

Mindfulness Meditation for Patients with Schizophrenia

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What is Mindfulness Meditation?

"It is a type of meditation in which one focuses attention on the present moment seeking awareness of thoughts, sensations and feelings one is having each moment.

Mindfulness Meditation is believed to alter the manner in which one perceives and responds to thoughts, feelings and physical sensations. This alteration has been shown to reduce stress and negative emotions. It should also reduce the potential for impulsive acting-out (past joint statement of Dr. Larry Stava and Dr. David Mays of MMHI).

"Mindfulness is "the continuous practice of touching life deeply in every moment of daily life" (Thich Nhat Hanh, Zen Buddhist Monk who was nominated for the Nobel Peace Prize in 1967

General benefits from developing Mindfulness Meditation Skills?

- More at peace, calm, centered, alert, awake and aware of the present moment
- Improved capacity to modulate excessive reactions to stressful events
- Decreased stress symptoms and mood disturbances
- Cost effective way to reduce excessive and needless suffering
- Research suggest that Meditation may improve mood, decrease stress and boost immune system functioning
- Path to enlightenment and a better life

What is the best evidence to support use of Mindfulness Meditation Training for patients with psychiatric illnesses?

- UW Neuro-Scientist and Psychologist, Dr. Richard Davidson has produced many well respected studies on mind-body connections. In one study, he concluded that the people studied were able to increase their ability to pay attention after three months of intensive training in meditation.
- He also studied people's reactions to hearing sudden noises and concluded that people with extreme experience in meditation have more activity in their prefrontal cortex which regulates attention.
- Dr. Davidson concluded that those highly experienced meditators had less "chatter" in those areas of the brain involved in emotion and decision making allowing them to better modulate emotional reactions to sudden noises and stresses such as a baby crying
- Dr. Davidson's research and studies are based on hard data obtained from MRI Scanners/PET Scans and Electroencephalograms done on his human subjects.
- "Mindfulness Based Cognitive Therapy offers a promising cost-efficient psychological approach to preventing relapse/recurrence in recovered recurrently depressed patients." (See research by Teasdale, JD and others. Journal of Consulting and Clinical Psychology, 68, 615-623
- "We conclude that an intensive but time-limited group stress reduction intervention based on Mindfulness Meditation can have long-term beneficial effects in the treatment of people with anxiety disorders." (See research by Miller, J., Fletcher, Kabat-Zinn, J. (1995) Three-year follow-up and clinical implications of a mindfulness-based stress reduction intervention in the treatment of anxiety disorders, General Hospital Psychiatry, 17, 192-200.
- "As a link between relationship-centered care and evidence-based medicine, mindfulness should be considered a characteristic of good clinical practice." (See Epstein, R.M. (1999). Mindful Practice. JAMA, 282 (9), 833-839

Why Mindfulness Meditation for Patients with Schizophrenia

- Addresses associated negative symptoms such as poor concentration and attention
- Improves awareness of here and now realities ("All we have is this moment.")
- Helps participants develop improved stress coping skills and a "clearer" mind
- Improves ability of participants to reduce issues of getting caught up in thoughts/feelings(regrets of the past and worry about the future)

History: Why/When Meditation Program Started MMHI

- Psychiatric Staff decided that since meditation is proven effective with other patients (those with anxiety/depression and chronic pain issues and many other medical issues) that it may be helpful with patients with more severe psychological impairments
- Mindfulness Meditation Group Training for patients was started in the year 2000 by a Psychiatrist and Clinical Psychologist and was focused at Forensic patients thought to be able to profit from this training

Obstacles encountered in ongoing development of Mindfulness Group

- Some patients have difficulty distinguishing between just “thinking” about something and “focused attention” or “meditation”
- Others have issues with periodic inability to effectively cope with hallucinations or distracting internal or external stimuli that keeps them from staying focused on the training
- Periodic medication issues leading to increased symptoms that impair meditation practice
- Some patients are very verbal and want to spend more time just talking about meditation versus practicing for skill development

How do you measure the results of your efforts to teach meditation ?

- Have used the SCL 90 R Symptom Check List in past with start/completion of group cycle
- SCL 90 R Symptom Check List measures extent of symptoms of anxiety and depression
- Currently using observations of participants (Quality/Quantity of time in practice)

Examples of observable behaviors that show progress in practice

- Self reports of participants of their practice of meditation outside the group
- Ability of participants to sit completely still and quiet, with eyes closed during practice
- Self reports of increased frequency and increased time spent during each practice session outside of group

Characteristics of patients who quit meditation groups

- *Patients who lacked energy/motivation to work on skill development
- *Some are unable to tolerate: 1. staying quiet without constantly moving body limbs, 2. either the anxiety or boredom of continuous effort to keep focused or concentrate on the breath/body or any other sensory experience that becomes noticeable
- *Those who are unable to look inside themselves without judging themselves
- *Participants with unrealistic expectations

Hindrances (DRADS) to meditation practice

- Desires—(e.g. “I would rather be doing something more interesting than trying to constantly focus my attention on my breath”) We are grasping or seeking pleasure.
- Restlessness--(e.g. difficulties staying focused due to mind racing/wandering or inability to keep body still)
- Anger—(e.g. Continuous rumination about a hurt or disappointment, attaching on to the thought that maintains this imprisoning emotion)
- Doubt—(e.g. mind resisting focus due to doubt such as “I doubt this meditation is really helping me improve)
- Sleepiness—(e.g. meditation can be very relaxing leading to sleeping or dozing--which is the opposite of what we want to do with meditation—a process of awakening)

Other approaches to Meditation

- Psychologist/Buddhist Monk, Jack Kornfield writes that Mindfulness Meditation can be too difficult for some patients to manage
- Kornfield recommends that some patients who have severe psychiatric impairments try learning other forms of meditation such as Tai Chi, Qi Gong, Yoga and Walking Meditation
- Observation: We lead a group here called: “Meditation in Movement” and have seen patients unable to do Mindfulness Meditation get right in to this approach and profit from it.

TWO MINUTE MEDITATION

- Begin by focusing on your breath. Just watch your body breathe in and breathe out. You might notice a cool sensation in your nose as you breathe in and a warmer sensation as you breathe out. But it really doesn't matter what you feel, just focus all your attention on your breath.
- Now just expand your field of awareness so it includes the sensations in your body. Examine the sensations in your arms and legs, your chest, back and stomach, your neck, head and face. Notice the sensations but do not try to change them, just accept whatever you feel.
- Now expand your awareness to include the sounds that you hear. Just notice how the sounds change. Try not to judge the sounds as pleasant or unpleasant, just notice the sounds.
- Notice the thoughts that come and go in your mind. Just watch them as you watched your breath, your body sensations and sounds. Just notice how thoughts come and go.

Resources to expand knowledge and skill base for Meditation

- Book: "A Path with Heart" by Jack Kornfield PhD
- Video: "Meditation for Beginners" by Jack Kornfield PhD, order thru—Sounds True, 800-333-9185
- Audio-Cassette Tapes: Collection of tapes—"The Art of Mindful Living", "Teachings on Love", and "Touching the Earth", by Thich Nhat Hanh, order thru—Sounds True (above)
- Audio-Cassette Tapes: "Working with Fear" by Joseph Goldstein, order thru—Dharma Seed, 800-969-7333
- 2 "Meditation in Movement" DVDs: "ROM Dance" and "Tai Chi Fundamentals" by Tricia Yu, Uncharted Country Publishing, Madison, WI 53703, 800-488-4900
- DVD: Qigong Beginning Practice, with Francesco Daisy and Lee Garripoli, can order thru Borders Book Store, 608-232-2600