

Theoretical

PHILOSOPHICAL SPECULATIONS ON TWO THERAPEUTIC APPLICATIONS OF BREATH

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ABSTRACT

Life begins and ends with breath. Slight bodily changes are brought about by alteration in the mechanisms of breath. In addition, mental changes are also influenced by breath. Our general condition of well-being is dependent upon the rhythmic cycles of breathing within us. Similarly, emotions change the rhythm of breath and when we become overexcited, then we lose control over the breath. By gaining control of the breath then we gain mastery of mind and body. Not only that, we also establish a connection with the world around us, of which we are part, through the breath.

Two specific healing initiatives based upon breath are used as illustration of breath both as a subtle organizing property and as a material manifestation. The first example is the use of breath through singing to intentionally organize the physiological abilities of another person as they recover from coma. Singing is literally the intentional use of breath to heal realized through a particular therapeutic form, which is improvised music therapy. A fundamental property of breathing is that it has rhythm. In musical terms, rhythm has to have the property of intention otherwise it would be simply cyclic repetition or pulse. The second healing initiative is that of Qigong Yangsheng for the treatment of asthma. Breathing is used here also as an intentional activity, this time by the patient to improve his or her own breathing abilities and to heal what is essentially a breathing problem, the material manifestation of air-flow. In this latter example, the healer acts as a teacher and guide for the sufferer to influence her own breathing.

KEYWORDS: Breath, healing, Qigong, coma, music therapy, consciousness, intentionality

Subtlety produces beauty; it is subtlety which is the curl of the Beloved.

—Sufi Inayat Khan, *The Bowl of Saki*^{1(p.12)}

It may be said that breath is the chain that links body, heart and soul together, and is so important that the body—so loved and cared for, kept in palaces, its slightest cold or cough treated by doctors and medicines—is of no more use and cannot be kept anymore when the breath is gone.

—Sufi Inayat Khan, *Sufi Teachings: The Art of Being*^{2(p.71)}

The Breath in Healing may appear to be a simple title, but like all things concerned with the term “healing” the concept is complex and fraught with challenges. One of those challenges is that, like the term energy, breath is used as both a literal truth and a metaphor. Many healing traditions have used breath as vehicle for healing but breath itself is more than the commonly understood gaseous compound, it is also used as a powerful metaphor as in the Christian injunction “I am the Breath of Life.” To understand breath, we also need to talk about the process of breathing. Both healing and breathing, then, are dynamic processes.

We have another conceptual problem too with healing: while healing is understood to have occurred, evidence for demonstrating that healing has occurred is dependent upon the observer or the participator, and what actually has done the healing is elusive to demonstrate. While we may observe that breathing is taking place, it is an understanding of the quality of breathing that is central to understanding the nature of healing. Such qualitative understandings are only gradually being introduced into health-care research.³

When we come to talk about the breath of healing, there is room for confusion. In the latter part of this paper, I will use two specific healing initiatives that are based upon breath as illustration of how breath is used both as a subtle organizing property and as a material manifestation. The first example is the use of breath through singing to intentionally organize the physiological abilities of another person as they recover from coma. Singing is literally the intentional use of breath to heal realized through a particular therapeutic form, which is improvised music therapy. A fundamental property of breathing is that it has rhythm. In musical terms, rhythm has to have the property of intention otherwise it would be simply cyclic repetition or pulse. The second healing initiative is that of Qigong Yangsheng for the treatment of asthma.⁴ Breathing

is used here also as an intentional activity, this time by the patient to improve his or her own breathing abilities and to heal what is essentially a breathing problem, the material manifestation of air-flow. In this latter example, the healer acts as a teacher and guide for the sufferer to influence her own breathing.

BREATH, THE BEGINNING AND ENDING

Life begins and ends with breath. Slight bodily changes are brought about by alteration in the mechanisms of breath. In addition, mental changes are also influenced by breath. Our general condition of well-being is dependent upon the rhythmic cycles of breathing within us. Similarly, emotions change the rhythm of breath and when we become overexcited, then we lose control of the breath. By gaining control of the breath, we gain mastery of mind and body. Not only that, we also establish a connection with the world around us, of which we are part, through the breath. However, such a basic activity as breathing has become transparent to modern day man and taken for granted, until the moment that he becomes sick.

There is a variety of qualities to the breath. It has volume, which we will see late in the asthma study; it needs to be centralized to be certain; the breath must be far-reaching to be strong; it must be rhythmic to achieve balance, which we will see in the music therapy study of coma; and it must have depth to encourage strength. These qualities of breath—volume, focus, reach, balance and strength—can be trained and have ramifications for health. Furthermore, these qualities are also necessary for the efficacy of the healer.

A deeper understanding of breath is concerned with its subtle qualities. Khan defines how breath shows the nature of man.² The person who works with material things and expends greater physical energy has noisy breath, like animals. The breath of a thoughtful person is rhythmic and becomes fine. Even finer breath leads to enhanced perception and to spiritual understanding. In this Sufi sense, breath is “. . . that vast current running through everything, that current which comes from the Consciousness and goes as far as the external being, the physical world.”^{2(p.67)} If we also consider the wholistic nature of healing, then it is the breath that links body, heart and soul together. Within this link there are differing levels of refinement and subtlety.

HEALING AND LANGUAGE, ENERGY AND BREATH

Explanations given for how healing works are various; parapsychical, magnetic, energetic, psychological and social. The main explanatory principal is that there are energies which are transformed by the agency of the healer producing a beneficial influence upon the 'energy field' of the patient. This notion of 'energy field' is the sticking point between orthodox researchers and spiritual practitioners in that if such a field exists then it should be possible to measure by physical means.^{5,6} The problem probably lies in the use of the word 'energy' which has a broader interpretation in intentional healing and is likened to organizing principles of vitalism and life force that bring about a harmonizing of the whole person. So, too, with the concept of breath where it is both a measurable entity, in terms of composition, volume and flow, but has also organizing properties.

The source of the word energy in the Greek is *ergon* meaning to work in a physical sense and to be active or possessed by a demon. Work is the meaning used by modern scientists, dynamic activity is the meaning used by healers. If we add the prefix *en*, then we have *energio*—to be in action; in this sense it is used by modern spiritual healers to suggest dynamic forces that are channeled or set in motion by the healer, or the patient. These forces may work directly or they may be forces that organize other forces into patterns. Thus we already have some confusion of levels of influence.³

Ancient systems of healing were based on the dynamic notion of energy.⁷ Fire energy brings warmth through the principle of motion. Hidden energy, which is air, is the sustaining energy and the activator of fire energy that uses as its vehicle the blood stream, thereby maintaining the chemistry of life and conveying the vital energies of the body. In addition there are three forms of energy distribution. One, through the seven energy centres that serve as points of reception and distribution throughout the physical body. Two, through the seven major glands of the endocrine system. Three, energy distributed through the nervous system. Restriction or inhibition of the free flow of these energies creates an imbalance or disharmony in the others. Health can be restored by releasing the cause of the blockages, also through the application of specific musical tones, to restore the flow of energy.

If we look at traditional Indian forms of medicine, Ayurveda and Unani (Greco-Arabian), we have a vitalist epistemology based upon the physician as activator of the seven natural principles which administer the body (elements, temperaments, humours, members, vital breaths, faculties and functions).⁸ In this sense, after Hippocrates, “Nature heals; the physician is nature’s assistant.” Breath is an important factor in activating the patient. Vitality itself derives from *viva*, “Let him live.” The breath carries such a living force. Breath and spirit share the same root, in Latin *spirare*, which later becomes *spiritus*, life breathed as the Holy Spirit. Life has the quality of inspiration and is heard in biblical texts as “I am the Breath of Life.” Similarly the Greek *anemos* and the Latin *anima* are translated as wind and breath. Thus we have the ideas of vitality and animation being achieved through the inspiration of the breath, or *pneuma* in Unani medicine, which is the conveyor of the spirit and activates particular systems, through its various parts. It is Breath, in the Christian Bible Old Testament, that animates the dry bones with vitality such that they quicken and live. Today, Ayurvedic medicine, yoga and some forms of Traditional Chinese medicine still utilize the regulation of breathing as an important factor in healing.

REACHING OUT ON THE BREATH

Benor has made a detailed study of healing initiatives and offers a definition of healing that succinctly combines most of the modern concepts found in intentional healing.⁹ Healing is “. . . the intentional influence of one or more persons upon a living system without using known physical means of intervention.”^{9(p.9)} The etymological roots of intention are in the Latin *tendere* that means a stretching of the mind to become attentive, with expectation. This extended attention of the mind is a dynamic process of shifting awareness to the other as an offer of contact. It is the breath that is the vehicle for this reaching out.

Influence, from the Latin *influer*, is a “flowing in.” (Influenza, from the same root, is a malady caused by the flowing in, literally *in*-fluence, of heavenly bodies). Healing, from this perspective, is the offer of a dynamic process, the stretching of the mind of the healer that flows into the other person on the influential breath.

Conversely, we can speculate about what we project into the world on the out-flowing breath. We understand others, and are ourselves understood, by the way in which we breathe. At its simplest and coarsest we know when another person is happy, sad or anxious through their breathing. Beyond that, there are levels of subtle understanding inherent in the projected breath. This has ramifications for counselling, therapy and for all medical encounters.^{10,11} We influence others, and are ourselves influenced, by the flow of breath. Perhaps the very basis of medical and therapeutic training might in the future be an emphasis on breathing as the foundation of practice.¹²

If we return once more to the roots of the everyday words that we use in medicine, then we see that these spiritual and psychological considerations are not strange. Patient is derived from the Latin *pati*, which is to suffer and patiently endure. Doctor is the teacher who discerns from the Latin *docilitas*. Therapy is attentive support from the Greek *therapeutikos*. Therapist and doctor accompany the patient in their suffering along the way, with the responsibility of the healer to reach out to the patient, and the doctor to discern and to teach. Such a stance is not solely concerned with cure; there are also the possibilities of relief from suffering and comfort for the sick. It is in this way that one reaches out to the other in terms of breath. Indeed, we can coordinate our breathing with others. This happens when we become intensely empathically involved with another person and, as we see working with coma patients that person may be unconscious. Indeed, we discern that attentive therapeutic support by the way others breathe with us.

The same process of empathy can be used intentionally by healers to control breathing and impose calm in a situation, or enliven a situation. Taking the concept of energy mentioned earlier as being possessed by a demon, we can see how healers use the breath to tame the demon in the sufferer. It is this change of consciousness, through control of breathing, that is central to the healing process. We will see this later in the processes of singing in music therapy and in Qigong Yangsheng. Indeed, when I teach meditation to beginners, it is the injunction “Be aware of your breathing” that is the second step after “Allow your eyes to close.”¹³ These two injunctions are concerned with focussing the senses, reducing visual input and concentrating on the breath.

TAKING MEASURE

Medicine, from the Latin root *medicus* is the practice of measuring illness and injury, and shares its origins with the Latin *metiri*, to measure. This concept of measurement was based on natural cycles, one of which would be the respiratory cycle and is evident in many healing traditions where pulses are assessed. To attend medically, Latin *mederi*, also supports the Latin word *meditari* from which we have the modern *meditation*. Meditation is literally the measuring of an idea in thought. The task of the healer in this sense is to direct the attention of the patient through the value of suffering to a solution that is beyond the problem itself. In this sense, the healer has the power to change the sign of the patient's suffering from negative to positive, i.e. we are encouraged to see the benefit of suffering in bringing us beyond our present understandings. As the basis of mediation is breathing, then we see how taking measure of our health is a dynamic process dependent upon the qualities of breathing. While we may concern ourselves with quantities of breath, getting enough breath in an asthmatic crisis, it is the subtle aspects of breath that are important for the maintenance and promotion of health.

When we come to consider what is the evidence for healing in the modern world then we must bear these considerations in mind. First, there is an understanding of healing based upon a natural breathing cycle. A cycle that becomes rhythmic when it is intended. Second, the endeavour of healing, through the intentional action of the healer, is to extend the attention of the sufferer beyond a simple cycle to a broader perspective. This makes sense systemically, in that we encourage patients to couple with a broader ecology, literally to bring themselves into balance with their environment. This may also be expressed as putting a persons' problems into perspective. Whatever explanation we choose to use, it is based on breathing and involves a change of consciousness, and this change of consciousness is basically what is meant by transcendence.³

A change in consciousness perspective adds another dimension to those approaches known as psychotherapies. The vehicle for psychotherapeutic efficacy may be a controlled environment of breathing where transference does take place, but this is a transference of consciousness through breath, not cognition. Indeed, the intentional control of breath is the basis of achieving

changes of consciousness in various spiritual traditions. As Grof suggests, the traditional biographical model used in psychoanalysis is inadequate to describe the broad spectrum of important experiences that became available through breathing.¹⁴

An illustration that breathing is not simply a material phenomenon can be demonstrated by the fact that athletes are trained to breathe and move strenuously transporting vast volumes of air through respiration. This control of breath is intended and serves to facilitate their physical bodies. No change in consciousness, however, is intended by such coarse breathing, and none is achieved. Yet, we have varying spiritual traditions where an intentional control of the breath achieves changes in consciousness. The key to understanding the breath of healing cannot lie in the exchange of gases. Such exchanges are measurable but simply too coarse to understand changes in consciousness. To understand the influence of breath we must as observers direct our understanding elsewhere. Intention to alter breathing is not the key alone to understanding the breath of healing but the purpose that underlies that intention. Human purposes are not measurable, although the consequences of those purposes may be predicted. But they can be discerned through qualitative research.^{3,15-17}

HEALTH AS PERFORMANCE IN A PRAXIS AESTHETIC

Performed health is dependent upon a variety of negotiated meanings, and how those meanings are transcended. As human beings we continue to develop. Body and self are narrative constructions, stories that are related to intimates at chosen moments. Meanings are linked to actions, and those actions have consequences that are performed. The maintenance and promotion of health, or becoming healthy, is an activity. As such it will be expressed bodily, a praxis aesthetic.³ Thus in singing, yoga and Qigong Yangsheng we have bodily practices that are aesthetically pleasing where health is performed.

The social is incorporated, literally “in the body,” and that incorporation is transcended through changes in consciousness, which become themselves incarnate. Through the body we have articulations of distress and health. While health may be concerned with the relief of distress, and can also be

performed for its own sake, sickness is a separate phenomenon. It is possible to have a disease but not be distressed. Indeed, it is possible to be dying and not be distressed. When communication fails, we literally “fall out” with other people, we fall out of relationship. This is evident in the social difficulties that the elderly demented have, they fail to connect to the rhythms of daily life, to other people and within themselves. We lose our consciousness when connections fail and these are literally organic in the context of dementia and the implications are far-reaching when our body falls out with our “self.” Illness occurs when we lose an inherent ecology, and it is breathing that maintains ecology

When bodily function fails, then we are literally de-composed. Yet, as human beings we know that despite our physical failings, something remains within us. There is a self that responds. Despite all that medical science will have to offer us regarding the decomposition of the physical body, it is the composition of the self that we must address in our therapeutic endeavours. In relationship we foster a return to those ecological connections. And it is breath that forms the basis of relationship through rhythm.¹⁷

MUSIC THERAPY WITH COMA PATIENTS

Intensive care treatment is a highly technological branch of medicine. Even in what may appear to be hopeless cases, it can save lives through the application of modern technology. However, albeit in the context of undoubted success, intensive care treatment has fallen into disrepute. Patients are seen to suffer from a wide range of problems resulting from insufficient communication, sleep and sensory deprivation and lack of empathy between patient and medical staff. As mentioned earlier, a basis for empathy is a common pattern of breathing. Many activities in an intensive care situation appear to be between the unit staff and the essential machines, i.e. subjects and objects. To a certain extent patients become a part of this object world. They lose that intentionality necessary for life becoming disoriented in time and space; they lose the rhythm of breathing and consciousness.^{12,18}

A music therapist began working with coma patients in an intensive treatment unit. Five patients, between the ages of 15 and 40 years, and with severe coma

(a Glasgow Coma Scale score between 4 and 7) were treated. All the patients had been involved in some sort of accident, had sustained brain damage and most had undergone neurosurgery.¹⁹

The form of music therapy used here is based on the principle that we are organized as human beings not in a mechanical way but in a musical form; i.e. a harmonic complex of interacting rhythms and melodic contours. To maintain our coherence as beings in the world then we must creatively improvise our identity. Rather than search for a master clock that coordinates us chronobiologically, we argue that we are better served by the non-mechanistic concept of musical organization. Music therapy is the medium by which a coherent organization is regained, i.e. linking brain, body and mind. In this perspective the self is more than a corporeal being.

Each music therapy contact lasted between eight and twelve minutes. The therapist improvised her wordless singing based upon the tempo of the patient's pulse, and more importantly, the patient's breathing pattern. She pitched her singing to a tuning fork. The character of the patient's breathing determined the nature of the singing. The singing was clearly phrased so that when any reaction was seen then the phrase could be repeated.

There is a hierarchy of musical organization from pulse, to metre, to rhythm that becomes itself organized into segments of time as phrasing. Phrasing can be understood by any listener but it is almost impossible to measure. We can see when exactly the notes occur but what organizes them is elusive. As in the process of consciousness, the property of organization is non-material. At the basis of all these activities, starting with pulse, is breath. It is the assessment of intentionality of breath within the pulse, which give pulse their subtle qualitative dimensions that is central to some diagnostic traditions.

There were a range of reactions from a change in breathing (it became slower and deeper), fine motor movements, grabbing movements of the hand and turning of the head, eyes opening to the regaining of consciousness. When the therapist first began to sing there was a slowing down of the heart rate. Then the heart rate rose rapidly and sustained an elevated level until the end of the contact. This may have indicated an attempt at orientation and cognitive processing within the communicational context.^{3,17} EEG measurement showed

a desynchronization from theta rhythm, to alpha rhythm or beta rhythm in former synchronized areas. This effect, indicating arousal and perceptual activity, faded out after the music therapy stopped.

Some of the ward staff were astonished that a patient could respond to such quiet singing. This highlights a difficulty of noisy treatment units such as these. All communication is made above a high level of machine noise. Furthermore commands to an “unconscious” patient are made by shouting formal injunctions, i.e., “Show me your tongue,” “Tell me your name,” “Open your eyes.” Few attempts are made at normal human communication with a patient who cannot speak or with whom staff can have any psychological contact. It is as if these patients were isolated in a landscape of noise, and deprived of human contact.

A benefit of the music therapy was that the staff were made aware of the quality and intensity of the human contact. In the intensive care unit environment of seemingly nonresponding patients, dependent upon machines to maintain vital functions and anxiety provoking in terms of possible patient death, then it is all too often a reaction by the carers to withdraw personal contact and interact with the machines. This is further exacerbated by a scientific epistemology which emphasizes the person only as a material being equating mind with brain.

A period of calm was also recognized as having potential benefit for the patient. What some staff failed to realize was that communication is dependent upon rhythm, not upon volume. We might argue that such unconscious patients, struggling to orient themselves in time and space, are further confused by an atmosphere of continuing loud and disorienting random noise. For patients seeking to orient themselves then the basic rhythmic context of their own breathing may provide the focus for that orientation, it simply needs a therapist to redirect that attention. This raises the problem of intentionality in human behaviour even when consciousness appears to be absent.

We can speculate that the various body rhythms have become disassociated in such comatose states. The question remains then of how those behaviours can be integrated and where is the seat of such integration. My answer would be

that it is breathing that provides the fundament of human communication upon which that coherence of being called health is built. This argument is that used by healers in energy medicine who remind us of energy, like breath, is an organizing property.

Central to the act of breathing, and in terms of healing, breathing together, is the concept of performance in the subjective now.¹¹ The coordination of human activity that lends itself to the coherence that we experience of being healed is dependent upon a temporal concept. Time is structured and breath is the scaffolding of time in which the present is constructed. The construction in time, that we call now, when extended, is the basis of cognition. That is how music therapy works, it offers a temporal structure for events that facilitates cognition—rhythm as the basis of consciousness.

At the heart of this temporal coherence is the rhythm of breathing, through the control of breathing we achieve coherence. For those disorientated in time, then they become oriented through that non-material activity of breathing, although the material necessity of gaseous exchange is present. This is why some scientific approaches appear to be coarse as they concentrate on the coarse elements of breath not on the subtle qualities, and why some of us refer to the fact that patterning is what lies behind the explication of the pattern. We shall see later that for asthma patients, an intentional control of breathing is beneficial even at the coarse objective level of reducing airway impedance.

TIME AND SPACE

To act in the world we need the vital coordinates of time and space. We exist in the now and here. While we consider chronological time as important for what we do in terms of coordination, it is the idea of time as *kairos* that is significant. If *chronos* is time as measured, *kairos* is time considered as the right or opportune moment. It contains elements of appropriateness and purpose; that is, intention. Inherent within the term is the concepts of decisiveness, there is tension within the moment that calls for a decision. In addition, there is also the expectation that a purpose will be accomplished. Rhythm demands intention. Patients in intensive care are often prisoners of mechanical time.

They have not a chronic illness but a kairotic illness.¹⁷ While the various physiological elements may be in place, initiation of those activities to promote coherence cannot take place, acts cannot be brought into being and therefore purposes remain incomplete. In this way, being in a coma is not something that makes sense, it is something that no longer makes time. Sensory abilities may well be present but they have no context of coherence. While sufferers are *in* time, as chronological events amongst the rest of the world and its myriad of happenings, they are no longer *of* time. Mentation for the coma patient is a *kairotic* process not solely understandable as chronology. *De-mentation* is the decoupling in kairotic time of physiological events. Achieving consciousness then is becoming in time, and this is facilitated by the intentional breath of the healer. At other levels of consciousness, this may be initiated by the healer or may be initiated by the patient, as we will see below.

QIGONG VANGSHENG IN THE MANAGEMENT OF CHRONIC ASTHMA

Chronic asthma is a common problem in the Western industrialized countries causing a great deal of incapacity. It is also a disease intractable to modern day treatment initiatives. Essentially the problem is one of extreme difficulty in breathing, there is an impedance of the air ways such that breathing is severely restricted and this can lead to death. Any form of therapy that concentrates on improving the capacity to breathe is important. Qigong has the potential to make such an influence on breathing capacity through the activity of mastering breathing itself. Changes in this breathing capacity can be simply measured through an increase in peak expiratory flow rate (PEFR) of the breath.

In a qualitative study by de Vito, adult patients with chronic asthma were asked to recall their feelings associated with sensations of shortness of breath during hospitalization.²⁰ Several themes emerged that dominated the experience including fear, helplessness and loss of vitality. From this we know that breathing while being a physical problem also has ramifications for mental well-being when the core of existence is threatened. My further argument would be that a sense of being healthy, from a holistic perspective, is dependent upon the many subtle layers of breath.

Qigong is an integral part of Chinese Medicine. The word “Qigong” incorporates two concepts. The first is “Qi” meaning breath, steam, mist, breeze and energy. As we have seen at the beginning of this paper, definitions are elusive, meanings are subtle. We used the concepts of “vitality” and “energy.”⁴ The definition of terms is complex but that is the challenge of research to discern complex meanings. It also denotes a component of the qualitative research approach where we concentrate on the meaning of phenomena for both practitioners and patients.^{3,21}

A second concept is “Gong,” meaning exercise in the sense of a permanent, diligent and persistent practice. Embodied in this meaning is the idea “to master a technique.” Thus we have Qigong as a mastery of the vital force or a training in practice of using the life energy.

“Yangsheng” means care of life, so we can readily understand that Qigong Yangsheng will be a therapeutic form of practice designed to care for life energies. We find such definitions in other healing traditions too that focus on breathing and mastery. In this case, the initial training is concerned with a mastery of the coarse breath although, as in other practices, the influences become more subtle.

THE STUDY

Thirty adult patients, 23 females and 7 males, of varying degrees of asthma severity, were studied as a series of single-cases. When we do not know the “dose-response” of this therapy nor the conditions necessary for optimal therapeutic efficacy, there is no sense in embarking upon a controlled trial.^{22,23}

Peak flow measurement, use of prescribed medication, diary accounts of symptoms (sleeping through the night, coughing, expectoration, dyspnoea and general well-being) and exercise were monitored through the successive phases of treatment, exercise and practice. There was a follow-up period of one year after the study had begun such that measurements could be made to avoid seasonal fluctuations.

The fifteen expressive forms of Taiji-Qigong developed by Professor Jiao Guorui were taught.²⁴ These exercises can be done standing or sitting and are, therefore,

adaptable to the physical strength of the patient. They are easy to learn, may be modified, are versatile and balanced, and may be practiced out of sequence. In this educative and experiential approach, a definitive exercise leading to a special effect is of less important than the positive effect brought about by the harmonious unity of physical movement, mental calm and naturally flowing breathing. The Qigong instructors were all physicians personally trained in this method.

IMPROVEMENT

To assess the responsiveness of the peak flow measurements, then the amplitude of the peak flow rates relative to the highest value was calculated as a percentage.²⁵ This percentage is the variability and correlates to the degree of severity of the disease and to the degree of inflammation in the respiratory tract.²⁶ In our study, a patient was considered improved when a diminishment of 10 percent points or more decrease in variability from the first to the fifty-second week was achieved, providing the average of the flow values remained constant or increased and the required medication use remained the same or could be reduced.

Improvement occurred more frequently in the group of exercisers than in the group of non-exercisers ($p < 0.01$ chi square with Yates correction). There were also reductions in hospitalization rates, less sickness leave, diminished antibiotic use and fewer emergency treatment consultations resulting in reduced treatment costs.²⁷ A commitment to continuing exercise, and persistent practice, lead to improvement in breathing and this emphasizes the intentional component of healing; in this case by the practitioner and patient. Objective improvement in breathing ability is dependent upon the patient's commitment to his or her own health.

Improved pulmonary function means objectively better breathing and subjectively an enhanced feeling of well-being, including fewer experiences of entering the status of "sick." For me this is a characteristic situation where a disease is considered to be chronic but is indeed kairotic. Chronos fixes the patient within an external time and effectively removes the intentional aspect of breathing and health. Kairos emphasizes the possibility of regaining intentional

influence of the breath and making an impact on the disease. Kairos is literally a time of decision—to seize the moment—and this can be applied to breathing.

In this treatment approach, the patient has to take an active part in his recovery. He is not the recipient of treatment but an active participant. The learning element is an important principle in terms of prevention. We see in this study that motivation is an important factor. Fifty percent of those engaged in the study failed to continue exercising once the second teaching course was concluded. This reflects the concerns expressed in the literature regarding patient compliance and empowerment.²⁸

CONCLUSION

Mastery of the breath is vital. It is a foundation of many traditional healing systems and the basis of meditation practice. Breath is influenced by posture and movement, which we see in the Qigong study. The coarse breath is brought under control, and with this a return to the state of health. Central to this activity is the intention of the patient to be healed.

In contrast we see in the coma study how it is the intention of the healer, reaching out with her own breath, that balances the breath of the patient through rhythm. Through this intended breath we see an improvement in consciousness—the transcendence from one state to another. These are but two simple examples of the breath in healing.

It leads us to conjecture that breathing is a central principle in communication and healing and forms the basis of many therapeutic disciplines, that we would perhaps be advised to encourage our clinicians towards their breath and away from their machines.¹⁰

Finally, Inayat Khan remind us:

If a person exercises the breath and practices concentration with a scientific idea only, he soon becomes tired. If it is done with the thought of God, with the repetition of the names of God, then—by the thought of the idealized God in whom is all perfection, all beauty, who is Friend to whom we tell our sorrows, all our troubles—a happiness comes, a bliss.^{2(p.70)}

CODA

We have seen that breath has qualities and various layers of subtlety. We can discern the effects of the subtleties through scientific methods. However, we can also determine the nature of these subtleties, the phenomena themselves through qualitative research approaches. This will also include understanding breathing and healing as process. The terms we use—"energy," "chi," "healing," "health"—and understandings of the relationships that they have—"ecology" and "pattern"—are embedded, and embodied, in our cultures of health care as an anthropology of healing. A time has come where the explication of meanings through qualitative research will enhance the pursuit of scientific research through other methods. Some of the dilemmas concerning the terms energy, breath and healing may be resolved through such a discerning approach.

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