Effects of Meditative Movements for Persons with Chronic Health Conditions
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BACKGROUND

According to Ward, Schiller, and Goodman (2014), 117 million people had one or more chronic health conditions in 2012. Common symptoms associated with these conditions include: depression, anxiety, fatigue, pain, elevated blood pressure (BP), and low QOL.

Current research has focused on complementary and alternative medicine (CAM) to improve symptoms associated with chronic health conditions. One type of CAM is Meditative Movements (MM). According to Larkey et al., MM is defined as “those practices that utilize movement or posture, with a focus on the breath and a meditative state to achieve deep states of relaxation and includes practices such as Tai Chi, Qigong, and Yoga” (Larkey, 2014, p. 166).

Larkey (2014), found MM to improve fatigue, psychosocial and physical functioning, emotional distress, QOL, and self-esteem for cancer patients and survivors. A mind-body technique, such as MM, can manage symptoms associated with their illness (Petersen, 2016).

One element of MM not highly researched is the utilization of spoken core value affirmations. Affirmations are positive statements spoken to oneself that direct the mind to focus on who you are becoming, which can include statements such as “I can”, “I believe”, and “I let go” (Peterson, 2008).

This study assessed the effectiveness of MM with core value affirmations on persons with chronic health conditions.

PURPOSE AND HYPOTHESES

The purpose of this study was to determine the health benefits of Peterson’s (2008) MM, which included spoken core value affirmations for persons with chronic health conditions.

Three hypotheses were proposed:

1) Persons with chronic health conditions participating in Peterson’s MM would have significantly decreased depression (BDI), anxiety (BAI), and an increase in quality of life from pretest to posttest
2) Persons with chronic health conditions participating in Peterson’s MM will maintain the beneficial effects, from posttest to follow-up
3) Participants would improve one or more levels of GAS at follow-up.

METHODS

Eighteen participants recruited through Pathways met eligibility criteria, of which four participants were excluded due to asthma (unanticipated diagnosis). One element of MM not highly researched is the utilization of spoken core value affirmations. Affirmations are positive statements spoken to oneself that direct the mind to focus on who you are becoming, which can include statements such as “I can”, “I believe”, and “I let go” (Peterson, 2008).

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RESULTS

Friedman data results show statistical significance for BAI (p < 0.05), BDI (p = 0.01), FACT-G (p = 0.02), FACT-G total (p = 0.03), emotional well-being (p < 0.05), functional well-being (p = 0.00). There were no statistical differences for BAI (p = 0.04), emotional well-being (p = 0.44), social/family well-being (p = 0.44), systolic BP (p = 0.43), and diastolic BP (p = 0.65). Figure 2 illustrates mean values at pretest, posttest, and follow-up.

Table 1 summarizes the Wilcoxon Signed Rank Tests and Cohen’s d results. There was significant differences from pre to posttest for: FACT-G (p = 0.03) and emotional well-being subscales (p = 0.036). All other outcomes were non-significant.

DISCUSSION

Overall, the results from posttest to follow-up show a greater improvement in outcomes measure when compared to pretest to posttest results. This may be due to:

- additional support provided by facilitator during the maintenance phase
- longer time taken for the participants to incorporate MM into their daily routine
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From pretest to follow-up, 13 of 14 participants improved one or more levels of GAS. There are a few reasons why one of the participants did not improve including:

- unanticipated diagnosis (asthma)
- practiced MM less often
- misinterpretation of how to correctly use GAS template

While other research suggests that MM is beneficial to those with high BP, this was an outcome measure that was not shown to improve throughout the entire study (Rogers and MacDonald, 2015; Payne, Cran-G卓sen, 2013). This lack of improvement could be due to participant’s medication and investigator inconsistency with proper procedure for taking BP.

In contrast to other studies, depression was another outcome measure that did not show a significant improvement (Chen et al., 2013; Larkey et al., 2014). However, it had an effect size of 70 and 52 from pre to post and post to follow up, indicating a moderate effect size. Therefore, it is likely that with a larger sample size, that current study may have seen a significant improvement in depressive symptoms.

Limitations include:

- small sample size
- high attrition rate
- lack of control group
- lack of random sampling

In conclusion, the results of this study show that MM may be effective in reducing anxiety, depression, fatigue, emotional well-being and functional well-being for persons with chronic health conditions. The findings suggest that MM may be used as an alternative and complementary therapy or rehabilitation program for persons with chronic health conditions.

SELECTED REFERENCES


