

Role of Mindful-Meditation: A Review on Affective Dysregulation and Suicide Ideation among Psychiatry Outpatients

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ABSTRACT

Background: Suicide ideation and affective dysregulation both are interrelated and responsible to decrease the qualitative and quantitative aspects of mental health. Most of the OPD patients often experience a sense of losing emotional and behavioral control and encounter the thoughts to plan, commit and complete suicide acts. Mindful mediation can be emerged as a tool to regulate emotional dysregulation and enhancing emotional stability if practiced daily.

Objective: The present investigation made an attempt to review the impact of practicing mindful-meditation among psychiatry outpatients in relation to their level of experiencing affective dysregulation and suicidal ideation.

Method: The sample consisted of 20 OPD patients randomly selected from Department of Psychiatry of a reputed government hospital in Chandigarh. After a clinical interview, Affective Dysregulation Inventory (DI-A) and Beck's Scale for Suicide Ideation were administered before providing the session of mindful-meditation and again the respective tests were administered on same patients after an interval of 40 days of practicing mindful-meditation. After this procedure, pre-intervention baseline scores were compared with post-intervention scores.

Results and Discussion: The results indicate that there is a significant effect of practicing mindful-meditation in reducing affective dysregulation and suicide ideation among psychiatry outpatients.

Conclusion: Mindful-meditation has a positive effect on reducing affective dysregulation and suicide ideation among psychiatry OPD patients.

Keywords: Mindful-meditation, Suicide ideation, Affective dysregulation, Psychiatric outpatient

INTRODUCTION

The concept of mindfulness is deeply concern with a healthy life-style and serenity of mental health of an individual. Mindfulness is basically emerged from the eastern philosophy especially from Buddhist Psychology having a history of 2500 years. Mindfulness is a term stemming from the Pali language, whereby Sati is combined with Sampajana, and this term is translated to mean awareness, circumspection, discernment and retention. Mindfulness is state of non-judgmental awareness what is occurring in one's immediate consciousness with perceptiveness. As the concept of mindfulness was gradually introduced to the realm of Western world, many practiced mindfulness and its associated meditation practices - meditation is one method used to enhance mindfulness - were associated with religious beliefs, and a capacity attainable only by few people. More recently, mindfulness is now widely considered to be an inherent quality of human consciousness. That is, a capacity of attention and awareness oriented to the present moment

and it varies in degree within and between individuals. Moreover, mindfulness can be assessed empirically independent of religious, spiritual, or cultural beliefs. According to Kabat-Zinn [1] has defined mindfulness as a process of paying attention in a particular way in the present moment with non-judgmental attitude.

Suicide ideation is a social as well as mental health problem worldwide. Suicidal ideation is defined as thoughts serving the agent of one's own death. Incidents of suicide vary in

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seriousness depending on the specificity of suicide plans and the degree of suicidal intent [2]. Suicide is a significant problem in India with a reported rate of 9.74% per 1,00,000 population in 1995 and the rate of suicide in 2011 was 11.2 which is marginally greater than 10.6 recorded in 2001 [3]. Comprehensively, suicidality is not associated with only a narrow set of syndromes or diagnoses, but rather occurs at an increased frequency across a large range of psychiatric diagnoses, as well as among those without any diagnosable conditions [4,5].

Emotional dysregulation can involve getting preoccupied, consumed, or overtaken by emotional experiences with irritability and lack of control over emotional issues. It is important to know when it is no longer productive to engage. Over engagement can involve rumination, worry, obsessions, recurrent cravings and strong urges, and compulsive behavior. One can also get entangled with positive experiences, such as the ‘‘highs’’ associated with adventure, risk, challenge, or even success. There is now substantial evidence that avoidance and over-engagement with emotions are associated with worse psychological and health outcomes [6-8].

The practice of mindfulness has been around for 2500 years but has only recently become a legitimate area of scientific inquiry. Although it is being adapted from Buddhist traditions, mindfulness integrates themes from cognitive, behavioral, experiential, and psychodynamic theories [9].

MATERIALS & METHODS

The present article is a narrative review of the impact of mindful-meditation on affective dysregulation and suicide ideation among the psychiatric outpatients. The sample of the study consisted of 20 OPD patients randomly selected from Department of Psychiatry of a reputed government hospital in Chandigarh. Participation was voluntary and informed consent. Ethical consideration was under observation during the investigation procedure. Scale for Suicide Ideation [10] and Affective Dysregulation Inventory [11] was used to assess the level of suicide ideation and affective dysregulation of the sample.

Inclusion criteria

1. Patients are only having behavioral counseling as a treatment procedure.
2. Normal Mental Status Examination
3. Self-reported presence and history of suicide ideation.
4. Disturbance in emotional and behavioral aspects of their life.
5. Receiving no other alternative psychotherapy.

Exclusion criteria

- Patients who are having psychopharmacological treatment for mental disorders.

- Diagnosed with severe psychiatric disorders.
- Diagnosed with Substance Use Disorders (SUD).

RESULTS AND DISCUSSION

The review shows that this study was conducted on psychiatry outpatients to assess the effect of mindful-meditation on suicide ideation and affective dysregulation. As it was hypothesized initially that there will be a significant effect of mindful-meditation in reducing suicide ideation and affective dysregulation. Mindful-meditation practices were conducted for 40 days with 10 days follow up. Suicide ideation and level of affective dysregulation were assessed pre and post meditation sessions and scores were compared. The results show that there is significant reduction in suicidal thinking and emotional dysregulation in post mindful-meditation testing performance. In **Table 1** denoted, as comparison of baseline and post mindful-meditation scores on suicide ideation and affective dysregulation among OPD patients, the baseline mean score for suicide ideation is 10.75 with SD=2.89 which is considered as clinically significant prone to be suicidal whereas after the practice of mindful-meditation their suicidal thinking/ideation is reduced as mean score decreased to 4.10 with SD=2.35 which demonstrate significant reduction in their suicidal thoughts. Similarly, in the measure of affective dysregulation, the baseline score of affective dysregulation is 35.80 with SD=6.32 whereas post mindful meditation score are of less severity of affective dysregulation which is denoted by mean score 15.65 with SD=4.96 and t- values are also showing significant difference among the baseline score and post mindful-meditation score (**Figure 1**).

Further, t-test is significant for both psychological disorders such as suicide ideation ($t = 7.95$, $p < 0.01$) and affective dysregulation ($t = 11.21$, $p < 0.01$) indicating mindful-meditation is significantly helpful in reducing suicidal thinking as well affective dysregulation among outpatients.

Other studies also found similar results and suggests that mindful-meditation helps to develop holistic growth of an individual with significant changes in mood, emotions and biology also [12-14]. Mindful-meditation emphasizes on to bond oneself to his/her inner self, this process of awareness of being intact with deeper feeling, emotions and insight of actions help them to realize their actions and its consequences. Becoming aware able them to break the vicious circle of negative thoughts and inability to regulate their behavior. There are some strategies are given as follow which can be also useful to promote self-regulation such as planning, self- motivation, attention control, self-monitoring, appropriate help-seeking, self-evaluation etc. can be useful. There are two different levels of emotion regulation in the emotion regulation strategies. The basic level of emotion regulation skills including (1) ability to identify and express emotion, and (2) ability to experience emotions and escape

emotional confusion. The higher level of emotion skills consists of positive coping strategies such as (a) active coping, (b) positive reframing, and (c) external oriented

thinking. This can help to cope more effectively with their environment and promote affect-regulation.

Table 1. Comparison of Baseline and Post Mindful-Meditation Scores on suicide ideation and affective dysregulation among OPD patients.

Dependent Variables	Baseline Scores		Post – MM Scores		t-value
	Mean	SD	Mean	SD	
SSI	10.75	2.89	4.10	2.35	7.95**
ADI	35.80	6.32	15.65	4.96	11.21**

**Significant at 0.01 level

Note: ADI= Affective Dysregulation Inventory, SIS= Beck's Suicide Ideation Scale, MM= Mindful-Meditation, SD= Standard Deviation

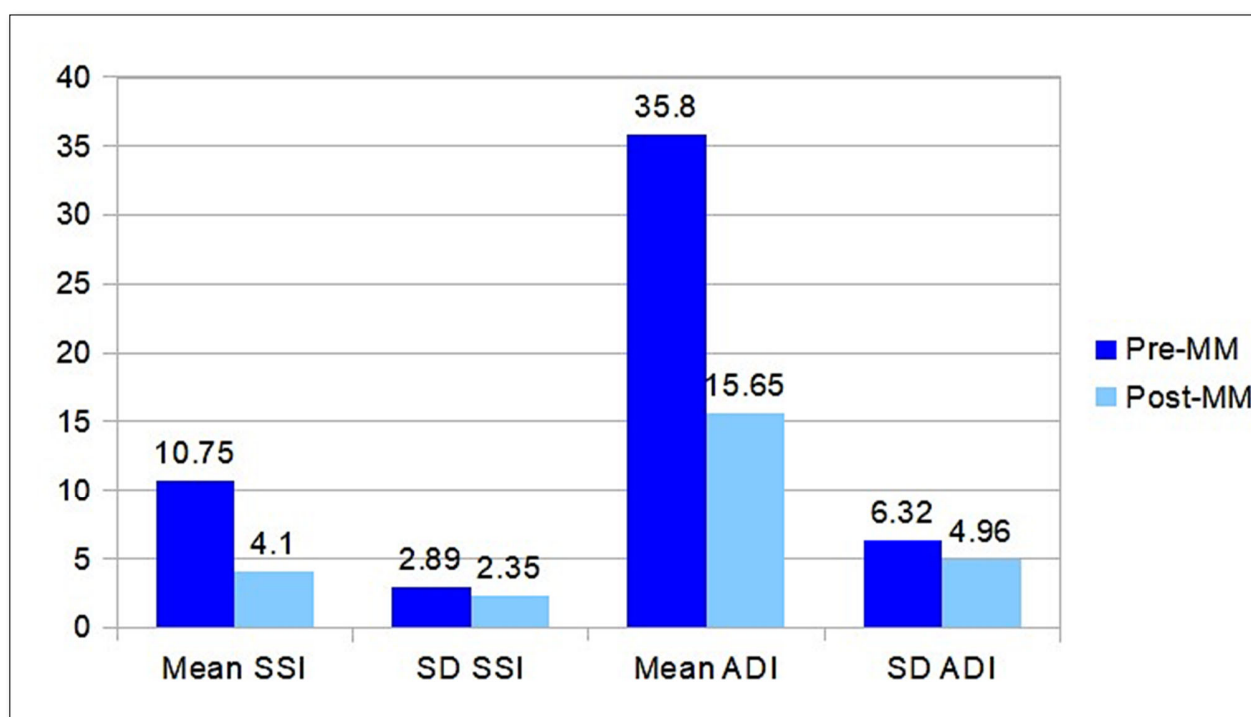


Figure 1. Presentation of Scores on Suicide Ideation and Affective Dysregulation before Mindful-Meditation and after Mindful-Meditation sessions.

CONCLUSION

On the basis of above review, it can be concluded that the above study inferred that mindful-meditation has a positive effect on reducing suicide ideation and affective dysregulation among psychiatry OPD patients. Mindful meditation deals with awareness and insights of emotions and actions with holistic development of an individual. It has mind, body and soul management approach to discomfort. For mental health professionals, it can be used as an alternative therapy for such patients with mild psychological

disorders to provide immediate psychological first aid at OPD level as well as inpatient care.

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