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

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This study was supported by a Richard Corbett Grant thorough UNCW School of Nursing.
The speaker has no conflict of interest to disclose.

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.

Financial Disclosure

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Learning Objectives

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2. describe the application of mindfulness, self-compassion, and yoga practices with depressed and/or anxious patients in an eight-week training program.
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Background and Context

- 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).

Background and Context (Cont.)

- 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.

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.
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).
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

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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).
Procedures (continued)

- 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.

Supporting Materials

- 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).
- Participants received $10 gift card for each session attended.

Typical Training Session

- 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
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
