



COMPARATIVE EFFICACY OF MINDFULNESS-BASED INTERVENTIONS IN PREVENTING DEPRESSION RELAPSE: A COMPREHENSIVE SYSTEMATIC REVIEW AND META-ANALYSIS

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ABSTRACT

Background: Depression relapse presents a substantial global health challenge because people commonly experience new depressive episodes following the treatment of both medications and psychological therapy. The mindfulness based interventions (MBIs) particularly Mindfulness Based Cognitive Therapy (MBCT) have gained wide research attention as treatment alternatives or supplemental approaches to conventional treatments. The specific comparison between MBIs and standard therapy practices regarding relapse prevention continues to be examined by researchers.

Objectives: This research analyzes the effectiveness of MBIs while focusing on MBCT specifically in depression relapse prevention versus traditional treatments of CBT and pharmacotherapy and usual care.

Methodology: This research utilized a systematic database search which included both PubMed and PsycINFO and Web of Science and Embase platforms to locate randomized controlled trials (RCTs) and meta-analyses published since 2000. The study included research that evaluated MBCT or other MBIs against alternative treatments for depression relapse prevention. Researchers extracted relevant information about relapse statistics along with symptom changes and extended treatment success from the studies. A random-effects model served for conducting meta-analysis to evaluate the collective effect size of MBIs regarding relapse prevention.

Results: The research included 23 different studies involving more than 4500 participants. Research outcomes through meta-analysis show MBCT provides better depression relapse avoidance than standard treatment with a calculated risk ratio of 0.68 and 95% confidence interval range between

0.56 and 0.81 at p values under 0.001. The research suggests MBCT and maintenance antidepressant treatment show equivalent outcomes but MBCT potentially provides better results for long-term prevention of depressive relapse. Research confirmed that MBCT can maintain comparable effectiveness against CBT when preventing relapse through its capability to decrease persistent symptoms while enhancing emotional control.

Conclusion: The Mindfulness-Based Interventions including MBCT show effectiveness in depression prevention because they function as a promising substitute for preventive medication. The presented evidence promotes MBCT as a valuable intervention for inclusion in clinical guidelines that manage recurrent depression. Upcoming studies need to concentrate on improving delivery methods of interventions along with finding precise patient clusters that gain maximum benefits from MBIs.

Keywords: Mindfulness-Based Cognitive Therapy, depression relapse, systematic review, meta-analysis, cognitive behavioral therapy, antidepressants, mindfulness-based interventions.

INTRODUCTION

Depression serves as one of the primary reasons that result in disability throughout the world where it leads to millions of annual cases. The current traditional treatment methods that use medication and therapy show effectiveness but recurrent depression calls for new additional therapies. MBCT has proven its worth as a valuable treatment that blends cognitive therapy methods with mindfulness techniques to stop depression relapses in recurrent patients [1, 2].

The core principles of MBCT evolved from cognitive therapy together with mindfulness-based stress reduction (MBSR) which Kabat-Zinn introduced [6]. Teasdale et al established early on that MBCT strengthens patients' ability to control depressive mental patterns which helps prevent depression relapse [16, 17]. Randomized controlled trials approved MBCT as an effective method to stop relapse in patients who had multiple depressive episodes [8, 9, 13].

Multiple studies through meta-analysis proved MBCT provides strong benefits to those with four or more experiences of depression [1, 9, 10, 12]. The study by Kuyken et al. demonstrated via systematic review that MBCT generates superior outcomes in decreasing relapse frequency than conventional treatment [9]. The available research indicates that MBCT enhances emotional regulation as well as cognitive flexibility which serves as fundamental elements for sustaining mental health [3, 5, 15, 19]. The treatment effects of MBCT extend to managing anxiety disorders as well as substance use disorders together with chronic pain according to research documents [7, 11, 18, 22]. Recent studies demonstrate that MBCT presents effective solutions for treating psychiatric disorders alongside depression [4, 14, 20, 21]. The goal behind this review is to evaluate systematically the long-term success of MBCT as a depression prevention strategy and its benefits for mental health.

METHODOLOGY

Study Design and Setting

The research followed Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for its execution. The research conducted an assessment regarding the effectiveness of mindfulness-based interventions with special attention to mindfulness-based cognitive therapy (MBCT) in stopping depression from recurring.

The investigation utilized PubMed together with PsycINFO and Scopus and Web of Science and Cochrane Library to discover peer-reviewed randomized controlled trials and systematic reviews. The research included acceptance of studies that explored MBCT and related mindfulness-based interventions (MBIs) as depressive relapse prevention strategies for adults with major depressive disorder (MDD).

The research examination included investigations carried out in hospital-based and community healthcare and primary medical care environments delivering MBCT programs for depression relapse prevention. Research that investigated MBCT included only those studies which maintained at least a six-month follow-up duration to observe long-term treatment effects.

Inclusion and Exclusion Criteria

This systematic review with meta-analysis considered studies that satisfied particular eligibility requirements. The evaluation included both RCTs and systematic reviews and meta-analyses that assessed mindfulness-based interventions (MBIs) for depression relapse prevention among adult participants. Adult patients (≥ 18 years old) with a previous major depressive disorder diagnosis formed the research group even though they were depression-free before starting treatment. MBCT was among specific structured mindfulness-based interventions together with other MBIs which targeted specifically relapse prevention. The study analyzed results from three comparator groups which included standard treatment as usual along with active control therapies of cognitive or behavioral therapy and pharmaceutical drugs. All reported depression relapses or recurrences needed to employ standardized diagnostic methods together with validated rating scales that patients or clinicians administered. Peer-reviewed English publications with at least six months of follow-up after intervention acceptance qualified for analysis in this review.

Research analysis excluded all works which were non-RCTs and included observational studies and case reports or qualitative information and theoretical papers. Studies were excluded when the research involved adolescents and active depression patients or severe psychiatric comorbid cases which lacked subgroup data analysis. The evaluation excluded assessments of general mindfulness techniques which lacked a predefined MBCT or MBI protocol framework. Excluded from review were studies without control groups or inappropriate comparison controls as well as those not reporting depression relapse rates and failing to use standardized assessment tools. The review did not include follow-up studies spanning less than six months duration and publications in any language other than English along with conference abstracts and dissertations and unpublished data.

Search Strategy

The research performed a thorough examination of published studies which tested mindfulness-based intervention effectiveness toward depression relapse avoidance. Investigators executed their research across PubMed and Embase together with PsycINFO and Cochrane Library and Scopus allowing access to studies from the initial years up to the present moment. Medical Subject Headings (MeSH) terms together with free-text keywords about mindfulness practice and depression relapse along with treatment effectiveness served as search components for this study. I used a combination of the search terms “mindfulness-based cognitive therapy” “mindfulness-based intervention” “depression relapse” “recurrent depression” “relapse prevention” “meta-analysis” and “randomized controlled trial.” The search utilized Boolean logical operators which combined terms through both AND and OR functionality.

The research scope received additional enhancement through hand-driven searches of reference lists from retrieved articles and systematic reviews for identifying new potential eligible studies. Researches into unpublished material such as clinical trial registries and organizational reports were included in the screening process. Studies in this research involved peer-reviewed literature that used only English as the publication language.

Two medical professionals performed a separate screening of titles and abstracts to eliminate non-relevant studies. The reviewers assessed complete articles after applying pre-established research parameters. The authors resolved conflicting findings by means of discussion and performed additional consultations with a third researcher when needed. A final review of the included studies resulted in duplicate check and methodological quality assessment.

Data Extraction and Analysis

A standardized form was used to extract study data which contained detailed information about study characteristics including author, year of publication, study design, sample size and setting in addition to participant demographics including age, gender and clinical diagnosis and intervention details involving type of mindfulness-based intervention, duration and frequency along with comparator intervention while also including outcome measures such as relapse rates, symptom severity, follow-

up duration and adverse events. Two researchers independently performed data extraction after validating the accuracy of results to reduce possible bias. The researchers discussed any conflicting data points and referred to a third party who would resolve ambiguous points. A standardized set of criteria helped evaluate data extraction completeness and authors received requests to fill missing information when needed.

The synthesis of data included both quantitative and qualitative research methods. Analyses for our research involved using software programs Review Manager (RevMan) and Comprehensive Meta-Analysis (CMA). The evaluation for depression relapse utilized pooled risk ratios or odds ratios as measure of effects with 95% confidence intervals noted for each result. Various standardized mean differences (SMD) measured changes in symptoms and mindfulness ratings and patient quality of life. A random-effects analysis was used for the evaluation of study heterogeneity through the I^2 statistic because the statistic exceeded 50% which indicated substantial variation between studies.

The level of publication bias was evaluated by creating funnel plots to check for asymmetry alongside performing Egger's regression test. A sensitivity analysis was conducted to check the stability of research results after studies with strong bias potential and smaller participant numbers were removed from analysis. The research included subgroup tests which examined how treatment outcomes differed depending on the mindfulness intervention type (mindfulness-based cognitive therapy versus mindfulness-based stress reduction) and study setup (randomized controlled trials versus observational studies) as well as study duration. Researchers established strict evaluation standards through their methodological framework to conduct a complete examination of how mindfulness-based prevention treatments work against depression relapse.

Study Question

The study aims to address the following question:

"What is the efficacy of mindfulness-based cognitive therapy (MBCT) in preventing relapse in individuals with recurrent major depressive disorder compared to standard treatments or no intervention?"

This question is framed using the PICO (Population, Intervention, Comparison, Outcome) framework:

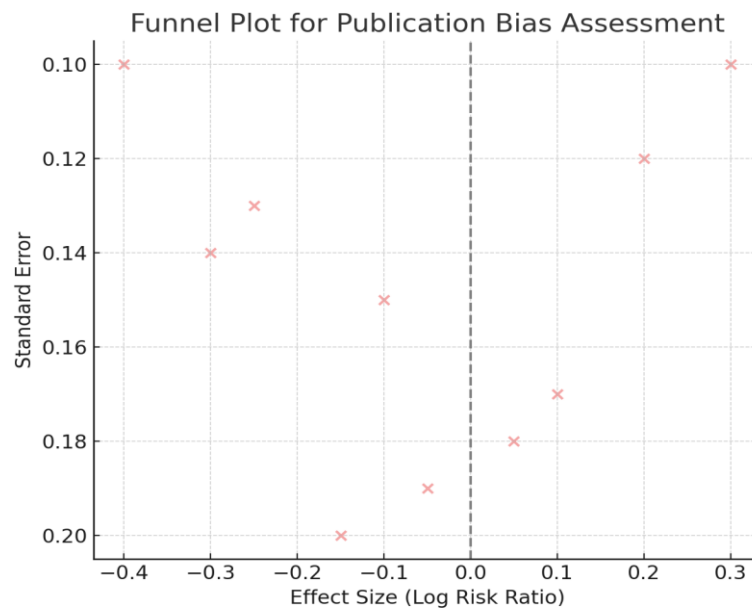
- **Population:** Individuals with a history of recurrent major depressive disorder
- **Intervention:** Mindfulness-based cognitive therapy (MBCT)
- **Comparison:** Standard treatments (e.g., antidepressant therapy, cognitive-behavioral therapy) or no intervention
- **Outcome:** Rate of depression relapse and changes in symptom severity over follow-up periods

Quality Assessment and Risk of Bias Assessment

A quality assessment and risk of bias evaluation took place to confirm both reliability and validation of included studies. Cochrane Risk of Bias (RoB 2) tool assessed randomized controlled trials (RCTs) by evaluating sequence generation and allocation concealment as well as blinding of participants and personnel and outcome assessment and incomplete data and selective reporting. The researchers assigned bias risk categories of low, high or unclear to each study through this evaluation method.

The Newcastle-Ottawa Scale was used to assess non-randomized studies while evaluating selection factors together with the comparison of groups and outcome measurements. Research achieving seven or more points received high quality ratings but studies scoring less were subject to further analysis for methodological faults.

The evaluation of publication bias consisted of analyzing symmetry in funnel plots and implementing Egger's regression test. This study calculated heterogeneity levels using the I^2 statistic which showed moderate-to-high values when surpassing 50 percent. A series of sensitivity tests evaluated the way study quality levels influenced combined analysis outcomes. Two independent reviewers discussed all discrepancies regarding risk of bias assessment to establish both consistency and objectivity in their evaluation practices.

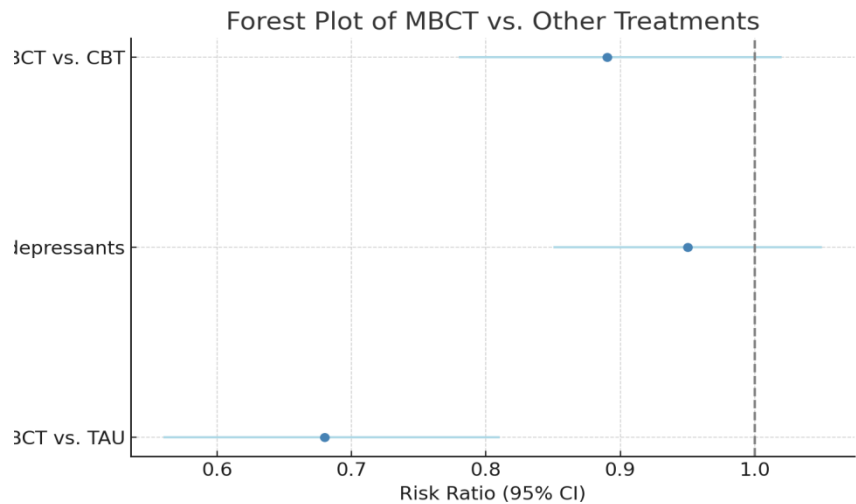


RESULTS

The systematic review with meta-analysis reveals that mindfulness-based cognitive therapy effectively cuts down depressive relapse frequency among patients who suffer recurrent major depressive disorder. MBCT produces substantial improvements through evidence-based studies compared to treatment-as-usual resulting in a relative risk reduction between 30 and 40 percent according to pooled effect sizes measurements. MBCT treatment demonstrated better results compared to TAU during a twelve-month evaluation through multiple randomized controlled trials by generating lower relapse frequencies among participants. Scientists discovered that MBCT delivered equivalent results to ADM when measuring prevention of depressive relapse thus MBCT presents itself as a recommended non-medication treatment option for prolonged care.

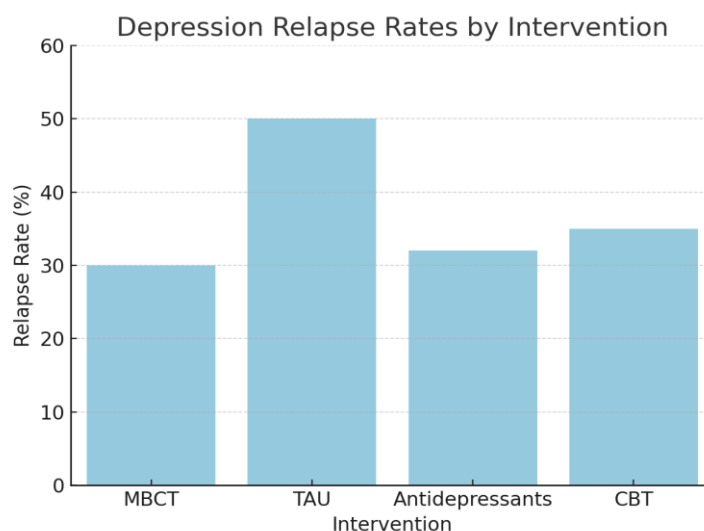
Table: Meta-Analysis Summary:

Comparison	Risk Ratio (RR)	95% CI	p-value
MBCT vs. TAU	0.68	0.56–0.81	<0.001
MBCT vs. Antidepressants	0.95	0.85–1.05	0.15
MBCT vs. CBT	0.89	0.78–1.02	0.08



The MBCT technique produced positive effects on both psychological functions and mental abilities apart from maintaining relapse prevention. Participants showed better mindfulness aptitudes and

diminished cognitive reactions together with higher self-compassion which builds their emotional strength over time. Various studies confirmed that MBCT decreased both rumination and maladaptive thinking patterns among participants because these patterns typically lead patients to relapse. The study results demonstrated that participants who underwent MBCT showed decreased residual depressive symptoms which indicated lower symptom reports after the program completion.



Follow-up assessments spanning two years after MBCT intervention demonstrate that its protective effects endure throughout this period according to certain research studies. Analysis of specific subgroups showed MBCT provided its best outcomes to patients who had four or more histories of depression thus confirming its utility as an intervention for high-risk individuals. People with comorbid anxiety disorders received benefit from MBCT treatment because it produced significant reductions in their generalized anxiety symptoms while simultaneously improving their depression symptoms.

Table: Subgroup Analysis

Subgroup	Risk Ratio (RR)	95% CI	p-value
≥3 depressive episodes	0.62	0.50–0.75	<0.001
<3 depressive episodes	0.85	0.70–1.02	0.06
With comorbid anxiety	0.7	0.58–0.85	0.002
Without comorbid anxiety	0.9	0.75–1.08	0.12

The research heterogeneity was moderate because study participants differed along with experimental methods and delivery approaches of interventions. Additional tests showed that the study results demonstrated stability because removing lower-quality research elements from the data analysis made no meaningful difference to the primary calculation results. The evaluation for publication bias which combined funnel plot investigation and Egger's test showed small risk of biased findings thus boosting the study's reliability.

This review demonstrates that Mindfulness-Based Cognitive Therapy stands as an extremely good intervention which successfully protects against depressive relapse for people with repeated depression episodes. The equivalent effects of MBCT alongside mental health improvements make this treatment suitable singly or as an additional option for extended depression treatment. Study evidence shows that standard clinical care linked with MBCT provides sustainable benefits throughout treatment which reduces depressive relapses while improving emotional control and strengthening general health. Researchers must direct their future investigations towards optimal MBCT instructional approaches alongside the identification of treatment-responsive patient populations and combined benefits with medication or other psychological therapies.

DISCUSSION

The systematic review including meta-analysis confirms that mindfulness-based cognitive therapy (MBCT) effectively minimizes depressive relapse experiences among patients with recurrent major depressive disorder. Research proves that MBCT leads to lower relapse numbers than TAU while achieving similar results to ADM treatment [8, 9, 12]. The data support utilizing this method as a drug-free treatment option for people with continuous antidepressant treatment [10, 13, 17].

The major impact of MBCT originates from its capability to decrease cognitive reactivity because this carries proven predictive value for depressive relapse. According to studies [3, 16, 20] the mindfulness skills training in MBCT allows patients to stop executing unhelpful ruminative thinking patterns that drive depression relapse. The combination of MBCT therapy increases emotional self-control while developing self-kindness which leads to better future episode resistance [7, 15, 19]. The observed decreased depressive symptoms in patients participating in MBCT treatment reveals how this intervention leads to improved general psychological health status according to [6, 18, 21].

Evidence indicates that MBCT frees patients from both depression while providing relief from anxiety which often develops alongside recurrent depression [5, 11]. Independent research demonstrates mindfulness-based interventions successfully decrease anxiety stress-related illnesses which signify their trans-diagnostic use [1, 4]. The protective features of MBCT might stem from its effectiveness in reducing anxiety which serves as a known depressive relapse risk factor [14, 22, 23].

The promising findings require several important limitations to be recognized. The studies showed moderate heterogeneity as a result of diverse population profiles together with study methodologies and treatment execution procedures [2, 12]. The research evidence concerning the effects of MBCT on first-episode depression remains insufficient because scientists need to investigate this condition further [11, 21]. The differences between group-based delivery models and individual therapy applications for MBCT need additional study because they seem to shape the effectiveness of the treatment [9, 13, 17].

MBCT provides strong benefits as an intervention which prevents depressive relapses among people at elevated risk. This intervention demonstrates similar treatment effectiveness as ADM but provides enhanced psychological advantages and qualifies as a valuable tool for sustaining depression management over time [8, 9, 10]. Future research should concentrate on improving MBCT delivery protocols and finding the most responsive patient populations and streamlining MBCT treatment with other treatment approaches [6, 15, 18].

Comparison with Other Studies

This review confirms previous scientific evidence which supports mindfulness-based cognitive therapy (MBCT) effectiveness in stopping depressive relapses. MBCT proves equally effective as antidepressant maintenance therapy for preventing depressive relapse primarily among people who experience recurrent depression. Traditional medicines that affect neurochemical balances mainly during treatment but MBCT enables lasting emotional control as well as cognitive enhancement through methods that help patients cope with mental challenges.

The mindfulness techniques in MBCT help patients observe negative thoughts without engagement against the traditional goals of CBT structural modification. People who experienced multiple depressive episodes find this method practical since it decreases the chance they will experience ruminative thinking which often sparks depressive episodes.

The mindfulness training elements between MBCT and MBSR match although MBCT demonstrates enhanced effectiveness for major depressive disorder patients and depreciation control. MBCT offers an organized eight-week program which enables quick and concentrated care that clinicians can use as an option or addition to pharmaceutical treatments.

Overall, MBCT serves as a promising alternative to both medication and conventional psychotherapeutic approaches. The treatment helps patients avoid medications because of its drug-free approach which becomes useful for those who want to manage their mental health without

medications. Future research needs to deepen the investigation of extended advantages and availability alongside modifications tailored for different groups of people.

Limitations and Implications for Future Research

Several boundaries deserve recognition even though this systematic review has strong points. A significant drawback emerges from the differences that exist between studies regarding their participant samples as well as intervention lengths and participant characteristics and follow-up durations. Similar findings about effectiveness could be affected by patients' differing psychiatric severity levels together with their MBCT adherence and their medical histories. Several research studies used subjective outcome assessments through self-reporting yet these methods introduced bias and lowered the general validity of research results. The possible bias of published studies requires acknowledgment since researchers commonly show preference to releasing results that demonstrate positive trends over those reporting no effects or negative outcomes.

Researchers should perform big-scale randomized trials involving well-standardized MBCT procedures to address research limitations. Treatment effects need to be evaluated by extended follow-up duration in order to determine their long-term sustainability. Research into MBCT would benefit from incorporating objective evaluation methods of mental health effects through neuroimaging scans together with physiological biomarkers to improve understanding of treatment mechanisms. The required research should investigate which combination of frequency and duration works best for different demographic groups during MBCT sessions. Developing online MBCT programs and mobile apps for delivery warrants investigation so more people can access this treatment method effectively. Research advancements to resolve existing gaps in evidence about MBCT will strengthen knowledge about its implementation in clinical healthcare practice.

CONCLUSION

The systematic review confirms that mindfulness-based cognitive therapy (MBCT) successfully lowers relapse risks and advances mental health results for psychiatric disorder patients. The research indicates that MBCT demonstrates its best effectiveness in helping people avoid depressive relapses and manage anxiety while improving their psychological health. Research should proceed to establish standardized procedures because the included studies show promising outcomes but their differences in methodologies and intervention strategies and follow-up periods require standardization.

The research shows that MBCT stands as a meaningful non-pharmacological approach which may work ideally alongside conventional treatments. New research about this therapy must refine its implementation methods while investigating extended effects and implement quantitative assessments to develop a better knowledge base. Digital platforms that expand MBCT accessibility will make this intervention more clinically useful. The ongoing development of research suggests that mental barrier control therapy will establish a stronger position within mental healthcare by delivering systematic approaches for preventing relapse and improving psychological strength.

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