CRD summary
The findings suggested a process by which individuals attending group mindfulness-based interventions renegotiated their relationship with their mental health difficulties. This conclusion reflects the evidence presented and seems likely to be reliable.

Authors' objectives
To examine the experience of mindfulness-based interventions for individuals with mental health difficulties.

Searching
PubMed, PsycINFO, CINAHL and Web of Science were searched for articles published in English. Search terms were reported. There were no date limits on the search. Reference lists were also searched.

Study selection
Eligible were studies using a qualitative design examining the experiences of adults (aged 18 years or older), with mental health difficulties, undergoing mindfulness-based therapy. Interventions could be (but were not restricted to) mindfulness-based cognitive therapy, or mindfulness-based stress reduction programmes. Studies evaluating Acceptance and Commitment Therapy or Dialectical Behavioural Therapy were excluded, as were dissertation abstracts.

The included studies were conducted in the UK, the USA, Denmark or Spain. All the studies assessed group interventions and included slightly modified versions of mindfulness-based cognitive therapy, mindfulness-based stress reduction programmes, or a more general mindfulness-based approach. Most studies included participants with a specific mental health difficulty (details reported). Participants were aged between 18 and 88 years, where reported. The proportion of male and female participants varied between studies, with some studies including only male or female participants. The data were collected by group or individual interviews or questionnaires. The studies were published between 2001 and 2011.

The authors did not state how many reviewers selected studies for inclusion.

Assessment of study quality
Study quality was assessed using the Critical Appraisal Skills Programme checklist. Each study was coded for quality from A to D, where A indicated no or few flaws and D indicated significant flaws.

One reviewer assessed study quality. Examples from each category were re-assessed by a second reviewer and discussed with the first reviewer to improve reliability.

Data extraction
It appears that one reviewer extracted the data, using a thematic approach, with supporting quotes from participants (where possible), and subsequent coding and categorisation. A clinical psychologist reviewed the initial analysis for consistency.

Methods of synthesis
A thematic narrative was used to synthesise the study data.

Results of the review
Fifteen qualitative studies (190 participants; range three to 32) were included in the review. Three studies were graded A for quality, nine were graded B, one was graded C, and two were graded D.
Eight themes were identified:

Prior experiences and expectations: Participants often defined themselves in terms of their relationship with their mental health difficulties, or reported a lack of cohesive identity. Others denied the existence of problems. Many participants described an open-minded attitude to mindfulness before starting the course, but there was some scepticism and uncertainty about mindfulness.

Awareness: There was a recognition that habits were difficult to break, but that having an awareness of this was an important first step. Regular mindfulness practice generated a greater sense of symptom predictability and an understanding of how particular situations developed.

Relating differently to thoughts and feelings: Participants were able to prevent negative thoughts from developing into pervasive preoccupations. Participants also experienced a wide range of emotions and a reduction in the intensity of these was an important benefit.

Use of mindfulness techniques: Participants found certain practices were more personally relevant than others, for perceived benefits and for fitting in their daily lives. Participants found aspects of mindfulness challenging, but it was seen as an opportunity to learn new ways of managing their difficulties.

A sense of control and choice: A combination of increased awareness, practical skills, and a new relationship with experience, offered participants an increased sense of control and choice over their thoughts, feelings and behaviour.

Acceptance: Observing thoughts and emotions in a non-judgmental manner encouraged participants to accept these as part of their experience and to stop engaging with them in unhelpful ways. This was particularly difficult when participants felt positive towards some mood states. Disengaging from the struggle with distressing thoughts was also challenging, but participants found this gave them more control. Mindfulness gave participants space to stop evaluating themselves negatively with regard to their mental health difficulties.

Relationship with self and others: The attitude of acceptance fostered by mindfulness generated a shift in a participant's sense of self.

Struggles: Practical issues, such as physical limitations and finding the time to practise, were highlighted as reasons for struggling to engage with mindfulness. Some participants had difficulty grasping the core concepts of mindfulness or felt overwhelmed by the new concepts. Many participants initially judged their practices as “good” or “bad” depending on how much they were able to control their thoughts and emotions.

The authors also reported a theme of the normalising and supportive process of the group.

Authors' conclusions

The findings suggested a process by which individuals attending group mindfulness-based interventions renegotiated their relationship with their mental health difficulties.

CRD commentary

The review question was clear and the inclusion criteria were broadly specified. Some relevant sources were searched, but the restriction to published studies may mean some relevant articles were missed. Language restrictions can help in reviews of qualitative studies to avoid translation errors. Some steps were taken to reduce reviewer error and bias in the assessment of study quality and in the analysis, but it was unclear whether similar steps were used in the selection of studies.

A summary quality score for each article was reported suggesting the overall quality was reasonable. The method of analysis was appropriate. The descriptive themes were presented with clear cross-reference to contributing articles, but the raw data (supporting participant quotes) were not presented. A conceptual framework was derived to illustrate the underlying processes of taking part in mindfulness-based interventions. The authors acknowledged their own stance in relation to the analysis, and drew attention to the potential limitations of re-interpretation of data when synthesising qualitative research.
There was potential for error and bias in the selection of studies for this review, but the authors’ conclusions reflect the evidence presented and seem likely to be reliable.

**Implications of the review for practice and research**

**Practice:** The authors stated a number of recommendations, including taking into account participants initial expectations of mindfulness when assessing their suitability. Participants with “unhelpful” expectations should not be excluded from mindfulness therapy, and the aims and ethos of therapy should be clarified with all participants before starting therapy. Participants should be made fully aware that mindfulness could generate distressing experiences, and procedures should be put in place to support them.

**Research:** The authors stated that research should be undertaken to help understand the processes underlying therapeutic change in mindfulness-based interventions.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.