Mindfulness Meditation for Managing Symptoms of Bipolar Disorder

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Between stimulus and response there is a space.

In that space is our power to choose our response.

In our response lies our growth and our freedom.

- Viktor Frankl

# Summary

Bipolar disorder is a chronic illness that affects an individual’s ability to function due to their continuous cycling between two extreme mood states: mania and depression. Nearly 3 out of 10 adults in the U.S. are impacted by bipolar disorder. Patients are generally treated with medication and psychotherapy, however it can take years of trial-and-error for a doctor to determine the right combination and dosage. Even then, medication has a low success rate in preventing mood episodes. For this reason, medication is usually accompanied by psychotherapy to help patients improve their thought and behavioral patterns. The most common method is Cognitive Behavioral Therapy, in which patients learn awareness of destructive thought patterns and develop more effective ways to respond to challenging situations. There is another method that is growing in popularity, called Mindfulness-Based Cognitive Therapy. MBCT uses elements from CBT, as well as from mindfulness meditation. The meditation practice consists of focusing one’s attention on the present moment and accepting it without judgment. The objective for teaching it to individuals with bipolar disorder is to enable them to recognize the shifts in their mood, and avoid reacting to thoughts that would lead to a maniac or depressive episode. At this time, researchers are not in agreement on whether meditation causes an improvement to the symptoms of bipolar disorder. Several studies have indicated that, based on patient self-reporting and clinician observation, the data does show a link between the two. However, many researchers are critical of the studies’ procedures, such as their sample size and lack of control groups.

# What is bipolar disorder and how is it being treated?

Also known as maniac-depressive illness, bipolar disorder is a chemical imbalance in the brain that causes changes to a person’s mood and energy, and affects their ability to function. People with bipolar disorder cycle through two extreme emotional states, known as mania and depression. The shifts in mood are more sudden and more severe than the up and downs experienced by the general population.

Approximately 2.8% of adults in the U.S. have bipolar disorder, according to the National Institute of Mental Health. It affects an equal number of men and women, and it is found in all ages, races, ethnic groups and social classes. Individuals with bipolar disorder have a decreased life expectancy by about ten years due to stress, lifestyle factors, and a higher suicide rate than the general public: about one in five commit suicide. (Bipolar Disorder Statistics, 2017)

Bipolar disorder is a lifelong illness; there is no cure. Patients are treated through a combination of psychotherapy and medications. It is not uncommon for an individual to spend years trying different medications and dosages to find the ones that work best and with the least-unpleasant side effects.

## Medication alone isn’t enough

While pharmacotherapy is the first line of treatment, it is not enough to maintain a balanced state for most patients (Strange, et al., 2011). Medication is only effective for physiological symptoms, not psychological – yet a huge part of the condition is that patients have difficulties with regulating their thoughts and feelings. When a patient escalates into either of the extremes, the time spent in that extreme is called an episode. Research indicates that stress plays a major role in triggering or worsening episodes for patients who don’t have the knowledge of how to manage stress. (Scott, 2004)

As a result, patients on medications such as mood stabilizers experience high relapse rates of 40% in the first year, 60% in the second, and nearly 75% over 5 years or more (Gitlin, Swendson, Heller, & Hammen, 1995).

One of the most common approaches for improving thought and behavioral patterns is Cognitive Behavior Therapy (CBT). CBT consists of a series of structured sessions that focus on helping patients become aware of inaccurate or destructive thought patterns, so as to enable them to respond to challenging situations in a more effective way. The sessions include identifying the sources of stress, awareness of the messages the patient tells him or herself about the situations, recognizing patterns of negative thinking, and then reshaping those thought patterns (Cognitive behavioral therapy, 2017).

CBT has been shown to decrease the severity and rates of episodes, however many patients continue to experience persistent symptoms that place them at risk for relapse (Strange, et al., 2011). There is an alternative type of therapy that builds on the concepts of CBT and mindfulness meditation, and is gaining popularity as a treatment for mood disorders.

# What is Mindfulness-Based Cognitive Therapy?

Mindfulness-Based Cognitive Therapy (MBCT) is an eight week program that combines elements of cognitive therapy with mindfulness meditative practices. Patients learn the practice of mindfulness meditation, become educated about their illness, and are taught exercises from CBT. Through practice, patients learn to become aware of distressing thoughts and feelings as they occur, and develop the ability to disengage from those thoughts and feelings. (Teasdale, et al., 2000).

Mindfulness meditation is the practice of purposely focusing one’s attention on the present moment – and accepting it without judgment. Professor emeritus Jon Kabat-Zinn, founder and former director of the Stress Reduction Clinic at the University of Massachusetts Medical Center, was one of the first professionals to integrate mindfulness meditation into a therapy program. His method was successful in helping patients view their chronic pain more objectively and learn how to relate to it differently so as to suffer less from it. Many psychotherapists now use elements of mindfulness meditation in their treatment practices. (Benefits of Mindfulness, n.d.)

## The Impact of Mindfulness Meditation

In MBCT, patients are taught through a series of mediation techniques to heighten their awareness of the present and observe moment-to-moment changes in the body and mind. With practice, individuals become able to recognize shifts in their mood, so as to avoid reacting to thoughts that would lead to a maniac or depressive episode. Mindfulness mediation improves the day-to-day life of a person with bipolar disorder by enabling them to notice thoughts and feelings as they come and go, without having to struggle with them. (Ball, Corry, & Mitchell, 2007)

## The mind on meditation

Meditation offers two levels of benefits: immediate and long-term. In the immediate subjective state, an individual experiences calmness, slowing or cessation of thoughts, and increased perceptual clarity. Over the long-term, the accrued benefits from regular practice include a change in one’s relationship to their thoughts, feelings, and other internal experiences. This leads to a more sustained sense of calm, comfort, and heightened sensory awareness (Cahn & Polich, 2006).

Still, there remain skeptics of the link between mindfulness meditation and the reduction in the symptoms of bipolar disorder.

# Scientists are not in consensus on the effectiveness of Mindfulness Meditation

Every few years, a new study is published on the benefits of meditation. With the same frequency, a review that questions the validity of the findings from previous studies is released. There are several challenges in performing a study on meditation and mental health: low funding hinders the ability of researchers to collect data from a large sample, plus the data is collected from observation and self-reporting, so it is difficult to conclude that meditation causes improvements in mental health outcomes.

In 2011, researchers studied a twelve-week treatment program which combined elements of CBT and mindfulness meditation. According to the researchers, participants showed “Reduced residual depressive symptoms, fewer attentional difficulties” as well as “increased emotional regulation abilities, psychological well-being, positive affect, and psychosocial functioning” (Strange, et al., 2011).

Then in late 2017, another group of researchers published a paper which brought up several issues in the way studies on meditation were administered. One strong point against the accuracy of the studies’ claims was that most of those studies lacked a control group to rule out the placebo effect. Still, the lead author of the report Nicholas Van Dam explained that their objective wasn’t to determine if mindfulness meditation is or isn’t helping patients, but rather to ensure the integrity of the studies that have influence on the work of mental health professionals: “Our report does not mean that [meditation] is not beneficial…but the scientific rigor just isn’t there yet to be making these big claims.” (Van Dam, van Vugt, & Vago, 2018)

# Conclusion

Despite the disagreements regarding the studies, it is undeniable that individuals with bipolar disorder have the potential to benefit from learning how to incorporate mindfulness meditation into their lives. Bipolar disorder is a lifelong illness with no cure, nor a definite medication to manage the illness. For these individuals, learning the proper stress-management skills that mindfulness meditation offers can be the difference between a dysfunctional lifelong cycle of mania and depression, and self-awareness and healthy thought patterns.

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## - Viktor Frankl

# References

Ball, J., Corry, J., & Mitchell, P. (2007). Mindfulness meditation and bipolar disorder. In D. Einstein, *Innovations and Advances in Cognitive Behaviour Therapy.* Brisbane: Australian Academic Press.

*Benefits of Mindfulness*. (n.d.). Retrieved from Help Guide: https://www.helpguide.org/harvard/benefits-of-mindfulness.htm

*Bipolar Disorder Statistics*. (2017, November). Retrieved from DBSA: https://secure2.convio.net/dabsa/site/SPageServer/?pagename=education\_statistics\_bipolar\_disorder

Cahn, B., & Polich, J. (2006). Meditation States and Traits: EEG, ERP, and Neuroimaging Studies. *Psychological Bulletin*, 132, 180-211.

*Cognitive behavioral therapy*. (2017, Dec 29). Retrieved from Mayo Clinic: https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610

Gitlin, M., Swendson, J., Heller, T., & Hammen, C. (1995). Relapse and impairment in bipolar disorder. *American Journal of Psychiatry*, 1635-1640.

Scott, J. (2004). Treatment outcome studies. In S. Johnson, & R. Leahy, *Psychological Treatment of bipolar disorder* (pp. 226-244). New York: The Guildford Press.

Strange, J., Eisner, L., Holzel, B., Peckham, A., Dougherty, D., Raunch, S., . . . Lazar, S. (2011). Mindfulness-Based Cognitive Therapy for Bipolar Disorder: Effects on Cognitive Functioning. *Journal of Psychiatric Practice*, 410–419.

Teasdale, J., Segal, Z., Williams, J., Ridgeway, V., Soulsby, J., & Lau, M. (2000). Prevention of relapse/reoccurance in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology*, 68. 615-623.

Van Dam, N., van Vugt, M., & Vago, D. (2018). Mind the Hype: A Critical Evaluation and Prescriptive Agenda for Research on Mindfulness and Meditation. *Perspectives on Psychological Science*.