

Chronic Illnesses And Mindfulness Meditation

Dr. Ait-aldjet Megdouda

University of Abderrahmane Mira Bejaia, Algeria [megdouda.aitaldjet@univ-](mailto:megdouda.aitaldjet@univ-bejaia.dz)

[bejaia.dz](mailto:megdouda.aitaldjet@univ-bejaia.dz) Received: 01/09/2024

Accepted: 21/11/2024

Published: 20/12/2024

Abstract:

Many researchers have been interested in health maintenance strategies, especially when it comes to factors that help combat chronic diseases, which have witnessed a large spread in society due to adopting an unhealthy lifestyle that affects mental health and reduces the quality of life. The field of health psychology has emerged to confront such psychological and physical pathological phenomena and educate individuals to adopt healthy methods that help them alleviate this suffering, including the technique of mindfulness meditation, which we will discuss during this study, especially since it is a technique that keeps pace with modern methods from the third wave and techniques that help alleviate individuals' suffering and improve their quality of life.

Keywords: Chronic illness, mindfulness meditation, psychological distress.

Introduction:

Modern societies have witnessed a rapid and continuous rise in the prevalence of chronic diseases, primarily due to individuals adopting lifestyles that lead to chronic psychological stress, accompanied by depressive symptoms and the consumption of psychoactive substance.

These diseases and bodily imbalances are often accompanied by chronic and severe pain, as well as psychological disorders, which soon become a source of suffering for the patient, ultimately leading to a decline in the quality of life (André, C, 2011).

As a result, experts in health psychology and other disciplines (especially cognitive behavioral psychology) have focused on developing complementary therapeutic methods and practices to be used alongside pharmacological treatments, specifically tailored to address these medical conditions (chronic diseases and pain). These techniques aim to alleviate the suffering of these individuals and improve their overall quality of life (Davidson, R., & al., e. . p569, 2003). Such methods are part of what is known as the "third wave", with mindfulness meditation being one of the most prominent techniques.

1. Psychological Effects of Chronic Diseases:

- A fundamental change in the individual's normal and familiar life.
- The emergence of death anxiety in the patient.
- The patient finds themselves compelled to adopt behaviors they are unaccustomed to and to take medications for prolonged periods, sometimes for a lifetime.
- The patient is forced to modify their relationships with themselves and others.

- The necessity for the patient to gradually accept their condition.
- The onset of chronic illness often leads to changes in the patient's life goals, projects, and aspirations, ultimately altering the meaning they attribute to their life (Grossman, P., & al., e, p35, 2004).

2. The psychological stages that an individual goes through after being informed of the results of a chronic disease diagnosis:

This model was developed by Elizabeth Kubler-Ross, and its stages are as follows:

Shock Phase:

This is an initial, essential phase characterized by astonishment, where the patient appears as though they have not fully understood the news. It is also marked by emotional disengagement.

Denial Phase:

This reaction is characterized by disbelief, serving as a defense mechanism, part of it being unconscious. Its role is to suppress an unbearable reality, one that is highly threatening to psychological balance. This phase is distinguished by negation and refusal to accept the presence of the disease, especially its chronic nature, as well as the ongoing treatment that will accompany the patient for life.

Some common phrases patients repeat during this phase include:

"No, not me," "There must be some mistake," "These are just normal, temporary symptoms, and I will recover from them..."

Rebellion Phase:

In this stage, the patient comes to terms with the reality of the disease and its implications, which can trigger aggressive reactions, feelings of guilt, and a

sense of injustice (viewing the disease as a form of punishment). This can lead to depression or extreme anxiety, accompanied by a pessimistic outlook on the possibility of adapting to the disease and its requirements. Some phrases often heard from patients in this phase include: "Why me?" "This is unfair," "Others are in good health..."

At this point, the patient also realizes the need to grieve for their previous life, as everything is about to change: family life, relationships with others, professional life, familiar freedom, daily routines, and eating habits.

Negotiation Phase:

This is an intermediary phase where the patient partially accepts the proposed treatment but rejects certain aspects of it. For example, a diabetic patient may accept insulin injections or medication but refuses to follow a specific diet or abstain from certain foods.

Self-Evaluation Phase:

This phase is characterized by the patient's deep reflection on the chronic and serious nature of their illness, which leads to the emergence of heightened or moderate anxiety. This phase can be divided into two parts:

- Self-assessment and excessive caution: The patient experiences heightened anxiety, which leads to behaviors characterized by excessive caution and vigilance. They engage in constant, thorough monitoring of their health, which can lead to acute anxiety if any complications arise from their condition. Additionally, they seriously follow their treatment plan, while also limiting or reducing their activities and social relationships to avoid any discomfort or disturbances.
- Self-assessment and compliance: At this stage, the patient's thinking focuses on the chronic and serious nature of their illness, accompanied by moderate anxiety and a positive readiness to accept their treatment and related guidance.

Active acceptance stage: In this stage, the patient takes responsibility for their illness and integrates it into their daily life. They acknowledge that their chronic condition imposes obstacles, while also recognizing the risks associated with it. Here, the patient accepts or "endures" the illness.

Furthermore, the patient forms a new self-image associated with their condition, which leads them to envision or construct a future while considering their health status (Hayes, S. C., p29, 2004).

Note: These stages that the patient goes through are general, as there may be exceptional cases where some individuals do not go through all of these

stages or experience them in a different sequence. This is related to the psychological state, personal characteristics, traits, as well as gender and age.

On the other hand, the pharmacological treatment accompanying chronic illness often shows limitations in the long term. For instance, pain relievers are typically effective in the early stages, but over time they become less capable of alleviating pain partially or entirely unless the prescribed dosage is increased. Consequently, the dosage increases continuously to achieve the same effect, leading to the emergence of what is known as the tolerance phenomenon.

This phenomenon is similar to addiction, as it is a physical activation state resulting from the continuous and repeated use of the drug. The result is a dose-dependence effect, meaning that it becomes necessary to increase the dosage progressively to achieve the same effect that smaller doses once provided.

Given all these issues and challenges caused by chronic illness in patients, and the painful psychological effects it leaves on them, specialists in the psychological and medical fields have worked on preparing and developing therapeutic techniques that complement pharmacological treatments and alleviate symptoms. These techniques help patients experience and accept chronic illness with its prolonged duration and various symptoms, minimizing physical and psychological pain and suffering as much as possible. One of the most important of these techniques is mindfulness meditation (Kabat-Zinn, J., p33, 1982).

3. Definition of Mindfulness Meditation:

Jon Kabat-Zinn defines it as "a state of awareness resulting from intentionally directing attention to the present moment without making any judgments, on the consecutive experiences that an individual undergoes moment by moment."

According to S.R. Bishop (2004), mindfulness is "a process of self-regulation of attention, directing it towards the present experience, which allows for insightful awareness of current mental events. This direction is characterized by curiosity, openness, and acceptance."

In this regard, specialists have pointed out that most individuals rarely focus their attention on the present moment, as:

- 47% of the time, we are mentally absent from the present.
- 95% of our behaviors are unconscious.
- This condition, known as "mind wandering" or "le vagabondage mental," is negatively associated with feelings of happiness and mental health (even when related to positive thoughts and fantasies) (Kabat-Zinn, J., 2005).

Mindfulness refers to a type of awareness resulting from intentionally directing the mind towards the present time, with focused attention on the lived experience an individual is going through at that moment, without sorting through those experiences (accepting everything as it is), without making any judgments (whether it is positive or negative, desirable or not), and without expecting anything to happen (not seeking a specific feeling or sensation). Thus, achieving this level of mindfulness requires following specific steps that must be practiced within programs designed explicitly for this purpose. Among the most important steps are:

- Maximizing the attentional field, which should encompass all current subjective experiences. In other words, focusing attention on everything that is present in the mental field moment by moment, including: awareness of the breathing rhythm, bodily sensations, sensory inputs, successive thoughts, and the emotional states they generate.
- Letting go of any tendencies or inclinations to judge or attempt to control or direct the occurring experiences.
- Avoiding all forms of thinking, analysis, or trying to find meaning in what is happening; instead, simply observing and feeling these experiences (Luders, E., Kurth, F., Mayer, E., Torg, A., Narr, K., & Gaser, C, p9, 2012).

Mindfulness Meditation Programs:

These are psychological and educational programs designed to train individuals in this practice, which should not be considered a psychological treatment by itself, although it can lead to positive changes.

In general, these are standardized programs consisting of 8 sessions, each lasting two and a half hours, distributed over 8 weeks, with one session per week, in addition to home exercises.

Each session's theme is related to the previous one to ensure a logical progression in learning and teaching this technique gradually.

Each session includes three components:

- A dimension focused on sharing and communication within the group about the practice (its benefits, the progress made, obstacles and difficulties that may be encountered, especially in the early sessions).
- A theoretical psychological-educational dimension (providing information about this practice and its positive effects on both the physical and psychological levels, focusing on previous examples of patients who achieved positive results, as well as guidance for individuals facing challenges in achieving mindfulness, such as mind-wandering).

- An applied dimension (practicing mindfulness meditation exercises).

Typically, 40 minutes are dedicated to practicing these exercises, either during the session or between sessions (home exercises), which are pre-specified within the program to facilitate the process of gradual and daily learning.

These programs typically include several types of practices aimed at:

- Body awareness (Body scan)
- Respiratory awareness
- Sensory awareness
- Motor awareness
- Emotional and cognitive awareness

Benefits and advantages of practicing mindfulness meditation:

Many specialists, including have highlighted that regular practice of mindfulness meditation has several positive health effects, particularly in the following areas: (Klatt, M., & al., e, p601, 2009).

Psycho-Emotional Benefits:

- Better emotional regulation
- Reduced arousal levels and decreased feelings of psychological distress.
- Reduction in symptoms of depression and anxiety, along with a lower risk of developing relapse depression
- Improvement in the quality of relationships with others and an enhanced sense of self-well-being
- Activation of brain regions related to attention, concentration, sensory awareness, and an increase in the speed of information processing (Linehan, M, 1993).

Physiological Benefits:

- Reduction in symptoms caused by psychological stress, improved stress tolerance, and lower cholesterol levels
- Decrease in the intensity of pain, especially in chronic pain patients, leading to a reduction in the use of pain medication
- Reduction in symptoms associated with the following chronic diseases: musculoskeletal disorders, arthritis, high blood pressure, diabetes, coronary artery diseases, multiple sclerosis, irritable bowel syndrome, digestive issues, insomnia, asthma, and skin diseases
- Reduction in the negative side effects of chemotherapy in cancer patients
- Strengthening and activation of the immune system and healing processes

Studies on Mindfulness Meditation: A considerable body of studies and research has accumulated, conducted through scientifically reliable and

recognized methods (comparison between experimental and control groups, random distribution of research samples, pre- and post-assessment, etc.), most of which have demonstrated the benefits and positive effects of practicing mindfulness meditation for various physical and mental health conditions. These studies have been conducted on various disorders, such as stress, cardiovascular diseases, chronic pain, skin diseases, and respiratory disorders, among others. They involved diverse samples (patients, students, etc.). Among the most significant studies are:

A Canadian study conducted by Michael Speca from the University of Calgary on cancer patients, which found measurable and significant improvements in mood, various symptoms of stress, and a reduction in feelings of fatigue.

A study by Nathalia Morone from the University of Pittsburgh on a sample of patients with chronic lower back pain revealed better pain tolerance in these patients, along with a greater ability to engage in physical activities (since reduced physical activity leads to further complications and worsening of the condition). This improvement was attributed to following a mindfulness-based meditation program (Krasner, & al., e. (2009).

A study by Proulx in 2008 on a sample of adolescent girls suffering from bulimia nervosa, which demonstrated the effectiveness of an 8-week mindfulness-based program specifically tailored for this disorder (Mindfulness-Based Eating Disorder). The implementation of this program led to an increase in self-awareness, which resulted in better control over binge-eating episodes, greater self-acceptance, reduced emotional distress, and better emotional regulation. It was suggested that this program could help 40% of women who had not responded to other treatments for this disorder and might serve as a preventive measure for the onset of eating-related disorders in adolescents.

A meta-analysis study conducted by (Ludwig, D., & Kabat-Zinn, J, 2008) that included 19 studies in this field, which confirmed that the practice of mindfulness-based stress reduction (MBSR) was highly effective in the comprehensive care of patients with various types of cancer. This technique helped improve their quality of life, reduced psychological symptoms related to the illness, such as mood disturbances and emotional suffering, and played a crucial role in helping these patients adapt positively to the challenges posed by their diagnosis.

Another post-study conducted by (Segal, Z., & al., e, 2006) which included 4 studies on randomized samples of patients with high blood pressure, followed mindfulness-based stress reduction programs. The study found significant improvements in both diastolic blood pressure (HTA Diastolique), which decreased by 12 mmHg, and

systolic blood pressure (HTA Systolique), which decreased by 21 mmHg, compared to other control programs focused on therapeutic education, which did not yield similar results.

The impact of mindfulness-based stress reduction programs was also evaluated among patients with Acquired Immunodeficiency Syndrome (AIDS). Three studies conducted in this direction, for each of (Maex, E, 2011) found that such programs led to a decrease in patients' tendency to adopt avoidance strategies related to illness-related thoughts strategies known to contribute to the development of depression, anxiety, and addictive behaviors. Additionally, participants showed improvements in their level of positive emotions and affective states.

Regarding antiretroviral therapies, which are known for their strong side effects, a reduction was observed in the severity of the symptoms caused by these medications, as well as in the psychological distress associated with them. These improvements were sustained for up to three months following the completion of the program.

4. How can the impact of mindfulness meditation on health be explained?

The mechanisms underlying this technique can be summarized in three levels:

- Level 1: This involves better cognitive control. Individuals who have practiced mindfulness meditation regularly, dedicating time daily to it, are able to identify negative thoughts as soon as they arise. They can then control these thoughts before they develop, dominate them, and become a continuous cycle of negative cognitive rumination.
- Level 2: This involves improved emotional regulation. Regular mindfulness practice allows individuals to develop superior capabilities for acceptance, distancing, and effective management of painful emotions and feelings. It is well-known that, in most cases of psychological suffering, regardless of its nature, negative cognitive rumination and emotional disruption are factors that contribute to exacerbating this suffering. Therefore, mindfulness meditation, with its positive effects, is considered an important complementary tool in various forms of pharmacological and psychological care.
- Level 3: This involves positive changes and effects at the neural level, particularly the activation of areas responsible for concentration, attention, and positive emotions, as a result of regular mindfulness practice.

Conclusion:

Therapeutic and/or complementary interventions focused on mindfulness are promising approaches in both mental and physical health. They contribute to the improvement and promotion of mental health by enhancing subjective well-being, reducing psychological symptoms, decreasing emotional and affective reactivity, and improving behavioral control. Additionally, they enhance self-care abilities and the ability to meet personal needs. Mindfulness meditation is a true training for the mind and soul, and like any training, it requires investment of effort, time, and energy, perseverance, and continuity.

Bibliography List:

1. André, C. (2011). *Meditate, Day After Day*. Paris: L'Iconoclaste.
2. Davidson, R., & al., e. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine*, 569–578.
3. Grossman, P., & al., e. (2004). Mindfulness-based stress reduction and health benefits: a meta-analysis. *Journal of Psychosomatic Research*, 35–43.
4. Hayes, S. C. (2004). Acceptance and Commitment Therapy and the new behavior therapies: Mindfulness, acceptance and relationship. In S. C. Hayes, V. M. Follette, & M. Linehan, *Mindfulness and Acceptance: Expanding the Cognitive Behavioral Tradition* (pp. 1–29). New York: Guilford.
5. Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: theoretical considerations and preliminary results. *General Hospital Psychiatry*, 33–47.
6. Kabat-Zinn, J. (2005). *Wherever You Go, There You Are*. Paris: J'ai Lu.
7. Klatt, M., & al., e. (2009). Effects of low-dose mindfulness-based stress reduction on working adults. *Health Education and Behavior*, 601–614.
8. Krasner, & al., e. (2009). Association of an educational program in mindful communication with burnout, empathy and attitudes among primary care physicians. *JAMA*, 1284–1293.
9. Linehan, M. (1993). *Dialectical behavior therapy for treatment of borderline personality disorder: Implications for the treatment of substance abuse*. Research Monograph.
10. Luders, E., Kurth, F., Mayer, E., Tog, A., Narr, K., & Gaser, C. (2012). The unique brain anatomy of meditation practitioners: Alterations in cortical gyrification. *Frontiers in Human Neuroscience*, 1–9.
11. Ludwig, D., & Kabat-Zinn, J. (2008). Mindfulness in medicine. *JAMA*, 1350–1352.
12. Maex, E. (2011). *Mindfulness: Taming stress through full awareness*. Brussels: De Boeck.
13. Segal, Z., & al., e. (2006). *Mindfulness-Based Cognitive Therapy for Depression*. Brussels: De Boeck.