Eastern Philosophy

in Treating Mental Illness

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***“I have neither given nor received help on this work, nor am I aware of any infraction of the Honor Code.”***

Eastern Philosophy in Treating Mental Illness

 The concept of mindfulness has long been a subject of Eastern philosophy. The practice of mindfulness through exercises like meditation is now being incorporated in treatment therapy for a host of mental disorders. The results of this have been compared to alternate styles of therapy. In some cases, it has outperformed these other methods. Among the illnesses that benefit from this approach to therapy are borderline personality disorder, depression, general anxiety disorder, social anxiety, health anxiety and Attention-Deficit/Hyperactive Disorder (ADHD). Mindfulness based therapy should be elevated and expanded to provide help to more people who suffer from mental illness and are not progressing in their regular treatment.

# History

A string of mindfulness-based treatment has come to make up a third wave of cognitive behavior therapy. Among these are Mindfulness Based Stress Reduction (MBSR), Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy, Mindfulness Based Cognitive Therapy (MBCT), and Mode Deactivation Therapy. Each style varies in its specifics, but all draw back to a focus on Eastern ideas of practicing mindfulness to combat negative behavior patterns. Two of these treatment types were developed in hopes of surpassing the results of Cognitive Behavior Therapy. Dialectical Behavior Therapy (DBT), developed by Marsha Linehan, was intended to help women who suffer from borderline personality disorder and suicidality (Jennings & Apsche, 2014, p. 1).

 Linehan followed three main principals. First was utilizing direct skills training in meditation. She conjoined this with validation, acknowledging her patient’s pain and reassuring them their feelings were valid. Finally, she employed radical acceptance, a way of allowing individuals to feel their emotions and acknowledge their thoughts without placing judgement on themselves. Her patients progressed as “they were better able to manage the experience of allowing and accepting negative thoughts and affect (without losing emotional control) and to stop negative self-judgments for having such thoughts” (Jennings et al., 2014, p. 1). Jack Apsche found that his patients faced similar afflictions to Linehan’s. Cognitive Behavioral Therapy, or CBT, was not producing necessary improvement. After recognizing these similarities, he worked to incorporate mindfulness practices in his therapy. Soon finding, “however, that teaching straight meditation can be slow and difficult to learn for many adolescents, Apsche innovated on DBT by teaching multiple paths to mindfulness. Apsche experimented with a diverse array of mindfulness exercises and skills, seeking techniques that could be learned quickly and easily by youth and that could yield tangible, positive results” (Jennings et al., 2014, p. 1). Thus, this became the basis for Mode Deactivation Therapy (MDT).

In the 1980s, ACT was developed to treat adults with depression and anxiety. Now, DBT, MBCT, MBSR and other forms of mindfulness-based therapy are becoming more common for treating adolescents. Before observing the various studies that support this approach to therapy, it is important to understand the specific principles of Buddhism being applied to psychology. “The traditional Four Foundations of Mindfulness—mindfulness of the body, of feelings, of consciousness, and of mental phenomena (emotions)—are the bases for maintaining moment-by-moment mindfulness” (Swart, 2014, pg. 26). These can be practiced in a multitude of ways, all to allow the individual to separate the self from negative thoughts and emotions. This technique sparks improvement levels comparable to that of regular cognitive therapy.

# Impact of Treatments on Depression

In a study specific to individuals who suffer from episodes of depression, “MBCT reduced risk of relapse in patients with three or more prior episodes by 43% relative to treatment as usual (TAU)” (Williams, 2014). MBCT specifically teaches and reinforces practice of breathing exercises combined with learning to allow oneself to accept thoughts as they come and go without judging these thoughts as a reflection of their character. Patients also practice awareness, a technique that enables the individuals to recognize negative thought patterns and their triggers; furthermore, they can separate themselves from these patterns and identify it as a mental event rather than a reflection of reality. (McManus, Surawy, Muse, Vasquez-Montes, Williams, 2012). This style of therapy was compared to CPE and TAU in the treatment of individuals suffering from major depression.

The results showed that “MBCT protects vulnerable patients from depression for at least 12 months after treatment, yielding a preventative effect similar to that of continued antidepressant medication” (Williams et al, 2014). If childhood trauma is factored into the mix, MBCT has a more profound impact on preventing relapse of depressive episodes than CPE or TAU. This is exciting information pertinent to American citizens and the healthcare industry because these mindfulness-based therapy tactics can be expanded and used to help people improve their mental health without reliance on prescription drugs.

# **Effects on Anxiety Disorders**

Not only are these third wave therapy techniques effective in treating people with depression and borderline personality disorder, they can have an equally powerful impact on treating patients with a wide variety of anxiety disorders. The studies tested the therapy for long lasting effects and observed the differences between a variety of time demands for the mindfulness training. This particular pilot study observed eight high school seniors over the course of three weeks. The participants underwent four meditation sessions lasting fifty minutes each. The results demonstrated that cognitive, physiological, and social anxiety was greatly reduced. The most promising figures were the reduction in cognitive and group anxiety. Negative thought processes such as a fear of losing control or of worst-case scenarios are common exhibitions of cognitive anxiety. Group anxiety stems from apprehension involving group activity and resulting socialization.

The results were measured using the Interaction Anxiousness Scale as well as the Beck Anxiety Inventory to self-report symptoms. After completing the therapy course, the scores were compared to before receiving mindfulness treatment, revealing a thirty percent reduction in symptoms of general anxiety, an eleven percent reduction in physiological anxiety and a nine percent decrease in social anxiety. Its greatest impact was a fifty-five percent reduction in cognitive anxiety (Jennings, 2013). The pilot study, like any other, does have a few limitations such as the small size of the group observed and the unknown influence of the peer facilitator on the experience of the participants. In a separate study of individuals suffering from hypochondriasis, researchers found that “the MBCT intervention, adapted to focus on symptoms of health anxiety, added significant advantage to US in terms of reducing symptoms of health anxiety” (McManus et al., 2012). Despite any limitations, this research is monumental because of the potential it has to evolve and improve tactics to attain optimum help for the patients enrolled in the treatment. It has greatly reduced symptoms of a variety of anxiety disorders and depression and no doubt will be proven beneficial in the treatment of other mental health issues as well.

# The Core Principles

What exactly is it about mindfulness and meditation that is producing these colossal leaps for patients in therapy? “ACT applies six core principles of acceptance, cognitive diffusion, contact with the present moment, observing the self, values, and committed action” (Jennings et al., 2014). Acceptance is centered on allowing oneself to feel emotions and let thoughts pass without repressing them or judging one’s own character by it. Cognitive diffusion is the practice of separating these passing thoughts and negative behaviors from the core self. Patients must learn not to give power to them and realize it is not a reflection of their values or identity. Contact with the present moment is where meditation comes into play. “At its optimum, the person taps into a calm, deeper continuity of consciousness that is, in the Buddhist tradition, one’s “true self,” able to view oneself as universal and detached from current behaviors and private experiences” (Jennings et al., 2014). In doing this, the individual can determine what they value and the principles they hope to live by. Last comes committed action, or in other words, actively working toward achieving or consistently keeping with the goals in which the individual values. All of these ideas are derived from Buddhist principles and beliefs on the necessary steps of the path to reach enlightenment. Validation, clarification, and redirection or VCR is another important part of the process. Validation involves sifting through the individual’s perceptions for a piece of truth. Clarification closely examines the logic of these beliefs and redirection propels the individual toward a more functional belief that might also be true (Jennings et al., 2014). All of these practices work together to train people to think differently in a way that improves their outlook on life and allows them to cope with everyday stressors in a healthy and functional manner.

# Conclusion

The results of incorporating Eastern philosophical ideas and practices into therapy for patients suffering from a mental illness has had an astounding impact on improvement in the quality of life for these individuals. In some cases, these new practices have surpassed the results of older methods. This is exciting and groundbreaking considering it is only the beginning of the integration of these mindfulness teachings into previous treatment styles. If therapy becomes more geared toward mindfulness and meditation oriented, in the near future there could be a decrease in the dependence on prescription drugs doled out by medical professionals and in turn a decrease in substance abuse among adolescents and adults. For now, it is important to focus on expanding research on MBCT and other third wave therapies and designing them to continue to outperform prior treatment methodologies in order to provide the best care possible for the millions that suffer from mental illness in the United States alone.

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