

THE BREATH - THE EXPERIENCE OF BEING PRESENT

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Abstract

Respiration is one of the most important biological function. From the first moments of our life, this vital and mysterious process becomes strongly connected to our psysical and psychological health. We are being breathed. Our lives depend on it, even if we are not constantly aware of the significance of the breath. Urban life, sedentary and in-door activities, the constant avoidance of nature activities have been shown to influence the human capacity of breathing correctly and healthy. Other factors associated with respiratory difficulties could be psychological stress, anxiety, depression, emotional disorders. Detrimental effects of these factors have been counteracted by different forms of meditation, relaxation, and breathing techniques.

Because our breathing happens in present, here and now, it can serve as the first anchor for our attention, giving us the opportunity to cultivate present moment awareness. Different meditative traditions consider that the breath has within it all the elements for cultivating our humanity, especially the capacity for wisdom and for compassion.

In this study we have focussed on the benefits of breathing meditation techniques on emotional health. We supposed that using a brief and simple breathing exercise would allow the group members to improve their present emotional experience.

Keywords: breathing, emotions, meditation.

1. INTRODUCTION

From the moment we are born, our breathing connects us to the rhythms of the living world around us in a continual rhythmic exchange of matter and energy. The constant and vital process of breathing varies considerably as a function of our activities and feelings, and it is connected to our psysical and psychological health. Studies from New Zealand (Mitchell, Bacon, Moran, 2016) show that breathing pattern disorders or dysfunctional breathing (DB) tend to affect approximately 5–11 % of the general population, 20% of adults with diagnosed asthma and up to 83% of anxiety sufferers. This pathology is thought to exacerbate symptoms associated with asthma, myofascial pain syndromes, such as temporomandibular joint disease, and other common conditions such as cardiovascular disease, headaches and migraines. In patients with difficult asthma, dysfunctional breathing is associated with anxiety, depression, sleep apnea, and gastroesophageal reflux (Denton et al., 2019). Urban life, sedentary and in-door activities, the constant avoidance of nature activities along with psychological stress and emotional disorders are factors associated with respiratory difficulties. Detrimental effects of these factors have been counteracted by different forms of meditation, relaxation, and breathing techniques (Jerath et al, 2015).

Kabat-Zinn (2016, 2013) emphasized the power of breathing as an unsuspected ally in the healing process.

Mindfulness of breathing is central to all aspects of meditation practice and it is used to improve human health and the quality of life. Recent meta-analysis (Dunning et al., 2019) established the efficacy of mindfulness based interventions for children and adolescents in studies that have adopted a randomized, controlled trial (RCT) design. Significant positive benefits referred to depression, anxiety/stress, mindfulness, executive functioning, attention, and negative behaviours.

A large amount of researches focused on the relation between breathing and emotions, and it demonstrated the beneficial effects of breathing meditation on emotions. Breathing meditation was associated with significantly less negative affective valence (Beblo et al, 2018). Jerath et al. (2015) discussed the inter-relationship between respiration and emotions and the influence of respiration on autonomic changes, and subsequent widespread membrane potential changes resulting from changes in homeostasis. They demonstrated that meditation and breathing techniques are more superior in reversing homeostatic alteration compared to medication. They address the whole body changes that occur in stress, anxiety, and depression, so they could be used as firstline and supplemental treatments.

Based on these results, the present study focussed on the benefits of breathing meditation techniques on emotional experience.

Hypothesis: 1. We supposed that the positive emotions would increase after a brief and simple mindfulness meditation exercise (Breathing Meditation).

2. We supposed that the dysfunctional negative emotions (dysfunctional anxiety) would decrease after a brief and simple mindfulness meditation exercise (Breathing Meditation)

2. MATERIALS AND METHODS

Method: The present study is based on an experimental design. The main dependent variable was positive emotions. Other dependent variables were: general distress, functional fear, dysfunctional anxiety, functional sadness and dysfunctional depression.

The independent variable was the participation on the Mindfulness Breathing Meditation Exercise.

Psychometrical methods: The Profile of Affective Distress (PAD) and Statistical methods.

Instruments

The Profile of Affective Distress (PAD). PAD (Opris & Macavei, 2007) is a rating scale with 39 items that assesses subjective dimensions of positive and negative emotions (functional and dysfunctional). The items describe functional negative emotions (e.g., sad, concerned, tense), dysfunctional negative emotions (e.g., depressed, frightened, panicked), and positive emotions (e.g., happy, cheerful, content). The scale offers a general distress score, a positive emotions score and separate scores for functional fear, dysfunctional anxiety, functional sadness and dysfunctional depression. The internal consistency of the scale has received support in previous studies on Romanian population with alpha Cronbach's between 0.80 and 0.94 and it is considered an efficient instrument to assess affective distress on non-clinical population.

Participants: Fourteen psychology students participated in this experiment, as a part of their activity on a counseling course. Ten of them were female and four were male. On average, participants were 21 years old.

Procedure: We used a brief mindfulness meditation exercise (Breathing Meditation) based on guidelines from Beblo et al. (2018), Germer, Siegel & Fulton (2016) and Kabat-Zinn (2013, 2016). The participants were asked to sit in an upright position and to allow their eyes to close gently noticing how they were sitting in the chair, where they were touching the chair, the floor, noticing

where the air was touching their skin and what that felt like. The researcher asked them to allow their attention to gently alight on their belly, as if they were coming upon a shy animal sunning itself on a tree stump in a clearing in the forest. The participants were guided to feel their belly rise or expand gently on the inbreath and fall or recede on the outbreath, noticing (without trying to change it) where their breath was coming from, noticing where it entered their body when they inhaled, how it traveled through their body before they exhaled, maybe even noticing a pause in between, noticing how their body moved with each inhalation, each exhalation. They were then guided to focus their attention on the place where their breath feels strongest, and to allow any thoughts or feelings that occur to naturally rise and fall without trying to hold onto them or get rid of them. The participants were encouraged to just continue bringing their awareness to their breath as they allow whatever comes to come and whatever goes to go and whatever stays to stay. A few minutes were spent on focusing the attention on the breath, noticing how breath travels into their body, and back out of their body.

Each participant from the experimental group completed ratings about the current affective state before and after the breathing meditation exercise.

3. RESULTS AND DISCUSSIONS

Statistical analysis was performed to test the hypothesis of this study. Paired-Samples T Test was used to identify the differences of PAD scores before and after the Breathing Meditation exercise. Statistical results revealed significant differences for positive emotions ($t=-4,116$, $p<0.01$). That is, Hypothesis 1, assuming a positive immediate effect of breathing meditation on positive emotions, was confirmed by the data.

We also hypothesized that the dysfunctional negative emotions (dysfunctional anxiety) would decrease after the Breathing Meditation.

Statistical analysis revealed significant differences for dysfunctional anxiety ($t=2,502$ $p<0.05$). PAD scores for this variable decreased from $m=15,6429$ (before the exercise) to $m=13,2143$ (after the exercise). That is, Hypothesis 2, was also confirmed by the data.

Table 1. Group Statistics

	Mean	N	Std. Deviation
Positive emotions	Before 42,3571	14	11,97823
	After 48,0714	14	11,48554
Anxiety (dysfunctional)	Before 15,6429	14	5,06279
	After 13,2143	14	4,87030

Discussions:

The mindfulness breathing meditation exercise increased the positive emotions and it reduced the dysfunctional negative emotions (dysfunctional anxiety). This exercise was based on the power of breathing, considered by Kabat-Zinn as an unsuspected ally in the healing process. Breathing happens in present, here and now, so it can serve as the first anchor for attention. It gave the participants the opportunity to cultivate present moment awareness. It anchored awareness in the body, in a fundamental, rhythmic, flowing life process, so it supported awareness in the present. Because it is a rhythmic and a constantly changing process, the breathing teaches people to get comfortable with change. The exercise involved diaphragmatic or abdominal breathing. The

participants were asked to focus on sensations of breathing at the belly rather than at the nostrils or in the chest. This experience was calming and allowed them to deep below the surface agitations of the mind into relaxation, calmness, and stability, without having to change anything at all.

4. CONCLUSIONS

Present findings indicate the effects of mindfulness breathing meditation on emotional experience. This experience was associated to increased positive emotions (participants felt more optimistic, cheerful, content). In the same time, the dysfunctional fear (dysfunctional anxiety) reduced. The awareness of breathing in the present could be an important method to treat anxiety, stress, depression, and emotional disorders (Jerath, 2015; Szulczewski, 2019).

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