

The Role of Mindful-Meditation in Relation to Affective Dysregulation and Suicide Ideation among Psychiatry Outpatients

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ABSTRACT

Mindful-meditation is a process to bring your awareness in the present moment and becoming self regulated in daily life. The elements of mindfulness, namely awareness and non-judgmental acceptance of one's moment-to moment experience, are regarded as potentially effective antidotes against common forms of psychological distress - rumination, anxiety, worry, fear, anger, and so on - many of which involve the maladaptive tendencies to avoid, suppress, or over-engage with one's distressing thoughts and emotions (Hayes & Feldman, 2004). The presents study intends to investigate the effect of mindful-meditation on suicide ideation and affective dysregulation among psychiatry OPD patients. The sample of the study consisted of 20 OPD patients randomly selected from Department of Psychiatry of a reputed government hospital in Chandigarh. After a clinical interview, Affective Dysregulation Inventory (DI-A) and Beck's Scale for Suicide Ideation were administered before proving the session of mindful-meditation and again the respective tests were administered on same patients after an interval of 40 days of practicing mindful-meditation. After this procedure, pre-therapy baseline scores were compared with post therapy scores with the help of t-test as analysis technique. The results indicate that there is a significant effect of practicing mindful-meditation in reducing affective dysregulation and suicide ideation among OPD patients and results are significant at 0.01 level. This paper also includes some strategies to strengthen emotional regulation and prevent suicidal ideation in general.

Keywords: *Mindful-Meditation, Affective Dysregulation, Suicide Ideation*

The concept of mindfulness is basically cultivated from eastern introspective practices which were further evolved as psychotherapeutic techniques, specifically in Buddhist psychology having history of over 2,500 years. Mindfulness is a term stemming from the Pali language, whereby *Sati* is combined with *Sampajana*, and this term is translated to mean awareness, circumspection, discernment and retention (Shapiro, 2009). Scholars render these linguistic phenomena to consider that mindfulness depicts to remember to be aware what is

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occurring in one's immediate consciousness with perceptiveness (Shapiro & Carlson, 2009). As the concept of mindfulness was gradually introduced into the realm of Western science, many practiced mindfulness and its associated meditation practices - meditation is one method used to enhance mindfulness - were associated with religious beliefs, and a capacity attainable only by few people. However, several decades of empirical research and scientific exploration have defrayed this myth. Mindfulness is now widely considered to be an inherent quality of human consciousness. That is, a capacity of attention and awareness oriented to the present moment that varies in degree within and between individuals, and can be assessed empirically and independent of religious, spiritual, or cultural beliefs. Kabat-Zinn has defined mindfulness as a process of paying attention in a particular way in the present moment with non-judgmental attitude (Kabat-Zinn, 1994).

Bishop et al. (2004) provide an operational definition of mindfulness and suggest testable hypotheses and guidelines for instrument development. The group proposes a two-component definition. The first component focuses on the self-regulation of attention involves sustained attention, skill in switching back to the experience if the mind deviates, and non-analytical awareness of thoughts, feelings, and emotions. The second component involves approaching one's experience with an orientation of curiosity and acceptance, regardless of desirability of the experience. Mindfulness meditation is hypothesized to develop a decentered relationship with one's internal and external environment, to decrease emotional reactivity, and to facilitate a return to baseline after reactivity (Hayes & Feldman, 2004).

Suicide ideation is a social as well as mental health problem worldwide. Suicidal ideation is defined as thoughts serving the agent of one's own death. It may vary in seriousness depending on the specificity of suicide plans and the degree of suicidal intent (American Psychiatric Association, 2003). As it is more concerned about the increased number of suicide day by day indicate that people are lacking with appropriate coping strategies to deal contemporary stress and discomfort. Suicide is a major public health concern and it is one of the commonest in Psychiatric emergencies. There are many studies focusing on various factors related to suicides and ample of studies has been done in Indian sub-continent which shows the prevalence of suicide attempts are increasing every year (Logaraj, Ethirajan, Felix, & Roseline, 2005). It is a significant problem in India with a reported rate of 9.74% per 1,00,000 population in 1995 (Sapkota, Pandey, Shyangwa, Shakya & Thapa, 2011) and the rate of suicide in 2011 was 11.2 which is marginally greater than 10.6 recorded in 2001 (National Crime Record Bureau, 2010) Comprehensively, suicidality is not associated with only a narrow set of syndromes or diagnoses, but rather occurs at an increased frequency across a large range of psychiatric diagnoses, as well as among those without any diagnosable conditions (Chiles & Strosahl, 2005; Williams, Duggan, Crane, & Fennell, 2005).

The problem of emotion regulation can involve getting preoccupied, consumed, or overtaken by emotional experiences with irritability and lack of control over emotional issues. It is important to know when it is no longer productive to engage. Overengagement can involve rumination, worry, obsessions, recurrent cravings and strong urges, and compulsive behavior. One can also get entangled with positive experiences, such as the "highs" associated with adventure, risk, challenge, or even success. For instance, Johnson and her colleagues are finding that those with a vulnerability to or history of mania tend to become overly engaged with positive emotion, which can set off a cascade of overconfidence and unrealistic goal-setting that can spiral into mania (Johnson, 2003). Addictions can be conceptualized as a way

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to both maintain the highs and avoid the lows of life (Marlatt, 1994). There is now substantial evidence that avoidance and overengagement with emotions are associated with worse psychological and health outcomes (Segerstrom, Stanton, Alden, & Shortridge, 2003; Gross, 2002; Salovey, Rothman, Detweiler, & Steward, 2002). It is less clear, however, what characterizes healthy engagement with emotions. Mindfulness training provides a way to cultivate emotional balance and decrease the hold of habitual patterns that obscure perception and impair judgment (Kabat-Zinn, 1990). The practice of mindfulness has been around for 2500 years but has only recently become a legitimate area of scientific inquiry. Although it is being adapted from Buddhist traditions, mindfulness integrates themes from cognitive, behavioral, experiential, and psychodynamic theories (Martin, 1997).

The present study is an investigation to study the effect of mindful-meditation on suicide ideation and affective dysregulation among psychiatry OPD patients. A few researches are conducted on effect of mindful meditation on related emotional state and suicidal cognition. Besides medication it can be a well defined effective alternative therapy in modern clinical psychology. In addition, there are also some strategies to regulate emotions to prevent suicidal ideation in general.

Objectives

- To study the effect of mindful-meditation in reducing affective dysregulation and suicide ideation among psychiatry outpatients patients.

Hypothesis

1. It is expected that mindful-meditation has a significant effect in reducing affective dysregulation among psychiatry outpatients.
2. It is expected that mindful-meditation has a significant effect in reducing suicide ideation among psychiatry outpatients.

METHODOLOGY

Sample

A cross sectional study was conducted with sample of 20 out patients (10 males and 10 females) clinically diagnosed with emotional disturbance by clinical interview and self rating inventories with age range of 25-45 years randomly selected from Department of Psychiatry from reputed Government hospital in Chandigarh were selected with incidental-purposive sampling. Participation was voluntary and informed consent. Ethical consideration was under observation during the investigation procedure.

Inclusion Criteria:

1. Patients are only having behavioral counseling as a treatment procedure.
2. Normal Mental Status Examination
3. Self reported presence and history of suicide ideation.
4. Disturbance in emotional and behavioral aspects of their life.
5. Receiving no other alternative psychotherapy.

Exclusion Criteria:

- Patients who are having psychopharmacological treatment for mental disorders.
- Diagnosed with severe psychiatric disorders.
- Diagnosed with Substance Use Disorders (SUD).

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Tools

- **Scale for Suicide Ideation (Beck, Kovacs, & Weissman, 1979):** Beck's Scale for Suicide Ideation includes 21 items designed to evaluate the presence and severity of suicidal thoughts. The first 19 items measure the severity of suicidal wishes, attitudes, and plans. Patients rate each item on a scale of 0 to 2, with 2 being most severe. The last two items address the number of previous suicide attempts and the intention to die associated with the last attempt. The SSI has been found useful in quantifying the degree of suicidal ideation a person is experiencing and can serve as a key warning sign in identifying suicide risk. Among psychiatric inpatients, the SSI has demonstrated coefficient alphas of .89 (Beck et al., 1979) and .96 (Beck et al., 1988). Studies on the psychometric properties of the SSI have shown evidence of inter-rater reliability (Beck et al., 1979), convergent validity (Holden & DeLisle, 2005), concurrent, and construct validity (Beck et al., 1988).
- **Affective Dysregulation Inventory (Mezzich, Tarter, Giancola, & Kirisci, 2001):** Affective dysregulation is 28-items subscale of Dysregulation Inventory (DI) developed by Mezzich, Tarter, Giancola, & Kirisci (2001). It measures the emotionally dysregulated behavior of individual Respondents are asked to indicate how often each statement is true in describing their behavior. Responses are scored from 0 for "never true" to 3 for "always true." Higher scores on the affective dysregulation subscale (DI-A) indicate high emotional reactivity and low control over one's emotional state. Items were summed for the 28 items comprising the affective dysregulation subscale (Cronbach's $\alpha=.884$).

Procedure

The present study emphasized on to assess the effect of mindful-meditation of reducing suicide ideation and affect dysregulation on psychiatry OPD patients. For this purpose 20 patients were randomly selected as sample according to criteria as decided earlier. After making a good rapport with each patient Beck Scale for Suicide Ideation and (SSI) Affective Dysregulation Inventory (DI-A) were administered carefully and a session of Mindful meditation was given them in a controlled and peaceful environment by experienced and trained professional. Participants were advised to practice for 40 days with ten days of follow up. Ethical consideration was under observation while the process of investigation. Every patient was free to stop the process of meditation at any stage. After an interval of 40 days of practice of mindful-meditation, the same tests administered again on same participants carefully. The test scores were compared with t-test and obtained results are demonstrated in the results sections.

RESULTS AND DISCUSSION

The present study was conducted on psychiatry outpatients to assess the effect of mindful-meditation on suicide ideation and affective dysregulation. As it was hypothesised initially that there will be a significant effect of mindful-meditation in reducing suicide ideation and affective dysregulation. Mindful-meditation practices were conducted for 40 days with 10 days follow up. Suicide ideation and level of affective dysregulation were assessed pre and post meditation sessions and scores were compared. The results shows that there is significant reduction in suicidal thinking and emotional dysregulation in post mindful-meditation testing performance. In the Table 1 denoted as comparison of baseline and post mindful-meditation scores on suicide ideation and affective dysregulation among OPD patients, the baseline

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mean score for suicide ideation is 10.75 with SD=2.89 which is considered as clinically significant prone to be suicidal whereas after the practice of mindful-meditation their suicidal thinking/ideation is reduced as mean score decreased to 4.10 with SD=2.35 which demonstrate significant reduction in their suicidal thoughts. Similarly, in the measure of affective dysregulation, the baseline score of affective dysregulation is 35.80 with SD=6.32 whereas post mindful mediation score are of less severity of affective dysregulation which is denoted by mean score 15.65 with SD=4.96 and t- values are also showing significant difference among the baseline score and post mindful-meditation score. Further, t-test is significant for both psychological disorders such as suicide ideation ($t = 7.95, p < .01$) and affective dysregulation ($t = 11.21, p < .01$) indicating mindful-meditation is significantly helpful in reducing suicidal thinking as well affective dysregulation among outpatients.

Table 1; Comparison of Baseline and Post Mindful-Meditation Scores on suicide ideation and affective dysregulation among OPD patients

Dependent Variables	Baseline Score		Post-MM Score		t-value
	Mean	SD	Mean	SD	
SSI	10.75	2.89	4.10	2.35	7.95*
ADI	35.80	6.32	15.65	4.96	11.21*

*Significant at 0.01 level

Note: ADI= Affective Dysregulation Inventory, SIS= Beck's Suicide Ideation Scale, MM= Mindful-Meditation, SD= Standard Deviation

The results are also justified with the help of graphical representation of effect of mindful-meditation on suicide ideation and affective dysregulation among psychiatry OPD patients. The bars of pre mindful-meditation scores are showing greater inclination of suicide ideation and affective dysregulation whereas in the post mindful-meditation, both suicide ideation and affective dysregulation are reduced than earlier. It indicates a positive effect of mindful-meditation.

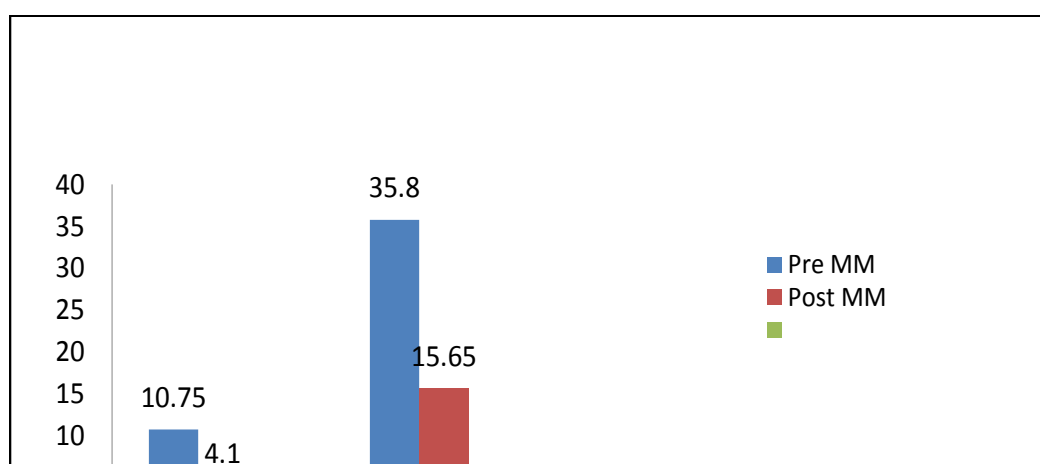


Figure 1: Presentation of Scores on Suicide Ideation Scale and Affective Dysregulation Scale before Mindful-Meditation and after Mindful-Meditation sessions.

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Mindfulness training provides one tool of many to facilitate both the stabilization and destabilization aspects of change. Its utility in cultivating emotional balance and a decentered perspective has been emphasized, but the clinical utility of mindfulness training in transforming destructive emotions has not yet been examined. Our data, although preliminary, suggest that an exposure based approach to the treatment of depression might be fruitful and that mindfulness training might be a useful addition to treatment in the acute phase of therapy, as well as in the relapse prevention phase (Segal, Williams, & Teasdale, 2002) and improving problem solving skills, abnormal stress responses etc (Chesin et al., 2016). The obtained results are indicating that mindful-meditation is proved to a clinically significant alternative treatment to reduce emotional sensitivity and dysregulation as well as suicidal thoughts are also reduced and patients are recovering from their uncomfortable state. They have been provided with more comprehensive and useful technique to cope with problems well. After the regular practice of mindful-meditation, participants found themselves well-adjusted in their contemporary environment and became a sense of awareness of their feelings, thoughts and actions maintaining congruence among these personal constructs of their personal life in daily routine. Moreover, it also facilitates the awareness influence of their emotions on them and significant other. This might be the possible mechanism behind the change in emotions and actions itself through the process of mindfulness. Some researcher also found similar results and suggests that mindful-meditation helps to develop holistic growth of an individual with significant changes in mood, emotions and biology also (Booij & van der Does, 2007; Rubia, 2009; Young, 2011). Mindful-meditation emphasizes on to bond oneself to his/her inner self, this process of awareness of being intact with deeper feeling, emotions and insight of actions help them to realize their actions and its consequences. Becoming aware able them to break the vicious circle of negative thoughts and inability to regulate their behavior. There are some strategies are given as follow which can be also useful to promote self-regulation such as planning, self-motivation, attention control, self-monitoring, appropriate help-seeking, self-evaluation etc can be useful (Zimmerman, 2004). According to Sumida (2010), there are two different levels of emotion regulation in the emotion regulation strategies. The basic level of emotion regulation skills including (1) ability to identify and express emotion, and (2) ability to experience emotions and escape emotional confusion. The higher level of emotion skills consist of positive coping strategies such as (a) active coping, (b) positive reframing, and (c) external oriented thinking. This can help to cope more effectively with their environment and promote affect-regulation.

CONCLUSION

In concluding remarks, on the basis of above discussion we can consider that mindful-meditation has a positive effect on reducing suicide ideation and affective dysregulation among psychiatry OPD patients. Mindful meditation deals with awareness and insights of emotions and actions with holistic development of an individual. It has mind, body and soul management approach to discomfort. For mental health professionals, it can be used as an alternative therapy for such patients with mild psychological disorders to provide immediate psychological first aid at OPD level as well as inpatient care.

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Conflict of Interest

The authors carefully declare this paper to bear not a conflict of interests

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