

Inspiring Breathwork Retreats in the Post-COVID-19 Period

Milan Hosta

University of Primorska, Slovenia
milan.hosta@fvz.upr.si

Matej Plevnik

University of Primorska, Slovenia
matej.plevnik@fvz.upr.si

The impact of the global tourist lockdown due to the pandemic dimensions of COVID-19 in 2020 and the beginning of 2021 has shaken the industry to its core. The industry of mass tourism has certainly suffered a great knockout, a kind of acute respiratory constriction, a functional collapse that on an organic level would appear as coughing, wheezing, shortness of breath, tiredness, a life-threatening difficulty in breathing. In this paper, we used the concept of hyperventilation as understood by medicine to seek an organic understanding of the crisis that has hit tourist services. The study used a qualitative research technique, namely the single case study of a healthy man at the age of 51, who was going through a health-enhancing breathing protocol. The conclusions were derived based on inductive reasoning. The pattern and results of expected organic changes due to the breathing protocol were transferred by analogy to the institutionalized level of tourism. Since we focused on changes and patterns to be reflected organically, the detailed symptoms or initial disbalance of the individual in the case study were irrelevant for our conclusions. Physiologically, hyperventilation in humans results in tissue hypoxia, meaning that less oxygen is delivered to cells. Similar logic can be transferred to hyperinflated mass tourism booming in recent years, negatively impacting the indigenous social and natural environment. The results of the expert-based and scientifically justified 5-week breathing interventions are presented via a case study. The improvement of major factors and qualitative interpretation from the subject itself has provided us with sufficient outcomes that can be used (1) in designing preventive and post-COVID health regenerative retreats as tourist products and (2) as a model to support the tourism industry with an understanding of sustainable niche-market solutions.

Keywords: innovative tourism, preventive retreats, wellness, breathing programme, motivation, COVID-19



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Introduction

The global tourism industry is probably one of the hardest-hit industries with regard to the effect of the COVID-19 pandemic. In a sense, the whole pandemic

is breath-taking. It has literally taken the vital breath away from crowded cities, beaches, lakes, historic sites, and other tourist destinations. But before jumping to catastrophic conclusions regarding tourism and

tourism-related industries, we are hereby offering an organic perception and interpretation of the situation. The purpose of our exploration is (1) to regard the crisis in terms of an opportunity for a contemplative introspection of the tourism industry, (2) to reframe the business-centred narrative from the organic perspective with the support of a case study, and (3) to provide arguments for sustainable and niche-market health-related tourist services. The industry of mass tourism has certainly suffered a great knockout, a kind of acute respiratory constriction, a functional collapse that on an organic level would appear as coughing, wheezing, shortness of breath, tiredness, or a life-threatening difficulty in breathing.

Tourism is a dynamic and fluid system, which positively contributes to the quality of life of the travelling population. Research suggests that too much interaction with tourism may reduce hosts' quality of life. At the same time residents' quality of life is an essential aspect of sustainable tourism development (Juvan et al., 2021). The recent policy brief from the United Nations World Tourism Organization (UNWTO) provides the following statements regarding the huge economic impact of COVID-19 on tourism (UNWTO, n.d.):

- Tourism is one of the world's major economic sectors. It is the third largest export category (after fuels and chemicals) and in 2019, it accounted for 7% of the global trade.
- For some countries, it can represent over 20% of their gross domestic product (GDP).
- Tourism is one of the sectors most affected by the COVID-19 pandemic, which impacts economies, livelihoods, public services and opportunities on all continents. All parts of its vast value chain have been affected.
- Export revenues from tourism could fall by \$910 billion to \$1.2 trillion in 2021. This will have a wider impact and could reduce the global GDP by 1.5% to 2.8%.
- Tourism supports one in 10 jobs and provides livelihoods for several millions more in both the developing and the developed economies. Over 100 million jobs directly related to tourism are at risk.

- In some Small Island Developing States (SIDS), tourism accounts for as much as 80% of exports, while it also represents important shares of national economies in both the developed and the developing countries.

Since there is no doubt that tourism was estimated to generate 7% of global trade in 2019, and in some countries up to 20%, with the COVID-19 pandemic, we are dealing with a huge constriction of the system. The collapse in international travel represents an estimated loss of \$1.3 trillion in export revenues – more than 11 times the loss recorded during the 2009 global economic crisis (UNWTO, n.d.).

Economic Impact of COVID-19 on Tourism

At the moment, the total 2020 economic impact is not yet available. There are several reliable umbrella sources (UNWTO, n.d.; OECD, 2020) that have partial data already at hand and have issued relatively reliable forecasts. However, the final evaluation is not decisive for our research. The sole fact of lockdowns globally and the obvious impact that this has on tourism is an argument good enough to build our discourse on solid foundations.

The report from Tourism Economics (Trimble et al., 2020) estimated that the global pandemic devastated city tourism, with global city arrivals forecast to have declined by 58% in 2020, equivalent to the loss of 373 million visitor arrivals for the 309 cities covered in their global cities travel service. Most European governments have taken a proactive approach in encouraging tourism, easing international travel restrictions and encouraging domestic travel. However, COVID-19 continues to engulf the EU region, with travel restrictions changing continuously and, often, with little notice. This fluctuation dampens the tourist sentiment and endangers the travel recovery. International visitor arrivals to European cities will not exceed 2019 levels again until 2024, while domestic visitor arrivals will only reach 2019 levels by 2023 (Trimble et al., 2021).

Škare et al. (2021) suggest policy-makers and practitioners in the tourism industry need to gain knowledge of the impact of the pandemic crisis on the tourism industry and the economy. Therefore, an important part of the economic strategy is to protect produc-

tive capacity and use economic production capacity to the fullest extent as soon as the virus has diminished.

However, besides the pandemic's impact on the economy, there is consequentially also growing anxiety arising from the fear of the infectious disease spreading while travelling. The research also shows that COVID-19 risk perception per se influences typical forms of vacation behaviour, but this risk also leads to the development of travel anxiety, which additionally influences only some forms of vacation behaviour (Bratić et al., 2021; Turnšek et al., 2021).

Organic Interpretation of the Crisis

A crisis is always also an opportunity to rethink the tourism industry and its impact due to the exploitation of natural and cultural resources: an opportunity to reframe the issues at hand and come up with inclusive and resilient solutions. The breath-taking dimensions of sudden changes in tourism, such as lockdown and restrictions in travelling globally and locally are pushing us towards metaphoric thinking that might shed new light on compassionate understanding of the situation. In this regard, we can compare the tourism sector to an organ within a living organism (society), an entity with its own characteristics that collaborates with other entities/business sectors (different organs), which form a bigger, more complex organic whole, namely an organism (society).

In his 1653 *Lectures on the Whole of Anatomy*, William Harvey, the famous British physiologist, stated simply but profoundly: 'Life and respiration are complementary. There is nothing living which does not breathe nor anything breathing which does not live' (Stephen, 2021). It is obvious that this crisis took the vital and fully blooming tourist breath away, and many stakeholders are at the edge of survival due to lack of 'oxygen.' In organic terms, we refer to this as a constriction due to prior hyperventilation. Hyperventilation is an example of an extreme breathing pattern alteration that may be acute or chronic. The first description of hyperventilation in Western medical literature dates back to the American Civil War when a surgeon published a paper where he described the reasons for cardiac disorders among 300 soldiers who suffered breathlessness, dizziness, palpitations, chest

pain, headache and disturbed sleep. However, at that time they had not yet identified hyperventilation as the primary cause. The term *hyperventilation syndrome* was introduced later in 1937 and provided the physiological rationale to explain the findings of cardiac disorders from the surgeons' report (Chaitow et al., 2014).

Hyperventilation is today understood as the ill pattern of breathing, which is defined as breathing in excess of metabolic requirements, reducing carbon dioxide concentration of the blood to below normal. This causes an alteration in the body's pH, increasing alkalinity, and thereby triggering a variety of adaptive changes. One of the major changes is hypoxia, a reduced supply of oxygen to the tissues of the body below healthy physiological levels, despite adequate perfusion of the tissue by blood (Chaitow et al., 2014; Aliverti & Pedotti, 2014). The other major change is hypoventilation as compensation for inadequate gas exchange due to hyperventilation. In extreme form, hypoventilation is commonly associated with morbid obesity, and as a sleep or spontaneous acute apnea.

Translating these physiological laws onto socio-economic dynamics would mean that when the system is consuming more than needed to maintain the basic life-maintaining functions in order to make and accumulate bigger profit or is in a constant competitive battle-like mode, there will be a turning point which resembles the Bohr effect in breathing physiology. The system will shut down, collapse or, to a proportional degree, limit its major functions in order to compensate for the loss of balance due to low values of basic production units (cells). In short, we can draw a parallel as follows: when a person (organism) is greedy and is gasping for more and more oxygen in the air, but not sharing this with their inner world on a cellular level, the cells will either give up or stand up for their needs and call the immune system to protect their 'natural rights.' The immune system, as a 'court of justice,' will cause constriction of blood vessels (felt as a high blood pressure) or airways in lungs (felt as asthma) to stop the person from 'committing a crime.' In these terms, lockdown appears as an immune response due to the hyperventilation of the tourism industry, which was already showing signs of devastating natural and cul-

tural resources due to mass exploitation. We believe that such organic thinking and use of the language of physiology can provide us with great insights and opportunities for creative solutions that are already available with this reframing of the crisis. Following this analogy, we could for instance think in the proposed terms: person/body/organism = society, organs = different business sectors (one of them is tourism), air = goods, oxygen = money, cells = people, immune system = court of justice, hyperventilation = hyperinflation.

There is a strong historic background on the value of conscious breathing, a vast amount of research and an international body of knowledge that shows the health benefits of breathing-related protocols in terms of exercise and therapy. In 2016, Anselm Doll and his colleagues showed that this attention focus eases stress and negative emotions, in particular by activating the dorsomedial prefrontal cortex, a regulatory area of the brain, and by reducing activity in the amygdala (Doll et al., 2016). Doria et al. (2015) offered 10 training sessions of two hours each, spread across two weeks, to 69 patients with anxiety or depressive disorders. The training included a varied set of breathing techniques (such as abdominal breathing, acceleration and deceleration of rhythm, and alternate nostril breathing), combined with some yoga stretches. The researchers observed a significant (*p*-level) decrease in symptoms at the end of the protocol. Even better, improvement was maintained two and six months later, with follow-up sessions just once a week and some home practice during this period.

In this paper, the concept of hyperventilation as understood by medicine and physiology will be used to seek an organic understanding of the crisis that has hit tourist services. We will draw the conclusions from a single case study of a person who is going through a health-enhancing breathing protocol and transfer it by the analogy to the institutionalized level of tourism to show the similarities in the pattern of change. Physiologically, hyperventilation results in tissue hypoxia which means less oxygen delivered to cells. Similar logic can be seen with hyperinflated mass tourism booming in recent years, and negatively impacting the indigenous social and natural environment. Re-

garding the research available, our main claim is not based on a single case study that we are presenting, but on the understanding of the rationale of change that can be organically proven and used as an insight into new niche opportunities for tourist services in the post COVID-19 period. Therefore, it is the aim of this paper to emphasize the possibilities of designing preventive and post COVID-19 health-regenerative retreats as tourist products using a case study methodology and reasoning by the analogy.

Methods

In order to achieve the purpose of the study, we used a case study methodology, which is the ideal methodology when a holistic, in-depth investigation is expected and needed. On the other hand, case studies are designed to bring out the details from the viewpoint of the participants by using multiple sources of data (Baxter & Jack, 2008; Crowe et al., 2011; Tellis, 1997; Rashid et al., 2019). However, the case presented here is not directly related to the COVID-19 disease, which might be considered as a flawed attempt to support our thesis. To date, there have been no relevant cases that would enable us to research the direct impact of the Buteyko-method-based breathing rehabilitation on individuals with a history of COVID-19. However, the case of a former athlete presented here is of special value as well, since we might speculate that the benefits of the protocol that the subject gained over the intervention period, though he was initially healthy and physically fit above average, are indeed reported as impressive in terms of subjective change. Considering the relative importance of such interventions in relation to health and especially post-COVID-19-related tourist services, we are also including a patient report published in *BMJ Practice Pointer* by Greenhalgh et al. (2020).

Participant

The participant, a man aged 51, who performed a 5-week Integral Breathing programme in October and November 2020 was a former top athlete, biathlete, multiple Olympian, serviceman, coach and more. Other anthropometric data are irrelevant for the process and objective of this paper. During the years fol-

lowing the end of his sports career, he continued and persisted with a sporting lifestyle. He still engages in various endurance and long-distance sports such as running, cross-country skiing, mountaineering and road cycling, as well as some adrenaline sports like freeriding, wind-surfing, sailing and more. Prior to the study, he did not have any breathing problems, nor was he snoring. However, he was well aware of the benefits he might gain from the designed breathwork regime and was motivated to dedicate himself to it on a daily basis.

An informed consent on expected outcomes, limitations and potential risks was signed prior to the intervention. Regarding the research objectives, the personal athletic history of the subject is not of relevant importance, since we are aiming to show relative improvements induced by the protocol. However, since the subject was already in good health, the observed changes are even more encouraging and would probably be of higher degree with less fit post-COVID-19 individuals. This hypothesis is yet to be proven, of course, and further research is needed (Planinc et al., 2021).

Intervention Protocol and Study Design

The intervention that was proposed to the participant and that he agreed to follow for 5 weeks was part of the integral breathing training programme for breathing practitioners designed by the leading author of this article. The duration of the intervention is arbitrary but, based on the experiences from 20 years of practical breathwork teaching, the 5-week protocol has proved to be a safe period to show meaningful and tangible changes experienced by the subject performing the protocol. According to Baxter and Jack (2008), we hereby focus on the descriptive and intrinsic value of the case study, and its interpretative (Crowe et al., 2011) potentials to serve our objective. The leading author of this article has been doing breathwork sessions and breathing therapies for 20 years. One of the most common and successful methods of hyperventilation syndrome treatment is the Buteyko method, stemming from Russia in the mid-20th century and named after Dr. Konstantin Buteyko. This method, with scientifically proven results, is now largely accepted as an ef-

ficient complementary and self-treatment respiratory therapy to treat many inflammatory diseases arising from hyperventilation syndrome (McKeown, 2015).

The entire programme involved 20–30 minutes of breathing routine, 10–15 minutes of meditation and a 30–60 second cold shower every day for 5 weeks. The breathing routine used in this case was designed according to the subjective needs and preferences of the participant, namely to support his fitness. The breathing techniques were carefully chosen according to well-researched benefits. The first technique was the traditional Buteyko's breathing method (Bruton & Lewith, 2005), which basically comes down to very slow and small-in-volume breathing ('slow and low'), which is also known as 'reduced' breathing. The benefits of such a breathing regime are: (i) better tolerance to high CO_2 in lungs and blood, (ii) better tissue oxygenation, and (iii) higher vagal nerve tone which is a sign of an active parasympathetic autonomic nervous system (McKeown, 2015). The second breathing technique is often used by free divers to raise the capacity of blood to carry oxygen or by athletes to simulate high-altitude training. Apnea, breath holding, was introduced as the second technique (Elia et al., 2021).

In the initial phase, we explained to the participant the benefits of conscious breathing with a certain breathing pace (Table 1) using both techniques, and the important role of carbon dioxide (CO_2) and nitric oxide (NO) for good health. The aim of the intervention was to enable a better breathing pattern in everyday life and in sports activities, and consequentially to gain benefits from the possible qualitative changes and subjective feelings as narratively reported and recorded daily by the subject in his notes. Regarding meditation, the participant had his own 10–15-minute routine of calm sitting and breathing and observing inner feelings with no judgment or the need of intervention to change them. The cold shower routine included a minimum of 30 seconds and a maximum of 60 seconds (Buijze et al., 2016) with calm nose breathing standing under the shower.

To summarize, the intervention included 'slow and low' Buteyko breathing (15 minutes daily), maximum inhalation and exhalation retention (3–5 apnea repetitions daily), meditation, and a cold shower. The

Table 1 Breathing Pace

| Day | Breathing pace | | |
|-------|----------------|------------|--------------------------|
| | Inhalation | Exhalation | Breath hold after exhale |
| 1–5 | 2 | 3 | 1 |
| 6–10 | 4 | 5 | 1 |
| 11–15 | 5 | 6 | 3 |
| 16–36 | 7 | 8 | 3 |

Notes In seconds.

subject was taking notes on (1) the pace of ‘slow and low’ breathing, (2) the pre-exercise breath hold time (known as ‘control pause’ in the Buteyko breathing method), and (3) subjective feelings and the assessment of the impact due to intervention.

Results and Discussion

In the beginning of the intervention breathing programme, the participant reported that he found it difficult to follow the ‘slow and low’ breathing routine for 15 minutes. He felt anxious and uncomfortable, especially in terms of feeling out of breath. Based on this initial feedback, we agreed to the principle of graduation, despite the fact that the participant already had experience with lower oxygen levels at high altitudes and the feeling of air hunger was not strange to him. Therefore, we started with the shortest possible breathing pace where he still felt comfortable, then gradually reducing the volume and/or extending the breathing cycle as the felt sense allowed as shown in Table 1, meaning 10 breaths per minute at the start of the regime, and 3.3 per minute starting on day 16. We also paid special attention to the daily cold shower routine because the reactions were initially expressed in the form of a shock (increased mouth breathing, discomfort, and aversion). Thus, we agreed that the procedure should start with warm water and then gradually turn into cold, starting with cold water at the feet, moving to the arms, torso and finally the head as well.

After a week of daily sessions, the client reported the first obvious changes regarding better sleep and reported that in the morning after the session, he

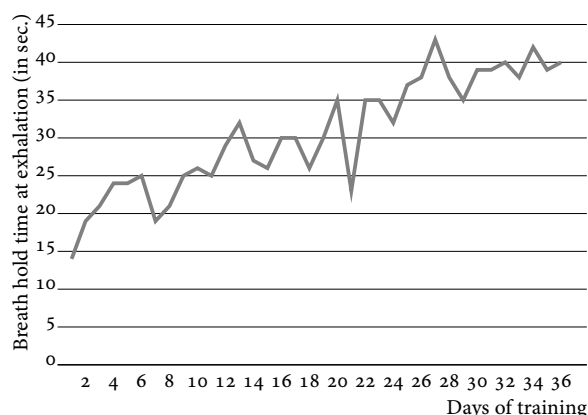


Figure 1 The Results of Pre-Exercise Control Pause Test

was feeling light and remained playful throughout the workday. Because he trained regularly over the period of intervention, subjectively by the felt sense, lactic acid most likely appeared in smaller amounts, and the body’s regeneration was faster, as reported by the subject in the notes. The desire for hydration was greater and digestion was also better. Showering with cold water was no longer a problem after day 5. Further into the intervention, the participant reported that he had less desire for sweet products. He reported higher calmness and good focus throughout the workday. During the conversation, the client reported that cognition was clearer, the visual channel of communication was sharpened (he estimated situations better, read people faster, recognized ‘fake behaviour’ faster, etc.) and his intuition improved. He also reported that regular meditation induced new ideas and good thoughts, and he even noticed a better sense of humour, but did not know the reason why this occurred. Since this was reported during conversations, and might bring some anecdotal value to the transformation, we cannot draw any conclusions upon these very subjective impressions. Regarding the apnea or breathing retention training, the participant reported that his endurance trainings are much more effective this way, he does not feel as tired as usual, and that he can do longer workouts. However, the results of the daily pre-exercise ‘control pause’ test noticeably improved (Figure 1).

In general, after 5 weeks of daily routine, the par-

participant concluded that during his routine training, he felt more confident, his breathing pattern changed in a manner that his mouth was closed during a slow and moderate running or cycling pace, and his resting respiratory rate also included a natural pause after the exhalation. During daily work activities, the habituation of nose breathing was obvious. In conclusion, he was very satisfied with the impact of the intervention on his physiological and psychological performance resulting also in a better emotional condition and overall well-being.

The participant in this case study was a former top biathlon athlete, a healthy 51-year-old adult with an ambition to improve his athletic performance due to the promised positive effects of following the breathing-meditative-cold-shower regime (intervention protocol). The 5-week protocol included the following interventions daily: pre-exercise breath hold ('control pause') test, 15 minutes of slow and low volume breathing to the limits of feeling air hunger, 6 times repetitive apnea (breath holding), meditation and a cold shower. After three weeks, the participant reported the first tangible changes: sleeping better at night and experiencing a better flow state and playfulness in the morning after the breathwork as well as throughout the working day. Since the subject still trained regularly, the body's regeneration (subjective qualitative assessment) was enhanced over a period of four weeks of the intervention protocol. The desire for hydration became clearer and the digestion was also better. The participant found that the endurance training, which included prior proper breathwork, was much more effective; it did not feel so tiring, and the participant could do longer sessions. It was also observed by the subject and noted in daily narrative reports that his breathing pattern changed in the final part of the 5-week protocol. During exercise, the mouth was closed at a slow and moderate pace, and during sleep, the respiratory pattern also included a spontaneous pause after exhalation. During daily work activities, he held his mouth closed more often than before, and if he ran out of energy, he started doing Buteyko breathing exercises.

For the purpose of contextualization and further inductive reasoning, we are hereby also presenting a

COVID-19-related patient's account which was published in BMJ Practice Pointer by Greenhalgh et al. (2020).

A Patient's Account

40-year-old man, who was previously fit

Exercise, which I do a fair amount, was not at all possible. [...] My chest was painfully tight, and my breathing was slightly erratic; I began to experience shortness of breath in random waves that didn't leave me gasping for air but certainly made me uncomfortable and very worried. My glands were swollen to the point that it was physically challenging to swallow, and this was only possible with severe discomfort. I felt physically exhausted, mentally drained, and, for the first time in my life, began to consider asking for additional help. [...] As far as recovery goes, it has now taken a full seven to eight weeks to start feeling close to my normal self again. In the aftermath of this, I have continued to experience the following: fatigued to the point of having to sleep during day, inability to exercise, continued shortness of breath both motionless and when exerting, small waves of anxiety, considerable depression, continued loss of smell. These are all post-symptoms that I have had no experience or medical history with, and so it has been difficult to wrestle with the unexpectedness of them.

Learning and Empowerment via Breathwork Retreats: Opportunities in Tourism after the COVID-19 Pandemic Period

Since global policy recommendations regarding more resilient sustainable tourism have already been launched by economic (OECD) and tourism-related (UNWTO) umbrella organizations, we believe that besides tackling the challenges of a negative economic impact, the industry should also relate to a crisis as an opportunity to develop new products and services. That is why we believe that a rather unusual attempt shown as a case study in our research might show exactly the point that is relevant in both directions: (1) how to organically understand the pathologies of mass tourism, and

(2) where to look for resilience and sustainability. Below is the résumé of our intervention that will lead us to a discussion and implications for further suggestions regarding niche-market-oriented health services in post-COVID times.

Now that we have to a sufficient degree reframed our original tourist crisis onto an organic level, the breathing therapy used in cases of hyperventilation and in supporting individuals as presented in this case study might show us a way forward and one of the possibilities for a healthy and resilient future in the tourism sector. There are further research attempts and arguments (Korstanje, 2021; Gibson, 2021) that are challenging resilient and sustainable tourism in the post-COVID-19 era and are compatible with our thesis.

Regarding breathing, to frame our interpretation, a certain degree of breathlessness is apparently common after acute COVID-19. Severe breathlessness, which is rare in patients who are not hospitalized, may require urgent referral. Breathlessness tends to improve with breathing exercises (Greenhalgh et al., 2020). Many patients are still recovering spontaneously in the first six weeks after acute COVID-19 and do not generally require fast-track entry into a pulmonary rehabilitation programme. Those who have had significant respiratory illness may benefit from pulmonary rehabilitation, defined as 'a multidisciplinary intervention based on personalized evaluation and treatment which includes, but is not limited to exercise training, education, and behavioural modification designed to improve the physical and psychological condition of people with respiratory disease' (Brice, 2018; Barker-Davies et al., 2020). There is a vast amount of research that shows success in the treatment of chronic or acute stress hyperventilation via such protocols as presented above (McKeown, 2015).

Thus, if our organic interpretation and transfer of understanding of the breathing of the human being onto the 'breathing' of the tourism industry 'holds water,' then we are witnessing the lockdown as a bronchoconstriction. With narrative support of the observed and documented positive changes of the subject and science behind it, we can propose a pathway towards sustainable tourism that should not fall into

a trap of hyper-production, overcrowded sights, and the destruction of cultural and natural resources.

The growing awareness of personal responsibility for health and a clean environment has been a by-product of the COVID-19 pandemic and the consequential lockdown. The tourist services should take advantage of this and the industry should rethink and regenerate its agenda towards autopoietic capabilities. Healthcare quality innovation will certainly play an important role in building resilient and sustainable tourist services. So, this period, even though the industry is suffering, offers a great opportunity to design health-enhancing and regeneration-related retreats with similar healthcare protocols as described in our case study.

As an outline of the health-enhancing retreat programme based on our case study, we would propose to design a focused breathwork-related intervention within the holistically framed service that includes the following options: (i) bio-certified food and herbs (Chauhan et al., 2021) from local farmers, (ii) daily guided breathwork regime including the Buteyko method and yogic pranayama techniques, (iii) light to medium daily physical activity, and iv) social events and tours to honour natural resources and cultural heritage. We are already witnessing the COVID-19-related tourism and rehabilitation programmes. For example, the Thermana Spa (Laško, Slovenia; www.thermana.si) is offering a 6- or 11-day post-COVID-19 rehabilitation programme that includes the following treatments: physiotherapy, classical massage, salt room therapy, herbal therapy, acupuncture, and swimming.¹ The main objective of such programmes is to raise awareness of embodied experience and the socio-economic network that relies on natural resources, which should be carefully managed. The shift from mass tourism with huge investments towards localized co-natural and boutique-like health enhancing services has in our estimation a great perspective in bringing people from cities back to the rural environment. This reasoning is also aligned with the notion of 'healing tourism' expressed and justified by Siying et al. (2021), which

¹ <https://www.thermana.si/en/packages-offers/strengthen-your-health-after-covid-19>.

we also find appropriate for our suggestions. There is a body of knowledge and a vast amount of research in the domain of health, tourism, sport and recreation, kinesiology, and related disciplines claiming the benefits of outdoor and physically active tourism with close connection and intentional exposure to natural elements (water, sun, air, forest, etc.) and its positive impact on health. Recently, Buckley and Westaway (2020) published a review that showed the powerful positive impact of outdoor tourism on the well-being of women and families in COVID-19 recovery.

The ongoing COVID-19 pandemic has also influenced predefined health and wellness philosophies. This paper may help advance the recovery of health and wellness tourist destinations, promote renewed services, and encourage health and natural healing practitioners to cooperate closely with the tourism infrastructure. There is a need to revitalize the underperforming elements of health and wellness tourist destinations during COVID-19 and have further crisis management and recovery strategies in place.

Conclusive Thoughts

The organic shock due to the global lockdown has shed light on the tourism industry as never before. The realization of the natural recovery potentials became even more obvious as the sights of mass tourism were freed from crowds and a huge environmental burden. Since there was a huge deprivation of consumers, which can organically be illustrated as oxygen, the system went through a 'hypoxia' and related compensations. But the important lesson here should not be overlooked. The constriction in the organic language, or the lockdown in institutional terms, is the result of acute or chronic hyperventilation, and this leads to slowing down the breathing frequency and volume.

We believe that this comparison provides a good rationale to consider the importance of sustainable and in-depth tourism regeneration, meaning that the sole consumerism of tourist services without a meaningful and added value for the host and guest itself will not bring anything good to the cultural and natural environment. As Majeed and Ramkissoon (2021) conclude, a deeper understanding of people's perceptions

of their physical and psychological needs in times of crises and disasters is essential. This may help advance the recovery of health and wellness tourist destinations, promote place attachment, and encourage re-visitation.

The current trends in health-enhancing, preventive, regenerative and rejuvenating services due to the raised health-awareness effects of the pandemic provide a fertile soil for the breathwork and somatic-based retreats, rural and spa tourism (Pinos & Shaw, 2021) closely related to natural settings and landscape. The service industry of breathwork-based interventions is gaining momentum due to the awareness raised because of COVID-19 threats and its direct impact on lungs and related breathing difficulties. Again, we are well aware of important limitations of our case study due to a single subject in terms of justifying the breathwork intervention. However, this was not our goal, and for the purpose of analogy to bring an understanding that is more organic into the industry itself, we believe the message is well delivered and justified. The research in future should certainly consider and analyse a variety of post-COVID rehabilitation programmes with a larger sample of subjects and its success from a health perspective and from an economically sustainable viewpoint. Secondly, the article will also serve as a canvas for further explorations and contextualization in order to support the efforts of the industry to realign its trends to the service of humanity and nature as joint venture.

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