How mindfulness based stress reduction can reduce anxiety after alcohol abstinence

Mindfulness based therapy is a useful self help technique. This case study shows how it helped one patient to recover from anxiety after giving up alcohol

Mindfulness as an approach in psychological therapy originated in the 1970s and has developed into a well researched and evidence based technique (National Institute for Health and Clinical Excellence, 2009). It uses a combination of cognitive therapy and meditation practices (Germer, 2005) and seeks to equip people with a range of skills to cope with unpleasant or adverse experiences in a constructive way. It enables them to be aware of thoughts, feelings and sensations without automatically responding to cues.

BACKGROUND

Mabel Thomas (not her real name), aged 78, attended a shared care alcohol clinic at her GP surgery. She initially attended with her daughter as they were both concerned about her use of alcohol. Mrs Thomas said she was drinking up to three bottles of wine per day, well above the recommended safer drinking level. We started with motivational interviewing, a technique aimed at readying people for change.

ANXIETY

When I next saw Mrs Thomas, she had stopped drinking alcohol completely with the help of medication from her GP. However, she was extremely anxious, experiencing panic attacks that prevented her going out and doing things, such as visiting busy places or the hairdressers. I taught her a short meditation technique called the three minute breathing space to enable her to “centre herself” at times of panic.

After two weeks Mrs Thomas remained abstinent from alcohol. She said she had been practising the new technique and found it helpful, but she was very anxious in the session. We discussed anxiety, exploring the cycle and how it is maintained and perpetuated. She described “butterflies in the stomach” and sensations that something terrible was going to happen. Her anxiety usually started half an hour after getting up, and she had recently started antidepressant medication prescribed by her GP. We then talked about mindfulness and she said she would like to try it.

MINDFULNESS THERAPY

We practised a 20 minute guided, seated meditation focusing on sounds, breath and body. I could hear Mrs Thomas often gulping for breath and moving about, although she said she felt calmer afterwards. I suggested she practise a guided body scan meditation daily; this is a progressive exercise focusing on areas of the body in order to focus on present sensations and reduce worrying about the past or future. I asked her to practise this once a day and return to the clinic in a week. When she attended our next session Mrs Thomas was still abstinent from alcohol but having intense feelings of anxiety. We started the session with a 20 minute guided seated meditation practice. Again, she was noticeably anxious during this but was able to see how feelings ebbed and flowed – an important element in this therapy.

Mindfulness enables people to see that thoughts and feelings are not permanent and that trying to suppress them rather than accepting them usually makes them worse (Segal et al, 2002). We agreed to meet again in two weeks with Mrs Thomas practising a seated meditation and body scan meditation daily on separate occasions.

PROGRESS

At our next appointment Mrs Thomas was visibly much calmer and more relaxed, and performed a seated meditation practice without signs of anxiety. She said she had been able to practise daily at home and spontaneously encapsulated the essence of mindfulness by saying she could view thoughts with some detachment and let go of worries. We agreed she would continue with daily practice and attend for review.

Mrs Thomas attended two weeks later; she had remained abstinent from alcohol and was feeling much calmer and more relaxed, with a renewed interest in life. She now had the confidence to go to the hairdressers and help out at an after school club. We agreed to conclude her treatment at this point and I encouraged her to continue with her therapy at home. She revealed that although she had initially been sceptical about meditation, she had been pleasantly surprised.

CONCLUSION

Mindfulness can be a useful approach with clients who have anxiety and depression. It can offer a range of practices to enable people to detach from extreme thoughts and feelings and experience them as transient. Mrs Thomas was open to the approach and willing to practise between sessions – a vital element for success. She had also reached a point where she was ready for change, which is important for any long term maintenance of behaviour. While there is no doubt that antidepressant medication had an effect, mindfulness is a useful self help technique to help people to maintain long term change.

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REFERENCES


KEY POINTS

- Mindfulness is an evidence based approach in treating anxiety and depression.
- Sustained practice is essential for producing positive long term results.
- It is a useful technique that can be used alongside medication to enable people to maintain long term change.