

Mindfulness Diminish Psychological Distress in Depressed Patients: A Sign of Mental Health

Momina Abid^{1*}, Arooj Makki²

¹Psychologist, Special Education Department, Government of the Punjab, Pakistan.

²Department of Applied Psychology Bahauddin Zakariya University, Multan.

Corresponding Author: Momina Abid, Psychologist, Special Education Department, Government of the Punjab, Pakistan,

Tel: +923320797788; **Email:** Mominaabid11@gmail.com

Received Date: 11 Mar 2017

Accepted Date: 31 Mar 2017

Published Date: 04 Apr 2017

Copyright © 2017 Abid M

Citation: Abid M and Makki A. (2017). Mindfulness Diminish Psychological Distress in Depressed Patients: A Sign of Mental Health. *M J Psyc.* 2(2): 013.

ABSTRACT

Mindfulness seems to be associated with improved mental health. This study investigated the relationship of mindfulness with psychological distress among depressed patients. Participants were 150 depressed patients and purposively selected those completed the Freiburg Mindfulness Inventory (Walach et al., 2006) and Kessler Psychological Distress Scale (Kessler). Findings revealed that mindfulness was negatively correlated with psychological distress among depressed patients. Regression analysis shows the impact of mindfulness on psychological distress among depressed patients. The findings provided gender differences in mindfulness but no differences were founded for psychological distress in depressed patients.

KEYWORDS

Mindfulness; Psychological Distress; Mental Health; Depressed Patients.

INTRODUCTION

Mindfulness

Mindfulness defined as an awareness that comes forth by paying concentration to the purpose at here and now and without any judgmentally on the ongoing experience [1]. Being aware of the present moment without judging, reflecting or thinking is being mindful or mindfulness. Demonstration of mindfulness is direct attention to ongoing moments and mental state, yet seek after in experiential instead of systematic preparing. Mindfulness pertains to corroborated consciousness and concentration on the present moment and to ongoing experiences. Mindfulness is one form of awareness but varies reflection, self-observing, and requirement for discernment that all are from other forms of awareness and defined by rational, logical and analytical forms of processing information [2].

According to Germer [3] three interconnected elements of mindfulness. Firstly, mindfulness implies a feeling of awareness. That feeling of awareness is deliberately instead of blur. Secondly, this clear awareness depends on the current experience. Put differently, people feel cognizant about their instantaneous

background and of the environment and not immediately draw the attention to the events of the past and opportunities for the future. Thirdly, an awareness of the continuing experience not to be judge, assess and intricate [4]. It means that the considerations, emotions, sensations, and desires are all acknowledged instead of assessed. A term of mindfulness can be utilized in various contexts. That is, mindfulness alludes to a portrayal of some express a state described as a feeling of uncritical attention to current experience. On the other hand, mindfulness symbolize as an intervention, the more often with meditation in which people learn how to mention this state of consciousness. Certainly, mindfulness is not a state, underpinning self-regulation but it as a mental process or acceptance [2, 5].

For the cognizant of natural tendencies of the humans and gives them a pause to change their reaction, mindfulness will be very helpful [6]. A variety of different mindful practices are available that are focused on coercing attention to a specific internal or external experience. Following your breath, thoughts, or focusing on a specific body part are internal experiences and focusing on a certain sound or listening for any sound you hear considering as external experiences [7].

Psychological distress

Psychological distress is viewed as an emotional condition that involves negative views of the self, others and the environment and is characterized by unpleasant subjective states such as feeling tense, worried, worthless and irritable [8]. These subjective states can reduce the emotional resilience of individuals and impact on their ability to enjoy life and to cope with pain, disappointment and sadness. Psychological distress can be viewed as a continuum in which people can move from experiencing wellbeing to distress and back at various times throughout their lives [9].

Brown & Ryan, investigated that mindfulness is positively related to subjective wellbeing, life satisfaction, and self-esteem, as well as negatively related to psychological distress (depression and anxiety). These relationships tend to persist even after emotional intelligence, private self-consciousness, neuroticism, and extra version are controlled. A growing body of research suggests that high level of mindfulness has positive effect in the treatment of variety disorders including stress, chronic pain, depression and anxiety [10].

A variety of studies have shown that attempts to instill mindfulness can alleviate mood disorders. That is, interventions that introduce or entail mindfulness have been shown to ameliorate symptoms of anxiety as well as depression [6, 7, 11]. Many protective factors that have been recognized, acceptance, forgiveness, and gratitude and mindfulness has been recognized as a protective factor to psychological distress and other psychological issues closely related to psychological well-being [12, 13].

Rational of the Study

This research is a miniature effort to explore the relational aspects of mindfulness and psychological distress. Most of researches were done in western culture but no study found in Pakistan with these variables. Present research is interested to explore the relationship of mindfulness with psychological distress and to identify the role of gender in mindfulness and psychological distress. Gender differences are important in order to satisfy the urge of exploration and provide the basic for further studies in this area.

OBJECTIVES

1. To explore the correlational aspects of mindfulness and psychological distress among depressed patients.
2. To examine the impact of mindfulness on psychological distress among depressed patients.
3. To investigate the differences of mindfulness and psychological distress in term of gender among depressed patients.

Hypothesis

1. Mindfulness has negative correlation with psychological distress among depressed patients.
2. Mindfulness has impact on psychological distress among depressed patients.
3. Mindfulness and Psychological distress will differ in term of gender among depressed patients.

METHOD

Participant

A sample of 150 depressed patients purposively selected from different hospitals of Multan. All participants was married and belonged from same socio-economic status.

Instruments

Two Instruments was used in this research.

1. Freiburg Mindfulness Inventory
2. Kessler Psychological Distress Scale

Kessler Psychological Distress Scale (K10). The Kessler Psychological Distress Scale (K10) [14] is a simple measure of psychological distress. The K10 scale involves 10 questions about emotional states each with a five-level response scale. The measure can be used as a brief screen to identify levels of distress. The tool can be given to patients to complete, or alternatively the questions can be read to the patient by the practitioner.

Freiburg Mindfulness Inventory. The Freiburg Mindfulness Inventory [15] is a useful, valid and reliable questionnaire for measuring mindfulness. It is most suitable in generalized contexts. It is self-rated questionnaire and the 14 items cover all aspects of mindfulness. All of the items are scored on a 4- point scale 1=Rarely, 2=Occasionally, 3=Fairly, 4= often Almost always.

Procedure

Information has been accumulated by using survey questionnaire and 2 questionnaires Freiburg Mindfulness Inventory and Kessler Psychological Distress Scale were utilized for data collection along with consent form and demographic sheet. These folks were informed with regards to the purpose of research and have been directed how to populate this weighing scales. Participants have been advised to help all the items seriously and have been advice in which responses could stay anonymous. Participants have been likewise provided confidence in which info would be discreet. SPSS 20 version (Statistical Package for Social Sciences) has been used for the descriptive and inferential statistical analysis of the data.

RESULTS

Table1: Descriptive and Correlations Matrix on the scores of Mindfulness and Psychological Distress

Scales	M	SD	Mindfulness	Psychological Distress
Mindfulness	42.02	7.550	—	-
Psychological Distress	8.32	2.448	-.439**	-

Note: N=150, **p < 0.01.

Table 1 depicts the significant negative correlation between mindfulness and psychological distress. It delineates that as mindfulness increase psychological distress decrease in depressed patients.

Table2: Regression Analysis showing Impact of Mindfulness on Psychological Distress.

Predictor	B	Std. Error	Beta	t	P
(Constant)	14.306	1.022	-	14.000	.000***
Mindfulness	-.142	.024	-.439	-5.952	.000***

Note: R2 = 0.193, Adjusted R2 = 0.188, (F (1, 148) = 35.421, ***p < 0.001.

Table 2 indicated the significant positive effect of the psychological resilience on forgiveness.

Table 3: Means, Standard Deviations, and t-values along Gender on Freiburg Mindfulness Inventory and Kessler Psychological Distress Scale.

	Male	Female		
	n = 75	n = 75		
Variables	M(SD)	M(SD)	t(148)	P
Mindfulness	43.25(7.433)	40.79 (7.513)	2.021	.045*
Psychological Distress	7.97(2.641)	8.67 (2.202)	-1.747	.083

Note: N=150, *p < 0.05, p > 0.05.

Table 3 reveals that significant differences on the level of mindfulness among male and female depressed patients. (t =2.021, df = 148, *p < 0.05). The results show male have high level of mindfulness as compare to female. No significant differences showed (t =-1.747, df = 148, p > 0.05) on the level of psychological distress among male and female depressed patients.

DISCUSSION

The main objective of the present research was to explore the relationship between mindfulness and psychological distress among depressed patients. It was also intended to role of gender in mindfulness and psychological distress. The hypothesis about significant negative relationship between mindfulness and psychological distress was supported. Current finding are in line with previous literature Nakamura & Orth reported mindfulness is protective factor of psychological distress

and significantly related to psychological wellbeing. It was also hypothesized that mindfulness has significant impact on psychological distress. Findings of current study showed that mindfulness has significant negative impact on psychological distress. Literature indicated that high level of mindfulness has positive effect to treat stress, chronic pain, depression and anxiety [10]. According to Brown & Ryan, mindfulness is positively related to subjective wellbeing, life satisfaction, and self-esteem, as well as negatively related to psychological distress (depression and anxiety). Gender played a crucial role to identify the difference among male and female depressed patients. Research findings explored that mindfulness is high in male depressed patients as compare to female depressed patients. No gender difference was explored on the level of psychological distress among male and female depressed patients.

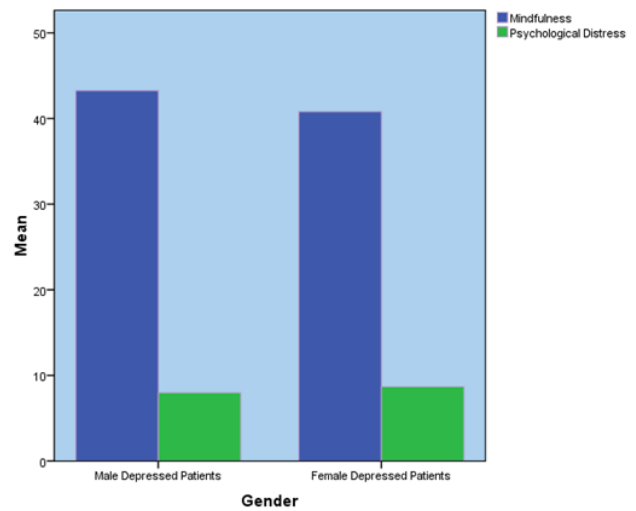


Figure 1: Bar Graph Representing Gender Differences in Mindfulness and Psychological Distress.

CONCLUSION

The present study was aimed to explore the relational aspect of mindfulness and psychological distress. Finding of the study confirmed that mindfulness has negative relationship with psychological distress. As mindfulness will increase psychological distress will decrease in depressed patients. Finding showed that mindfulness has negative impact on psychological distress. Gender played a significant role in the identification of mindfulness level in depressed patients. High level of mindfulness showed in male patients than female patients. But no significance difference of psychological distress was found in term of gender.

LIMITATIONS

Limitations also exist when it comes to measures of critical independent variables along with the theoretical frameworks we were looking at intended to stand for. Sample composition is relative small. Current study based on cross-sectional

method and longitudinal method is best way to get depth knowledge about depressed patients.

SUGGESTIONS

In future researchers must notice these suggestions: Sample size of the research must be increase and across the nation exploration is required. This examination has established the relationship between mindfulness and positive thinking but in future exploration causal relationship highly recommended. More demographic variables like forgiveness, personality and happiness ought to be explored in the role of mental health.

REFERENCES

1. Kabat-Zinn J. (2003). Mindfulness-based interventions in context: Past, present and future. *Clinical Psychology: Science and Practice*. 10(2): 144-156.
2. Brown K W and Ryan R M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*. 84(4): 822-848.
3. Germer C K, Siegel R D and Olendzki A. (2005). Mindfulness: what is it? What does it matter? In R. D. S. C. K. Germer, & P. R. Fulton (Ed.), *Mindfulness and Psychotherapy*. New York: The Guildford Press.
4. Kabat-Zinn J. (1994). *Wherever you go, there you are: mindfulness Meditation in everyday life*. New York: Hyperion.
5. Linehan MM. (1994). Acceptance and change: The central dialectic in psychotherapy. In S. C. Hayes, N. S. Jacobson, V. M. Follette & M. J. Dougher (Eds.), *Acceptance and Change: Content and Context in Psychotherapy* (pp. 73-86). Reno, NV: Context Press.
6. Kingston T, Dooley B, Bates A, Lawlor E et al. (2007). Mindfulness based cognitive therapy for residual depressive symptoms. *Psychology and Psychotherapy*. 80(2): 193-203.
7. Evans S, Ferrando S, Findler M, Stowell C, et al. (2008). Mindfulness-based cognitive therapy for generalized anxiety disorder. *Journal of Anxiety Disorders*. 22(4): 716-721.
8. Barlow D and Durand V. (2005). *Abnormal psychology: An integrative approach*. Belmont,CA: Thomson Wadsworth.
9. Horwitz A V, Scheid T L and Brown T N. (1999). Approaches to mental health and illness: conflicting definitions and emphases. In Howitz AV (ed.) *Handbook for the study of mental health*. New York: Cambridge University Press. 1-11.
10. Leigh J, Bowen S and Marlatt G A. (2005). Spirituality, mindfulness & substance abuse. *Addictive Behavior*. 30(7): 1335-1341.
11. Follette V, Palm K M and Pearson A N. (2006). Mindfulness and trauma: Implications for treatment. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*. 24(1): 45-61.
12. McCullough M E, Emmons R A and Tsang J. (2002). The grateful disposition: A conceptual and empirical topography. *Journal of Personality and Social Psychology*. 82(1): 112-127.
13. Nakamura Y M and Orth U. (2005). Acceptance as a coping reaction: Adaptive or not? *Swiss Journal of Psychology*. 64(4): 281-192.
14. Kessler R C, Barker P R, Colpe L J, Epstein J F, et al. (2003). Screening for serious mental illness in the general population. *Arch Gen Psychiatry*. 60(2): 184-189.
15. Walach H, Buchheld N, Buttenmuller V, Kleinknecht N, et al. (2006). Measuring Mindfulness--The Freiburg Mindfulness Inventory (FMI). *Personality and Individual Differences*. 40(8): 1543-1555.