



## RELATION OF MINDFULNESS MEDITATION OVER ANXIETY AND DEPRESSION



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### ABSTRACT

**Introduction:** The purpose of the study was to review the impact of mindfulness-meditation interventions on anxiety and depression symptoms. **Method:** This review consisted of the studies which are related to anxiety and depression disorders and ways to deal with these disorders. The source of collection of studies was Google Scholar, PubMed, etc. To search, the following key variables were identifies such as depression or anxiety outcomes, mindfulness, meditation, Psychotherapies, MBSR, etc. **Results:** Evidences regarding beneficial effect of MBIs interventions on anxiety and depression was equivocal. MM did not indicate an effect on anxiety and depression among active control groups. The relationship between practicing mindfulness and changes in anxiety and depression was equivocal. **Conclusion:** As this area of research matures, more emphasis should be given to the research designs with active control groups to evaluate the unique efficacy of MBIs intervention.

**KEYWORDS:** Mindfulness, Meditation, Anxiety, Depression, Mindfulness-Based Stress Reduction Techniques.

### INTRODUCTION :

Anxiety and mood disorders are among the most common psychiatric disorders and are frequently co-morbid with other mental and medical disorders. Despite the growing availability of effective psychotherapies and pharmacotherapies specific to depressive and anxiety disorders, innovative therapeutic and conceptual models of care continue to emerge that may be relevant to the amelioration of depression and anxiety in a broad range of medical and emotional disorders. MBSR, in particular, has emerged as one of the better-known clinical applications of mindfulness meditation that has been shown to significantly benefit individuals with a diverse set of medical and psychiatric conditions, including chronic pain, cancer, anxiety disorders, depression, eating disorders, and fibromyalgia. The reduction of depression and anxiety symptoms after MBSR may be a primary pathway by which an individual experiences enhanced mental and physical health (for example, through less pain, reduced disability, or greater hope and confidence) and thus may be an important indicator of the efficacy of MBSR, given the often chronic and recurrent nature of many of the medical conditions (such as cancer) with which MBSR participants present.

### MINDFULNESS AND MEDITATION

Mindfulness refers to the process of intentionally bringing attention in a non-judgmental way to the external and internal experiences that exist in the present moment. This may include awareness of consciousness, sensations, thoughts, the environment, and bodily states, while simultaneously encouraging acceptance, openness, and curiosity. It is often taught through a variety of meditation exercises. Marlatt & Kristeller defined mindfulness as “bringing complete attention of an individual to

the present experience on a moment-to-moment basis.” Kabat-Zinn wrote that mindfulness is “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment.”

Meditation is defined as the intentional self-regulation of attention from moment to moment. It is a self-regulated and intentional focusing of attention for the purpose of calming and relaxing the body and mind. The word meditation is itself derived from two Latin words that are “meditari” means to dwell upon, to think, or to exercise the mind, and “mederi” means to heal. The practice of meditation originates in Asian cultures and is historically known as a core component in many spiritual practices (e.g., Buddhism). Western cultures have popularized the techniques over the last few decades, and, since the 1960s, there has been increasing research attention paid to meditative practices. Various psychological and physical health changes (e.g., reductions in blood pressure, metabolic activity, heart and respiratory rates, muscle tension, and oxygen consumption; increased cerebral blood flow; decreased anxiety and depression symptoms) have been empirically linked to the practice of meditation, particularly MM.

### **ROLE OF DIFFERENT THERAPIES**

Recently, treatments of the complementary & alternative medicine have amplified in popularity. This is true for treatments that are associated to mindfulness-based interventions (MBIs) and exercises in the treatment of both mental and physical illness. MBIs interventions, such as Mindfulness-based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR), which are derived from ancient Yoga philosophies and Buddhist, become popular treatments in the contemporary psychotherapy. While more evidence is found regarding the MBIs interventions role in relapse prevention, and fewer is known about the MBIs role played in the treatment of acute anxiety and depression symptoms. Even few is known pertaining to the specific components of MBIs (e.g., [MM] mindfulness meditation) importance and overall impact of MBIs interventions on the expression or experience of psychological distress. Furthermore, few studies indicated the dose-response relationship which is required to effect the positive symptom change and mechanisms of change that are dependable for observed improvements.

### **EFFICACY OF MINDFULNESS MEDITATION IN REDUCTION OF ANXIETY AND DEPRESSION SYMPTOMS**

Studies on MBIs that includes meditation, found to support the theory that cultivation of greater attention, acceptance and awareness through meditation practices is related with low level of psychological distress, including decreased depression, anxiety, anger and worry symptoms. Studies also confirmed the role of MBIs in the treatment of clinical depression, mainly pertaining to relapse prevention such as, MBCT, ACT; though, comparatively little work was done to examine the meditation role in mediating (acute/ active) expressions of negative mood symptoms in clinical populations. The majority of studies has indicated the relation between training in mindfulness and associated meditation practices in relation to coping conditions with various conditions of stressful health such as, pain, coronary artery disease, HIV, cancer, etc; and the possible positive impact of MM on cognitive processes (such as, cognitive reactivity, ruminative patterns, anxiety sensitivity, avoidance) and neuropsychological processes that are well defined to underlie clinical presentations of anxiety and depression disorders.

### **CONCLUSION**

On the basis of the reviewed studies, MBSR found to have equivocal effects on the depression and anxiety symptoms. The benefits of MBSR were most apparent when the presence active control group was not found, suggesting that the symptomatic improvements might be found due to non-specific variables relatively than the mindfulness intervention effects. Further it was concluded no evidence found regarding the MBSR efficacy. Since the empirical evaluation of MBSR is relatively new, the adoption of waiting list control subjects may be justified to establish the MBSR effectiveness.

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**REFERENCES**

1. Allen NB, Chambers R, Knight W Melbourne Academic Mindfulness Interest Group. Mindfulness-based psychotherapies: a review of conceptual foundations, empirical evidence and practical considerations. *Aust N Z J Psychiatry*. 2006;40:285–294.
2. Antonacci DJ, Davis E, Bloch RM, Manuel C, Saeed SA. CAM for your anxious patient: what the evidence says. *Curr Psychiatr*. 2010;9(10):43–52.
3. Baer RA. Mindfulness training as a clinical intervention: a conceptual and empirical review. *Clin Psychol SCI-PR*. 2003;10:125–143.
4. Bishop SR, Lau M, Shapiro S, et al. Mindfulness: a proposed operational definition. *Clin Psychol (New York)* 2004;11(3):230–241.
5. Bohlmeijer E, Prenger R, Taal E, Cuijpers P. The effects of mindfulness-based stress reduction therapy on mental health of adults with a chronic medical disease: a meta-analysis. *J Psychosom Res*. 2010;68(6):539–544.
6. Edenfield, T. M., & Saeed, S. A. (2012). An update on mindfulness meditation as a self-help treatment for anxiety and depression. *Psychology research and behavior management*, 5, 131.
7. Greeson JM. Mindfulness research update: 2008. *Complement Health Pract Rev*. 2009;14(1):10–18.
8. Hofmann SG, Sawyer AT, Witt AA, Oh D. The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *J Consult Clin Psychol*. 2010;78(2):169–183.
9. Kabat-Zinn J. Mindfulness-based interventions in context: past, present, and future. *Clin Psychol (New York)* 2003;10(2):144–156.
10. Marlatt GA, Kristeller JL. Mindfulness and meditation. In: Miller WR, editor. *Integrating Spirituality into Treatment*. Washington, DC: American Psychological Association; 1999. pp. 67–84.
11. Matchim Y, Armer JM. Measuring the psychological impact of mindfulness meditation on health among patients with cancer: a literature review. *Oncol Nurs Forum*. 2007;34:1059–1066.
12. Praissman S. Mindfulness-based stress reduction: a literature review and clinician's guide. *J Am Acad Nurse Pract*. 2008 Apr;20(4):212–216.
13. Rappagay L, Bystrisky A. Classical mindfulness: an introduction to its theory and practice for clinical application. *Ann N Y Acad Sci*. 2009;1172:148–162.
14. Saeed SA, Bloch RM, Antonacci DJ, Davis CE, Manuel C. CAM for your depressed patient: 6 recommended options. *Curr Psychiatr*. 2009; 8(10):39–47.
15. Segal ZV, Williams JMG, Teasdale JD. *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*. New York, NY: Guilford Press; 2002.
16. Smits AJ, Hoffman SG. A meta-analytic review of the effects of psychotherapy control conditions for anxiety disorders. *Psychol Med*. 2009;39:229–239.