

Patients with major Depressive Disorders and the Neuropsychiatric effects of Mindfulness-based Therapies

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ABSTRACT

Mindfulness Meditation has a long history in Eastern practises and has attracted a lot of attention from the general public in recent decades. In recent years, the science, practise, and application of mindfulness-based treatments (MBIs) have all exploded. Mindfulness is a natural human state in which a person is aware of and attentive to the current moment. Individuals have been taught how to implement this practise into their daily lives through interventions. The authors of this article examine the notion of mindfulness and describe how it might be used to treat psychiatric problems. They also identify who has been demonstrated to benefit from MBIs and provide an up-to-date overview of how these therapies function, providing scientific support for the cognitive, psychological, and neurological pathways that contribute to psychiatric benefits.

Keywords: MBI; Meditation; Neuropsychiatric; Disorders

INTRODUCTION

Mindfulness meditation has been practised and philosophised by Buddhists for ages. These traditions were adopted into Western approaches to treat physical and mental ailments in the late twentieth century. To alleviate chronic pain, researchers used mindfulness meditative techniques and created a programme called mindfulness-based stress reduction (MBSR). Following that, mindfulness meditation was introduced into psychiatry through the development of a treatment programme for the prevention of depression relapse that integrated cognitive behavioral therapy and mindfulness techniques, which was dubbed mindfulness-based cognitive therapy (MBCT) [1]. Numerous alternative mindfulness-based interventions (MBIs) have been developed since the establishment of MBSR and MBCT, and hundreds of research studies have been done to investigate the efficacy of these programmes. Mindfulness-based programmes are intended to teach people how to cultivate mindfulness and apply it in their daily lives. "Paying attention in a certain way, on purpose, in the present moment, and nonjudgmentally" is how mindfulness is defined. A two-component model of mindfulness was presented in a later view of mindfulness. One component entails self-regulating attention to the present moment's experience, while the other entails developing an open and accepting attitude toward one's experience [2]. As a result, these interventions teach mindfulness skills such as increasing purposeful attention, developing a different relationship with one's thoughts, and practising different tactics in a non-judgmental way in regard to uncomfortable thoughts and feelings.

Participants learn to step back or disengage from initial thoughts through experiential practises and exercises, resulting in meta-awareness (awareness of being aware), which challenges repetitive negative thinking and enhances cognitive flexibility. Sitting meditation, mindful movement (including walking meditation and light yoga movements), and the body scan are examples of formal meditation practises [3]. The body scan encourages people to deliberately focus on physiological sensations, beginning with the feet and progressing to the head and neck. The mindfulness meditation exercises encourage you to pay attention to your body's sensations, emotions, and thoughts while maintaining a non-judgmental, accepting attitude toward whatever occurs until it passes. MBIs feature a large homework component, with daily home practise of guided and unguided meditation activities. In addition, the programmes incorporate informal practises aimed at incorporating mind-full awareness into ordinary routines, such as mindful dining and mind-full tooth brushing. The "three-minute breathing space" is a major programme element of MBCT, with the goal of incorporating what is learnt in formal meditation practises into daily life [4]. The exercise is broken down into three parts: becoming aware of thoughts, feelings, and bodily sensations; bringing attention to the breath; and finally widening focus to the entire body. MBIs have been demonstrated to be effective in reducing the likelihood of depression relapse and reducing symptoms in individuals with a variety of psychiatric diseases, as previously stated. These efficacy trials, on the other hand, do not show how these therapies lead to symptom remission. Given the popularity of MBI, researchers have begun to look into the

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mechanisms that may contribute to symptom modification as a result of these treatments. Depressogenic cognitions are especially dangerous for people who suffer from recurrent depression. Stressful life experiences or other everyday stressors can lead to well-practiced negative thinking patterns including depressive rumination, concern, and self-criticism, which can lead to depressive relapse or other psychiatric symptoms if they are persistent. More brain imaging research, which may be divided into two categories: structural and functional, have looked into the effects of mindfulness and meditation training on the brain. Structural brain imaging, which is usually done with magnetic resonance imaging, produces a high-resolution, three-dimensional image of the brain from which various features of brain anatomy, such as cortical thickness, volume of various subcortical areas, degree of gyrification, and so on, can be quantitatively measured. Instead, functional brain imaging examines brain function, or brain activation, across time while performing a task or in a predetermined state. Both of these methods have been used to study the effects of meditation on the brain, and they provide separate but complimentary information about the brain.

CONCLUSION

Although mindfulness practise has a long history, mindfulness therapies have only been used in Western health from the late

twentieth century. Despite their brief history, MBIs have received widespread endorsement for their efficacy in the treatment of psychiatric diseases. MBIs have been demonstrated to be effective in preventing depression relapse and treating depression symptoms in numerous studies. Furthermore, these therapies diminish symptoms across a wide range of mental diseases, including growing evidence for anxiety disorders, bipolar disorder, eating disorders, and substance abuse disorders. Individuals with MDD are frequently encouraged to become more conscious of their internal occurrences (i.e., thoughts, feelings, and bodily sensations) and to change how they relate to these thoughts.

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