Mindfulness: “It’s like Xanax” but “more effective.”
RESEARCH OBJECTIVES

-To explore how mindfulness practice can alleviate bipolar symptoms and episodes.
BIPOLAR DISORDER, WHAT IS IT?

- Bipolar disorder, also known as manic depression, is a mental illness that affects mood and functioning on everyday tasks (NIMH, 2017).
- Affects 2.8% of adults in the US (NIMH, 2017).
- 12th leading cause of disability in the world (World Health Organization, 2004)
MANIC DEPRESSION - MANIA

Feeling euphoric or agitated, with three or more following symptoms:
- Inflated self-esteem or grandiosity
- Decreased need for sleep
- More talkative
- Racing thoughts
- Increase in goal-directed activity
- Excessive involvement in activities with high potential for painful consequences

5 or more symptoms for at least two weeks:
- Depressed mood most of the day (feeling sad, empty, or hopeless)
- Diminished interest and pleasure in activities
- Weight loss or weight gain, or decreased appetite
- Changes in sleep patterns
- Fatigue
- Feelings of worthlessness or guilt
- Diminished ability to concentrate
- Suicide ideation

(American Psychiatric Association, 2013)
- A study that followed people with bipolar disorder for 5 years showed that a third of the participants’ time was spent in illness episodes (Pallaskorpi et al., 2015).
- Functioning can be impacted between episodes (Strejilevich et al., 2013).
THERAPIES

-In Cognitive Behavior Therapy 30 month study showed an episode relapse rate of 63.8% (Lam, Hayward, Watkins, Wright, & Sham, 2005).
-In a study of Family-focused Therapy with 82 participants showed that 60% of participants had an episode relapse within a year (Miklowitz et al., 2003).
-Interpersonal and Social Rhythm Therapy relapse rate of 43% (Frank et al., 2005).
-Study of Mindfulness Based Cognitive Therapy had a relapse of 35%. (Teasdale et al., 2000)
MINDFULNESS, WHAT IS IT?

- Based on Zen Buddhism, but adapted to be secular.
- Marsha Linehan, developer of DBT therapy:
  - "Mindfulness is the act of consciously focusing the mind in the present moment without judgement and without attachment to the moment."
  - "Mindfulness in its totality has to do with the quality of awareness that a person brings to activities."
  - "Strength to bear the suffering of our lives is also in the moment." (Linehan, 2015)
MINDFULNESS THERAPIES - DIALECTICAL BEHAVIOR THERAPY

- Originally developed for Borderline Personality Disorder. Focuses on mindfulness skills as the foundation for treatment (Linehan, 2015).
- Two studies done with adolescents who have bipolar disorder showed it was a promising treatment (Goldstein et al., 2007; Goldstein et al., 2015).
- Mindfulness is a therapeutic intervention with a lot of potential, but the research surrounding bipolar disorder and mindfulness is limited (Van Dijk, Jeffrey, & Katz, 2013).
RESEARCH DESIGN

- Qualitative interviews with 13 participants (adults 18 or older with bipolar disorder in the state of Utah), recruited through flyers placed in the community and mental health clinics.
- Guided interview was developed based on literature on bipolar disorder. It focused on bipolar disorder symptoms, episodes, and mindfulness habits.
- Interviews transcribed and coded for themes.
DEMOGRAPHICS

Gender:
- Women: 69%
- Men: 31%

Race/Ethnicity:
- Caucasian: 77%
- Hispanic: 15%
- Pacific Islander: 8%
DEMOGRAPHICS

- 38% 18-24
- 39% 25-40
- 23% 40-60
DEMOGRAPHICS

**Work**
- 60% Full-time
- 20% Part-time
- 13% Student
- 7% Disabled

**Highest Degree of Education**
- 49% College Graduate
- 25% Some College
- 16% High School
- 10% No GED
DEFINITION OF MINDFULNESS

Participants’ definition of mindfulness:
- Being calm and relaxed
- Being aware
- Perspective (focusing on present moment)
- Being in the present moment
Ways participants practiced mindfulness:
- Breathing
- Grounding
- Practicing awareness
- Guided meditation
- Regular meditation
-61% of participants said mindfulness practice makes their episodes less intense and severe.
-5 participants stated that using mindfulness skills helped them to make better decisions when manic.
-4 participants said that mindfulness helps them get through the daily challenges of bipolar disorder to function better.
-5 participants said they wanted to practice more mindfulness.
-6 participants said they thought more mindfulness practice would help their bipolar disorder.
CONCLUSIONS

- This study explored how mindfulness can improve the experience of having bipolar disorder. It explored how people with bipolar disorder use mindfulness, demonstrating that mindfulness practice can reduce the severity of manic and depressive symptoms during and between episodes. It also showed that people with bipolar disorder want to use more mindfulness and think it would help.
CONCLUSIONS

-If bipolar disorder has such significant episode recurrences along with debilitating symptoms, more information on how mindfulness can be an effective intervention is essential to mental health providers.
LIMITATIONS

- Small sample size
- Data gathered just looked at existing habits, whether the participant had received mindfulness training or not.
FUTURE DIRECTIONS

- This study took a look at how people with bipolar disorder are using mindfulness, but a study with a mindfulness intervention can continue to see how it might help bipolar symptoms and episodes.

- A study that teaches mindfulness skills in-depth (like the DBT curriculum) along with a measurement of daily practice could further demonstrate how effective of an intervention mindfulness could be.
REFERENCES


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