

## Original article

# Qi Gong exercises through the lens of the Alexander Technique: A conceptual congruence

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## Abstract

This paper qualitatively reviews two complementary therapies: Qi Gong and Alexander Technique (AT). It is being suggested that Qi Gong and AT may be united through a qualitative congruence of their mutual underlying concepts. The author hypothesizes that a coherent rationale can be formed through this conceptual congruence and proposes that to some extent Qi Gong movements and AT can be considered interchangeably. Such synthesis of these two therapies is being presented to identify Qi Gong movements with the concept of somatic re-education and also to explain how this new construct can be developed. When verified, this hypothesis will allow individuals to better understand Chinese health exercises from the neurophysiology of emotions perspective.

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## Introduction

There is a growing body of evidence that suggests the usefulness of AT, a Complementary and Alternative Medicine therapy [1–4]. The Alexander Technique (AT) is designed to use movement and perception of one's own self to foster individualized improvement in performance on a daily basis. Frederick Matthias Alexander, its originator, believed his method enhanced people's kinesthetical awareness and functional movements that are parts of everyday life [5]. This concept assumes that by understanding own movements, one functions at a higher level. In similar ways to those using the AT, individuals may function better thanks to Qi Gong exercises: a movement therapy that facilitates mind–body integration. Qi Gong practitioners claim to be able to influence the functional status of the central nervous system (CNS), through the use of movement to improve emotional well-being and self-awareness. More specifically, Qi Gong exercises can lead to increased positive emotional states in the sense that more focused experience of joy and happiness can be achieved

via deeper exploration of individual's muscle tone [6]. The author believes that Chinese Qi Gong exercises and the Alexander Technique are based on similar principles: both approaches are designed to consciously direct certain aspects of ourselves to improve one's integrity. The author aims to explore the qualitative convergence of both Qi Gong and AT through a common conceptual psychological lens, with a view to identifying the similarities and differences between these two techniques. However, it is important to emphasize that the level of abstraction presented within the scope of this article is grounded in the qualitative approaches. Therefore, during the discourse analysis some information regarding Qi Gong's and AT's essence are being derived from the presented data [7]. To be more precise, from the viewpoint of AT, this article reviews in narrative manner the clinical applications of these two modalities, examines their beneficial effects and the concepts that underpin both approaches.

Additionally, the aim of this study is to describe how patients and therapists can benefit from this fusion. This paper also explores how the Alexander concept can be used in Qi Gong exercises and vice versa and how these two modalities can be nourished due to their suggested correspondences. Finally, it is being suggested that all

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professionals in healthcare environment such as physiotherapists, massage therapists, bodywork and movement therapists or nurses could enhance their work due to this conceptual congruence.

### Introduction to AT

Frederick Matthias Alexander has created the therapeutic modality known as the Alexander Technique (AT). The Alexander Technique is a taught form of physical therapy designed to correct movement over time and brings the body into natural alignment with the object of helping it to function efficiently, and is reported to aid relaxation [8]. Key characteristics of the Alexander Technique include absence of effort and internal resistance with perfect movements' economy [9]. Equally, Alexander believed that when one is able to stop a movement from occurring then he or she can reset the action and redirect motion to function more naturally and this is the key to alter routine movements; otherwise these habitual responses may cause strains in the body [10]. He named this activity inhibition. Inhibition provides an opportunity to select your movement response from the wide range of currently available possibilities to the moment you have to commit yourself into movement's performance. Alexander also stressed the importance of 'primary control', which is a dynamic relationship between the head, neck and spine—crucial in a person's balance [5]. These relationships influence the coordination of the rest of the body, i.e. appropriate coordination of pelvis, hips, knees and ankle joints. Additionally, through the process of sending conscious motor commands to influence tonic muscular activity (biofeedback) a state of postural readiness can be achieved [5]. This readiness organizes tonic muscular activity, allows the trunk to be expanded (the neck and back elongated) and facilitates synchronization of the limbs and the whole body [1]. Pressure on joints can be reduced and smoother, easier, lighter movements achieved as a result. For the Qi Gong practitioner, this could mean a concentration on head and neck relationship, lengthening and widening the body, and ability to stop movement in every possible moment during the form's performance. Consequently, this could lead to improved coordination, reduced energy expenditure and movements' fluency and efficacy. Additionally, a practitioner may experience positive emotional and health states.

### *Clinical effectiveness of AT*

Alexander Technique, a process of psychophysical re-education, is being promoted for a range of medical conditions [2]. An up-to-date research into the AT has focussed on its effectiveness for improved performance, improved physiological functioning such as breathing, and the reduction of pain [4,9,11,12]. In addition to decreased pain, the magnitude and asymmetry of the patient's responses and balance were improved after AT sessions.

In this single case study, automatic postural coordination was also improved [1]. AT instruction may be effective in improving balance and thereby reducing the incidence of falls in elderly [12]. This study investigated a possible relationship between functional reach (FR) performance—(a clinical measure of balance) and AT instruction. A pilot group and experimental one have shown to indicate a significant improvement in FR performance after eight 1-h, biweekly sessions than have controls. Among compromised individuals, the results have shown to indicate that there is evidence that AT is likely to lead to sustained benefit for people with Parkinson's disease [13,14]. In this randomised controlled trial with three groups, one receiving lessons in the AT, another receiving massage and one with no additional intervention, depression was reduced and the management of disability was significantly improved in the treatment group in comparison to the controls. However, this study had some limitations such as a small sample size. Ernst and Canter have also written that the results are promising and imply that AT is effective in reducing the disability of patients suffering from Parkinson's disease [2]. They also have claimed that AT is efficient in improving pain behaviour and disability in patients with back pain and this treatment modality deserves to be studied in more detail. Results from the recent randomised controlled trial support AT's effectiveness and cost-effectiveness in treatment of this condition [3]. In this large well-designed study, 579 patients with chronic low back pain (LBP) were included: 144 were randomised to normal care, 147 to massage, 144 to six Alexander Technique lessons and 144 to 24 Alexander Technique lessons; half of each of these groups was randomised to exercise prescription. The results have shown to indicate that the Alexander Technique, but not massage, remained effective at one year compared with controls using the Roland disability score [3]. Therefore, this study has indicated that long-term benefits for patients with chronic back pain and six lessons were nearly as effective as 24 lessons. Dennis has claimed that robust, well-designed randomised controlled trials (similar to the presented above) are required in order to test claims made by AT practitioners about its efficacy [8]. Such trials could provide evidence if AT can have a positive effect on the symptoms of chronic asthma and thereby help people with this condition to reduce medication [15] and improve breathing patterns [11].

This could mean to the AT student congruence with the body's 'intelligence' or self-regulatory processes, more adaptive and effortless movement patterns, increased performance's efficacy, better movements' economy and fluency as a result of enhanced physiology. As a result of optimized oxidation, stress may also be minimized (the pain loop can be broken). These results can also mean potential in the method itself, and the possibility of future research including psychological and social variables such as self-efficacy, locus of control, level of optimism or sense of coherence. As far as AT can resonate with the mind-brain's mechanisms, knowledge about own self

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