas en Medline, Embase, Cochrane Central, PsycInfo y Cinahl hasta diciembre 2016 y búsquedas manuales identificaron once estudios. *Resultados:* Un metanálisis que comparó el efecto de la intervención basada en Mindfulness con la atención habitual mostró una reducción significativa y moderada de pensamientos rumiativos. Los hallazgos sugieren que los procesos de atención/aceptación producen cambios en las rumiaciones e influyen en el efecto clínico de las intervenciones. Otro metanálisis con estudios que compararon la intervención basada en Mindfulness con otros tratamientos activos (medicación, activación conductual y terapia cognitivo-conductual, respectivamente) no mostraron diferencias significativas ( $g = -0,02$ , 95% CI:  $-0,39$ ,  $0,35$ ;  $I^2 = 0\%$ ). *Conclusiones:* Mindfulness en comparación con la atención habitual, produce una reducción significativa y moderada en la rumia. Este efecto parece independiente de la fase de tratamiento o del número de episodios depresivos pasados, y se mantuvo un mes después del final del tratamiento. Sin embargo, se necesitan más estudios controlados con pacientes reales que comparen las técnicas cognitivo-conductuales más utilizadas para tratar los pensamientos rumiativos con técnicas de aceptación y atención plena.

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The interventions based on the Mindfulness-Based Stress Reduction Program (MBSR; Kabat-Zinn, 1990) and on the Mindfulness-based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002) can be considered the most widespread treatments among clinical psychologists who promote mindfulness for the treatment of depression and cognitive rumination. Both are very similar in structure, learning format and even in the active principles, although some differences between them have also been pointed out (Crane et al., 2012; Johnson, Mullen, Smith, & Wilson, 2016). These two ways of treating human suffering have also been encompassed in so-called third-wave therapies (Hayes, 2004). According to Hayes (2004), although these therapies do not have a unique theoretic framework and did not emerge at the same time, they shared some common features. These features include the recovery of a functional-contextual interpretation of behavior, incorporating natural language analysis into the therapeutic field with an emphasis on the development of broader and more flexible behavioral repertoires, values and expectations. But what it is more important, contrary to second-wave therapies and cognitive-behavior therapies (CBT), which direct efforts on modifying or eliminating maladaptive thoughts (and actions), third-wave therapies emphasize acceptance of those thoughts, as a strategy to overcome them. Therefore, they have finally generically adopted the label of

“mindfulness and acceptance based interventions”, integrating four core process: the interest in acceptance, the defusion process, the relevance of “here and now”, and the “self as context” (Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Hayes, Levin, Plumb-Villardaga, Villatte, & Pistorello, 2013).

Essentially, the aim of interventions based on mindfulness and acceptance is to adopt a non-combative posture and serene conformity with the onset of physical problems (such as certain chronic pains), or psychological events (e.g. unpleasant memories, feelings of anxiety or depression, fears and threats). The acceptance process consists of individuals having direct and full contact with these experiences, without any psychological defense against them. However, this does not mean maintaining a general resigned attitude, or to abandon any direct effort to change, but to focus on acting on aspects of life more easily changeable, such as overt behavior and the life situations that generate certain emotions (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Thus, people move from an attitude where thoughts or feelings are literally believed (and they must act), to one where they are simply warned. As a result, the negative impact of these thoughts, memories or feelings decreases (even if the frequency or intensity of these events is maintained).

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