



PERGAMON

Behaviour Research and Therapy 39 (2001) 801–811

**BEHAVIOUR
RESEARCH AND
THERAPY**

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The effects of relaxation response meditation on the symptoms of irritable bowel syndrome: results of a controlled treatment study

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Received 6 June 2000

Abstract

In this study, Herbert Benson's (1975) Relaxation Response Meditation program was tested as a possible treatment for Irritable Bowel Syndrome (IBS). Participants were 16 adults who were matched into pairs based on presence of Axis I disorder, primary IBS symptoms and demographic features and randomized to either a six week meditation condition or a six week wait list symptom monitoring condition. Thirteen participants completed treatment and follow-up. All subjects assigned to the Wait List were subsequently treated. Patients in the treatment condition were taught the meditation technique and asked to practice it twice a day for 15 minutes. Composite Primary IBS Symptom Reduction (CPSR) scores were calculated for each patient from end of baseline to two weeks post-treatment (or to post wait list). One tailed independent sample *t*-tests revealed that Meditation was superior to the control ($P=0.04$). Significant within-subject improvements were noted for flatulence ($P=0.03$) and belching ($P=0.02$) by post-treatment. By three month follow-up, significant improvements in flatulence ($P<0.01$), belching ($P=0.02$), bloating ($P=0.05$), and diarrhea ($P=0.03$) were shown by symptom diary. Constipation approached significance ($P=0.07$). Benson's Relaxation Response Meditation appears to be a viable treatment for IBS. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Irritable Bowel Syndrome; Relaxation Response Meditation

Irritable Bowel Syndrome is a functional disorder of the lower gastrointestinal tract that affects between 11 and 22% of American adults between the ages of 30 and 64 (Dancey, Taghavi, & Fox, 1998; Talley, Zinsmeister, VanDyke, & Melton, 1991). It is usually characterized by abdominal pain and altered bowel habits, such as diarrhea and constipation. Because there are no known

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physiological, biochemical or structural abnormalities that characterize the disorder, IBS is ordinarily a diagnosis of exclusion; that is, a diagnosis of IBS is usually only made when all other gastrointestinal diseases, including inflammatory bowel disease, lactose intolerance, and intestinal parasites have been ruled out (Thompson, Creed, Drossman, Heaton, & Mazzaca, 1992).

While the etiology of IBS remains unknown and understudied, psychosocial stress is known to play a key role in the onset, maintenance and severity of symptoms (Dancey, Whitehouse, Painter, & Backhouse, 1995; Dancey et al., 1998). Other research on the etiology and mediating factors of IBS suggests that IBS sufferers tend to "...have a 'hyperactive gut' that overreacts to emotional and stressful stimuli" (Suls, Wan, & Blanchard, 1994).

The past 15 years of research has suggested that psychosocial treatments such as short-term psychodynamic therapy (Guthrie, Creed, Dawson, & Tonenson, 1991), hypnotherapy (Whorwell, Prior, & Faragher, 1984; Galovski & Blanchard, 1998), multi-component cognitive behavioral therapy (Blanchard, Schwarz, & Neff, 1988; Blanchard & Schwarz, 1987), and cognitive therapy (Greene & Blanchard, 1994; Payne & Blanchard, 1995) are commonly more effective than medication alone or a control condition (see Blanchard & Malamood, 1996, for a summary review).

Interestingly, to the best of our knowledge, there has been only one study testing relaxation training alone as a treatment for IBS, despite the fact that IBS is commonly thought of as a stress-related disorder (Folks & Kinney, 1992) that may include physiological hyperarousal in the gut region (Suls et al., 1994). One previous study at our Center demonstrated that a progressive muscle relaxation program in itself was a clinically significant treatment, especially for the relief of abdominal pain and to a lesser extent, constipation (Blanchard, Greene, Scharff, & Schwarz-McMorris, 1993). In this study, patients attended 10 sessions over an 8 week period, and were taught progressive muscle relaxation. Those patients who received the relaxation training had a higher composite primary symptom reduction score than those in the symptom monitoring only condition.

Whereas many of the earlier mentioned psychosocial treatments are fairly complex and require a high level of therapist skill, relaxation training is a relatively easy and cost-effective treatment that can have many positive effects. Thus, it remains important to continue testing new relaxation techniques for the treatment of IBS.

Several studies have suggested that Relaxation Response Meditation (RRM; Benson, 1975: pp. 78–79) is an effective relaxation treatment for psychosomatic problems, including hypertension (Benson, Rosner, Marzetta, & Lemchuk, 1974), premature ventricular contractions in patients with heart disease (Benson, Alexander, & Feldman, 1975) pediatric migraine (Fentress, Masek, Mehegon, & Benson, 1986), and in preparation for cardiac surgery (Leserman, Stuart, Mamish, & Benson, 1989). Given the previous literature, and the beliefs about the role of stress in the etiology of Irritable Bowel Syndrome, it seems justified to examine the effects of relaxation response meditation in reducing stress and alleviating symptoms in IBS sufferers.

The present study. The present study sought to examine the effects of Benson's Relaxation Response Meditation on the symptoms of Irritable Bowel Syndrome. There were three main hypotheses: (1) Patients receiving the active treatment would experience significantly greater reduction in abdominal pain, diarrhea and constipation than those on the wait list; (2) After receiving treatment, all patients would exhibit a significant decrease in the individual GI symptoms that characterize IBS; (3) Treatment gains would be maintained at three month follow-up.

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