The Use of Mindfulness, Self-compassion and Yoga Practices with Low-income and Uninsured Patients with Anxiety and/or Depression

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Learning Objectives

- As a result of participation in this session, the participants will be able to:
  1. describe the basic concepts of mindfulness and self-compassion.
  2. describe the application of mindfulness, self-compassion, and yoga practices with depressed and/or anxious patients in an eight-week training program.
  3. discuss the conclusions and implications of the study that used mindfulness, yoga, and self-compassion practices with low-income and uninsured patients with depression and/or anxiety.
Anxiety disorders and depression are two of the most common mental disorders in the US. Both disorders have symptoms that affect the body and mind (Townsend, 2009). The connection between mind and body is well documented (Ogden, Minton, & Pain, 2006).

Yoga, meditation are practices that help one to calm the mind and body. The cost of learning yoga and meditation is much less than the cost of anti-anxiety or antidepressant medications and/or therapy. Adding these modalities to current methods of treating anxiety and depression has the potential to decrease the use of medications and/or psychotherapy.

The purpose of the study was to explore the effectiveness of mindfulness, self-compassion and yoga practices in coping with depression and/or anxiety in the low-income and uninsured population.
Interventions

› Easy Yoga
› Mindfulness practices
› Self-compassion practices

Yoga Session

› Yoga is a meditative practice
› Quiet time (a short meditation)
› Body Stretches
› Poses and postures:
  sitting, standing, and lying down
› Relaxation
› Chair Yoga

Importance of including body

› Both depression and anxiety have symptoms that affect the body.
› Traditionally, non-pharmacological treatment of each illness has been mostly psychotherapy (talk-therapy).
› Research supports inclusion of body in treatment of depression, anxiety, and PTSD
  Emerson & Hopper (2011).
What is Mindfulness?

- In the Pali language the word Sati (mindfulness) means awareness.
- Paying attention
- On purpose
- In the present moment
- Without judgment (with acceptance)
- Observing thoughts and feelings as they are

From: Wherever you go there you are, Jon Kabat-Zinn, 1994

Benefits of Mindfulness

- Slowing the pace of thoughts.
- Seeing and accepting things as they are.
- Enjoying the richness of the moment.
- Becoming more compassionate toward self and others.
- Responding rather than reacting to situations.

Mindfulness Practices with Depressed and Anxious Patients

- We deal with depression and anxiety by avoidance.
- Cultivate acceptance.
- It is important to observe and accept our difficult emotions.
- Depression and anxiety have many physical symptoms. Body awareness must be a part of the treatment.
Types of Mindfulness Practices

- Formal meditation
- Breath awareness
- Body awareness
- Meditation on sounds
- Walking meditation
- Mindful eating
- Meditation in action (yoga, Tai chi)
- Living mindfully

What is Self-compassion?

- Compassion is the virtue of empathy for the suffering of others.
- Self-compassion: Extending compassion to one's self in instances of perceived inadequacy, failure, or general suffering (Neff, 2011).

Components of Self-compassion

- Self-kindness: Compassion to one's self in instances of perceived inadequacy, failure, or general suffering.
- Common humanity: Suffering and personal failure is part of the shared human experience.
- Mindfulness: Balanced approach to one's negative emotions so that feelings are neither suppressed nor exaggerated.

Kristan Neff (2011)
Types of Self-compassion Meditations

- Loving kindness meditation
- Gratitude meditation
- Forgiveness meditation

Purpose of the Study
The purpose of the study was to explore the effectiveness of mindfulness, self-compassion and yoga practices in coping with depression and/or anxiety in the low-income and uninsured population.

Methodology

- **Research Design:** The design of this pilot study is quasi-experimental.
- Repeated measures were taken at pre, mid, post & follow-up.
- Interventions: easy yoga, mindfulness and self-compassion practices.
Sample Selection

- A convenient sample of 20 individuals (both genders) with diagnosis of depression and/or anxiety between the ages of 18–65 was recruited from two free clinics in SE North Carolina.

Exclusion Criteria

- Diagnosis of thought disorder, bipolar disorder, borderline personality disorder, or active substance abuse/dependence.
- Practicing yoga, mindfulness, or self-compassion meditation, or if attended 4 classes in such practices within the past year.
- Severe physical disability that prevents them from doing easy yoga poses.
- Homeless or pending legal dispositions.
- Inability to hear, read, visualize, and/or comprehend the assessment questions.

Demographic Data

- The study was recruited from both genders; data is based on participants who completed the training (all female).
- All participants were Caucasian, except one.
- All participants were diagnosed with depression and/or anxiety; one person had only anxiety disorder. 90.9% received psychiatric medications.
- Average age of participants was 46.9 years. The youngest was 29, and the oldest was 59 yrs old.
- All participants had low income and were uninsured.
Challenges with the population

- Transient participants.
- Lack of a stable place to live.
- Disconnected telephones.
- Difficulty attracting male participants (2 males / 18 females).
- Attrition rate was about 30%.

**Instruments**

- Beck Depression Inventory (Beck, 1978)
- Hamilton Anxiety Scale (Hamilton, 1958)
- Self-compassion Scale (Neff, 2003)
- Perceived Wellness Survey (Adams, Bezner, Garner, & Woodruff, 1998)
- Demographic Data Form

**Procedures**

- Participants received 8 weeks (1.5 hours/week) of easy yoga, mindfulness and self-compassion meditation trainings, with a follow-up 4 weeks after the last session.
- The questionnaires were completed four times: at the beginning, in the middle (4th week), at the end of the 8th session, and four weeks after the completion of training (follow-up).
Participants were asked to practice on the learned modalities for 45 minutes each day.

A journal book was provided to document their practice at home.

Reading materials were provided to reinforce learning.

The same group leader conducted the training sessions in both clinics.

Each participant received an MP3 player with pre-recorded tracks.

Tracks included step by step yoga instruction, various mindfulness, and loving-kindness meditations that were practiced in the class.

DVD of yoga practices (regular and chair yoga) by the instructor.

Reading materials (Book by Jon Kabat-Zinn).

Journal book, Yoga mat & yoga strap.

Participants received $10 gift card for each session attended.

A review of the previous session and how the week went.

A short meditation (to bring the participants to here and now).

A yoga session of 45 minutes.

Learning and practicing mindfulness techniques during the first 4 weeks.

Self-compassion meditations were added during the last four weeks.
Data Collection

- Data collection was conducted on the 1st week, 4th week, and 8th week.
- Follow-up session: data was also collected 4 weeks after the last session.

Data Analysis

- Descriptive statistics were used to assess the demographics of participants and ANOVA was used to compare mean scores on pre-and-post measures.
- P value less than 0.05 (2-sided) was defined as statically significant.

Results

- Analysis of data indicated that depressive symptoms decreased significantly from pre to post, and from pre to follow-up at .05.
- Analysis of data also indicated that anxiety symptoms decreased significantly from pre to post at .05, and decreased significantly from pre to follow-up at .10.

N at Post: 13; * N at follow-up: 9
Figure 1. Improvement in depressive symptoms

Beck Depression Inventory

* p < .05 from pre to designated condition

Figure 2. Improvement in anxiety symptoms

Hamilton Anxiety Scale

* p < .05 from pre to designated condition

Figure 3. Improvement in self-compassion

Self Compassion Scale

* p < .05 from pre to designated condition
Results (Cont.)

- Analysis of data indicated that self-compassion and general wellness significantly increased (improved) from pre to follow-up at .05.

* N at Post: 13
* N at follow-up: 9

Informal Feedback

- E-mail from participants after the completion of the study.
- Requests from the clinics for additional opportunities.
Conclusions

- Mindfulness, yoga, and self-compassion practices were effective in helping uninsured and low-income patients cope with anxiety and/or depression.

- Regular practice of these modalities on a weekly basis is important.

Implications

- This study has implications for a cost-effective treatment for these disorders.

- The findings from this study can provide useful information to healthcare insurance companies.

Limitations

- Need a higher N (more participants).
- Need to control the impact of group interaction.
- Need to control the impact of season (time of the year).
- It would be interesting to learn which one of these interventions was more effective.
What is Next?

- Improve the methodology by comparing the results with a Control Group.
- Randomized sample with a higher number of participants.
- Explore which intervention was more effective: mindfulness vs. self-compassion practice.

References


Questions
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