Mindfulness, an integrated approach for cessation of smoking in workplace

Letters to Editor

to enhancement of feeling of well being among smokers. Practicing mindfulness will help them in reducing craving for smoking and enhance their desire to quit smoking.

There is a need to use alternative approaches like mindfulness-integrated smoking cessation program to make workplace a smoke-free place.

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REFERENCES

1. Glanz F. Effects of smoke free places on smoking behaviour—Systematic review. Br Med J 2002;325:188–91.
2. Wells A. GAD, metacognition and mindfulness: An information processing analysis. Clinical Psychology: SciPract 2002;9:95–100.
3. Teasdale JD, Segal Z, Williams JG. How does cognitive therapy prevent depressive relapse and why should control (mindfulness) training help? Behav Res Ther 1995;33:25–39.
4. Allen NB, Chambers R, Knight W. Mindfulness-based psychotherapies: A review of conceptual foundations, empirical evidence and practical considerations. Audt New Zealand J Psychiatr 2006;40:285–94.
5. Vidrine JI, Businelle MS, Cinciripini P, Li Y, Marcus MT, Waters AJ, et al. Association of mindfulness with nicotine dependence, withdrawal and agency. Subst Abuse 2009;30:318–27.

Sir,

Smoke-free workplaces not only protect non-smokers, but also create an environment that encourages smokers to cut back or quit smoking. It can reduce the quantity as well as frequency of smoking during day time. Smoke-free policy at workplace led 4% staff to quit smoking.[1]

Majority do persist with smoking due to one or other reasons: to manage stress, reduce anxiety and their inability to overcome the indecisiveness, that is, to smoke or not. There is wide acceptance for yoga-based approaches to manage day-to-day stress, which is a major cause for smoking. One of the 8 components of Patanjali Yoga is Dhyana (meditation). In recent years, mindfulness or Vipassana meditation has received considerable attention among health professionals. It provides the potential for transforming the ways in which we respond to life events and for relapse prevention. In practice of mindfulness, person notice and accept his thoughts as passing mental events occurring in the mind rather than as a truth that defines the self. Thus, mindfulness can alter one’s attitude or relation to thoughts such that they are less likely to influence subsequent feelings and behaviors.[2]

Cognitive-behavioral mechanisms involve in mindfulness are acceptance, exposure, minimization of experiential avoidance, self-regulation and relaxation. It is also described as a metacognitive state of detached awareness.[3]

Metacognitive-based approach for management of craving includes description of particular craving statements, identification of perceived consequences of such cravings and elucidation of perceived effects of psychoactive substance on such cognitive events. Studies have also shown that mindfulness-based interventions are effective in reducing distress related to negative mood states by enhancing metacognitive awareness.[4]

Mindfulness is negatively associated with level of nicotine dependence, withdrawal severity, and positively associated with a sense of urgency regarding cessation.[5]

It will contribute

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Intellectual disabilities and yoga

Sir,

It was with interest and admiration that I read Hawkins et al.’s article on the influence of yogic exercises on persons with intellectual disabilities.[1] There is a dearth of literature on the effect of yoga on intellectual disabilities. Lotan provided early review with a variety of interventions for individuals with Rett Syndrome.[2] Rather than clear
mandate for a few interventions, the review provided effective interventions available to inquisitive parents having children with Rett Syndrome.

Two esteemed members of this journal earlier studied sudomotor sympathetic hypofunction in persons with Down Syndrome. In another study, Uma et al. found the efficacy of yoga as an effective therapeutic tool in the management of children with cognitive disability. The authors used the term “mentally retarded children,” which I shall discourage, since being the Coordinator of Enabling Unit for medical students with disabilities, I find this term with negative connotation. Of course, it is a personal opinion and the authors are welcome to differ. The article, however, showed highly significant improvement in the intelligent quotient and social adaptation parameters in the yoga group as compared to control group.

We need more of yoga studies to validate the reliability of yogic interventions on persons with disabilities. A meta-analysis published earlier this year also suggests that yoga is a useful supplementary approach with moderate effect sizes on pain and associated disability. The need of the hour is more rigorous and well-designed research studies to supplement literature in this relatively unexplored field.

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REFERENCES

1. Hawkins BL, Stegall JB, Weber MF, Ryan JB. The influence of a yoga exercise program for young adults with intellectual disabilities. Int J Yoga 2012;5:151-6.
2. Lotan M. Alternative therapeutic intervention for individuals with Rett syndrome. Scientific World Journal 2007;7:698-714.
3. Naveen KV, Telles S. Sudomotor sympathetic hypofunction in Down’s syndrome. Indian J Physiol Pharmacol 1999;43:463-6.
4. Uma K, Nagendra HR, Nagarathna R, Vaidehi S, Seethalakshmi R. The integrated approach of yoga: A therapeutic tool for mentally retarded children: A one-year controlled study. J Ment Defic Res 1989;33 (Pt 5):415-21.
5. Büssing A, Ostermann T, Lüdtke R, Michalsen A. Effects of yoga interventions on pain and pain-associated disability: A meta-analysis. J Pain 2012;13:1-9.