

The Effects of Mindfulness on Mental Health

Dominique F. Ingram

Memorial University of Newfoundland, Grenfell Campus

Abstract

Examining studies on mindfulness and mental health, this literature review shows that mindfulness can have a positive effect on mental health for all involved. It also shows how mindfulness, when used with Cognitive Behavioural Therapy (CBT) and its other components (i.e., Exposure and Response Therapy: ERP) can be more effective than without using mindfulness. Mindfulness practice can take many different forms but the end result is the same, being more aware of the present moment rather than the future or past. Mindfulness allows individuals to be in touch with reality and recognize their thoughts as only thoughts which are neither true or false nor good or bad. This may allow individuals to better deal with their mental illnesses. Illnesses that have been shown to benefit include depression, anxiety, eating disorders, obsessive compulsive disorder, and even low self-esteem.

Introduction

There are many different mental illnesses that affect many on a day to day basis. Mental health is just as important as physical health and mental illness needs care just as a physical illness does. Although there are many medications to treat and help individuals live with mental illnesses, there are other ways we can help prevent and treat these illnesses without the use of medication. One way to treat or supplement the treatment of these disorders without the use of medication is by using mindfulness approaches.

Being mindful means being conscious and aware of the present moment and involves calmly accepting ones feelings for what they are, and being in touch with reality (Williams & Penman, 2012). Mindfulness is often used as a therapeutic technique called Mindfulness-Based Stress Reduction (MBSR; Williams & Penman, 2012). MBSR is a program that involves various techniques to decrease stress and anxiety and is often designed as an eight week program taught by certified trainers. Meditation is another technique used in being mindful (Williams & Penman, 2012) and involves training the mind to induce a different state of consciousness to promote relaxation (Williams & Penman, 2012). Each of these techniques can aid in promoting mental health although individuals with anxiety and depression are most commonly benefitted by

mindfulness techniques (Williams & Penman, 2012). However, individuals with eating disorders, obsessive compulsive disorder and even individuals with a low self-esteem can also benefit from mindful techniques.

Anxiety

Mindfulness has been shown to decrease anxiety (Williams & Penman, 2012). Meditation increases relaxation and awareness of the thoughts that increase anxiety levels (Williams & Penman, 2012) and is the first step to becoming mindful. After meditation is easily accomplished on a day to day basis, being mindful will come easy. Being mindful involves accepting things for the way they are (Williams & Penman, 2012) and involves understanding that things are uncertain. Most important is avoiding becoming anxious if something is uncertain and rather to take things as they come (Williams & Penman, 2012). Although this technique takes time, it is shown to decrease anxiety levels in individuals with anxiety disorders (Williams & Penman, 2012). It has also been shown that many individuals come off of their anxiety medications slowly and use mindfulness as a coping strategy (Williams & Penman, 2012).

A literature search was done to conduct an effect size analysis of this popular intervention for decreasing anxiety and enhancing mood symptoms in clinical samples (Hofmann, Sawyer, Witt, & Oh, 2010). A total of thirty nine studies that included over one thousand participants, received mindfulness-based therapy for a range of conditions, including anxiety disorders showed that mindfulness-based therapy was overall, effective for decreasing anxiety and improving mood symptoms (Hofmann, Sawyer, Witt, & Oh, 2010).

Depression

There are also many studies done on mindfulness and its effects on individuals with depression. Research has been done all over the world to show that Mindfulness-Based

Cognitive Therapy can lower feelings of depression in individuals who are clinically depressed (Hofmann, Sawyer, Witt, & Oh, 2010; Desrosiers, Vine, Klemanski, & Nolen-Hoeksema, 2013). As well, a study done was done to show that MBCT lowered the risk of future depression in individuals who have been depressed several times before. It seems as if mindfulness has similar effects as antidepressant medications (Teasdale, Segal, Williams, Ridgeway, Soulsby, & Lau, 2000). Individuals who have depression often have a constant flow of negative thought patterns and by directing attention elsewhere will help limit these thought patterns and help improve mood (Teasdale, Segal, Williams, Ridgeway, Soulsby, & Lau, 2000). By being mindful, one is aware of their bodily sensations and by practising mindfulness one will live more in the present moment and spend less time ruminating about the future or past. This way there is less negativity in ones thought patterns (Teasdale, Segal, Williams, Ridgeway, Soulsby, & Lau, 2000).

Being aware of what we are doing prevents us from operating on automatic pilot which can often cause one to slide into the ruminative negative thinking pattern, which can result in depression (Williams & Penman, 2012). While practising mindfulness, one focus's on their experiences but does not become lost in them (Williams & Penman, 2012). Therefore, the negative depressive thoughts can be recognized for what they are, which are probably only negative patterns that arise in the mind and could pass. These thoughts are now weakened for these individuals so they do not become as easily upset and left in a depressive state. If an individual is in tune with their experiences in each moment, they are more likely to know when they feel their mood changing back into sadness. They can then catch this feeling and get rid of it before they even experience it (Williams & Penman, 2012).

A study conducted on 187 adults seeking treatment at a mood and anxiety disorders clinic investigated how mindfulness is related to mental health. The study examined whether cognitive

strategies such as, rumination, worry, etc., were associated with mindfulness and depression and how these cognitive strategies operate in relation to depression and anxiety (Desrosiers, Vine, Klemanski, & Nolen-Hoeksema, 2013). The results showed that rumination was common in individuals with depression and that using meditation in mindfulness could help these individuals as it typically clears the mind and enhances positive thinking due to a decrease in rumination thinking patterns (Desrosiers, Vine, Klemanski, & Nolen-Hoeksema, 2013).

Anorexia Nervosa

Individuals with anorexia nervosa are known to have high levels of ruminative thought patterns about eating, body size and weight, as well, these individuals often try to escape from their emotions (Cowdrey & Park, 2012). A study examined the relations between rumination caused by an eating disorder, mindfulness, avoidance and eating disorder symptoms (Cowdrey & Park, 2012). A sample of healthy females completed an online self-report procedure that showed that ruminating on eating, weight, and body shape concerns, was exclusively associated with eating disorder symptoms, outside of anxiety and depression symptoms (Cowdrey & Park, 2012). In another group, individuals with a history of anorexia nervosa did the same online self-report procedure, but only reflecting on eating (Cowdrey & Park, 2012). Weight and body shape predicted eating disorder symptoms when compared with depression and anxiety. The results showed that rumination on eating, weight and body shape concerns may be a process that worsens eating disorder symptoms. By exploring rumination, one can improve the understanding of the cognitive processes which reinforce anorexia nervosa (Cowdrey & Park, 2012). Because individuals with anorexia nervosa usually have a ruminative thought pattern, especially when it comes to body size, weight, and food, using mindfulness and meditation may have the same effects as someone with depression (Cowdrey & Park, 2012).

Bulimia Nervosa

Avoidance, is a common emotion felt in individuals with bulimia nervosa as a refusal to accept contact with unpleasant private experiences is common. It has been suggested that mindfulness and acceptance based interventions reduce avoidance (Lavender, Jardin, & Anderson, 2009). A study was done examining whether avoidance and mindfulness are associated with bulimic symptoms (Lavender, Jardin, & Anderson, 2009). Undergraduate men and women completed questionnaires evaluating mindful attention and awareness, chronic thought suppression, and bulimic symptoms. The results showed that suppression and mindfulness accounted for changes in bulimic symptoms in these individuals (Lavender, Jardin, & Anderson, 2009). Therefore if these individuals practise mindfulness, it could help suppress the disordered thought patterns about food, body image, and weight. Mindfulness increases ones awareness of the present moment, by not focusing on the past or future and instead of avoiding the thought patterns around food, an individual who practises mindfulness would rather let the thought happen, and let it pass. This may help an individual with bulimia nervosa since they can let the thoughts pass instead of rumination leading to purging after eating.

A study on six women in their twenties with bulimia nervosa (Proulx, 2007) and they were examined (i.e., interviews) after they participated in an eight week mindfulness-based eating disorder treatment group. Participants described their experience of transformation from emotional and behavioral extremes, to a deeper connection with themselves that resulted in greater self-awareness, acceptance, and empathy (Proulx, 2007). They reported to have less emotional pain and improved skills on how to manage stress. This treatment is stated to help many women who do not improve with their current therapies and therefore, may be beneficial to help prevent symptoms in younger women (Proulx, 2007).

Binge Eating Disorder

Eating disorder behaviors such as binge eating or purging are often linked to emotions. For example, people may binge eat to calm themselves, or even avoid feeling any emotion. By practicing mindfulness while eating, people with eating disorders will be more aware of their emotions and the action of actually eating without detaching. Sometimes mindful eating doesn't help reduce the negative emotion among individuals with eating disorders. This is because many individuals do not understand their own hunger or fullness signs, as well, paying attention to these feelings while eating is often difficult. If people with eating disorders feel negative emotion after mindful eating, it is not a bad thing. An important part of mindfulness is leaning to accept emotions rather than trying to remove emotions.

A study on mindfulness-based eating awareness training and its effects on individuals with binge eating disorder suggested binge eating disorder was an emotional, behavioral and physiological dysfunction in relation to food intake and self-identity. Mindfulness-based eating awareness training involves training in mindfulness meditation designed to address the main issues in binge eating disorder which include controlling responses to emotional states, making mindful food choices, developing an awareness of hunger and fullness, and developing self-acceptance. Research has shown that after individuals with binge eating disorder completed the mindfulness-based eating awareness training, their sense of self-control improved with respect to eating, and reduced depressive symptoms (Kristeller, & Wolever, 2010).

There has been a variety of conventional methods used to treat eating disorders, such as, cognitive behavioural therapy (CBT; Bannink, 2012). CBT is based on the idea that thoughts can cause feelings and it involves reframing and extinction of thoughts. It has been known to help

treat a wide range of emotional and physical health conditions. CBT looks at how we think about a situation and how this affects the way we act (Bannink, 2012).

There is a rather new program developed, it is a mindfulness-based yoga therapy called Reconnect with Food (Carei, Fyfe-Johnson, Breuner, & Brown, 2010). It is the first and only Yoga-based eating disorder treatment system in the world. Yoga therapy combines a unique breathing pattern, movement, dialogue, along with a sequenced flow and meditation combined with psychotherapy intervention models. This type of yoga involves spinal movements that stimulate the body and can easily release the individual's physical tension, which helps release emotions stored in the individual's body (Carei, Fyfe-Johnson, Breuner, & Brown, 2010). Mindfulness is a big part of Yoga Therapy because of its integration of awareness on the body's functions and feelings. As well, mindful awareness and mindful eating are both incorporated into the Mindfulness Yoga-based eating disorder treatment program. Clients learn to trust and understand their bodies own messages in which they focus on their inner self rather than their physical appearance. With mindful eating practices, clients learn to actually taste the food they are eating by observing it, feeling the texture, and smelling the food (Carei, Fyfe-Johnson, Breuner, & Brown, 2010). Studies have shown that mindfulness-based yoga therapy can result in a decreased eating speed as well as a sense of being more connected and positive about their well-being (Carei, Fyfe-Johnson, Breuner, & Brown, 2010).

Obsessive Compulsive Disorder

Individuals with obsessive compulsive disorder rarely focus on the present moment (Fairfax, 2008). Instead, they worry about the future possibilities. Their cognition is often distorted with a common distortion involving thought-action fusion, where individuals believe that thinking bad thoughts is similar to performing the action connected with the thought

(Fairfax, 2008). Incorporating mindfulness into programs such as exposure and response prevention therapy (ERP) and CBT can help individuals who have OCD deal with the disorder by being focused on what is really happening at any given moment as opposed to focusing on the past or future. This prevents the obsessive thoughts often involved with OCD. Although ERP therapy remains as one of the best treatments for individuals with OCD, mindfulness is a great procedure to incorporate with ERP to help decrease the anxiety and fear that individuals also develop from OCD (Fairfax, 2008).

A study was done showing that over the years, most clients report significant improvement in their symptoms by using a treatment procedure that combines mindfulness and CBT (Fairfax, 2008). While the use of mindfulness for the treatment of OCD and other mental illnesses is fairly new, there is already a lot of research data to suggest that it is beneficial in the treatment of many different mental illnesses (Hanstede, Gidron, & Nyklícek, 2008). For example, a study was done to explore the influence of mindfulness incorporated into other CBT models of treatment, such as ERP. It was concluded that if applied properly, mindfulness when incorporated into ERP therapy matches with traditional CBT interventions, and also increases ability and prevent relapse in individuals with OCD (Fairfax, 2008; Hanstede, Gidron, & Nyklícek, 2008).

Self-Esteem

Self-talk has a big impact on how one feels, and when individuals judge themselves painful emotions, like disappointment, are often triggered which in turn lower self-esteem (Brown & Ryan, 2003). To encourage individuals to focus less on the negativity of their thoughts, they are taught to acknowledge them as just thoughts, which may or may not be valid. Although this is not a cure, it shows the kind of change individuals need to make in order to

increase levels of self-esteem (Brown & Ryan, 2003). Research has suggested that highly self-critical people are more likely to be depressed and anxious and to have lower self-confidence (Brown & Ryan, 2003). Self-criticism will not fix the problem of having a low self-esteem. Instead, self-compassionate people are more likely than self-critical people to stick with healthy goals. These individuals are also better at accepting past mistakes. By bringing acceptance to ones experience by using mindfulness, one will accept the thoughts as just thoughts, accept emotions as they happen, and slowly accept themselves as they are. This will improve self-esteem in many individuals.

A on how mindfulness is believed to promote well-being showed that a unique quality of consciousness is related to a variety of well-being constructs, that distinguishes mindfulness experts from others, in which, this is related with improved self-awareness (Brown & Ryan, 2003). This study showed that state mindfulness increased self-regulated behavior and positive emotional states, and lessened mood disturbance and stress (Brown & Ryan, 2003).

Conclusion

Although mental illness affects many people in today's society there are many different treatment options available that do not require medications. Mindfulness is one way to treat these disorders without the use of medication as it does effect mental health. Being mindful and aware of the present moment has been shown to improved conditions in many mental illnesses. Individuals who practise mindfulness become more in touch with reality and understand that their thoughts are only thoughts, and nothing else. Mindfulness is often used in CBT and different components of CBT such as ERP in which meditation is sometimes used, and also shown to have positive results (Williams & Penman, 2012). Each mental health intervention technique has been shown to benefit from the inclusion of mindfulness practices. Individuals

with depression, anxiety, eating disorders, obsessive compulsive disorder and low self-esteem are shown to be positively influenced.

References

- Bannink, F. (2012). What is CBT?. *Practicing Positive CBT: From Reducing Distress to Building Success*, 1-6.
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: mindfulness and its role in psychological well-being. *Journal of personality and social psychology*, 84(4), 822.
- Carei, T. R., Fyfe-Johnson, A. L., Breuner, C. C., & Brown, M. A. (2010). Randomized controlled clinical trial of yoga in the treatment of eating disorders. *Journal of Adolescent Health*, 46(4), 346-351.
- Cowdrey, F. A., & Park, R. J. (2012). The role of experiential avoidance, rumination and mindfulness in eating disorders. *Eating behaviors*, 13(2), 100-105.
- Desrosiers, A., Vine, V., Klemanski, D. H., & Nolen-Hoeksema, S. (2013). Mindfulness and emotion regulation in depression and anxiety: common and distinct mechanisms of action. *Depression and anxiety*, 30(7), 654-661.
- Fairfax, H. (2008). The use of mindfulness in obsessive compulsive disorder: suggestions for its application and integration in existing treatment. *Clinical Psychology & Psychotherapy*, 15(1), 53-59.
- Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of consulting and clinical psychology*, 78(2), 169.
- Hanstede, M., Gidron, Y., & Nyklíček, I. (2008). The effects of a mindfulness intervention on obsessive-compulsive symptoms in a non-clinical student population. *The Journal of nervous and mental disease*, 196(10), 776-779.

- Kristeller, J. L., & Wolever, R. Q. (2010). Mindfulness-based eating awareness training for treating binge eating disorder: the conceptual foundation. *Eating Disorders, 19*(1), 49-61.
- Lavender, J. M., Jardin, B. F., & Anderson, D. A. (2009). Bulimic symptoms in undergraduate men and women: Contributions of mindfulness and thought suppression. *Eating behaviors, 10*(4), 228-231.
- McIver, S., McGartland, M., & O'Halloran, P. (2009). "Overeating is Not About the Food": Women Describe Their Experience of a Yoga Treatment Program for Binge Eating. *Qualitative health research, 19*(9), 1234-1245.
- Proulx, K. (2007). Experiences of women with bulimia nervosa in a mindfulness-based eating disorder treatment group. *Eating Disorders, 16*(1), 52-72.
- Teasdale, J. D., Segal, Z. V., Williams, J. M. G., Ridgeway, V. A., Soulsby, J. M., & Lau, M. A. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of consulting and clinical psychology, 68*(4), 615.
- Varvogli, L., & Darviri, C. (2011). Stress Management Techniques: evidence-based procedures that reduce stress and promote health. *Health Science Journal, 5*(2), 74-89.
- Williams, M., & Penman, D. (2012). *Mindfulness: An eight-week plan for finding peace in a frantic world*. Rodale.