



EFFECTIVENESS OF MINDFULNESS BASED STRESS REDUCTION IN REDUCING LONELINESS AND SOCIAL WITHDRAWAL AMONG ALCOHOL ADDICTS

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ABSTRACT

This present study investigates the potential of Mindfulness-Based Stress Reduction (MBSR) as an intervention for alleviating loneliness and reducing social withdrawal among individuals struggling with alcohol addiction. Loneliness and social withdrawal are prevalent issues among individuals grappling with substance use disorders, exacerbating their psychological distress and hindering their recovery process. However, limited research has explored the efficacy of mindfulness-based interventions specifically tailored for this population. A sample size of 10 alcohol addicts participated in an 8-week MBSR program, involving mindfulness meditation, body awareness exercises, and group discussions. Quantitative measures assessing loneliness and social withdrawal were administered at baseline, post-intervention, and follow-up sessions. Qualitative data regarding participants' experiences and perceptions of the program were also collected through semi-structured interviews. Preliminary findings suggest a potential reduction in loneliness and social withdrawal following the MBSR intervention. Participants reported increased self-awareness, emotional regulation, and a greater sense of connection with others.

However, the small sample size and lack of a control group limit the generalizability of the results. Further research with larger sample sizes and rigorous study designs is warranted to validate the effectiveness of MBSR as a complementary approach in addressing loneliness and social withdrawal among individuals with alcohol addiction.

(key words: Alcohol addicts, Loneliness, Social withdrawal, MBSR)

INTRODUCTION

Loneliness and social withdrawal are pervasive issues among individuals grappling with alcohol addiction, contributing to the complexity of their recovery journey and exacerbating psychological distress. Despite advances in addiction treatment, interventions specifically targeting these social and emotional challenges remain limited. Mindfulness-Based Stress Reduction (MBSR) has emerged as a promising approach in addressing various mental health concerns, yet its efficacy in alleviating loneliness and reducing social withdrawal among alcohol addicts remains understudied. This research seeks to fill this gap by exploring the potential of MBSR as an intervention for mitigating loneliness and social withdrawal among individuals struggling with alcohol addiction. Understanding the impact of mindfulness practices on these interconnected issues is critical for developing comprehensive and tailored interventions that address the multifaceted needs of this population. By investigating the effects of MBSR on loneliness and social withdrawal, this study aims to contribute to both theoretical knowledge and practical interventions in addiction treatment. The insights gained from this research can inform the development of more holistic and effective strategies for supporting individuals in their recovery journey and enhancing their overall well-being. In this introduction, we will first provide an overview of the prevalence and consequences of loneliness and social withdrawal among alcohol addicts. We will then discuss the theoretical framework of MBSR and its potential mechanisms of action in addressing these social and emotional challenges. Finally, we will outline the objectives and methodology of the study, highlighting its significance in advancing our understanding of mindfulness-based interventions in addiction treatment.

TECHNIQUES IN MBSR

In Mindfulness-Based Stress Reduction (MBSR), several techniques are employed to cultivate mindfulness, promote self-awareness, and alleviate stress. These techniques are carefully designed to help participants develop a non-judgmental awareness of their thoughts, feelings, and bodily sensations. Some of the key techniques used in MBSR include:

1. **Mindfulness Meditation:** This involves practicing focused attention on the present moment, typically by directing attention to the breath, bodily sensations, or a specific object. Through regular meditation practice, individuals learn to observe their thoughts without getting caught up in them, fostering a sense of calmness and clarity.
2. **Body Scan:** In this technique, participants systematically scan their body from head to toe, bringing attention to each body part and noticing any sensations or areas of tension. The body scan helps individuals develop greater bodily awareness and release physical tension, promoting relaxation and stress reduction.
3. **Mindful Movement:** Incorporating gentle movement practices such as yoga or Tai Chi, mindful movement allows participants to cultivate awareness of body movements, breath, and posture. By moving mindfully and intentionally, individuals can enhance their mind-body connection and promote physical and emotional well-being.
4. **Loving-Kindness Meditation:** Also known as Metta meditation, this practice involves cultivating feelings of compassion, kindness, and goodwill towards oneself and others. Participants silently repeat phrases such as "May I be happy, may I be healthy, may I be at peace," extending these wishes to themselves, loved ones, and eventually to all beings. Loving-kindness meditation fosters feelings of connection and empathy, counteracting feelings of loneliness and social isolation.
5. **Informal Practices:** In addition to formal meditation techniques, MBSR encourages the integration of mindfulness into daily activities such as eating, walking, or washing dishes. Participants are encouraged to bring awareness to their everyday experiences, cultivating mindfulness in all aspects of life.

These techniques are typically taught over the course of an 8-week MBSR program through guided

instruction, group discussions, and home practice assignments. By consistently engaging in these mindfulness practices, individuals can develop resilience to stress, enhance their emotional well-being, and cultivate a greater sense of connection with themselves and others.

REVIEW OF LITERATURE

Brewer, J. A., Sinha, R., Chen, J. A., Michalsen, R. N., Babuscio, T. A., Nich, C., Grier, A., Bergquist, K. L., Reis, D. L., Potenza, M. N., & Carroll, K. M. (2009). Mindfulness training and stress reactivity in substance abuse: results from a randomized, controlled stage I pilot study.

Substance Abuse. This pilot study investigated the effects of mindfulness training, including elements of MBSR, on stress reactivity in individuals with substance abuse disorders. While not specifically focusing on loneliness and social withdrawal, the findings suggest that mindfulness training may reduce stress and improve emotional regulation, which are relevant factors in addressing social difficulties among alcohol addicts.

Garland, E. L., Gaylord, S. A., Boettiger, C. A., & Howard, M. O. (2010). Mindfulness training modifies cognitive, affective, and physiological mechanisms implicated in alcohol dependence: results of a randomized controlled pilot trial. *Journal of Psychoactive Drugs*. This randomized controlled pilot trial examined the effects of mindfulness training, including MBSR techniques, on cognitive, affective, and physiological mechanisms implicated in alcohol dependence. While

not directly addressing loneliness and social withdrawal, the study provides insights into how mindfulness practices may influence various aspects of alcohol addiction, which could indirectly impact social functioning.

Toneatto, T., & Nguyen, L. (2007). Does mindfulness meditation improve anxiety and mood symptoms? A review of the controlled research. *Canadian Journal of Psychiatry*, Although not specific to alcohol addiction, this review examines controlled research on the effects of mindfulness meditation on anxiety and mood symptoms. Given the comorbidity between alcohol addiction, loneliness, and social withdrawal with anxiety and mood disorders, insights from this review may inform the potential benefits of mindfulness-based interventions, including MBSR, in addressing these interconnected issues.

Witkiewitz, K., Marlatt, G. A., & Walker, D. (2005). Mindfulness-based relapse prevention for alcohol and substance use disorders. *Journal of Cognitive Psychotherapy*. This article reviews the development and preliminary evidence for mindfulness-based relapse prevention (MBRP) as a treatment approach for alcohol and substance use disorders. While not focusing specifically on loneliness and social withdrawal, MBRP incorporates mindfulness techniques similar to those used in MBSR and may have implications for addressing social difficulties among individuals in recovery from alcohol addiction.

Zgierska, A. E., Burzinski, C. A., Cox, J., Kloke, J., Stegner, A., & Cook, D. B. (2016). Mindfulness meditation and cognitive behavioural therapy intervention reduces pain severity and sensitivity in opioid-treated chronic low back pain: Pilot findings from a randomized controlled trial. *Pain Medicine*. While not specific to alcohol addiction or social withdrawal, this pilot study investigated the effects of a mindfulness meditation and cognitive-behavioural therapy intervention on pain severity and sensitivity in individuals with chronic low back pain. The findings suggest that mindfulness-based interventions may have broader benefits beyond addiction treatment, which could include improvements in psychological well-being and potentially social functioning.

METHODOLOGY

Research design

The present study has employed quasi-experimental research with pre-test and post-test design.

Hypothesis

There will be a significant difference in the effectiveness of MBSR in reducing loneliness and social withdrawal among alcohol addicts in pre-test and post-test.

Sample

The sample for this study was selected by purposive random sampling technique.

Purposive sampling technique is a non-probability sampling method where researchers deliberately select participants or cases based on specific criteria relevant to the research objectives (Kothari, C.R., 2004). Purposive sampling method was applied to select participants who met the criteria of being diagnosed with Alcohol addiction, aged from 20 to 50, from a deaddiction center in Puducherry district. The deaddiction center consists of more than 20 members diagnosed with alcohol dependence syndrome, and 10 were selected through the willingness and inclusion criteria. Given the qualitative nature of research depth of analysis required for each participant, a smaller sample was considered appropriate to ensure detailed exploration of individual experiences and outcomes. All the 10 participants were given the pre- test and post-test. Prior studies examining similar intervention with Alcohol dependence populations typically reported small sample size due to the specificity of intervention and need for in-depth qualitative analysis. These pioneers guided the decision to use a sample size of eight participants in this study.

Table: Showing the distribution of samples based on demographic variables of the selected demographic variables

Variables	Sub – variables	N	%
Age	20-35	7	70
	36-50	3	30
Marital status	Single	8	80
	Married	2	20
Family type	Nuclear	6	60
	Joint	4	40
Locality	Rural	5	50
	Urban	5	50

(Source: Primary data)

***Note N = Sample size**

Inclusion criteria

- Alcohol addicts with age group of 20 to 50
- Has never gone any surgeries
- Does not have any breathing problem
- Able to focus on MBSR

Exclusion criteria

Person with lung problems and other breathing problems are omitted.

3.7 Instruments Used

UCLA loneliness scale (revised version)

Loneliness scale is used for data collection. Loneliness scale is a questionnaire used to assess the effect of loneliness. The questionnaire consist 20 questions and four point rating scale of Often, Sometimes, Rarely, and Never. There is no negative items in the questionnaire.

Developed by author's Daniel Russell, Letitia Peplau, and Mary Ferguson in 1978, the score 20-34 low degree, 35-49 moderate, 50-64 moderately highly degree and 65-80 high degree.

Hikikomori Questionnaire – 25 (HQ – 25) Social withdrawal scale:

Hikikomori questionnaire or Social withdrawal scale is a questionnaire used to assess the level of social withdrawal. HQ-25 was developed by Teo et al (2019), as a self-administered tool to assess severity of hikikomori symptoms over atleast 6 months. HQ (25) consists of 25 items. 6 out of 25 questions were reverse scored. HQ (25) has an in score between 0-100. Developers of HQ (25) suggested a cut off score of 42 for the scale. Teo et al. (2018) identified 3 sub dimensions. The sub-dimensions are Socialization (items 1,4,6,8,11,13,15,18,20,25,23), Isolation (items 2,5,9,12,16,19,22,24) and the Emotional support(3,7,10,14,17,21).

Procedure

The data was collected from alcohol addicts in Dream Residential Psychiatric facility in Puducherry. All the respondents were provided with information about the procedure and the need for the study was explained in the language they understood the best. The consent was taken from both the center incharge and participant after a brief explanation about the study. The information was kept confidential. Respondents who were not cooperative and willing to participate in this study were omitted. The selected participants were seated comfortably and they were interviewed in person about the demographic variables. The respondents were asked to answer both Loneliness checklist and Social withdrawal checklist.

Statistical analysis

As a quantitative study, data collected was analysed by applying mean, standard deviation, paired sample t-test through statistical software IBM SPSS version 20.0

RESULTS

Comparison of Pre-Post Loneliness after administering MBSR

	N	Mean	SD	t	Sig
Pre – test of 10 Loneliness		52.60	7.23		
Post – test of 10 Loneliness	10	38.10	3.31	5.97	.001(S)

(Source primary data)

p<0.05 (significant)

N- No of samples; SD –Standard deviation; S-Significant.

Ho There will be a significant difference between the level of social withdrawal in pre-test and post-test after MBSR intervention.

	N	Mean	SD	t-value	Sig
Pre-test of Social withdrawal	10	56.76	7.36		
Post-test of Social withdrawal	10	38.16	3.16	7.99	.001(S)

(Source primary data)

p<0.05 (significant)

N- No of samples; SD –Standard deviation; S-Significant.

Ho There will be a significant difference between the level of social withdrawal in pre-test and post-test after MBSR intervention.

From table 5.7 paired sample t-test, it is inferred that the mean value of Loneliness in the pre-test is 52.60 and the mean value in post-test is 38.10. From this it is indicated that the level of Loneliness is decreased after the administration of MBSR. The obtained t-value is 5.97 (>1.96) and p-value is .805 (<0.05). There is a significant difference in the level of Loneliness among the alcohol addicts after the intervention. This shows that the null hypothesis is failed to reject.

Further the pre-test mean of social withdrawal is 56.70 and the post-test mean of social withdrawal is 38.70. This shows the reduction in the level of social withdrawal among the respondents. The obtained t-value is 7.99 (>1.96) and the p-value is .001 (<0.05). Therefore there is a significant difference in the level of loneliness and social withdrawal among alcohol addicts after the administration of MBSR. This shows the null hypothesis is failed to reject.

The interpretation of the data were shown that there is a significant differences in loneliness and social withdrawal between the pre-test and post-test among the respondents. And there is no significant difference in loneliness based on age, marital status, family type and locality. Also there is no significant difference in social withdrawal based on age, marital status, family type, and locality whereas the social withdrawal had significant difference.

DISCUSSION

The present study was attempted to identify the effectiveness of MBSR on Loneliness and Social Withdrawal the Alcohol Addicts. For this study the data were collected from 20 alcohol addicts and based on the inclusion and exclusion criteria sample size was determined as 10. The data were collected from the 10 samples. During Phase 1, the samples were responded to the questionnaires for pre – test and in Phase 2, the samples were asked to take part in the MBSR programme and in Phase 3, the data were collected from the samples for the Post – test.

The effectiveness of MBSR was evaluated using the pretest & posttest of Loneliness and Social Withdrawal. Primarily the present study found that there was the presence of loneliness among the alcohol

addicts using the UCLA questionnaire and the higher level of loneliness leads to the social withdrawal through the Hikkomori questionnaire. Further it was analyzed that the marital status had the significant difference in Social Withdrawal and no other demographics had any differences.

LIMITATIONS OF THE STUDY

The study has some limitations. They are,

- The sample size was very small and collected from the single de-addiction center.
- MBSR technique can be very useful for the participant and further it may be more effect for the future studies also. By short time of limitation, it showed a good effect for this research.
- This research was only collected from single institution in Pondicherry District.

SUGGESTIONS FOR THE FUTURE RESEARCH

The present study indicates the Effectiveness of MBSR in reducing Loneliness and Social withdrawal among alcohol addicts. From the present study, it is implied that the MBSR is effective, and it can be used as technique to reduce loneliness and social withdrawal among alcohol addicts. It is hoped that the present study would open new avenue for the further research in the area selected for the present investigation.

- The further studies can be conducted as a longitudinal study to assess the long-term effect of MBSR technique among alcohol addicts. This can provide the long-lasting therapy can be helped for future research.
- For the present studies of Loneliness and social withdrawal can be more reduced for alcohol addicts further it may be impact of other related studies also.

CONCLUSION

In conclusion, Mindfulness-Based Stress Reduction (MBSR) holds promising potential in addressing loneliness and social withdrawal. By cultivating awareness of the present moment and fostering acceptance without judgment, MBSR equips individuals with coping mechanisms to navigate the complexities of social interactions and relationships. Through regular practice, participants may experience reduced feelings of isolation, increased self-compassion, and a greater capacity for authentic connection with others. However, while MBSR shows encouraging results, further research is needed to fully understand its long-term efficacy and its applicability across diverse populations. Nonetheless, its integration into therapeutic interventions

offers a valuable avenue for combating loneliness and promoting social engagement, ultimately contributing to enhanced well-being and quality of life.

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