

Meditation for Health and Happiness

Background

Meditation can be one of the most important components of any health plan. Its unique ability to elicit physical ease and mental stability provides a foundation for healing, and directly influences one's ability to meet the challenges resulting from illness and chronic disease.

Found in cultures, spiritual traditions, and disciplines throughout the world, meditation is a mind-body practice with many methods and variations—all of which are grounded in the silence and stillness of present moment awareness. According to Jon Kabat-Zinn, "Meditation is simplicity itself. It's about stopping and being present. That is all."¹ Father Thomas Keating adds that "Meditation is for everyone, not just for monks."²

In meditation, one's attention is directed toward a word, sound, image, prayer, or the breath, allowing the mind to settle into the present moment, thereby becoming still and receptive. An analogy can be made with a radio dial. The static represents the countless daily thoughts and sensations that preoccupy the mind. Meditation is the tool that fine-tunes the dial (the mind) so that one may become receptive and experience balance and harmony in the midst of the ever-changing conditions of the present moment.

Research

Evidence of the benefit from meditation has been widely documented. Several studies demonstrate that meditation training reduces anxiety and increases positive affect,³⁻⁶ while others show mindfulness meditation prevents recurrence of depression.^{7,8} In a 1985 study conducted by Kabat-Zinn, patients with chronic pain showed a statistically significant reduction

in various measures of pain symptoms when trained in *mindfulness based stress reduction* (MBSR).⁹ Meditation practices have also shown beneficial effects in the treatment of tension headaches,¹⁰ psoriasis,¹¹ blood pressure,¹²⁻¹⁴ serum cholesterol,¹⁴ smoking cessation,¹⁵ carotid atherosclerosis,¹⁶ coronary artery disease,^{17,18} longevity and cognitive function in the elderly,¹⁹ psychiatric disorders,^{3-8, 20} use of medical care,²¹ and medical costs in treating chronic pain.²² A 2004 meta-analysis found MBSR training useful for a broad range of chronic disorders such as depression, anxiety, fibromyalgia, mixed cancer diagnoses, coronary artery disease, chronic pain, obesity, and eating disorders.²³

Research conducted at the University of Wisconsin-Madison suggests a positive correlation between meditation practice and left-sided prefrontal cortex activity, which is associated with positive affective mental states. In this study, meditation was associated with increases in antibody titers to influenza vaccine suggesting correlation among meditation, positive emotional states, localized brain activity, and improved immune function.²⁴ Corroborating research demonstrates a direct link between immune function and mood, with positive affective states resulting in stronger immune function and decreased incidence of illness.²⁵⁻²⁷ Further, Tibetan Buddhist monks show greatly increased left-sided prefrontal cortex gamma wave activity compared to novice meditator controls both at rest and during meditation, suggesting that attention and affective processes are flexible skills that can be learned.²⁸ One can infer from these studies that meditation training influences the neuroplasticity of learned happiness and concentration in a dose dependent manner.



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Spiritual Connection

Meditation practice not only offers improvement and prevention of biological disease but primarily leads to deeper spiritual connection. While research aims to elucidate the tangible biological correlates of meditation and its significance to health, millions of people from all cultures and walks of life continue to explore the subtle inner dimensions of meditative experience everyday. To the persevering seeker and diligent practitioner of meditation these subjective and transcendent experiences are real, reproducible, healing, and useful for most situations and conditions.

Please see the accompanying patient handout for specific suggestions on how to meditate.

REFERENCES

1. Kabat-Zinn, J: Meditation. In Holland JC (ed): Textbook on Psycho-oncology. Oxford, 1998: 767-779.
2. Conversation with Fr. Keating on 12/11/07 at St. Benedict's Monastery, Snowmass, CO.
3. Benson H, Kotch J, Crassweller K: The relaxation response—a bridge between psychiatry and medicine, *Med Clin North Am*. 1977;61:929-8.
4. Kabat-Zinn J, Massion A, Kristeller J, et al: Effectiveness of a mindfulness-based stress reduction program in the treatment of anxiety disorders, *Am J Psychiatry*. 1992;149(7):936-943.
5. Miller J, Fletcher K, Kabat-Zinn J: Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders, *Gen Hosp Psychiatry*. 1995;17(3):192-200.
6. Beauchamp-Turner D, Levinson D: Effects of meditation on stress, health, and affect, *Medical-Psychother: Int J*. 1992;5:123-31.
7. Teasdale J, Segal Z, Williams J, et al: Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy, *J Consult Clin Psychol*. 2000;68(4):615-623.
8. Ma S, Teasdale J: Mindfulness-based cognitive therapy for depression—replication and exploration of differential relapse prevention effects, *J Consult Clin Psychol*. 2004;72(1):31-40.
9. Kabat-Zinn J, Lipworth L, Burney R: The clinical use of mindfulness meditation for the self-regulation of chronic pain, *J Behav Med*. 1985;8(2):163-190.
10. Blanchard E, Nicholson N, Taylor A, et al: The role of regular home practice in the relaxation treatment of tension headache, *J Consult Clin Psychol*. 1991;59:467-70.
11. Kabat-Zinn J, Wheeler E, Light T, et al: Influence of a mindfulness-based stress reduction intervention on rates of skin clearing in patients with moderate to severe psoriasis undergoing phototherapy (UVB) and photochemotherapy (PUVA), *Psychosom Med*. 1998;60:625-632.
12. Alexander C, Schneider R, Staggers F, et al: Trial of stress reduction for hypertension in older African Americans, *Hypertension*. 1996;28:228-237.
13. Gianfranco P, Steptoe A: Stress reduction and blood pressure control in hypertension: a role for transcendental meditation? *J Hypertens*. 2004;22(11):2057-2060.
14. Cooper M, Aygen M: Effect of meditation on blood cholesterol and blood pressure, *Isr Med Assoc*. 1978;95:1-2.
15. Royer-Bounour P: The transcendental meditation technique: a new direction for smoking cessation programs, *Abstr Int*. 1989;50(8):3428-B.
16. Fields J, Walton K, Schneider R, et al: Effect of a multimodality natural medicine program on carotid atherosclerosis in older subjects—a pilot trial of Maharishi Vedic Medicine, *Am J Cardiol*. 2002;89:952-958.
17. Zamarra J, Schneider R, Bessighini I, et al: Usefulness of the transcendental meditation program in the treatment of patients with coronary artery disease, *Am J Cardiol*. 1996;77:867-70.
18. Ornish D, Brown S, Scherwitz L, et al: Can lifestyle changes reverse coronary heart disease? *Lancet*. 1990;336:129-133.
19. Alexander C, Chandler H, Langer E, et al: Transcendental meditation, mindfulness, and longevity—an experimental study with the elderly, *J Pers Soc Psychol*. 1989;57:950-64.
20. Shannahoff-Khalsa D: An introduction to kundalini yoga meditation techniques that are specific for the treatment of psychiatric disorders, *J Alternative and Complementary Med*. 2004;10(1):91-101.
21. Orme-Johnson D: Medical care utilization and the transcendental meditation program, *Psychosom Med*. 1987;49:493-507.
22. Caudill M, Schnable R, Zuttermeister P, et al: Decreased clinic use by chronic pain patients—response to behavioral medicine intervention, *Clin J Pain*. 1991;7:305-10.
23. Grossman P, Niemann L, Schmidt S, et al: Mindfulness-based stress reduction and health benefits A meta-analysis, *J Psychosom Res*. 2004;57:35-43.
24. Davidson R, Kabat-Zinn J, Schumacher J, et al: Alterations in brain and immune function produced by mindfulness meditation, *Psychosom Med*. 2003;65:564-570.



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25. Hayney M, Dienberg Love G, Buck J, et al: The association between psychosocial factors and vaccine-induced cytokine production, *Vaccine*. 2003;21:2428-2432.
26. Rosenkranz M, Jackson D, Dalton K, et al: Affective style and in vivo immune response—neurobehavioral mechanisms, *PNAS*. 2003;100(19):11148-52.
27. Cohen S, Herbert TB: Health psychology—psychological factors and physical disease from the perspective of human psychoneuroimmunology, *Annu Rev Psychol*. 1996;47:113-142.
28. Lutz A, Lawrence L, Rawlings N, et al: Long-term meditators self-induce high-amplitude gamma synchrony during mental practice, *PNAS*. 2004;101(46):16369-73.

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