**Title: The Process of Acceptance of Complementary and Alternative Therapies (CATs) among Nurses: Grounded Theory Approach**

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**Abstract (300 word limits)**

**Statement of the Problem:** Chronic constipation is an annoyingly common bowel problem which has significant impact on health expenses and quality of life. Up to 50% of chronic constipation patients are outlet dysfunction type constipation, which divided into structural and functional causes. Functional defecation disorders include dyssynergic defecation (paradoxical contraction or failure to relax the pelvic floor and anal muscles during defecation). Patients with dyssynergic defecation are often unresponsive to traditional conservative medical treatments, and surgical methods have poor benefit and can lead to anal incontinence. Therefore, behavioral treatment such as biofeedback therapy is probably the best choice for this kind of functional disability. The purpose of this study: was to compare the efficacy of biofeedback therapy with standard therapy in dyssynergic defecation patients. Methodology & Theoretical **Orientation:** In a randomized clinical trial, in 19 dyssynergic defecation patients, before and after treatment, pattern of defecation during straining was assessed using MRI defecography and brain fMRI. **Findings:** this study showed that; the improvement of defecation function and pelvic floor motion indices (anorectal angle change and perineal motion) after biofeedback therapy have been associated with increased fMRI activity in Parietal Operculum, Insular Cortex, Lingual Gyrus and left Thalamus, during defecation compared with rest position. Also brain activation pattern in patients who had received Standard therapy didn’t change post-treatment and was; Central Opercular cortex, Insular and Orbitofrontal Cortex. **Conclusion & Significance:** The post-treatment alteration in brain activity pattern in biofeedback therapy group in comparison to standard therapy group during defecation was remarkable in this study. This change that coincides with increased relaxation of pelvic floor and sphincter muscles in biofeedback therapy group may reflect neural reorganization of the brain and changes in behavior, resulted from this approach.

**Image**

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**Recent Publications (minimum 5)**

1. Harper C (2009) the neuropathology of alcohol-related brain damage. Alcohol 44:136-140
2. Heilig M, Egli M (2006) Pharmacological treatment of alcohol dependence: Target symptoms and target mechanisms. Pharmacology and therapeutics 111:855-876.
3. LiX, SchwachaMG, ChaudryIH, ChoudhryMA (2008) Acute alcohol intoxication potentiates neutrophil-mediated intestinal tissue damage after burn injury. Shock 29:377.
4. Room R, BaborT, Rehm J (2005) Alcohol and public health. Lancet 365: 519-530.
5. Sullivan EV, Zahr NM (2008) Neuroinflammation as a neurotoxic mechanism in alcoholism: Commentary on “Increased MCP- 1 and microglia in various regions of human alcoholic brain”. Experimental neurology 213:10-17.



**Biography (150 word limit)**

Joshua has his expertise in evaluation and passion in improving the health and wellbeing. Her open and contextual evaluation model based on responsive constructivists creates new pathways for improving healthcare. She has built this model after years of experience in research, evaluation, teaching and administration both in hospital and education institutions. The foundation is based on fourth generation evaluation (Guba & Lincoln, 1989) which is a methodology that utilizes the previous generations of evaluation: measurement, description and judgment. It allows for value-pluralism. This approach is responsive to all stakeholders and has a different way of focusing.

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