Mindfulness Meditation and Aromatherapy to Reduce Stress and Anxiety

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Coping with symptoms of stress and anxiety is a challenging experience and continues to tax the resources and limits of modern conventional health care. In the past 25–30 years, western medical science has turned increasing attention to the psychological and physical correlates of meditation, with mindfulness becoming quite popular in recent years. An extensive literature review was performed; the majority of articles were rated at level II evidence based on a scale of I–VII (I being the best evidence). Findings of the literature review support the evidence-based practice project of using mindfulness meditation as an intervention to reduce both stress and anxiety levels (Lee et al., 2007; Leite et al., 2010; Malini, Uddip, & Vivek, 2011; Piet & Esben, 2011; Ramel et al., 2004; Schreiner & Malcolm James, 2008; Toneatto & Nguyen, 2007). There was no prior research using a mindfulness intervention combined with aromatherapy to reduce stress and anxiety for hospitalized psychiatric patients.

The purpose of this pilot project was to develop and implement a stress management activity to provide inpatient psychiatric patients with self-improvement techniques to help promote healing, wellness, and to better cope with increased levels of stress and anxiety. Mindfulness meditation was merged with aromatherapy to create aromatherapy enhanced meditation as a unique stress management activity.

METHODS

This evidence-based practice (EBP) program occurred over a 5-month period. The question guiding the EBP was: In adult clients with mood disorder, how does aromatherapy enhanced mindfulness meditation affect self-reported levels of stress and anxiety for hospitalized patients on an adult inpatient behavioral health unit? The subjective experiences of 32 participants were evaluated before and after participation in the aromatherapy enhanced mindfulness meditation. The room was set up with chairs placed in a circle, lights dimmed, and soothing aroma infusing throughout the room. The group size consisted of four to eighteen participants, and two to three group facilitators. Group sessions were held weekly for 1 hour, divided into four, 15-minute segments. The four segments consisted of the initial sign in for members with their pre-group self-assessment that included individual assessment of stress and anxiety levels. The next 15 minute segment was spent on a basic sitting mindfulness meditation exercise. Patients were instructed to focus on feeling the breath as it enters and leaves the body, one breath at a time. Patients were also instructed if and when the mind gets distracted and pulls away from the focus on the breath, to gently with a soft non-judging, non-clinging awareness, return to the breath. Participants were instructed to bring their attention back to the breath and use the breath as the anchor for staying in the present moment. The next 15 minute segment focused on a guided mindfulness body-scan; participants were led to bring awareness to the physical sensations in their bodies progressively moving from their toes to their head. The last 15 minutes were spent in a facilitated group discussion; each participant introduced themselves and gave feedback on their post-activity levels of stress and anxiety. Group facilitators then engaged in a group discussion allowing participants to share thoughts, ideas and comments about the group experience. A pre and post self-report on levels of anxiety and stress consisting of 10-point subjective rating scales (1 = least stressed and 10 = most stressed; 1 = least anxious and 10 = most anxious) was obtained.

RESULTS

Results indicated a 32.9% reduction in stress and 32.6% reduction in anxiety levels. Additionally, 98.8% of participants reported decreased ratings of both stress and anxiety. Subjective comments included the report from one patient who, through tearful eyes, said “It was the first time I was able to sit still for more than 5 minutes”. Others noted that “the group was very relaxing, it helped my anxiety”, “I let go of everything, every problem, I enjoyed the group and would continue to do it if I could find it outside”, “My anxiety comes from my thoughts, I will practice it at home”, “Good. I really loved the group.”

DISCUSSION

Although derived from a small number of participants, findings of this pilot project suggest that aromatherapy-enhanced mindfulness meditation is feasible to implement and may offer a cost-effective therapeutic intervention for improving perceived levels of stress and anxiety among persons hospitalized on in-patient psychiatric units. Further research is needed to better understand the impact of aromatherapy-enhanced mindfulness meditation, but the evidence provided from this project is encouraging and warrants consideration by mental health nurses wishing to affect stress and anxiety for patients hospitalized in in-patient psychiatric units.

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