

Mindfulness Based Stress Reduction Therapy: Case Report

Firdos Jahan* and Asma Parveen**

**Research Scholar, Department of Psychology, Aligarh Muslim University (AMU), Aligarh (UP).*

*** Associate Professor, Women's College, Department of Psychology, Aligarh Muslim University (AMU), Aligarh (UP).*

*Corresponding Author: Firdos Jahan**

Abstract: Mindfulness as a mode of therapeutic intervention and relapse prevention in depressive and anxiety disorders have a recent clinical origin. Historically, mindfulness has its in Buddhist psychology. It has come from vipassana meditation. Very few studies have been conducted in Indian setting on Mindfulness. The researcher attempted to explore the clinical utility of Mindfulness base intervention on patients with recurrent depression and clinically significant anxiety. Pre and post design was used in the study. BDI I and BAI was used to assess scores on Depression and Anxiety respectively. Besides, clinical interview was also conducted to evaluate the symptoms. Twelve sessions were conducted weekly for giving Mindfulness based therapy. Subsequent to twelve sessions of therapy, significant reductions in symptoms of depression and anxiety were found both clinically and statistically. The current study has significant implications for integrating psychological interventions in the holistic management of the patients.

Keywords: Mindfulness, therapy, stress

Date of Submission: 24-08-2016

Date of acceptance: 08-09-2017

I. INTRODUCTION

According to Nijhawan (1972), anxiety is one of the most pervasive psychological phenomena of the modern era, refers to a "persistent distressing psychological state arising from an inner conflict". Similarly, May (1950) defined anxiety as "the apprehension cued off by a threat to some value which the individual holds essential to his existence as personality".

Anxiety is "a reaction to an unknown danger and it is undecided intense apprehension that is usually reflected in a characteristic combination of visceral-motor disturbances and skeletal tensions" (Rubin & Krochak, 1988). Anxiety is a normal, emotional, reasonable and expected response to real or potential danger, also, it is the environment we are living in is physically, mentally, emotionally, socially and morally dynamic and challenging; we possess effective mechanisms to meet every day stress (Shri, 2010). Freud wrote extensively on anxiety. He asserted that anxiety is the base on which all psychopathology develops. Depression presents with depressed mood, loss of concern or desire, feelings of blame or low self-respect, disturbed sleep or appetite, low energy, and poor attention, guilty, short-tempered, or restless. Depressed individuals may lose interest in activities that once were delightful: experience loss of appetite or overeating, have focused problems; remembering details, or making decisions, these problems can turn out to be long-lasting or recurrent and lead to extensive impairments in an individual's ability to take care of his or her everyday responsibilities.

Anxiety and depression are two of the most common mental health concerns in our society. They are often experienced as a complex set of emotional and functional challenges. In our daily life and while practicing our activities we are exposed to stress and intentions; sometimes these stresses and intentions may develop to be an illnesses and mental disorders like anxiety and depression. The concept of mindfulness has come from Buddhism. The root of it lies in "Vipassana meditation" of Buddhist philosophy. The contemporary interest in Mindfulness based psychotherapy has come from intensive work done by Kabat-Zinn of the University of Massachusetts Medical Center in 1979. Kabat Zinn defines mindfulness as "Paying attention in a particular way: on purpose in the present moment and non-judgmentally" (1994). According to Ruth Baer, "Mindfulness is the non-judgmental observation of the ongoing streams of internal and external stimuli as they arise" (2003).

Mindfulness is a technique which includes brining one's complete attention to the present experience on a moment to moment basis. Non- judgmental attitude is the key to mindfulness technique. It means that the phenomenon that enters individual's cognitions, emotions and sensations are observed carefully but are not evaluated as good/bad, true/false, important/unimportant etc. Mindfulness requires or allows individuals to be aware of their surroundings, to develop a sense of sensitivity in perceiving every moment, and enabling them to accept stressful situations, instead of avoiding them. By being aware of the inner state of our minds during

mindfulness, people can be trained to accept difficult situations in their lives without much resistance. Equipping individuals to deal with life challenges/stressful situations by accepting them and being aware of them is the key to mindfulness. It is an effective technique to learn to deal life stressful issues in adaptive way.

Clinical Implications Of Mindfulness Based Psychotherapy

In the last 25 years, mindfulness and interventions based on it has become the focus of considerable attention for a large community of clinicians and researchers. Mindfulness has been described as a process of bringing a certain quality of attention to moment-by-moment experience (Kabat-Zinn, 1990). Mindfulness in contemporary psychology has been adopted as an approach for increasing awareness and responding skillfully to mental process that contribute to emotional distress and maladaptive behaviors in the form of symptoms. Much of the interest in the clinical applications of mindfulness has been sparked by the introduction of Mindfulness-Based Stress Reduction (MBSR), a manualized treatment program originally developed for the management of chronic pain (Kabat-Zinn, 1982). Segal, Williams and Teasdale (2002) developed Mindfulness-Based Cognitive Therapy (MBCT) a relapse prevention program in depression and has been useful in the management of OCD also. MBCT integrates mindfulness with the emphasis of treatment on acceptance, change, integrating spiritual component of mindfulness into traditional cognitive behavior therapies (Hayes, 2004).

Mindfulness-based stress reduction (MBSR) is a structured group program that employs mindfulness meditation to alleviate suffering associated with physical, psychosomatic and psychiatric disorders. The program, nonreligious and nonesoteric, is based upon a systematic procedure to develop enhanced awareness of moment-to-moment experience of perceptible mental processes. The approach assumes that greater awareness will provide more veridical perception, reduce negative affect and improve vitality and coping. In the last two decades, a number of research reports appeared that seem to support many of these claims. Mindfulness-based stress reduction (MBSR) is a structured group program that employs mindfulness meditation to alleviate suffering associated with physical, psychosomatic and psychiatric disorders. The program, nonreligious and nonesoteric, is based upon a systematic procedure to develop enhanced awareness of moment-to-moment experience of perceptible mental processes. The approach assumes that greater awareness will provide more veridical perception, reduce negative affect and improve vitality and coping. In the last two decades, a number of research reports appeared that seem to support many of these claims.

Mindfulness based psychotherapy has been used in hosts of medical and psychiatric conditions. Recent research points to a useful therapeutic role for mindfulness in a host conditions like chronic pain, insomnia, substance abuse, in the prevention of depression and managing anxiety. Recent research suggests that mindfulness based psychotherapy can be used to prevent suicidal behavior from recurring in cases of severe mental illness. It has been found useful in the management of panic disorder, OCD, anger, impulse control dysfunction, ADHD etc. It has been a technique to improve general well being. Mindfulness has been found to be effective in improving attention/concentration, and memory also. Linehan's Dialectical Behavior Therapy for the management of borderline personality disorder involves the core element of mindfulness for emotional regulation. Recent models of psychotherapy like Acceptance and Commitment Therapy also involves the element of mindfulness. Mindfulness is also effective in the following areas:

- Enhance creativity
- Emotional regulation
- Improves immune function
- Improve quality of life.
- Improves decision making
- Enhanced acceptance
- Increased resilience
- Brings meta cognitive awareness
- Enhance coping skills

Urge surfing a term coined by Alan Marlatt is used in the relapse prevention in substance abuse. Urge surfing also involves the element of mindfulness. Mindfulness works on the principles of exposure and principle of habituation. Other hypotheses that are used to explain the mechanism of mindfulness are principle of diffusion which involves the distancing the patients/clients from the stream of recurring negative thoughts without attempting to change the thoughts themselves. Another hypothesis called Differential Activation Hypothesis given by Teasdale et al (2002) explains the mechanism behind mindfulness. In studying patients with the history of relapse in depression, they found that often transient negative moods leads to negative thought pattern which spiraled in full blown depressive episodes. Through mindfulness, these patients learned to become aware and identify early, their transient negative moods which for them automatically led to negative

thoughts culminating in a relapse. Mindfulness helped the patients to decenter themselves from automatic negative thoughts and to disengage from ruminating through acceptance of them as mere thoughts and not needing to identify themselves totally with the thought patterns hence preventing relapse.

Mindfulness brings cognitive changes, involves teaching self-management skills and relaxation. It should be remembered that mindfulness induces relaxation but the purpose is not to induce relaxation but to reach non-judgmental observation of current situation which might include automatic arousal, racing thoughts, muscle tension and other phenomena incompatible with relaxation. It teaches the acceptance of thoughts, feelings, sensations and other bodily phenomena without trying to change, escape or avoid them.

How to Practice Mindfulness

It involves four basic steps. Ideally it should be practiced with sitting on a chair with eyes lightly closed. One of the stage called "Body scanning" can be done ideally lying down. The four steps/stages:

1. Observing the breath just observe without labeling them as good or bad.
2. Observing the body sensations like pain, itching, or any other sensation without reacting.
3. Observing various sounds in the environment or even internal sounds like one's breath, heart beat etc again without labeling.
4. Observing one's thoughts and emotions just as events without reacting.

Each stage usually will be for 3-4 minutes.

II. CASE VIGNETTES

Case 1:

Ms. Z, 35 year old married Muslim female belonging to middle socioeconomic status semi-urban background was presented with the symptoms of low mood, irritability, easy fatigability, loss of interest in usual day to day pleasurable activities and death wishes for the last 3 weeks. She came with nil significant family history of any psychiatric illness and premorbidly anxious and sad mood on and off. The patient had reported that similar symptoms she experienced around 6 times over the last three years. The symptoms subsided after taking the medicines. The patient was referred for psychological intervention to take care of her repeated depressive episodes.

Case 2:

Ms. B, 28 year old single Hindu female belonging to middle socio economic status with rural background was presented with the complaints of anxious mood, anger outburst, multiple somatic complaints, and disturbed sleep over the last two months. The symptoms significant impair her day to day functioning in the form of daily house chores. The patient was referred for psychological interventions.

III. METHOD

The aim of the present paper is to examine the efficacy of MBSR on one patient with recurrent depression and one with clinically high anxiety.

Procedure:

The patients were selected from the Psychiatry OPD, JNMC using convenience sampling method. The written informed consent was taken from them and they were assured about the confidentiality of the results and care was taken to impart psychological interventions considering the patients' consent.

Inclusion criteria:

- a) Patient with symptoms of depression only without any co morbidity. The criteria used was ICD X by a Psychiatrist.
- b) Patient with clinically high anxiety only
- c) Ability to read and write English or Hindi

Exclusion criteria:

- a) Patients with psychoses and intellectual disability were excluded
- b) Patients not having any exposure to psychological intervention before

Process of MBSR in the current cases

Two patients with recurrent depression and anxiety were given Mindfulness based interventions which include core mindfulness training. The researcher was initially sensitized about Mindfulness therapy through Workshops and case discussion with the trained and professional Clinical Psychologist. It was made sure that the researcher will use it for her research purpose only not for general clinical practice because of ethical and legal implications. Twelve sessions were conducted once a week for approximately 45 minutes to one hour. Group format was used to give mindfulness training. However, other clinical issues and changes were discussed individually and confidentiality was reassured. Semi-structured qualitative interviews were conducted three

months after completing the Mindfulness therapy. Beck depression inventories (BDI-I) and Beck anxiety inventories (BAI) provided quantitative data and were administered before and three months after the intervention.

IV. RESULTS

The qualitative data indicated that mindfulness training was both acceptable and beneficial to both the patients. Both the patients continued to apply mindfulness techniques three months after the therapy had ended. This was reported in the follow up session after three months. Statistically significant reductions in depression and anxiety scores were observed; the pre-therapy depression score was 32.0 and post-therapy score was 16.0 ($p = 0.001$). A similar reduction was noted for anxiety with a pre-therapy anxiety score of 35.0 and post therapy score of 18.0 ($p = 0.039$). In general the results of the qualitative analysis and clinical analyses of the cases agreed well with the quantitative changes in depression and anxiety reported in terms of improvement in low mood, improvement in engaging in daily pleasurable activities, feeling of threat, and decrease in palpitation.

Strengths and limitations of the study

A strength of the present study was that it was conducted in a routine primary care setting. Both the patients had not practiced mindfulness meditation previously, and did not have fixed ideas about what to expect. However, there are several limitations to this study. This was a small study with no control group. Because there was no control group reductions in mean depression and anxiety scores cannot be directly attributed to the intervention. The study was also confounded by the presence of medications given to the patients. Only two quantitative measures were used and data was collected at only 2 points, one at the beginning of the therapy and the second three months after completing the therapy.

V. CONCLUSION

The results of this case study suggest that mindfulness based therapy may have a role to play in treating active depression and anxiety in primary care. It has significant implications for preventing relapse of depressive episodes. There is a strong need that more and more trained human resources like Clinical Psychologists need to be employed in health care settings so these interventions can be used for the overall welfare of the patients in various psychiatric and medical disorders.

REFERENCES

- [1]. Hayes, S.C. (2004). Acceptance and commitment therapy and the new therapies: mindfulness, acceptance and relationship. In S.C. Hayes, V.M Follette, M.M.Linehan (Eds), *Mindfulness and acceptance: expanding the cognitive behavioral tradition* (pp. 1-29). New York: Guilford Press.
- [2]. Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry* 4, 334-347
- [3]. Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness*. New York: Delacorte
- [4]. May, R. (1950). *The meaning of anxiety*. New York.
- [5]. Miller, J.J., Fletcher, K., & Kabat-Zinn, J.(1995). Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders .*General Hospital Psychiatry* , 17(3), 192-200.
- [6]. Nijhawan, H.K. (1972). Anxiety in school children. New Delhi: Wiley eastern Pvt. Ltd.
- [7]. Rubin, G., Slovin, M., & Krochak, M. (1988). The psychodynamics of dental anxiety and dental phobia, *Dental Clinics of North America*, 33(3), 557-577.
- [8]. Segal, Z.V., Williams, J.M.G., & Teasdale, J.D. (2002). *Mindfulness –based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford Press.
- [9]. Shauna L. S., Gary E. S., & Ginny, B. (1998). Effects of mindfulness-based stress reduction on medical and premedical students. *Journal of Behavioral Medicine*, 1, (6), 581-599.
- [10]. Shri, R. (2010). Anxiety: causes and management. *The Journal of Behavioral Science*, 5(1), 100-118.
- [11]. Weiss, A. (2004). *Beginning Mindfulness: Learning the Way of Awareness*. New World Library.

IOSR Journal Of Humanities And Social Science (IOSR-JHSS) is UGC approved Journal with Sl. No. 5070, Journal no. 49323.

Firdos Jahan. "Mindfulness Based Stress Reduction Therapy: Case Report." IOSR Journal Of Humanities And Social Science (IOSR-JHSS) , vol. 22, no. 9, 2017, pp. 10–13.