

**Positive Engagement with Communities through Taiji:
Case Study of a One Day Experiential Workshop**

Denise Yuen Megson ¹, De Qing Chen² Jackson Chiu ³

¹ University of Salford

² Member of Acupuncture Association of Traditional Chinese Medicine, UK

³ Member of Great Britain Wushu/Sanshou Team 2008-10

Positive Mental Health – Engagement with Communities through Taiji: Case Study of a One Day Experiential Workshop

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Abstract

Whilst the physical health benefits of taiji have been reported, there is limited information on the influences of taiji on mental health. This paper reports on a collaborative one day experiential workshop between a university, a local martial arts academy and Mental Health in Higher Education (MHHE). The purpose of the day was to explore the impact of taiji on people's mental health and well-being. The workshop used a multi method approach to explore the potential benefits of taiji. Participants, who were service users and various professionals, were introduced to the philosophies behind taiji and gained an understanding of the concept of qi. This was followed by participants being guided through a practical taiji session to demonstrate how qi can be activated. The remainder of the day was used to deconstruct poetry and narratives to trigger discussions on the range of benefits of taiji. Those participating acknowledged the social benefits of belonging to a community of taiji practitioners. Two pragmatic issues were also highlighted: cultural background being an important influence regarding the understanding and practice of taiji; and that difficulties in gaining access to reputable and qualified teachers can act as a barrier to integrating taiji within educational programmes.

Key words: Health and Well-being, Taiji, Benefits to Mental Health, Barriers, Collaboration.

Introduction

Taiji has a long history as a martial art, dating back some 700 years. Generations of taiji masters have adapted and added to the original movements to help promote the flow of qi (also spelt chi) to internal organs, thus benefiting health.

Chi is a concept fundamental to the understanding and practice of t'ai chi; it is a life-giving energy or 'the breath of life' that pervades everything. The Chinese believe that ill health comes from disturbances in the flow of chi which may be blocked, deficient or in excess. (Lewis: 205)

Taiji is widely practised in the Eastern hemisphere as a means of maintaining health. The promotion of qi by sequences of exercise to gather, balance and direct its flow is fundamental to the practice of taiji. Moreover, the mental aspects of focusing on the movements and being aware of the bodily sensations and reactions, has been likened to meditation in motion (Posadzki and Jacques 2009).

In this paper the spelling of taiji is in keeping with the Pin-yin system as opposed to the western spelling of tai chi. The Pin-yin system, introduced by the People's Republic of China, has been in use since 1958 and is an attempt at teaching Chinese pronunciation to foreigners. Pin-yin became an International Standard Organisation (ISO) standard in 1982 and is used exclusively in the media (<http://qi-journal.com/culture.asp?token.SearchID=Mandarin>). Another reason for using Pin-yin is to hopefully attract a more global audience to this paper, where search terms using Pin-yin spelling is more common.

Reviewing the Literature

Available literature on the benefits of taiji has tended to focus on the physical aspects of health with few papers exploring its value in treating common mental health problems such as anxiety and depression (Baron and Foubart 2005; Sandlund and Norlander 2000; Taylor-Piliae et al 2006). However, as a taiji practitioner who has experienced wider benefits, it was felt that an exploration into its potential use for enhancing mental health and well-being was worthwhile.

In 2001, Li et al systematically reviewed 31 original studies identifying the physiological benefits on health from practising taiji. Within the studies reviewed, evidence was available that demonstrated taiji practice can help promote more effective ventilatory responses (Zhuo et al 1984) and that people gained strength and improved their balance (Tse and Bailey 1992; Wolfson et al 1996). Of the 31 studies, only two studies by Jin in 1989 and 1991 appeared to have considered mental well being and the effects taiji has on mood and emotions.

Li et al. (2003) devised a modified form of taiji for use with older adults who were considered frail, and individuals with functional impairment of the musculoskeletal and cardiovascular system. Using a variety of health measures the findings of their research suggested evidence of improvement to both physical and mental health. More recent studies (Brismee et al 2007; Cheung et al 2007) appear to have continued the trend to focus on taiji and its use with older people. Reduction in joint pain, improvement in physical functioning of those with knee osteoarthritis and improvement in balance are all reported benefits (Brismee et al 2007). Likewise, after a 15 week taiji chuan programme, improvement in muscle strength and shoulder joint flexibility in individuals with lower limb disability was reported, even though there was no significant improvement in respiratory and cardiovascular function (Cheung et al 2007).

A more recent systematic review of the literature examined studies that explored the efficacy of taiji on fall reduction (Low et al 2009). This review of seven randomised controlled trials found that taiji had the potential to reduce falls and/or the risk of falls among older people, particularly in those who were relatively younger and not frail.

Qualitative studies have explored the benefits of using taiji to promote health and well-being in pregnant women. Ford-Price (2008) uses autoethnography to articulate how taiji exercises helped her minimise the discomforts during her pregnancy and how the development of stamina and relaxed breathing assisted in her delivery. Similarly, Layhe-Cook (2011), a taiji tutor and a trained National Childbirth Trust antenatal teacher, developed a short course using taiji qigong exercises focusing on the physical, emotional and mental needs of pregnant women.

With regard to mental well-being several studies have shown positive results in the use of taiji as an intervention. Taylor-Piliae et al (2006) examined changes in psychosocial status following a 12-week taiji exercise intervention conducted among immigrant Chinese people living in the USA, who were at risk of cardiovascular disease. The aim of the study was to determine if taiji exercise improves affect and mood, and reduces stress. The twelve week programme reported a statistically significant reduction in perceived stress, improvement in mood and an increase in perceived social support. However, a longer time period was needed to assess whether taiji could be performed with confidence. Limitations of the study included issues relating to participants' understanding of the measurement tools and their level of education. Such limitations led the authors to question whether or not the benefits were solely down to the taiji activity or if they had been influenced by the location; that is attending a local community centre and participants having easy access to other health care services (Taylor-Piliae et al 2006).

Sandlund and Norlander (2000) reviewed all studies directly concerned with taiji in connection with stress and well-being as reported in the Psychlit and Medline databases during 1996–1999. The authors concluded that taiji had a role to play in the reduction of stress due to its relaxation and meditative effects, but were unsure whether this effect could be in part due to participants doing something that they enjoyed. Caldwell et al (2009) compared the effects of Pilates and taiji on self-efficacy, sleep quality, mood and physical performance of college students. The Pilates group scored better for both self-efficacy and mood, but the students using taiji also showed an improvement in both these areas. A case study on the role of taiji in reducing anxiety and enhancing the mood of children with special needs concluded that taiji had the greater impact on the child who was hyperactive and had heightened anxiety (Baron & Faubert 2005). However, the authors were conscious of external factors which could have impacted on the results. For some of the children the issue of having a history of ‘inherent failure’ may have led to their trying to master the physical movement as opposed to paying attention to the breathing and centering that leads to a sense of well-being.

As well as exploring the benefits of taiji on those who might use health and social care services, another study evaluated the effectiveness of a self care programme for nurses (Raingruber and Robinson 2007). The nurses were managing complex cases, working in very stressful environments and had a high turnover of staff. Three different classes of yoga, taiji and meditation or reiki were offered to nurses who were asked to keep a journal and reflect on a series of questions. The participants of taiji classes reported feelings of warmth or tingling sensations and perceived that their ability to problem solve and focus on patients needs had improved. The ability to notice physical sensations and relate to them indicates that individuals could disassociate themselves from external stressors and experience a period of calmness and relaxation. It was also felt that the calmness they experienced provided them with the ability to better pick up on cues from patients. The nurses participating in the study also reported having a more positive view of their work (Raingruber and Robinson 2007).

It would appear from the literature that whilst the effects of taiji have been well researched in terms of physical health problems, there is growing evidence about how it might be used as a way of maintaining mental health and well-being, linked to exercise and the cultivation of mindfulness. In order to achieve these goals, it is necessary to attend to the subjective experience of those who have engaged in taiji and ensure that they are offered the opportunity to explicate their experience.

The One Day Collaborative Workshop

An opportunity arose to apply for funding from Mental Health in Higher Education (MHHE) to facilitate a workshop promoting mental health in Higher Education Institutions.

Collaboration was sought from a local martial arts academy to facilitate a workshop that was open to Higher Education staff, users of mental health services and staff in practice settings. Ethical approval was sought and granted from the School who hosted the event and a contract was signed by the Head of School, who agreed to MHHE terms for hosting the event. The publicity material advertising the day made it evident that there was an experiential element to the day and all publicity material was seen and agreed with a facilitator from MHHE. The aims and outcomes for the day were clearly identified and participants had to register to attend the day. The workshop aimed to introduce tai chi movements as a way to manage and reduce stress and to enable participants to meet and network. The main outcomes were to develop knowledge of the philosophy of taiji and to have a basic understanding of taiji movements and their potential benefits. MHHE also required a report and evaluation of the day’s events and one of their advisors attended the workshop.

The workshop was organised and advertised nationally by MHHE and local networks. There was a limit on the numbers of places available and 20 participants enrolled for the workshop. Four participants did not attend on the day due to sickness and problems with travel.

The Participants

A total of 16 people attended the advertised workshop, six of whom were carers and two were professionals who were using taiji in their services. The other eight participants were: one person receiving services from a mental health service; two lecturers; three student support staff from other universities in the United Kingdom; a mental health community worker and a social work student who was on placement with her; and a representative from MHHE. Not all participants were taiji practitioners and at least three had never attempted taiji at all. There were seven men and nine women participants, with ages ranging from mid twenties to mid sixties. Five of the participants were Chinese and the others were white British. Their main reasons for participating were to share their experiences and to gain more knowledge of the subject area. In particular the lecturers were keen to see whether taiji could be included in their module on stress management whilst the student support personnel were keen to explore the possibility of introducing taiji to students in their own Higher Education institutions.

The Structure of the Workshop

A short presentation on the global strategy for preventing deaths from treatable causes (World Health Organisation 2002) and the national cross-government plan to promote physical activity (Department of Health 2005) was used to set the workshop in context. This was followed by a discussion on the philosophy of taiji. After completing the more theoretical aspects of the day, the participants were asked to engage in a short exercise to experience the feeling of 'qi' as this provided a basis for the experiential element of the workshop. The importance of qi was then explained to the participants.

The experiential element of the day was facilitated by an experienced Taiji Master and his senior student. It was important to engage credible teachers in order to provide authenticity to the experience. As the majority of participants had not previously experienced taiji, it was important that their experience was such that they were able to make sense of it in relation to their pre-conceived thoughts. The benefits of being able to gain data related to cognitive abstract concepts from concrete experience is well documented (Rainey and Kolb 1995). Active experimentation and reflective observation transforms learning, which often become guides for new experiences. The practical elements started with a series of warm up exercises followed by breathing exercise. Some basic postures for relaxation, which can be extended to train and improve concentration and visualisation, were introduced. The group proceeded to try out exercises to gather and direct 'qi'. Participants were first shown the actions followed by an explanation as to how to perform them. Analogies were used to help participants relate to the actions and to aid visualisation. For example one action of 'testing energy' is likened to standing in a warm sea and feeling you are pushing and pulling back against the water. There should be a sense of resistance in the movements and breathing follows the pull/push rhythm. The experiential work concluded with a demonstration of a 'form' which is a collection of postures with linking steps to create a sequence. The function of these movements is to improve balance, timing and sensitivity, plus the regulation of breathing (Everyday Tai Chi).

In the afternoon, narratives and poetry were used to explicate some of mental health benefits experienced by taiji practitioners. Poetry has been used in the analysis of lived experiences to provide insights into various experiences of mental illness, for example depression (Gallardo et al 2009), whereas Lyle (2009) used narrative as a way of understanding self.

The narration offered to the group was from a taiji practitioner who competes at international level. His story provided his perspective on the psychological benefits of taiji, related to his achievements and self-esteem. By contrast another practitioner used a poem to illustrate the bodily sensations and the pure joy the sequence of movements generates for her. Even though she does not compete in competitions there was a similar sense of personal achievement in mastering the movements. For this person there was also the sense of being on a journey and being creative.

Participants were then divided into two smaller groups and discussions were then used to explore participants' experiences and thoughts on the potential and actual benefits of the experiential taiji exercises that they had taken part in. The discussions focused on what promotes mental health and a sense of well being and how taiji might contribute to this state of wellbeing. Each of the groups had a facilitator who made notes on flip charts. At the end of the small group discussions, a plenary session was used to draw together all the views and opinions. The content from the flip charts was transcribed onto a themed list which included how physical activity can be promoted in educational and service settings and how to take forward ideas from the day. This list was sent out to the participants after the event for verification and further comments but there were no further additions from the participants. The day was then evaluated using a structured questionnaire.

Feedback from Group Discussion at the Workshop

Benefits identified by participants who practice taiji included improvements in physical health such as being able to sleep better, improved immunity to common ailments, improved balance and improved mobility. It was suggested that good self-esteem would be achieved through the ability to master a form or sequence. A few participants talked about being part of a network of local people, of their role as volunteers visiting schools in their area to demonstrate taiji, and globally as a community of taiji practitioners:

We visit our local schools to teach the school children, to show them taiji
Participant A.

Some reported feeling positive, happy after engaging in taiji exercise, and for one carer, taiji provided her with the motivation to carry on with the care of her husband who has dementia:

It is hard work. My husband has dementia. Doing taiji keeps me strong
mentally to continue. Participant B

The individual who used mental health services shared with us that he likes attending taiji classes as it helps him to relax and feel calm. Even participants who have never practised taiji felt the essence of 'qi' during the experiential session:

Feels like something between the palms...cannot easily push palms
together. Participant C

The themes emerging within the group discussions echo those in the published literature: improved sleep (Caldwell et al 2009); improved mobility and balance (Li et al 2001); and elements of positive well being and creativity explicated through the poem which illustrated the joy of the sensations and movements whilst performing taiji (Sandland and Norlander 2000; Raingruber and Robinson 2007). A sense of calmness and relaxation is in keeping with the findings of Taylor – Piliae et al (2006), Raingruber and Robinson (2007) and Baron and Faubert (2005).

The participants at the workshop identified additional benefits to mental health. Some reported a sense of self achievement and increased self-esteem from mastering a 'form',

teaching others or from competing at international level. One participant reported using taiji to help her maintain motivation in a demanding caring role whilst health professionals at the workshop reported using taiji to facilitate recovery in users of mental health services. Participants who have attended classes/groups reported a sense of belonging and support from the immediate group whilst some acknowledged the presence of a community of taiji practitioners. The participants were keen to network and agreed that their contact details could be shared.

Some of the barriers to the use of taiji as a way to promote positive mental health were identified as: access to reputable teachers; the influence of culture on choice of taiji as a form of intervention; and the length of time it takes to master the basics and thus the delay before benefits are realised. There are ways to verify the authenticity and reputation of taiji teachers through the Taiji Union for Great Britain, but the relationship between teacher and student and the teaching style can influence the enjoyment of the art. In light of this, choice of teacher is an important consideration when starting to use taiji. As for the influence of culture, with greater exposure to taiji and better understanding of its benefits, taiji is seen less as a mysterious eastern activity. The presence of the internet has helped by making literature on taiji more accessible and publicising taiji events from all over the world including those taking place in the Western hemisphere. Nevertheless, there is a long way to go before taiji becomes part of mainstream health care interventions in Western society. In part this might be related to the philosophies rooted in taiji and these being more in keeping with Chinese culture and their belief system. Taiji exercises are ‘considerably different from the “no pain, no gain” mentality of western exercise’ (Yang 2008: 9) as the gentle energy gathering/nurturing exercises can be easily practised daily. However, it does take time and effort to learn the different basic movements and to co-ordinate the breathing with the movements. Yang et al (2007) reported it took participants four months to memorise a seven movement choreographed taiji form. Regular practice is preferable to long irregular sessions, so beginners need the support of teachers to access appropriate resources to help them perform the basic exercises regularly.

Future Research Opportunities

The workshop participants were keen to engage in qualitative research to explore the topic further and this is a potential opportunity for community engagement for the School. The collaboration provided further understanding of inter-professional education by engaging with taiji experts, practitioners and health professionals who were using taiji as an approach to promoting positive mental health. It brought into focus aspects of working collaboratively (Lowndes and Skelcher 1998) in a multi-agency context by confirming that personal factors and working relationships between partners were of prime importance.

Conclusion

Whilst a number of studies exploring the use of taiji on physical and mental well-being are quantitative in nature, the strength of the work reported in this paper lies in it being qualitative, and thus able to highlight some rich personal experiences of using taiji. The feedback from the workshop does in fact re-iterate some of the findings from other published studies, thus adding to a growing body of knowledge. In addition participants were able to identify possible barriers to accessing taiji and/or including it in an educational curriculum. It has been decided to adapt the workshop into a session on the ‘Promoting Positive Mental health’ module which forms part of the nursing curriculum for second year mental health student nurses. Perhaps this is a good starting point in teaching neophyte nurses a different cultural intervention that they can practise, master and hopefully use to improve their own mental well-being and the mental well-being of those in their care.

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