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"Holistic nursing is a knowledge-based, conscious expression of caring, love, intention, presence, and more."

Veda Andrus, Ed.D., R.N. and Jane Yetter Lunt, M.Ed., R.N.
Alleviating Asthma With Mental Imagery
A Phenomenological Approach


While today's conventional medicine has begun to be more cognizant of the possibility of mind–body interactions and the importance of quality of life issues, it still almost totally ignores the “phenomenological” aspects of illness and its treatment. “Phenomenology” refers to the meaning of the “lived experience” at any given moment or instance of its occurrence. This “lived experience” is elucidated by analyzing subjects’ descriptions while scrupulously avoiding the predictive prescriptions and techniques used in quantitative methods. The phenomenological method of inquiry in the context of philosophy emerged in the latter part of the nineteenth century in the writings of Brentano and was further developed by Husserl and Heidegger, both cited by Drs. Parse, Coyne, and Smith. Instead it allows a study of the essence of conscious experience including its structure.

This paper presents a phenomenological analysis of mental imagery in patients with asthma. One of the authors (Dr. Epstein) has extensive clinical experience in the use of imagery in the treatment of this illness. Furthermore, asthma is an important public health issue, because of its increase in prevalence and morbidity despite a variety of conventional treatments that are available. In addition, little attention has been given to the phenomenological aspects of asthma treatment.

Study Methods
Overview—Study Begins with Three Key Questions
Participants were asked to provide written responses to three statements designed to provide raw material for phenomenological analysis of three research questions. The 17 subjects who had completed the imagery arm of a study of the effects of guided imagery on asthma funded by the National Institutes of Health (NIH) were contacted. Fourteen of these provided written responses.

The NIH study was a controlled one in which subjects were randomized into an imagery arm that met with Dr. Epstein and a control arm that met with the study coordinator. Subjects in the imagery arm met with Dr. Epstein for imagery sessions at weeks 1, 4, 10, and 16. The first imagery session was one hour in duration. Subsequent sessions were one-half hour. At each of these time points, a variety of questionnaires were administered regarding asthma symptoms, medication use, and psychosocial function, and patients were assessed by spirometry. In addition, data were collected regarding daily peak flows and medication use. In all cases, informed consent was obtained and the project was approved by the Lenox Hill Hospital and Hunter College, City University of New York (both in New York City) institutional review boards.

Two months after the conclusion of the study, subjects in the imagery group were contacted by the research coordinator via telephone and were invited to participate in a phenomenological qualitative study. After informed consent was obtained all participants were sent materials with identification (ID) numbers that were not connected to either their names or previous identification numbers to ensure their anonymity.

Participants were asked to provide written responses to statements corresponding to each research question.

Research Question 1. What are the common elements in experiencing the meaning of mental imagery as a treatment for disease?
Statement to Participant. Describe the meaning that the experience of imagery has had for you during this research study.

Research Question 2. How and why is mental imagery experienced as valuable in the treatment for disease?

This research was funded by the OAM of the NIH.
Asthma is an important public health issue, because of its increase in prevalence and morbidity despite a variety of conventional treatments that are available.

Statement to Participant. Describe one time during this study when the imagery experience had particular value for you. Write everything you can remember and include all your thoughts and feelings. Tell us how and why you think the imagery helped you.

Research Question 3. If mental imagery facilitates the experience of power, what are common elements of power experienced in relation to imagery?

Statement to Participant. If imagery helped you to feel a sense of personal power in your life, please describe what this has been like for you. Share all the thoughts, perceptions, and feelings of power you can recall until you have no more to say.

The responses obtained were analyzed as described below.

How the Responses Were Analyzed

A number of variations on the basic phenomenological approach are currently in use, as described by Drs. Spiegelberg, Giorgi, Parse, and van Kaam.1,4-6 The method used in this study is similar to that employed by Dr. van Kaam. Ordinary data collection continues until “saturation” (“not hearing anything new”) is reached.7 However, in this current study, sample size was determined by the number of patients enrolled in the study of effects of imagery on asthma, i.e., an endpoint other than informational adequacy was employed. No time allowance was specified and the only directions given to the respondents were those included in the statements. The only requirements for participation were that subjects be willing and able to provide written information regarding the phenomena experienced.7

Data analysis involves “contemplative dwelling with the data.”2 This involves “the undistracted reading and rereading of the descriptions,... [which] frees the researcher to be open to both the tacit and explicit messages in the data.”2 Dr. van Kaam described how researchers, after intuiting, analyzing, and describing, then abstract descriptive expressions, identify and name elements common to the respondents, and identify the structural definition or structural description of the phenomenon as a lived experience.6 Judges are used for verification of findings.2

In certain phenomenological methods “bracketing” of prejudgments is employed in an attempt to preclude the researcher’s exclusion of aspects of the phenomenon.2 However, advocates of other approaches maintain that bracketing is not possible and suggest immersion in one’s theoretical beliefs as a portrait lens.8 The current study was influenced by both perspectives with bracketing attempted during the early phases of analysis but increased attention being given to the authors’ theoretical stance in the later parts of the analysis.

Data were systematically analyzed as follows:

1. In stage 1, two members of the research team independently read and recorded all relevant comments of individual participants verbatim, coding them to the participants’ anonymous ID numbers to allow for later independent verification by the other researcher. The two researchers then met and compared their recording of responses for each participant. Inter-rater reliability was estimated at a 95 percent rate of agreement.

2. In stage 2, Dr. Barrett, who had not met with the participants at any time during the study, collated the comments of the participants and extracted themes or common elements. This was accomplished through contemplative dwelling with the data along with the processes of intuiting, analyzing, and describing. The same process was performed by Ms. Phillips, who had met the subjects but was blind to the code. Comparison of the results indicated that both readers had developed similar themes (common elements). Because themes abstracted by Ms. Phillips could be subsumed under those identified by Dr. Barrett, Dr. Barrett’s themes were selected for further use.

3. Finally, in stage 3, the three formal research questions were answered by the development of three structural descriptions of the phenomena as lived experiences.
The use of imagery involved subjects being active participants in treatment rather than passive recipients of treatment.

experiences. One coauthor, Dr. Halper, who had not been involved in the qualitative study prior to completion of data analysis, served as a "judge" and followed an audit trail through the data collection and data analysis phases. He verified that the researchers’ conclusions were plausible based on the data.

Imagery Protocols: Helping Subjects to Visualize

The imagery was individualized for each patient and consisted of one exercise or a combination of exercises selected from seven imagery exercises that have been used by Dr. Epstein for asthma in his clinical practice. The choice was based on the investigator’s clinical assessment, i.e., the imagery protocol employed was chosen by criteria used in Dr. Epstein’s standard clinical practice. These exercises were to be done three times a day for one to two minutes for cycles of twenty-one days followed by a seven-day period of no imagery activity. Instructions for each imagery exercise included the following:

- “Taking a Weight Off Your Chest.” Close your eyes and breathe out three times slowly. See and sense a weight on and in your chest. Feel and sense the constriction it gives you. Breathe out one time slowly and remove this weight. See and sense your lungs expanding and filling with white light as you find your breathing becoming easy and flowing. Then, open your eyes. [Note: In addition to its scheduled use, this exercise was to be done at any time chest constriction was sensed.]

- “Cleaning the Airways.” Close your eyes and breathe out three times slowly. Taking a light with you, enter your body through your mouth and see your way to your bronchial tree. See the mucus that has accumulated there and its color. Now, see a big glass syringe with a golden bulb at the end, suck up and out all the mucous deposits, and put the waste in a container that you have with you. After finishing, imagine a golden air gun and spray a jet of warm air throughout the bronchial tree, making the whole area dry. Use your light to see everything that you are doing. Then, breathe in pure oxygen in the form of white light. See and sense your chest wall and rib cage expanding, the lungs expanding like a bellows in all directions—up and down, front to back, left to right—allowing your lungs to fully expand and fill with this white light. Sense your diaphragm descending to receive the full lungs. Then, see your lungs contracting, as the bellows contracts, forcing out all the carbon dioxide that comes out as a black stream. At the end of your exhalation, squeeze your lungs with transparent fingers to get rid of the last bit of trapped carbon dioxide, expelled as a jet of black smoke. Repeat this “bellows breathing” two more times. Then, come out the way you came in, using your light to see the way, and take the waste container with you. When you are outside of your body, bury this container in the earth. Then, breathe out slowly and open your eyes.

- “New Lungs.” Close your eyes and breathe out three times slowly. See, sense, and feel your stomach flipping and coming above your diaphragm into your chest. Breathe out one time slowly and see your stomach split in two vertical pieces, each piece becoming a new lung. See the new lungs jump into place. Breathe out slowly and open your eyes, sensing the easy breathing these new lungs give to you.

- “The Birch Tree.” Close your eyes and breathe out three times slowly. See and sense yourself taking a bath using the essence of birch tree. Sense and feel its active elements penetrating through your skin and cleaning out your lungs of all dirt. Now, see the heart, and the rest of the body, becoming cleansed. Now, see your lungs becoming a beautiful clear color. Open your eyes.

- “Exorcism.” Close your eyes. Breathe out three times. See yourself in a mirror, nude from the neck down. In the mirror, with your right forefinger (use your left forefinger if you are left handed), touch on and into your chest from the front all the way around to the back, making a complete circle. Now touch the area of greatest discomfort and see who is stopping you from breathing properly; that is, see whose face appears in the area. Who is restricting your breathing? What color appears there? Breathe that color out via long, slow exhalations while removing from the area whomever you’ve seen, at first as gently as you can. If the person does not leave easily, use increasing force, going from the gentle to the vigorous, perhaps eventually going so far as to use a golden scalpel to cut out the person. As you are removing this person, tell him or her that he or she is no longer permitted to stay in your body, that he or she has to leave and to stay at a far distance from your body; that he or she will no longer be welcome in your body and will never be allowed to enter your body again. After the removal, see yourself in front of the mirror becoming very, very tall and reaching your hands and arms far up into the sky, all the way to the sun. Take a piece of the sun in your palms and place it in the space just vacated. See the area healing, and see in the mirror how you look and feel. Then, push this image away to the right (or left if you are left handed), out of the mirror with your right hand (left hand if you are left handed), then, put your clothes back on, breathe out once, and open your eyes, knowing that you are breathing easily.

- “Pine Forest.” Close your eyes. Breathe out three times and see yourself in a pine forest. Stand next to a pine tree and breathe in the aromatic fragrance of the pine. As you breathe out, sense this exhalation traveling down your body and going out through the soles of your feet. See the breath exiting as gray smoke and being buried deep in
The meaning of the imagery experience was the realization that the mind can be used to change certain aspects of health—not just asthma, but whatever arises.

Table 1. Common Elements With Descriptive Expressions

<table>
<thead>
<tr>
<th>Active Participation</th>
<th>Power Enhancement</th>
<th>Feelings</th>
<th>Insights</th>
<th>Effectiveness</th>
<th>Medical Model</th>
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<tbody>
<tr>
<td>&quot;I was able to direct my attention inward...and tap into inner resources, talents, and strengths that were dormant and unused due to fear, anxiety, and low self-esteem.&quot;</td>
<td>&quot;I have power over allowing my breathing to be labored and developing into an asthma attack.&quot;</td>
<td>&quot;safe&quot;</td>
<td>&quot;Realized...my fears and worries weren't unique to an asthmatic.&quot;</td>
<td>&quot;Enabled me to know that an asthma attack can be alleviated or controlled without using an inhaler.&quot;</td>
<td>&quot;Many of my pulmonary doctors were fanatical in their treatment approaches. One told me unless I took cortisone, he would never treat me again because he didn't want my death hanging over him.&quot;</td>
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<td>&quot;Through imagery there was a feeling that now I would be able to reduce my medication, especially steroids.&quot;</td>
<td>&quot;Imagery gave me the opportunity to take control of my own beliefs and my life in general.&quot;</td>
<td>&quot;secure&quot;</td>
<td>&quot;Looked at the deep patterning and beliefs about the causes of my asthma and I was able to work at changing them.&quot;</td>
<td>&quot;It worked in the sense of increasing my peak flow volume after doing it.&quot;</td>
<td>&quot;Not willing to take all the 'bull' from the doctors.&quot;</td>
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<td>&quot;Imagery is a pathway to freedom; it holds the potential for more happiness.&quot;</td>
<td>&quot;Imagery has empowered me.&quot;</td>
<td>&quot;peaceful&quot;</td>
<td>&quot;Gave me another avenue to consider in healing all my ailments including my asthma.&quot;</td>
<td>&quot;Imagery works as long as you do it in a consistent manner with focused attention.&quot;</td>
<td>&quot;Many times was overmedicated unnecessarily with antibiotics and cortisone.&quot;</td>
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<td>&quot;Imagery has given me a tool...the ability to participate in my own therapy from within—opening new doors and awarenesses.&quot;</td>
<td>&quot;Handled myself in the hospital not as a victim but as someone in charge of my life.&quot;</td>
<td>&quot;excited&quot;</td>
<td>&quot;A good balance must be used between traditional medicine and imagery.&quot;</td>
<td>&quot;I was off medication for six months. It felt great. Later returned to medication. I was so disappointed.&quot;</td>
<td>&quot;The standard medical model alone is not the most effective way to manage a chronic condition like asthma. Tools like imagery are needed as well so the patient can be a proactive participant in his or her asthma management plan.&quot;</td>
</tr>
<tr>
<td>&quot;The meaning of imagery is probably that we can all take more charge of our lives and especially our healing than we thought we could.&quot;</td>
<td>&quot;Feeling of hope.&quot;</td>
<td>&quot;Imagery helped me cope with asthma as a chronic condition whereas medication merely treats the symptoms.&quot;</td>
<td>&quot;A good balance must be used between traditional medicine and imagery.&quot;</td>
<td>&quot;Imagery led to tremendous improvement in my asthma and quality of life.&quot;</td>
<td>&quot;Tools like imagery are needed as well so the patient can be a proactive participant in his or her asthma management plan.&quot;</td>
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<td>&quot;My self-confidence and esteem strengthened.&quot;</td>
<td>&quot;Reduction in my stress level.&quot;</td>
<td></td>
<td></td>
<td>&quot;The standard medical model alone is not the most effective way to manage a chronic condition like asthma. Tools like imagery are needed as well so the patient can be a proactive participant in his or her asthma management plan.&quot;</td>
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"Light in the Lake." Close your eyes, breathe out three times slowly, and go to the bottom of a lake, breathing in easily and exhaling slowly, as you enter the lake and go under water. Sit on the lake bottom, quietly enveloped by golden light. Afterward, leave the lake and sit under a maple tree near the lake. Take a maple leaf, touch it, and experience its texture. Then, enter into the leaf and become one with the breathing process of the leaf. Next, leave the leaf, knowing that your breathing is regulated. Open your eyes.

Results: Subjects Say

Imagery Exercises Are Helpful

The subjects’ answers to the three research questions included common elements as shown in Tables 1-3. Also shown are verbatim examples of quotations forming the data set employed to identify them. Although the comments were prolific, space constraints allow only a small representative sample to be included.

Research Question 1: The Meaning of the Experience of Imagery

Participants were asked to describe the meaning that the experience of imagery had for them as a treatment for bronchial asthma during the quantitative study. Several themes emerged:

- The use of imagery involved subjects being active participants in treatment rather than passive recipients of treatment.
- Mental imagery could be used as a tool by the subjects to enhance their sense of power.
- Imagery led to new feeling states.
- Imagery led to new insights.
- Imagery was effective.
- Imagery contrasts with the conventional medical model of treatment.

See Table 1 for sample quotations. For all three research questions, decisions regarding placement of items under common elements were occasionally arbitrary because of overlap, i.e., the meaning of the item related to more than one category of response.

Active participation. Imagery was experienced as a participatory pathway to freedom that held potential for greater health and happiness. The meaning of the imagery experience was the realization that the mind can be used to change certain aspects of health—not just asthma, but whatever arises. Imagery required persistent practice. This led to changes in beliefs about the causes of asthma.
The imagery experience was "powerful" and "empowering."

Enhancement of sense of power. The imagery experience was described as "powerful" and "empowering." It meant having power to sometimes prevent the development of an asthma attack or to decrease labored breathing. Imagery resulted in the subjects gaining an increased confidence in having a greater capacity for taking charge of one's life and one's healing than previously recognized.

New feeling states. Many feelings that conveyed the meaning of the imagery experience were reported. There were also occasional negative feelings such as guilt about not practicing the exercises and disappointment that the exercises had not been individualized.

New insights. New insights ranged from

Table 2. Common Elements With Descriptive Expressions

<table>
<thead>
<tr>
<th>Feelings of Security</th>
<th>Discoveries (Including Origin and Triggers of Asthma)</th>
<th>Efficacy of imagery</th>
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<tbody>
<tr>
<td>&quot;I started to wheeze when getting into a swimming pool...I concentrated on breathing and imaging a calming atmosphere and no shortness of breath. After a few minutes, the wheezing stopped, and I was able to stay in the water and enjoy myself.&quot;</td>
<td>&quot;Most interesting was the degree to which I could get into my body. My lungs seemed to get bigger during the course of the study.&quot;</td>
<td>&quot;It helped by the cause-and-effect relation of thinking, stopping, [and] paying attention to the physical response in a controlling way.&quot;</td>
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<td>&quot;While having an asthma attack on the subway, I was in that panic and I could not be sure I would get home if I turned around and tried to get back to my house. I decided to try the imagery exercise in an attempt to clear my chest so I could at least get to my office. The imagery exercise helped me to shut off the panic process and regulate my breathing. I was so much calmer that I was able to negotiate the stairs and make my way down the street. I felt reassured that I could have some control over the situation and that feeling allowed me to get through that small trip which in turn allowed me to work that day. I felt hopeful and optimistic that I could do my job despite the attack and not be panicky and helpless.&quot;</td>
<td>&quot;The imagery exercise had to do with identifying who or what was impeding my breath. I immediately identified my father (I would have expected it to be my mother) as the suffocating force. I reacted with genuine surprise and anger. I pursued working on these feelings of anger in my own personal psychotherapy sessions and I found that valuable.&quot;</td>
<td>&quot;The imagery gave me something else to do when I felt myself losing breath other than reach for my inhaler.&quot;</td>
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<td>&quot;Just knowing about it [imagery] gave me a sense of hope. It did help to a certain point, before the asthma got completely out of control.&quot;</td>
<td>&quot;I experienced a personal crisis...Imagery relieved stress and 'centered' me. Somehow the crisis lessened and I was left with a sense of hope.&quot;</td>
<td>&quot;The imagery helped me by changing my own memories stored in the computer of my mind. Imagery gave me opportunities to experience new ways of being and feeling from within on a body, mind, and spirit level. This value is just incredible.&quot;</td>
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<td>&quot;I believe the imagery got me through a severely dangerous attack.&quot;</td>
<td>&quot;During one session with Dr. Epstein, he asked me a lot of questions about what was going on in my life. It struck me for the first time how connected my asthma was to my mental state...I tend to get the few asthma attacks that I do get at high-stress times.&quot;</td>
<td>&quot;Imagery promotes relaxation, helps you rewrite some of the 'negative programming' we all walk around with.&quot;</td>
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<td>&quot;The greatest part was that six-month period when I was free of medication. I felt good about being free.&quot;</td>
<td>&quot;I used my imagery as a way to make the medications more potent and I believe this speeded up my recovery.&quot;</td>
<td>&quot;I once had an attack without my inhaler and used imagery of an inhaler and it controlled the attack. I'd never had an experience like that in my life.&quot;</td>
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<td>&quot;My asthma was more out of control than it had ever been. When I got to Dr. Epstein's office, I was wheezing and I was tempted to pull out my inhaler. I didn't! After the first run-through I didn't need the bronchodilator. The dramatic difference in my breathing 'before and after' imagery made a tremendous impression on me. Not only did I realize that I could begin to learn to control my asthma with tools other than medication, but I began to gain the self-confidence needed to gain that control.&quot;</td>
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Imagery was viewed as an important healing modality for people who dislike taking "too many medications" or "have no insurance" (i.e., it was considered to be cost-effective).

Research Question 2:
How and Why Imagery Was Valuable
Participants were asked to describe one time during the study when the imagery had particular value. We asked them to include how and why they thought the imagery helped them. All respondents described such a situation, many involving crises. Themes that emerged included feelings of security, discoveries regarding the pragmatic to the profound. Subjects learned that directed, focused imagination can lead to unexpected, personal, individualized, meaningful directions.

Effectiveness of imagery. While participants described various opinions about the effectiveness of imagery, only one subject indicated that it was ineffective. Imagery was viewed as an important healing modality for people who dislike taking "too many medications" or "have no insurance" (i.e., it was considered to be cost-effective). Some participants advocated combining conventional medical treatment and imagery; others said that they discontinued medication.

Medical model. Describing the meaning of the experience of doing imagery exercises brought forth numerous unsolicited comments about the contrast between imagery and conventional treatment methods. In summary, it was noted that, as one patient commented, "the medical model is not the most effective way to manage a chronic condition like asthma; tools like imagery are needed as well so that the patient can be a proactive participant in his or her asthma management plan."

Table 3. Common Elements With Descriptive Expressions
Power in Relation to Imagery

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Choices</th>
<th>Freedom to Act Intentionally</th>
<th>Involvement in Creating Changes</th>
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</thead>
<tbody>
<tr>
<td>&quot;It did help me to feel a sense of personal power just knowing that there was something else besides taking a lot of medication.&quot;</td>
<td>&quot;Sometimes when I awake in the morning, I start to wheeze. Instead of reaching for medication, I try to do imagery. Many times the wheezing stops.&quot;</td>
<td>&quot;By being able to control an asthma attack with imagery, I don't have the fear of dying from an attack one day because I was without an inhaler.&quot;</td>
<td>&quot;I felt as if I could use this experience in other areas of my life and relationships whenever I felt helpless and powerless. I had been given something very valuable.&quot;</td>
</tr>
<tr>
<td>&quot;I realized how strong my mind is and how much more powerful I can be.&quot;</td>
<td>&quot;If I have to have an asthma attack, at least I don't have to dwell on all the miserable details.&quot;</td>
<td>&quot;An increase in personal power was one of the most noticeable changes I felt during the period I did the imagery. I no longer felt totally helpless because of my health problems. There was something I could do that was all my own.&quot;</td>
<td>&quot;I feel I am doing something positive and helpful rather than moping and focusing on how difficult my breathing has become.&quot;</td>
</tr>
<tr>
<td>&quot;Allergies and asthma occurred after I overworked and physically and mentally had exhausted myself.&quot;</td>
<td>&quot;Doctors don't have all the answers and they're not God. I have to rely on my own intuition and gut feelings because no one knows my body, mind, and spirit as well as I do.&quot;</td>
<td>&quot;I felt as if I was in charge of my life again. I had not surrendered my life to the doctors, pills, and sprays.&quot;</td>
<td>&quot;I felt a sense of personal power because I no longer had to rely on just medications to heal my body.&quot;</td>
</tr>
<tr>
<td>&quot;Most important is the sense of control which often accompanies the imagery and lingers for a time afterwards. 'Control is power' and I mean this in the most positive sense of the term.&quot;</td>
<td>&quot;While I still take a steroid inhaler, I feel like I have more input into controlling my asthma.&quot;</td>
<td>&quot;It had been helping me to communicate more of my deepest feelings to people that used to patronize me.&quot;</td>
<td>&quot;It is my personal belief that imagery practiced diligently can transform a person's life. I received a taste of that transformation during the study.&quot;</td>
</tr>
<tr>
<td>&quot;It's difficult to describe the feelings of power. I guess the shift is from 'victim/helpless' mode to 'mastery' mode. It is extremely satisfying.&quot;</td>
<td>&quot;As long as I continue my imagery exercises, I can cut down the inhaler. This makes me feel I have some say in my progress of controlling my asthma.&quot;</td>
<td>&quot;Imagery meant 'the power to be free.'&quot;</td>
<td>&quot;After a week or so of regular imagery sessions, I did feel an increased sense of personal power. It was like tapping into an energy source I was aware of previously but had rarely experienced.&quot;</td>
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<td>&quot;I find it much more encouraging to be a part of the process to control my asthma as opposed to the feeling that my traditional doctors have given me that I must be on inhalers for a long time.&quot;</td>
<td>&quot;I can go anywhere and know that I need not be 'afraid' I am going to have an attack.&quot;</td>
<td>&quot;I have become an active participant and decision maker in creating and managing my asthma. Before the study I was a passive taker of medication but not always particularly compliant.&quot;</td>
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</table>
Feelings of security and feelings of self-confidence were generated by knowing that imagery can be done anywhere, is always available, and there is no “fear of forgetting to bring it.”

the origin or trigger of asthma, and the efficacy of imagery. Table 2 includes samples of verbatim descriptions.

**Feelings of security.** Feelings of security and feelings of self-confidence were generated by knowing that imagery can be done anywhere, is always available, and there is no “fear of forgetting to bring it.” Participants described situations in subways, buses, swimming pools, offices, hospitals, where imagery “stopped wheezing,” “overcame panic attacks” and “chest infections” or “allergic response,” potentiated the effect of medication, worked when medication failed during an attack, and promoted relaxation.

Discoveries regarding origin and triggers of asthma. Some subjects reported discovering the origin and triggers of their asthma during the course of the study. For example, one person identified his father as the “suffocating force,” reacting with “genuine surprise and anger”; this was dealt with in personal psychotherapy and “that was valuable.” Another person for the first time connected the asthma attacks to a “mental state of high stress.”

Mechanisms underlying efficacy of imagery. Several persons described how they thought imagery helped them. These examples included statements such as “imagery helps change memories stored in the computer of the mind” and “imagery is a powerful focus for the mind to heal the body.” One participant who had forgotten the inhaler had an asthma attack. The participant used imagery to create an inhaler and was astonished when the attack vanished.

Research Question 3:
**Power in Relation to Imagery**

We asked whether or not imagery had helped subjects feel a sense of personal power, and, if so, to describe this experience. All but two people indicated that imagery enhanced their feelings of personal power.

Interestingly, all responses could be categorized under the four concepts of Dr. Barrett’s power theory. It must be noted that no attempt was made to relate the responses to this power theory in the initial stage of the analysis. However, after all responses were listed, it was determined that the power concepts provided a comprehensive classification framework.

Power is defined as the capacity to participate knowingly in change as manifested by awareness, choices, freedom to act intentionally, and involvement in creating changes. It is the interrelationships of the four concepts that constitute power.

Power is being aware of what one is choosing to do, feeling free to do it, and doing it intentionally. Note that all four categories are dimensions of power. Table 3 includes examples.

Awareness. An awareness emerged for the strength of the mind and its potential for being a powerful trigger for enhanced confidence, esteem, and self-worth. Another awareness involved recognizing that the asthma attacks can be triggered by overwork and mental and physical exhaustion.

Some felt power and hope from just knowing there was another treatment option and that imagery could be, in the words of one patient, the “cure” of many long-term illnesses. One individual, however, felt power diminished when there was little change in daily peak flow readings.

Choices. One participant told us that one can choose to use one’s will through imagery to focus on inner strength that can then be used in healing oneself. Although the daily imagery regimen required effort, choosing to do this resulted in an increased sense of power.

Freedom to act intentionally. The feeling of freedom to act intentionally manifested in various ways. These included beliefs that power came from the “discipline of persisting in doing the imagery,” and that “power is a profound shift into freedom.”

Involvement in creating changes. Many comments centered on feeling powerful through taking action. These included becoming an active participant and decision maker in managing the asthma, as well as doing something positive and useful to change the self and life.

Structural Descriptions

In an effort to answer the research questions and as a conclusion to data analysis, structural descriptions were intuited from the process of dwelling with the data. It should be noted, however, that while saturation appeared to be approached, the design of the study precluded assessment of whether or not it was actually reached (vide supra).

Research Question 1. What are the common elements in experiencing the meaning of mental imagery as a treatment for disease?

Structural Description. The meaning of mental imagery is experienced as the realization that through an imaginative directing of attention and concentration, dormant inner resources, talents, and strengths are activated for participation in healing one’s body and mind. Imagery is experienced as a pathway to freedom accompanied by the experience of a multitude of feel-
Patients reported an increase in self-reliance and less dependence on the medical establishment, and imagery also enabled subjects to distance themselves from the discomfort and discouragement that is associated with being “asthmatic.”

Power is a profound shift into freedom. An increase in personal power is one of the most notable changes accompanying the use of mental imagery.

Discussion

The results may be summarized as follows. In general, subjects reported that use of mental imagery deepened their understanding of asthma and increased their ability to be active participants in its treatment. In addition, several patients reported that use of imagery led to an awareness of a variety of previously unappreciated conflicts that were salient to their illnesses and other aspects of their lives.

With respect to the first research question, “Describe the meaning that the experience of imagery has had for you...,” patients reported an increase in self-reliance and less dependence on the medical establishment. Imagery also enabled subjects to distance themselves from the discomfort and discouragement that is associated with being “asthmatic.” Not surprisingly, subjects felt themselves to be more active participants in control of the illness, and, in many cases, this sense of an ability to participate actively was generalized beyond asthma.

Answers to the second question, in which patients were asked to describe a time when imagery was particularly valuable and to describe how it helped, provided interesting insights into potential mechanisms for its effects. Patients appreciated the freedom they associated with not having to rely on an external treatment (i.e., their inhalers) that could, of course, be forgotten or otherwise not available when needed, and further appreciated being able to rely on their own inner resources to abort or modify an asthma attack. It will be important to determine if these self-reported perceived modulations of attacks were accompanied by changes in pulmonary function; further studies are under way in this regard. In addition, several subjects reported that they experienced new insights regarding the relationship between emotional processes and asthma. Mind–body interactions were consistently cited by participants as being a likely mechanism for the salutary effects of imagery.

A third question dealt with whether mental imagery increased subjects’ sense of personal power. While no subjects were familiar with Dr. Barrett’s theory of power and the Power as Knowing Participation in Change Tool (PKPCT), a structured instrument measuring four dimensions of power, the spontaneously generated replies fit well with this theory, and the PKPCT scale. Although this could be attributed to incomplete “bracketing” by the readers who, of course, were familiar with the theory and test, this explanation is unlikely. One author (Dr. Halper), who followed an audit trail to verify the findings, was only minimally familiar with the theory and the quotes given as examples are certainly consistent with it. The most likely explanation for the observed congruence is that the power concept developed and validated for a variety of situations and illnesses also generalized to asthma.

Patients Gain Control Over Asthma

In addition to this overall benefit, subjects reported benefits specific to the asthma experience. For example, one subject stated that imagery “lessened the burden of asthma in my life.”
A daily imagery regimen opened up possibilities for life transformation by preventing or aborting dangerous asthma attacks, allowing patients to feel safe, secure, and powerful.

One of the consistent recurring themes resulting from imagery was that of a belief in the ability of imagery to influence physical and emotional elements relating to asthma; e.g., patients reported substituting imagery exercises for medication. Some subjects, including some who neither reduced medication consistently nor discontinued it, reported aborting asthmatic episodes by performing imagery in response to the appearance of prodromal symptoms or when medication failed.

Not surprisingly, increased feelings of control were frequently reported. Subjects stated that imagery provided them with an increased ability to “take charge of my life” in general. With regard to asthma per se, subjects reported that utilization of imagery decreased the fear and panic which had previously accompanied asthmatic exacerbations and exacerbated their symptoms. The subjects’ use of imagery reduced the inner experience of losing control and thus helped diminish the impact of asthmatic symptoms.

Imagery also increased subjects’ hope about “overcoming” asthma, which replaced feelings of hopelessness and/or resignation about the ongoing, seemingly ceaseless asthma attacks that were not eliminated by medication. The participants were grateful for having been given an alternative to the medication regimen.

Healing vs. Cure

Of interest, and what may be important, was the frequency with which subjects’ imagery focused on the overall “healing” of asthma rather than merely on symptom relief or “cure.” Healing is defined as a coming into “wholeness,” in which there is an integration of physical, emotional, mental, moral, and social factors, i.e., a forging of unity of body and mind; active participation by patients in the treatment; improvement in patients’ interactions with their environment; and a focus on health restoration, maintenance of health, and prevention of disease. Cure, on the other hand, is a process focusing on physical or mental symptoms with the intent to remove them in order to restore the patient to a previous state of physical and/or mental functioning. Because “cure” or symptom relief was viewed as the focus of medication-based treatments, several subjects suggested that the combination of medication and imagery might be synergistic.

Empowerment for Healthy Change

In terms of power, imagery was clearly a power-enhancing experience for persons with asthma. Imagery was described as “the power to be free” consistent with Dr. Barrett’s theory of power. In this paradigm power is defined as the capacity to participate knowingly in change and results from the four interrelated dimensions of awareness, choices, freedom to act intentionally, and involvement in creating changes. These four dimensions of the power theory appeared prominently in the patients’ reports. In the context of this study, power was focused on imagery as a health-promoting action. Imagery was a freely chosen, powerful means of involvement used in an attempt to effect a change in health.

Participants’ phenomenological reports were clearly consistent with that aspect of Dr. Barrett’s theory of power focusing on a mutual process of persons and their environment in situations in which outcomes are unpredictable, and there is no control, only the power to participate in creating change through aware, free, intentional choices. Our findings suggest that mental imagery can be an important tool to enhance personal power allowing a shift from the victim/helpless mode to the mastery mode. Power came from choosing to use one’s will through imagery to focus on healing oneself. Mental imagery was experienced as a participatory pathway to freedom and as a means of involvement in creating greater health and well-being. Imagery operationalized the capacity for taking charge of one’s life through proactive participation in the asthma treatment plan. This daily imagery regimen required effort; such discipline opened up possibilities for life transformation. It was seen as a tool that, if practiced diligently, might, by preventing or aborting dangerous asthma attacks, allow one to feel safe, secure, and powerful.

While some subjects failed to report subjective benefit, no one reported side effects although one subject reported frustration and disappointment in an inability to follow through on the exercises. This is consistent with Dr. Epstein’s experience of twenty-two years with thousands of patients applying his imagery methods.

Reducing the Need for Medication

In addition, results from the larger controlled study, which allowed comparison of an asthma control (no imagery) group to the asthmatic patients using imagery, who were described herein, indicated that 47 percent of the imagery group significantly decreased or discontinued medication. The corresponding figure for the control group was 18 percent (only decreased, none discontinued). The two groups were statistically different at \( \chi^2 = 4.66, P < 0.05 \). It should be noted that those subjects who did stop medications
Forty-seven percent of the imagery group significantly decreased or discontinued medication, and the corresponding figure for the control group was 18 percent.

showed neither an increase in pulmonary function prior to medication discontinuation nor a fall in these parameters following discontinuation. In addition, long-term follow-up studies are being conducted to determine the relationship between pulmonary status, medication status, and continued use of imagery.

**Changing Patients' Perceptions of Asthma**

Regardless of the effect of mental imagery on pulmonary function, findings of this phenomenological study indicate that participants using mental imagery as a treatment for asthma changed their perceptions of the illness. This provides support for Dr. Epstein's premises that beliefs create experience and change perceptions, and that beliefs are changed through mental imagery.

A longer-term study will be useful to determine the relationship of patients' phenomenological experience of asthma to overall outcome, independent of associated changes in pulmonary function. In this regard, a recent study has underlined the potential importance of symptom perception per se in patients undergoing aggressive chemotherapy for renal cell carcinoma, melanoma, and colon carcinoma. Pathophysiology as assessed by APACHE II (Acute Physiology and Chronic Health Evaluation) was not significantly correlated with individuals' perceptions as assessed using the Symptom Distress Scale. Adaptation to the stress of illness as assessed by the Sickness Impact Profile was more linked to the person's experiencing of distressing physical symptoms than to the indicators of physiologic status. Most importantly, perceptions of symptoms and psychosocial adaptation were correlated with survival at six months and not with actual physiologic status. If a similar effect occurs in asthma, this points to the potential importance of the observation that 86 percent of participants indicated that using mental imagery improved their quality of life and gave them a sense of personal power as assessed by the following two forced choice questions: Has using imagery during this study: (1) improved your quality of life? or (2) given you a sense of personal power? This was reported by patients regardless of whether or not they changed or decreased their asthma medication significantly or showed symptomatic change.

**Conclusion**

The results reported herein indicate that the practice of mental imagery profoundly affects at least certain subjects' views of themselves and their interaction with their illness in favorable ways. Clearly, this is beneficial in the overall realm of subjective quality of life. The effects of imagery on the pathophysiology of asthma as described above are less clear.

It should be noted that we did not examine the effects of imagery on the acute asthmatic attack, an area in which benefit was reported by patients. This will be approached in the future using bronchoprovocation in the laboratory allowing precise assessment of the effect of imagery on induced acute bronchoconstriction.

In conclusion, it appears that improvement in quality of life and personal power in asthma patients practicing imagery may occur independently of symptomatic change or changes in medication. We hypothesize that improvement in these dimensions may result from the realization by subjects performing imagery that the imaginative directing of attention and concentration may activate previously dormant, unattended resources, talents, and strengths allowing greater participation in healing one's body and mind. Clearly, further research is necessary to test these hypotheses. Regardless of whether or not imagery is definitely shown to alter pulmonary dynamics in asthma, the results of our study indicate that it has a major impact on the lived experiences of asthma. Because conventional medicine has neglected this area and other areas of patients' qualitative responses, imagery, if incorporated into the conventional armamentarium, will certainly provide a complementary approach.

In summary, we have presented the results of a pilot study of the efficacy of mental imagery in the treatment of asthma, a common and important illness. The study is unique in that it addresses the effect of imagery on the phenomenological or "lived experience" of asthma, which has been ignored in prior studies. A major finding of the study was that performance of imagery led to the realization by the imagers of the existence of previously unrecognized connections, notably the connections between the mind and body. The findings demonstrated in this study underscore the importance of investigations to determine how best to optimize the use of the mind, through its operative function of mental imagery, in the treatment of asthma and, as suggested by Dr. Epstein's clinical experience, a broad range of other illnesses.

We propose that mental imagery be tested further to establish its efficacy as a rapidly effective treatment modality that is associated with minimal risk for the
patient, and one that requires few office visits and, hence, is cost-effective, both in terms of decreased medical visits and decreased cost of medication. This will broaden the therapeutic armamentarium available to health professionals while bringing patients more directly into their own healing process as indicated by decreased cost of medication. This will increase the sense of personal power.

Our findings suggest that the current medical model, which does not contain a qualitative or phenomenological perspective, is incomplete and inadequate from a holistic viewpoint, and that conventional plus complementary modalities, such as mental imagery, offer consumers and clinicians a broader range of viable health-giving options. Whether the patients' phenomenological change in response to imagery, as documented in the current study, interacts with the curative dimension focused on by conventional medicine or whether it represents an independent dimension remains to be settled. Regardless of the resolution of this question, results from our and related studies indicate that important benefits result from addressing the phenomenological aspects of illness.

References