Mindfulness Meditation in Treating Anxiety Disorder

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Abstract

The most common method of treating anxiety disorders in the United States is through the use of anti-anxiety medication. However, the use of prescription medication to treat anxiety symptoms presents several drawbacks, one of which is the prohibitive cost of prescription medication. Additionally, previous studies have shown that, in time, the body adapts and the medication is increasingly less effective in treating the disorder. This experiment was conducted to determine if a mindfulness meditation program, an alternative method of treating the disorder, could be an effective treatment to reduce, alleviate, or eliminate symptoms for person suffering from anxiety.
Mindfulness Meditation in Treating Anxiety Disorder

28.8% of adults in the United States population will suffer from an anxiety in their lifetime (Kessler, Berglund, Demler, Jin & Walters, 2005). In addition, The National Institute of Mental Health reports that 25.1% of children between the ages of 13 and 18 suffer from anxiety disorder. The United States is not the only country currently facing this challenge; studies conducted in England found that 3-5% of children and adolescents aged 5-16 and 16.6% of adults aged 18-64 suffer from anxiety disorder (McGrandles & Duffy, 2012). The most common treatment for anxiety disorder is medication, psychotherapy, or both (McGrandles & Duffy, 2012). Medication, although effective, often presents patients with a wide range of unpleasant side effects. In addition, medication typically takes from four to six weeks before the patient notices significant improvement. In many cases, patients have to work closely with their doctor to find the right combination of medications that will work with their body chemistry and symptoms. Furthermore, the cost of medication can be costly and sometimes prove prohibitive for patients without medical insurance. A significant, and often overlooked, consequence of patients taking medication for mental disorders is that their doing so places them at risk for obtaining health insurance in the future as this will permanently place a “pre-existing” condition on their medical record. Psychotherapy presents many of the same obstacles as medication: it is expensive and can take significant time before the patient sees an improvement in symptoms. And although some insurance policies do cover psychotherapy, accessing the coverage for treatment also permanently places a pre-existing condition on the patient’s medical record. Furthermore, although anxiety disorders are common they are often undetected and untreated or undertreated (McGrandles and Duffy, 2012). Whether that is due to lack of information,
financial constraints, social stigma, or other factors has not been adequately researched.

However, many researchers have begun to explore alternative treatments for anxiety disorder; treatments that might prove more accessible and equally beneficial to sufferers. One of the more promising areas of study is the use of meditation practice. Khalsa, Shorter, Cope, Wyshak and Sklar (2009) found that young professional musicians responded very well to a program of meditation and yoga to reduce performance anxiety. An 8-week meditation program was also found to show significant improvement in mood, anxiety, tension and fatigue in patients with memory loss (Moss, Wintering, Roggenkamp, Khalsa, Waldman, Monti & Newberg, 2012). In a separate study, mindfulness meditation was found to provide “a reduction of symptoms of social anxiety, depression, rumination, and state anxiety and increased self-esteem” (Goldin, Ramel & Gross, 2009). Given the positive results of these and other studies, this experiment was created to measure the effects of mindfulness meditation on persons suffering from symptoms of anxiety.

**Method**

40 participants were recruited through referrals from the Evergreen Valley College counseling office for students reporting suffering from anxiety. Evergreen Valley College is a 2-year community college located in San Jose, California with approximately 20,000 students of diverse racial and socioeconomic backgrounds. Participants were randomly placed in one of two groups: a mindfulness meditation group (n=20) or a control group in which patients were given a placebo drug (n=20). At the start of the experiment, every participant was given the assessment used by Goldin et al (2011) to measure symptoms of social anxiety, depression, rumination and state anxiety. Age, race and gender were not included in the intake form. Participants were
given a five-digit identifying number to protect from bias. The sessions took place at Evergreen Valley College in a yoga room equipped with mats for the participants to sit on, windows with views of the hills, and a sound system for the meditation CD.

The Mindfulness Meditation program administered was the one used by Manzaneque, Vera, Ramos, Godoy, Rodriguez, Blanca, Fernandez and Enguix (2011) in a pilot study to treat patients suffering from anxiety and depression.

The program consisted of two guided sessions per week supervised by a qualified instructor, with a duration of ½ hour each, plus additional sessions over the week at their own home. In this sense, subjects were required to practice by themselves, for the same amount of time as in the guided practice, a minimum of 3 days a week were encouraged, but not required, to have 5 days of this individual practice. A diary reporting the number of times patients engaged in meditation by themselves was obtained from all subjects. While in practice, subjects were required to adopt a standard sitting position, with eyes closed and mind centered in moment-to-moment awareness. When any thought appeared, patients were instructed to notice it, to admit it without getting involved in the process of thinking and to let it disappear naturally while bringing their focus back to their moment-by-moment awareness. (Manzaneque, et al., 2011)

The control group was given a placebo drug to take daily. Participants were told that they were taking an anti-anxiety medication, but that the effects of the medication would not be noticeable until six to eight weeks after beginning the program. Participants were not asked to do any additional tasks as part of their treatment.
At the conclusion of the experiment, all participants were given the same assessment that they took prior to commencing the experiment (Godin et al, 2011). The results from the two groups were then compared to measure the efficacy of the mindfulness meditation program on the severity and frequency of participant’s symptoms of social anxiety, depression, rumination and state anxiety.
References


