

The Meaning of the Lived Experience of Mental Imagery
For Persons with Asthma:
A Phenomenological Study

by

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Abstract

A qualitative study is reported here that focuses on the meaning of the lived experience of mental imagery in a group of experimental bronchial asthma sufferers. The findings seem to support the contention that mental imagery can provide these patients with a sense of personal power, ability to gain control over asthmatic states and their attendant inner feelings of fear and panic, and offers an avenue of genuine hope in a condition where feelings of hopelessness and resignation prevailed.

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Introduction

The purpose of this phenomenological study¹ was to discover the meaning of the lived experience of mental imagery for persons with bronchial asthma who had been subjects in another study. We used a qualitative approach designed to determine the phenomenological aspects of the experience using the phenomenological method TK described below. Asthma was chosen because of its increasing prevalence and morbidity despite the plethora of conventional treatments available XX and the senior author's clinical experience indicating the efficacy of mental imagery as a treatment for asthma.

¹ Research project conducted through Lenox Hill Hospital in New York City and a grant received from the Office of Alternative Medicine, the National Institutes of Health.

Fifteen participants (88%) in the experimental group of a quantitative study of mental imagery in persons with bronchial asthma also participated in a qualitative study. They completed written responses to three phenomenological questions concerning the meaning of their experience of mental imagery during the earlier quantitative study. By "phenomenology" we mean: the meaning of the lived universal life experience at any given moment or instant of its occurrence.

To understand the effects of mental imagery in adults with asthma required our asking research questions that could be answered by using various quantitative and qualitative designs (Halper et al., 1993). In this article, we report findings of the qualitative questions involving issues of meaning, of experience, of behavior, and of individual difference (Vickers, 1995). The primary research questions were phenomenological and concerned the meaning of the experience of imagery and a description of the sense of personal power if enhanced through the imagery process. Findings from a separate quantitative study are to be reported elsewhere. All imagery sessions were conducted by Gerald Epstein.

METHOD

Phenomenological Research Methodology

Introduction

The phenomenological method of inquiry first emerged in the latter part of the nineteenth century in the writings of Brentano and was further developed by Husserl and Heidegger (Parse, Coyne, and Smith, 1985, citing Spiegelberg, 1976 and Heidegger, 1962). Currently, there are numerous modifications of the method (Colazzi, 1978; Giorgio, 1970; Parse, 1995; Spiegelberg, 1976; von Karm, 1959, 1969) as well as a generic approach that was used in this study.

Each of the patients in the experimental group met with Dr. Epstein four times over a sixteen-week period. Two months after completion of the quantitative study, participants from the experimental group were contacted by the research coordinator via telephone and were invited to participate in a phenomenological qualitative study. Fifteen of the seventeen participants (88%) completed anonymous written responses to these research questions concerning the meaning of the experience of mental imagery during the quantitative study. Saturation of responses appeared to be approached although it cannot be certain that it was reached. Data were analyzed through three successive stages of synthesis. Structural definitions were intuited. Researchers bracketed their own beliefs to the extent possible so as to prevent undue bias. Before presenting the findings, a brief review of the imagery protocol will be described to acquaint the reader with the subjects' previous participation in the quantitative study of the effects of mental imagery on patients with bronchial asthma. This protocol consisted of seven imagery exercises that were given singly or in combination according to how Dr. Epstein assessed the need during his initial interview contact with each subject. These are the seven:

a) 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.

b) 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 mucous that has accumulated there and its color. Have now a big glass syringe with a golden bulb at the end, and suck up and out all the mucous deposits and put the waste in a container that you have with you. After finishing, have 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. See and sense your chest wall and rib cage expanding like a bellows in all directions, allowing your lungs to fully expand and fill with white light. Then, come out the way you came in, using your light to see your 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.

c. New Lungs

Close your eyes and breathe out three times slowly. See, sense, and feel your stomach flipping over and coming above your diaphragm into your chest. Breathe out one time slowly and see the stomach split in two vertically, each piece becoming a new lung and see them jumping into place. Breathe out slowly and open your eyes, sensing the easy breathing these new lungs give to you.

Do this twice each morning. [OK?] Then, see your lungs contracting, forcing out the carbon dioxide that comes out as a black stream. At the end of 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.

d) 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 the lungs of all its dirt. Now, see the heart, and the rest of the body becoming cleansed. Now see the lungs becoming a beautiful clear color. Open your eyes.

e) 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 (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 to whom you can't breathe, that is, see whose face appears in the area. Who is restricting your breathing, and 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/her that he/she is no longer permitted to stay in your body, that he/she has to leave and to stay at a far distance from your body; that he/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 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 how you look and feel. Then, push this image away to the right, out of the mirror with your right hand. Then, put your clothes back on, breathe out once, and open your eyes, knowing that you are

breathing easily.

f. 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 through your body and going out through the soles of your feet; see the breath exiting as gray smoke and being buried deep in the earth. Then, open your eyes, breathing easily.

g. 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.

Findings

The findings were reported in the language of the participants with no interpretation. Only identification of themes reflect the language of the researchers.

The Meaning of the Experience of Imagery

The first research question was: What are the common elements of experiencing the meaning of mental imagery as a treatment modality for disease? 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 from their prolific comments: 1) being an active participant in treatment rather than a passive recipient of treatment; 2) experiencing mental imagery as a tool that enhanced their sense of power; 3) feeling states; 4) new insights; 5) effectiveness of imagery; and the 6) traditional medical model of treatment.

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. Through directing attention and concentration inward, dormant inner resources, talents, and strengths were activated for participation in healing oneself. Imagery meant having something to do about the asthma and its discomforts; it led to changes in deep patterns and beliefs about the causes of asthma. This required intensifying efforts in practicing imagery when a pull back toward old beliefs was experienced.

Power Enhancement

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 demonstrated a greater capacity for taking charge of one's life and one's healing than previously recognized.

Feelings

Many feelings that conveyed the meaning of the imagery experiences included feeling safe and secure, peaceful, content, excited, hopeful, pleasurable, free, happy, less hopeless, less miserable, less burdened, optimistic about decreasing medication, a letting go of monitoring surroundings in order to be well, secure, and happy. To a much lesser extent, there was a feeling of guilt about not practicing the exercises and disappointment at the exercises weren't individualized.

Insights

Newly discovered insights ranged from the pragmatic to the profound. Since imagery relies on the natural healing process, participants learned a new avenue for healing a variety of conditions. Imagination can lead to unexpected, personal, individualized, meaningful directions. There was greater realization that symptoms, fears, and worries aren't unique to asthmatics. The meaning of life was experienced as opening oneself to become more attuned with the energy of the universe.

Effectiveness

While participants described various opinions about effectiveness of imagery, no one 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" (cost-effective). Imagery was experienced as a long-term approach to asthma as a chronic condition, whereas medication was viewed as treatment for symptoms in the here and now with varying results. Some proposed a balance between traditional medical treatment and imagery; others

described discontinuing medication.

Medical Model

Describing the meaning of the experience of doing imagery exercises brought forth numerous unsolicited comments about traditional treatment methods. These perceptions included complaints of overmedication with antibiotics and cortisone failure to be treated as a unique individual, "fanatical" treatment approaches, threats of abandonment for noncompliance ("If you don't take cortisone I'll never treat you again because I don't want your death hanging over me"). In summary, it was noted that "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."

Experiencing the Value of Mental Imagery

The second research question in this phenomenological study was: How and why is mental imagery experienced as valuable in the treatment of disease? 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 crisis. Themes that emerged included feelings of security, insights, and mechanisms of effectiveness.

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," whereas several reported fear they would forget their inhalers. Imagery was seen as a tool that, if practiced diligently, would get them through dangerous attacks and allow them to feel powerful as a result of doing something to help themselves. Some suggested using imagery before the attack becomes full-blown. Participants described situations in subways, buses, swimming pools, offices, hospitals, where imagery stopped wheezing, overcame panic attacks, and chest infection or allergic response potentiated effect of medication, worked when medication failed during an attack and promoted relaxation.

Insights

Some reported flashes of insight during their imagery. 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 connected the asthma to a mental state of high stress for the first time.

Mechanisms of Effectiveness

Several persons further explained how and why they thought imagery helped them. These ranged from "imagery helps change memories stores in the computer of the mind" To "imagery is a powerful focus for the mind to heal the body" to the belief that by thinking in a certain way, physical responses were automatically influenced and a consciously created stimulus (imagery)–response (symptoms subsided) process was activated.

One participant who had forgotten his/her inhaler had an asthma attack.

The participant used imagery to create an inhaler and was astonished when the attack vanished. "I'd never had an experience like that in my life." Another was wheezing when making the first visit to Dr. Epstein. This person decided not to use the inhaler and "after the imagery exercises no longer needed it."

Power

The third phenomenological research question was: If imagery facilitates the experience of power, what are the common elements of power experienced in relation to imagery? We wanted to know whether or not imagery had helped participants feel a sense of personal power and if so, we asked them to describe this experience. All but one person responded positively.

Interestingly, all responses could be categorized under the four concepts of Barrett's (1986, 1990) 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 constitute a comprehensive classification framework. Power is defined as the capacity to participate knowingly in change as manifest by awareness, choices, freedom to act intentionally, and involvement in creating changes. These themes will be discussed separately, but 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 (Barrett, 1986, 1990).

Awareness

The participants shared the following experiences. "While it's difficult to describe feelings of power," the shift is from the "victim/helpless" mode to the "mastery" mode; "this power is extremely satisfying." The sense of power was achieved by gaining "control" over the asthma, so that the feeling of happiness

and power experienced in other areas of life could be extended to this realm.

"Control" is power and I mean this in the most positive sense of the term." This sense of power often accompanies the imagery and may linger afterwards.

An awareness emerged that the strength of the mind and the potential for being more powerful triggered enhanced confidence, esteem, and self-worth.

Another insight was that imagery strengthens the mind and thus the entire being and leads to a stronger immune system to ward off sickness. Another awareness involved recognizing that 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 the "cure" of many long-term illnesses. One individual, however, felt his/her 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. By using imagery in other areas of life, feelings of helplessness and powerlessness can be changed. Imagery allows one the opportunity to choose to spend time in a more positive frame of mind. "If I have to have an asthma attack, I don't have to dwell on all the miserable details."

By continuing to practice imagery, participants found that use of their inhalers decreased, and this created a feeling of power since "I have some say in the progress of the asthma. It is more encouraging to be part of the process to treat the asthma rather than the feeling traditional doctors have imparted that

being on inhalers will be necessary for a long time." Another person commented that "Doctors don't have all the answers and are 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." Learning from the personal power one felt means choosing to fight whoever put obstacles in the path. Instead of getting frustrated when plans are interrupted, one can choose to relax, take a deep breath, and work through the situation. One person who stopped medication but soon returned to it expressed disappointment, "as I'd hoped to be free of it, my feeling of 'wished for' power."

Freedom to Act Intentionally

To many of the participants, imagery meant having "the power to be free," and the "increase in personal power was one of the most notable changes experienced during the period of doing the imagery exercises." The feeling of freedom to act intentionally manifest in various ways; several felt they conquered their fears "of dying from an attack because of being without an inhaler." For others it meant freedom to go anywhere and having imagery available if needed. For others it meant freedom to solve their own problems, to be self-reliant, to restore the power to use one's abilities, to feel powerful when communicating deep feelings to those who used to be patronizing. It felt like "taking charge of 'my' life again and not surrendering 'my' life to the doctors, pills, and sprays." Many participants expressed that relying on medications and medication side effects were experienced as a loss of one's power; imagery provided a tool to regain power by acting intentionally. One person reported giving up imagery before achieving freedom. Nevertheless, this person expressed 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

Some comments centered around feeling powerful through taking action; disciplining oneself to do the imagery exercises, decreasing or eliminating medications following improvement in symptoms, becoming an active participant and decision-maker in managing the asthma, doing something positive and useful rather than moping about how difficult breathing had become, using imagery to change self and life, substituting imagery for reaching for medication when wheezing. Some proposed that lives can be transformed through the diligent practice of imagery; "I received a taste of that transformation during the study." Imagery shifts experiences in a positive way; whatever is imagined often manifests "like magic."

Structural Definitions

In an effort to answer the research questions and as a conclusion to data analysis, structured definitions were intuited from the process of dwelling with the data. These are to be considered with caution, since saturation was approached, yet it was uncertain as to whether or not it was reached.

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

Structural Definition: 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, mind, and spirit.

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

Structural Definition: Mental imagery is a valuable method for creatively using the mind to heal the body; feelings of security develops through self-reliance on use of imagery as a thinking device that acts as a stimulus to create a physiological response.

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

Structural Definition: Power is an awareness of free choices to actualize intentional changes and can be facilitated through mental imagery.

Discussion

The rationale for using mental imagery as a treatment technique stems from the integrative mind/body model of medicine that Dr. Epstein utilized in his clinical practice as an all-inclusive one for every type of disease presentation and emotional disturbance exclusive of schizophrenia. In this model, in contrast to the allopathic model, where the body and mind are split (functionally irreparably) from each other, there is a reciprocal relationship between mind and body which implies explicitly that processes of the mind can effect physical states, a belief not held at all in allopathic medicine -- as witnessed by our not being permitted to include a group using imagery exclusively. In the mind/body model, it is believed there is present in our world a visible and invisible reality. The latter is believed to

exert primary influence on the former, which in turn responds to that influence, the results of which are relayed back to invisible reality as bits of information influencing invisible reality. The channel of communication between invisible and visible reality is called mind. It is the inner information superhighway. The vehicles traveling along this highway are called images, which carry the information per se to our visible reality, including our physical self residing here in this physical world. It is in this way that we understand images to be the true language and the natural language of the mind.

We recognize and understand this language inherently if we permit ourselves open access to them and not blur and eradicate their messages by choosing instead to accept other messages in their stead coming from outside ourselves in a readily recognizable language that provides us with information.

The intent of the imagery process is to utilize it in an active way so that we train ourselves to attend to this inner language systematically so that we are able to take the knowledge it gives to us and create harmony where there was disharmony, create balance where there was imbalance. In addition, the imagery needs to be dosed at regular intervals, much like any medication would be recommended to be used. This rhythm and measure of imagery practice was passed on to the patients in the study as part of their education about personal power and about the availability of a tool for healing heretofore unknown to the patient population.

There are many interesting and instructive points that have emerged from this study that would seem to merit further investigation and seem significant.

To begin with, we can discern some trends that have presented themselves with respect to several important parameters of life experience, namely: overall quality of life, ability to freely make choices, and an increase in the sense of

personal power in the experimental group regardless of whether they went off or reduced medication or not. Almost everyone experienced a benefit from participating in the study and receiving the imagery plus having the contact with an understanding, interested, and non-judgmental doctor.

These response are borne out in the following sampling of some who reduced/went off and some who didn't: [PUT RESPONSES HERE]

In addition to the overall benefit experienced by the experimental group ,we were able to find valuable responses to the meaning of the experience of imagery itself as well as how and why imagery was valuable. Among these responses, we found that imagery lessened the load of asthmatic symptomatology so that, as one subject put it, it "lessened the burden of asthma in my life."

One of the consistent recurring themes about the value and experience of imagery was that of being able to gain control of both external and internal matters pertaining to the asthmatic condition. For the former, the control meant being able to substitute imagery for medication as a treatment possibility. Even in those respondents who didn't go off or reduce medication, they found that they could abort an oncoming asthmatic episode when the ILLEG P C1 symptoms started by imaging instead of medication, or when medication failed. Control here was translated into what some subjects stated as the ability to "take charge of my life. On the inner level, some subjects commented that imagery allowed them to control feelings of fear and panic that would often overtake them during asthmatic episodes. Those feelings would potentiate the physiological experience of asthma, making matters much worse prior to using imagery. But, this powerful therapeutic tool stemmed the inner experience of losing control and thus helped ameliorate asthmatic symptoms.

An outgrowth of imagery process related to the aforementioned effects was the increasing sense of hope about overcoming asthma, where before there were feelings of hopelessness and/or resignation about the ongoing, seemingly ceaseless cycle of impaired respiration for which the routine medications were just not helping them turn the tide. They were thankful for having been given an alternative to the medication regimen as the only solution.

Interestingly, there was only one person in the experimental group who answered our inquiries -- fourteen in all -- for these two questions -- who did not find benefit from the imagery experience. For the others, an interesting finding, as kind of an overall summation of their responses to the lived experience of mental imagery, was that there was a trend amongst this group to find themselves using imagery to focus on the overall healing of asthma rather than focusing on individual symptom relief, which latter point is much more in keeping with the focus of using medication. In this regard a couple of subjects envisioned a combination of medication and imagery as a valuable way to tackle symptoms and reversal of asthma entirely in a synergistic way. This perspective would align well with the philosophy underlying imagery usage, which has a holistic orientation, and the philosophy of underlying medication usage, which doesn't seek overall healing but rather symptom removal to make patients more comfortable without anticipating a reversing of a pathological condition that is chronic. These two philosophies comport well with the complementary medical perspective that views healing as a genuine possibility in all illnesses where normal physiologic and biologic function can be restored, while the allopathic medical perspective, up to this point, does not genuinely believe that normal functioning can be restored in a system that has endured years of pathological activity. There may not be a mutual exclusivity here because each model has its own set of tenets that may be valid for

its own field of endeavor: allopathic medicine giving acute symptom relief; complementary medicine giving change over a long period of active practice, as with imagery technique, or application of biological interventions that may slowly bring an unbalanced system back into balance.

In terms of power, imagery was clearly a power-enhancing experience for persons with asthma. Participants describe some rather profoundly powerful experiences not usually associated with conventional treatment for asthma. Power was also a strong theme when participants described the meaning of their experience with imagery. This suggests that power enhancement is an integral component of imagery as a treatment modality.

Participants' descriptions of power can be further explained by Barrett's theory of power (1986, 1990). In this new paradigm view, power is defined as the capacity to participate knowingly in change; power is the interrelationship of awareness, choices, freedom to act intentionally, and involvement in creating changes. These four concepts of the power theory were strong themes in the power data and provided an umbrella that encompassed all the ideas expressed by the participants.

Power is being aware of what one is choosing to do, feeling free to do it, and doing it intentionally. Power is freedom to choose with awareness and to involve ourselves in health-promoting and other activities. Power is how we participate in creating our reality. The participants reflected this capacity to participate in change. Imagery was the powerful means of involvement used to actualize a change in health. Imagery was described as "the power to be free." Power is a felt cognizant activity involving the interaction of feelings, thoughts, and actions (Barrett, 1986, 1990).

The data supported this view of power, even though participants' use of

the word control was not consistent. Since it reflects the historical dominance of causal thinking and deterministic, hierarchical views of power as domination, force, and control. Yet, participants were clearly describing Barrett's theory of power as a mutual process of persons and their environment, where outcomes are unpredictable, and there is no control, only the power to participate in creating change through aware, free, intentional choices. One participant was trying to get at this by saying, "Control is power and I mean this in the most positive sense of the term." Use of the term empowerment is also inconsistent. It literally means putting power into, which is hierarchical, paternalistic, and patronizing sharing of power. On the contrary, everyone has power and they can embrace that power if they so choose, and in this study, participants chose to do so by using imagery (Barrett, 1986, 1990).

Our findings suggest that mental imagery can be an important tool to enhance personal power to 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. This daily imagery regimen required effort; such discipline opened up possibilities for life transformation.

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. It was seen as a tool that if practiced diligently, would get one through dangerous asthma attacks and allow one to feel safe, secure, and powerful as a result of doing something to help decrease labored breathing or to perhaps prevent an attack. The benefits of imagery extended beyond the physical symptoms of the disease to impact on all aspects of one's life.

As well, what we witnessed in the use of mental imagery by all the

participants, experimental and control alike, was that no harm came to anyone. For a small number, no benefit was experienced in either group, but no one was hurt. In Dr. Epstein's experience of twenty-two years with thousands of patients applying his imaging methods, no one has suffered by employing imagery. This finding speaks volumes vis à vis consideration of side effects of synthetic drugs in treating asthma. Certainly, by introducing mental imagery as a potentially powerful modality, we have been able to follow the dictum of the Hippocratic oath, viz, "to do no harm."

To what do all of these findings point? One thing to consider in answer to this question is that a meaningful contact with an understanding person (clinician) plus the use of a powerful therapeutic tool that engages the patient as an active participant in his/her own treatment, and as an active instrument of therapeutic change, may exert a fundamental shift toward health in a person suffering from a physical ailment, in this case a serious, and potentially life-threatening one. I should point out that the elements of employing the mind plus establishing a positive therapeutic/healing relationship between the two people engaged in the effort to restore health actually constitute what in modern medicine has been generally disparagingly labeled "the placebo effect." It is precisely this combination of factors that are the cardinal elements in healing and change, and that without them no significant therapeutic shift can take place, especially with regard to chronic illness. This placebo ("to please") factor was what was thrown away about four hundred years ago, when the modern scientific method and current medical model began to assume ascendancy in Western consciousness. These two factors are what make up the quantitatively immeasurable factors in the interaction between clinician and patient. Hence, they are not ILLEG P G, nor can they be accounted for in the current medical model, which can only grapple with

the physical part of therapeutic intervention.

If these findings hold a practical meaning, it is certainly one that suggests that using the mind to promote health may necessitate fewer visits to the clinician, putting the power to create health in the patient's hands, handing him increased responsibility for his/her own health care, and reducing costs for medical care simply by being able to maintain a non-asthmatic state without needing medication by employing mental imagery. With regard to this latter point, it may be reiterated that almost half of the experimental group stopped or reduced medication with no apparent harm in terms of increased asthmatic symptoms (informal follow-ups are now being conducted, to wit: contacting each patient who stopped or reduced by phone to find out how they are faring four to nine months after completion of their participation in the study).

Conclusion

In this pilot study, we have constructed a unique scientific investigation of the use of the mind in the treatment of a ubiquitous physical ailment -- bronchial asthma. Our findings seem to demonstrate, in this instance, a direct relationship between the mind and body that has heretofore been unaccepted in modern medical and scientific circles. The findings demonstrated in this study we feel open a door of exploration wherein the mind, through its operative function of mental imagery, can be brought to bear in the treatment of illness, perhaps over a broad range of conditions (as my own clinical practice has borne out) that are worth testing further to establish the efficacy of mental imagery as a treatment modality with next-to-no risk for the patient, effected over a short period of time, with very few office visits required at an overall cost-effect basis, both in terms of

decreased medical visits and decreased cost of medications. By opening the door to the exploration of mind in medical treatment, we can implement the available therapeutic armamentaria while managing to bring the patient more directly into his own healing process, as indicated by all but two persons in the experimental group reporting an increased sense of personal power and quality of life, and relieve the clinician of an onerous burden of having to be the arbiter of life and death for another human being.

Our findings may very well suggest that the current medical model, which does not contain a qualitative perspective, may be inadequate for addressing health issues from a holistic viewpoint, and that the conventional plus complementary modalities, such as mental imagery, offer the consumer and the clinician a broader range of viable health-giving options.

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