

Bond University
Research Repository



The Interrelated Physiological and Psychological Effects of EcoMeditation

Groesbeck, Gary ; Bach, Donna; Stapleton, Peta Berenice; Blickheuser, Katharina; Church, Dawson; Sims, Rebecca

Published in:
Journal of Evidence-Based Integrative Medicine

DOI:
[10.1177/2515690X18759626](https://doi.org/10.1177/2515690X18759626)

Published: 01/01/2018

Document Version:
Publisher's PDF, also known as Version of record

[Link to publication in Bond University research repository.](#)

Recommended citation(APA):
Groesbeck, G., Bach, D., Stapleton, P. B., Blickheuser, K., Church, D., & Sims, R. (2018). The Interrelated Physiological and Psychological Effects of EcoMeditation. *Journal of Evidence-Based Integrative Medicine*, 23(Jan-Dec). <https://doi.org/10.1177/2515690X18759626>

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

For more information, or if you believe that this document breaches copyright, please contact the Bond University research repository coordinator.

The Interrelated Physiological and Psychological Effects of EcoMeditation

Gary Groesbeck¹, Donna Bach, ND¹, Peta Stapleton, PhD², Katharina Blickheuser¹, Dawson Church, PhD¹ , and Rebecca Sims²

Journal of Evidence-Based Integrative Medicine
Volume 23: 1-6
© The Author(s) 2018
Reprints and permission:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/2515690X18759626
journals.sagepub.com/home/cam



Abstract

This study investigated changes in psychological and physiological markers during a weekend meditation workshop (N = 34). Psychological symptoms of anxiety, depression, posttraumatic stress disorder (PTSD) and happiness were assessed. Physiological markers included cortisol, salivary immunoglobulin A (SigA), heart rate variability (HRV), blood pressure (BP), and resting heart rate (RHR). On posttest, significant reductions were found in cortisol (−29%, $P < .0001$), RHR (−5%, $P = .0281$), and pain (−43%, $P = .0022$). Happiness increased significantly (+11%, $P = .0159$) while the increase in SigA was nonsignificant (+27%, $P = .6964$). Anxiety, depression, and PTSD all declined (−26%, $P = .0159$; −32%, $P = .0197$; −18%, $P = .1533$), though changes in PTSD did not reach statistical significance. No changes were found in BP, HRV, and heart coherence. Participants were assessed for psychological symptoms at 3-month follow-up, but the results were nonsignificant due to inadequate sample size ($n = 17$). EcoMeditation shows promise as a stress-reduction method.

Keywords

anxiety, depression, group therapy, EcoMeditation, meditation

Received September 11, 2017. Received revised November 7, 2017. Accepted for publication December 2, 2017.

The benefits of meditation, especially for the promotion of health and reduction of stress, have been widely researched.^{1,2} As a form of mental training that aims to improve an individual's core psychological abilities, meditation includes a range of practices such as mindfulness meditation, mantra meditation, yoga, tai chi, and qigong.² Neuroscientific investigation of mindfulness meditation and improvements in psychological health has increased markedly in the past 30 years. This form of meditation has been associated with enhancements in emotional regulation,³ lowered intensity and frequency of negative emotion,^{4,5} and improved positive mood states.^{6,7} Pain, depression, psychological distress, and anxiety have all been shown to respond to meditation practices.^{8,9}

In addition to the often-cited psychological improvements participants experience, physiological markers also respond to meditation practices. Reductions in cortisol secretion have been noted after participation in Mindfulness-Based Stress Reduction (MBSR) programs.¹⁰ MBSR has been associated with a significant reduction in skin conductance level, indicating lowered sympathetic nervous system tone.¹¹ Decreased stress reactions have also been noted after participation in mindfulness programs,¹² as well as faster recovery to baseline

cortisol levels after stress.¹³ Finally, mindfulness practices have also been associated with changes in the brain, in particular decreases in the size of the amygdala, the limbic structure that regulates fear,¹⁴ and volumetric increases in brain regions associated with attention, memory, self-awareness, and emotional regulation.¹⁵ Mindfulness, MBSR, meditation, and similar practices therefore appear to have far-reaching effects on physiological functioning and this makes them useful self-regulation tools.

The present study examined changes in psychological and physiological markers among participants in a weekend meditation workshop where 4 evidenced-based techniques were taught. Participants learned and used EcoMeditation, which includes a range of stress-reduction skills. EcoMeditation dispenses with the religious and philosophical explanations

¹ National Institute for Integrative Healthcare, Fulton, CA, USA

² Bond University, Gold Coast, Queensland, Australia

Corresponding Author:

Dawson Church, PhD, 3340 Fulton RD, #442, Fulton, CA 95439, USA.
Email: dawsonchurch@gmail.com



common to schools of meditation and instead focuses on physiological cues. It requires no belief system, religious orientation, philosophical explanatory framework, spiritual worldview, or prior experience. Instead, it has participants mimic the physiological state of an experienced practitioner. Participants mechanically assume breathing patterns and body postures that are characteristic of long-time meditators.

EcoMeditation combines elements of 4 evidence-based techniques: the Quick Coherence Technique for regulating HRV,¹⁶ Clinical Emotional Freedom Techniques (Clinical EFT),¹⁷ mindfulness meditation,¹⁸ and neurofeedback.¹⁹ It is described in a manual.²⁰ This study represents the first time the combination of these techniques has been subject to empirical investigation. EcoMeditation is not based on any type of philosophical or spiritual approach; instead, it has participants simply mimic the physiological states of a master meditator.

Method

The study used a convenience sample of 34 participants at a residential conference center. The study was reviewed for human subject protections and approved by the Ethics Committee of the National Institute for Integrative Healthcare (NIIH01152016). All participants provided informed consent. Table 1 represents the baseline characteristics of study participants at recruitment. The majority of participants were women (70%), over 45 years of age.

Measures

Depression and anxiety were assessed using the Hospital Anxiety and Depression Scale (HADS).²¹ The HADS includes 7 questions related to anxiety and 7 related to depression. Items are scored from 0 to 3 and summed. The possible range of scores is from 0 to 21 for either anxiety or depression. Clinical levels are considered to be >8. Happiness and pain were assessed using 11-item Likert-type scales ranging from 0 to 11, with 0 representing minimum and 10 maximum values.^{22,23} Post-traumatic stress disorder (PTSD) was assessed with the 2-item form of the PTSD Checklist.²⁴ All assessments are reliable and valid.

A standard blood pressure cuff (Omron 3; Omron Healthcare, Lake Forest, IL) was used to measure resting heart rate (RHR) and blood pressure (BP). HeartMath Pro Plus hardware and software was used to assess heart rate variability (HRV) and heart coherence (HC; HeartMath.com). Salivary immunoglobulin A (SigA) and cortisol were assessed using saliva swabs (Sabre Labs, Capistrano, CA). To eliminate variances due to circadian fluctuations, cortisol samples were collected at the same time pre and post (10 AM).

EcoMeditation Practice

Participants learned and used EcoMeditation, a form of mediation based on providing physiological relaxation cues to the body. EcoMeditation is described in the manual for Whole Energy Lifestyle (WEL), which includes a suite of stress-reduction skills such as mindfulness training, breathwork, heart coherence training, qigong, Clinical EFT, and Gestalt empty chair work.²⁰ Systematic reviews find the practices taught in WEL to be "evidence-based."^{16,25-28} Approximately half the time (6 hours) was spent discussing the physiological effects of meditation, while the other half (6 hours) was spent in meditation itself or interacting in group feedback sessions after the meditation exercises.

Table 1. Baseline Characteristics of Study Participants at Recruitment.

	Subjects	Male	Female
N	34	10 (29.4%)	24 (70.6%)
Age			
Mean	48.9	57.9	44.8
Standard deviation	16.2	14.6	15.8
Min	29	34	29
Max	81	79	81
Systolic blood pressure (mm Hg)			
Mean	113.4	124	108.3
Standard deviation	17.6	21.4	13.4
Min	88	94	88
Max	156	156	128
Diastolic blood pressure (mm Hg)			
Mean	75.7	80.3	73.5
Standard deviation	17.9	11.4	8.1
Min	61	62	61
Max	104	104	88
Heart rate (bpm)			
Mean	69.6	69.2	69.8
Standard deviation	11.1	6.5	12.9
Min	50	58	50
Max	97	79	97
Cortisol (nmol/L)			
Mean	7.5	8.5	7.1
Standard deviation	4.4	5.0	4.2
Min	2.5	3.7	2.5
Max	20.9	19.9	20.9
SigA (µg/mL)			
Mean	216.8	159.7	229.9
Standard deviation	225.7	282.9	203.2
Min	20.4	20.4	37.4
Max	856.7	856.7	776.3

Abbreviation: SigA, salivary immunoglobulin A.

Participant scores on the psychological measures were compared before and after treatment using the Wilcoxon signed rank test for paired samples. Changes in physiological markers such as BP, RHR, cortisol, SigA levels, HRV, and HC were also determined using the Wilcoxon signed rank test. All statistical analyses were performed using the R statistical package, version 3.3.1.²⁹

Results

Between the pretest and posttest time points, participants experienced significant decreases in pain, anxiety, and depression (see Figure 1 and Table 2). Physiological indicators of health such as RHR and cortisol were also significantly decreased. The changes corresponded with an increase in overall happiness ($P = .0159$). Though not statistically significant, a downward trend was observed for PTSD symptoms and an upward trend was observed for SigA. However, BP, HRV, and HC remained unchanged between the 2 time points.

A follow-up was performed 2 months after the event using online questionnaires to measure psychological symptoms. Seventeen participants provided follow-up data. Outcomes

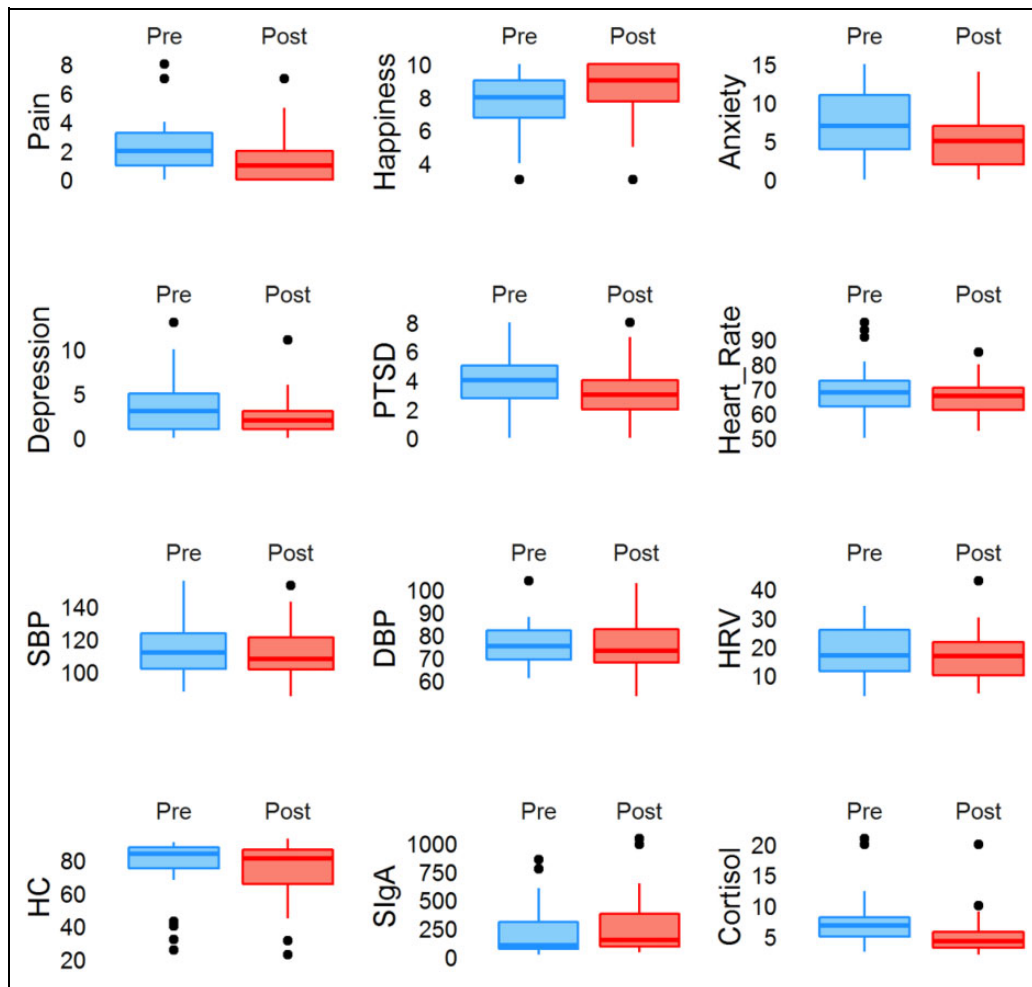


Figure 1. Score changes following treatment in study participants. Outliers within each group are represented by the black dots.

Table 2. Participant Measure Outcomes Pre Versus Post Intervention (N = 34).

Scale	Pretest, Mean \pm SD	Posttest, Mean \pm SD	Change in Mean	Z Statistic	P Value	Percent Change
Pain	2.64 \pm 2.18	1.5 \pm 1.67	-1.1429	-2.9914	.0022	-43.24
Happiness	7.57 \pm 1.89	8.43 \pm 1.77	0.8571	2.4222	.0159	11.32
Anxiety	6.85 \pm 4.53	5.09 \pm 3.84	-1.7576	-2.8360	.0036	-25.66
Depression	3.76 \pm 3.35	2.55 \pm 2.29	-1.2121	-2.3198	.0197	-32.26
PTSD	4.07 \pm 2.04	3.36 \pm 1.83	-0.7143	-1.4718	.1533	-17.54
Heart rate (bpm)	69.61 \pm 11.1	66.3 \pm 7.69	-3.3108	-2.1801	.0281	-4.76
Systolic blood pressure (mm Hg)	113.36 \pm 17.62	111.04 \pm 16.2	-2.3201	-1.3832	.1712	-2.05
Diastolic blood pressure (mm Hg)	75.68 \pm 9.65	75.67 \pm 10.96	-0.0119	-0.1323	.9011	-0.02
HRV	17.85 \pm 9.03	17.29 \pm 9.37	-0.5671	-0.5124	.6176	-3.18
Heart coherence	75.78 \pm 18.91	73.11 \pm 18.22	-2.6698	-0.3188	.7579	-3.52
SigA	216.78 \pm 225.71	275.06 \pm 272.43	58.2771	0.4084	.6964	26.88
Cortisol	7.5 \pm 4.35	5.3 \pm 3.51	-2.2047	-3.8803	<.0001	-29.38

Abbreviations: PTSD, posttraumatic stress disorder; HRV, heart rate variability; SigA, salivary immunoglobulin A.

were compared to symptom levels pre- and postintervention. The results are shown in Tables 3 and 4.

Analysis showed that there was no significant change on any psychological marker between the pretest and follow-up time points, or between the posttest and follow-up time points.

While symptom changes were generally in a positive direction, with pain, anxiety, depression and PTSD levels down, and happiness up, only 17 participants were available for follow-up resulting in too small a sample to achieve statistical significance.

Table 3. Psychological Outcomes Preintervention Versus Follow-up (N = 17).

Scale	Pretest, Mean \pm SD	Follow-up, Mean \pm SD	Change in Mean	Z Statistic	P Value	Percent Change
Pain	2.41 \pm 2.06	1.94 \pm 2.16	-0.4706	-0.6489	.5164	-19.51
Happiness	7.71 \pm 1.93	7.94 \pm 1.82	0.2353	0.3659	.7144	3.05
Anxiety	7.47 \pm 4.29	6.53 \pm 4.59	-0.9412	-0.6172	.5371	-12.59
Depression	4.12 \pm 3.44	3.00 \pm 2.48	-1.1176	-1.0866	.2772	-27.14
PTSD	4.29 \pm 1.89	3.47 \pm 1.66	-0.8235	-1.3464	.1782	-19.18

Abbreviation: PTSD, posttraumatic stress disorder.

Table 4. Psychological Outcomes Postintervention Versus Follow-up (N = 17).

Scale	Posttest, Mean \pm SD	Follow-up, Mean \pm SD	Change in Mean	Z Statistic	P Value	Percent Change
Pain	1.41 \pm 1.46	1.94 \pm 2.16	0.5294	0.8361	.4031	37.5
Happiness	8.47 \pm 1.87	7.94 \pm 1.82	-0.5294	-0.8356	.4034	-6.25
Anxiety	6.53 \pm 3.92	6.53 \pm 4.59	0	0	1	0
Depression	3.35 \pm 3.64	3.00 \pm 2.48	-0.3529	-0.3704	.7409	-10.53
PTSD	3.76 \pm 1.75	3.47 \pm 1.66	-0.2941	-0.5022	.6155	-7.8125

Abbreviation: PTSD, posttraumatic stress disorder.

Discussion

This was the first study to examine the efficacy of EcoMeditation, a combination of 4 evidenced-based stress-reduction techniques. Participants experienced significant decreases in psychological symptoms of anxiety, depression, and pain, and an increase in overall happiness. RHR and cortisol were also significantly decreased. The brief length of the intervention did not result in changes in BP, HRV, and HC, although a downward trend was observed for PTSD and an upward trend was observed for SigA measurements (the levels of which vary in response to physical and psychological stress through interactions with the autonomic nervous system). A larger sample size and a longer intervention may affect these variables. Our findings show that meditation can affect psychological and physiological markers simultaneously, a result generally consistent with the results of previous studies of meditation. Other investigations find a strong association between anxiety and depression and physiological markers of stress.^{30,31}

A strength of the study was that it used both subjective self-report and noninvasive objective physiological markers. Measures of psychological stress such as anxiety, irritation, fear, worry, tension, or anger may be reflected in measures of physiological stress.³²⁻³⁴ The addition of physiological measures in psychological research is worthwhile as they provide objective data independent of the subjective self-reports of participants.

The study also points to the value of mediation as a medical intervention. Though not usually considered medical treatment, meditation affects a wide array of physiological markers. Cortisol and RHR in particular are regarded as markers of overall health, and improvement in these measures correlates with many other beneficial endocrinal, epigenetic, cardiovascular, and nervous system changes. While pharmacological treatments are available, they often have adverse side effects and

risks which are absent from non-drug interventions such as meditation.

Once the physiological changes associated with a stress-reduction method have been mapped and correlated with psychological markers, it is reasonable to assume that when later studies find psychological improvement, physiological improvement may be co-occurring. Changes in the levels of stress hormones such as cortisol and immune markers such as SigA are only possible when the expression levels of the genes coding for these complex protein molecules have altered. Interventions such as EcoMeditation may thus be considered in the category of epigenetic treatments.

EcoMeditation is unusual among meditation methods in that it does not rely on any prior training or a spiritual worldview. As an agnostic and physical cue-based system, it is acceptable to participants with a wide variety of ideologies and religious backgrounds. It can be learned in a single session and is easily incorporated into the lifestyles of even busy participants, with a minimal recommended dose of 15 min/day.

Limitations

Limitations of the study include the absence of a control or comparison group and the small number of participants. The effects obtained could have been due to nonspecifics present in any therapy, to the supportive nature of the group, to demand characteristics, to sympathetic attention, or to the stress-reducing effects of the residential setting. A study of participants at a wellness retreat found that the setting alone produced improvements in multiple dimensions of health.³⁵

The heterogeneity of ages in the sample limits the generalizability of the findings with regard to BP, since aging is associated with increased risk for hypertension. Furthermore, due to the small sample size, it was not possible to obtain statistically significant results for PTSD, HRV, HR, or BP at posttest. A

power analysis revealed that it would take a minimum of 44 participants to achieve results at a significance level of .05 and 90% power. Nonetheless, this initial study demonstrates that EcoMeditation is associated with beneficial change on a range of psychological measures during the experience itself, as well as heart rate and cortisol levels. Psychological symptom improvement was observed on follow-up as well, though because of attrition in the sample the results were not statistically significant. The US National Center for Complementary and Integrative Health has indicated meditation to be safe for healthy people and reports that it can rarely cause or worsen psychiatric symptoms.³⁶

Further research should investigate the potential of EcoMeditation in a number of dimensions. It is necessary to identify its effects as a stand-alone treatment independent of the residential settings used in this study and to determine the degree to which it is tolerated in medical settings such as hospitals and clinics. It would also be interesting to discover if it has a prophylactic effect, reducing patient risk for cortisol-related diseases such as cancer and BP-related conditions such as cardiac events. The findings of the current study suggest that EcoMeditation might be associated with changes in brain signaling, and electroencephalography could determine if it produces benefits such as increases in electroencephalography alpha, delta, and theta waves and reductions in beta. It might be investigated in larger populations, with heterogeneous demographic groups, and with delivery methods different from the group format employed in the present study. It lends itself to virtual therapies such as smartphone apps and social media sites. Finally, it is necessary to identify the minimum effective dose as well as the optimal dose required to produce the physiological benefits found in this study.

Conclusions

EcoMeditation is a nonpharmacological approach that teaches body-based skills in emotional and autonomic nervous system regulation. The practice of EcoMeditation may be associated with improvement in psychological symptoms, as well as with certain physiological markers of health, including resting heart rate and salivary cortisol levels. Future randomized controlled trials will assess whether the benefits to participants found in this pilot study are replicated when using rigorous experimental designs.

Authors' Note

The data in this study were presented at the conference of the Association for Comprehensive Energy Psychology, San Jose, CA, June 1, 2016.

Acknowledgments

The authors acknowledge funding for data analysis from Nick Ortner and Robert Hoss.

Author Contributions

GG and DB collected the data. Follow-ups were obtained by KB, and data was analyzed by RS. The PS and DC wrote the paper with the exception of the Results section, which was written by KB and RS.


Declaration of Conflicting Interests

The authors declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Dawson Church receives income from presentations and publications on the therapeutic approach described. The other authors declare that they have no conflicts of interest.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Data analysis was made possible by donations from individuals to the National Institute for Integrative Healthcare.

ORCID iD

Dawson Church, PhD  <http://orcid.org/0000-0001-7324-3140>

Ethical Approval

The study was reviewed for human subject protections and approved by the Ethics Committee of the National Institute for Integrative Healthcare (NIIH01152016).

References

1. Baer RA. Mindfulness training as a clinical intervention: a conceptual and empirical review. *Clin Psychol Sci Pract.* 2003;10:125-143.
2. Ospina MB, Bond K, Karkhaneh M, et al. Meditation practices for health: state of the research. *Evid Rep Technol Assess (Full Rep).* 2007;155:1-263.
3. Robins CJ, Keng SL, Ekblad AG, Brantley JG. Effects of mindfulness-based stress reduction on emotional experience and expression: a randomized controlled trial. *J Clin Psychol.* 2012;68:117-131.
4. Chambers R, Lo BCY, Allen NB. The impact of intensive mindfulness training on attentional control, cognitive style, and affect. *Cogn Ther Res.* 2008;32:303-322.
5. Ding X, Tang YY, Tang R, Posner MI. Improving creativity performance by short-term meditation. *Behav Brain Funct.* 2014;10:9.
6. Jain S, Shapiro SL, Swanick S, et al. A randomized controlled trial of mindfulness meditation versus relaxation training: effects on distress, positive states of mind, rumination, and distraction. *Ann Behav Med.* 2007;33:11-21.
7. Tang YY, Ma Y, Wang J, et al. Short-term meditation training improves attention and self-regulation. *Proc Natl Acad Sci U S A.* 2007;104:17152-17156.
8. Bohlmeijer E, Prenger R, Taal E, Cuijpers P. The effects of mindfulness-based stress reduction therapy on mental health of adults with a chronic medical disease: a meta-analysis. *J Psychosom Res.* 2007;68:539-544. doi:10.1016/j.jpsychores.2009.10.005.
9. Shapiro SL. The integration of mindfulness and psychology. *J Clin Psychol.* 2009;65:555-560. doi:10.1002/jclp.20602.

10. Matousek RH, Dobkin PL, Pruessner J. Cortisol as a marker for improvement in mindfulness-based stress reduction. *Complement Ther Clin Practice*. 2010;16:13-19. doi:10.1016/j.ctcp.2009.06.004.
11. Lush E, Salmon P, Floyd A, Studts JL, Weissbecker I, Sephton SE. Mindfulness meditation for symptom reduction in fibromyalgia: psychophysiological correlates. *J Clin Psychol Med Settings*. 2009;16:200-207. doi:10.1007/s10880-009-9153-z.
12. Creswell JD, Lindsay EK. How does mindfulness training affect health? A mindfulness stress buffering account. *Curr Dir Psychol Sci*. 2014;23:401-407.
13. Brown KW, Weinstein N, Creswell JD. Trait mindfulness modulates neuroendocrine and affective responses to social evaluative threat. *Psychoneuroendocrinology*. 2012;37:2037-2041.
14. Hölzel BK, Carmody J, Evans KC, et al. Stress reduction correlates with structural changes in the amygdala. *Soc Cogn Affect Neurosci*. 2010;5:11-17.
15. Fox KC, Nijeboer S, Dixon ML, et al. Is meditation associated with altered brain structure? A systematic review and meta-analysis of morphometric neuroimaging in meditation practitioners. *Neurosci Biobehav Rev*. 2014;43:48-73.
16. McCraty R, Zayas MA. Cardiac coherence, self-regulation, autonomic stability, and psychosocial well-being. *Front Psychol*. 2014;5:1090.
17. Church D. Clinical EFT as an evidence-based practice for the treatment of psychological and physiological conditions. *Psychology*. 2013;4:645-654. doi:10.4236/psych.2013.48092.
18. Davidson RJ, Kabat-Zinn J, Schumacher J, et al. Alterations in brain and immune function produced by mindfulness meditation. *Psychosom Med*. 2003;65:564-570.
19. Zotev V, Krueger F, Phillips R, et al. Self-regulation of amygdala activation using real-time fMRI neurofeedback. *PLoS One*. 2011; 6:e24522.
20. Church D. *WEL: Whole Energy Lifestyle. 1st ed.* Santa Rosa, CA: Energy Psychology Press; 2011.
21. Zigmond AS, Snaith RP. The hospital anxiety and depression scale. *Acta Psychiatr Scand*. 1983;67:361-370.
22. Abdel-Khalek AM. Measuring happiness with a single-item scale. *Soc Behav Pers*. 2006;34:139-150.
23. Bijur PE, Latimer CT, Gallagher EJ. Validation of a verbally administered numerical rating scale of acute pain for use in the emergency department. *Acad Emerg Med*. 2003;10:390-392.
24. Lang AJ, Wilkins K, Roy-Byrne PP, et al. Abbreviated PTSD Checklist (PCL) as a guide to clinical response. *Gen Hosp Psychiatry*. 2012;34:332-338.
25. Chiesa A, Serretti A. Mindfulness-based stress reduction for stress management in healthy people: a review and meta-analysis. *J Altern Complement Med*. 2009;15:593-600.
26. Church D, Feinstein D, Palmer-Hoffman J, Stein PK, Tranguch A. Empirically supported psychological treatments: the challenge of evaluating clinical innovations. *J Nerv Ment Dis*. 2014;202: 699-709.
27. Jahnke R, Larkey L, Rogers C, Etnier J, Lin F. A comprehensive review of health benefits of qigong and tai chi. *Am J Health Promot*. 2010;24:e1-e25.
28. Wagner-Moore LE. Gestalt therapy: past, present, theory, and research. *Psychotherapy*. 2004;41:180.
29. R Foundation for Statistical Computing. *R: A Language and Environment for Statistical Computing*. Vienna, Austria: R Foundation for Statistical Computing; 2014.
30. Steimer T. The biology of fear-and anxiety-related behaviors. *Dialogues Clin Neurosci*. 2002;4:231-250.
31. Goddard AW, Ball SG, Martinez J, et al. Current perspectives of the roles of the central norepinephrine system in anxiety and depression. *Depress Anxiety*. 2010;27:339-350.
32. Terluin B, van Marwijk HW, Adér HJ, et al. The Four-Dimensional Symptom Questionnaire (4DSQ): a validation study of a multidimensional self-report questionnaire to assess distress, depression, anxiety and somatization. *BMC Psychiatry*. 2006;6:34.
33. Thrall G, Lane D, Carroll D, Lip GY. A systematic review of the effects of acute psychological stress and physical activity on haemorrhology, coagulation, fibrinolysis and platelet reactivity: implications for the pathogenesis of acute coronary syndromes. *Thromb Res*. 2007;120:819-847.
34. Hall N, Altman F, Blumenthal S. *Mind-Body Interactions and Disease and Psycho Neuroimmunological Aspects of Health and Disease*. Chicago, IL: Health Dateline Press; 1996.
35. Cohen MM, Elliott F, Oates L, Schembri A, Mantri N. Do wellness tourists get well? An observational study of multiple dimensions of health and well-being after a week-long retreat. *J Altern Complement Med*. 2017;23:140-148.
36. National Center for Complementary and Integrative Health. *Meditation: An Introduction*. Bethesda, MD: National Center for Complementary and Integrative Health; 2010.