

Qi Gong and Mental Health

A pilot experience

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1. INTRODUCTION

Although we have sufficient empirical evidence in the field of acupuncture and phytotherapy, a field of TCM for which we do not have enough empirical evidence is Qi Gong, especially its application in the field of mental health. Barely We have data communicated verbally at some conference (Cohen, 2005), for With this work we intend to provide a small empirical evidence in favor of the effectiveness of Qi Gong in people diagnosed with severe mental disorder. We have applied a Qi Gong treatment to users who attend a Day Center. These people are diagnosed with some type of serious mental disorder, mainly schizophrenia.

to. TCM and Mental Health: Empirical Evidence

In recent years, suggestive research has been carried out regarding the effectiveness of Traditional Chinese Medicine in relation to mental health. It has been demonstrated the effectiveness in anxiety problems (Díaz, Martín and González, 2002), of post-traumatic stress disorder (Holliefield et al, 2007), anxiety and depression (Warren, 2004), depression (Smith, 2004) and schizophrenia.

Regarding the latter, the findings show that acupuncture can be as effective as chlorpromazine (trade name Largactil) in the treatment of schizophrenic symptoms (Beecroft and Rampes, 1997), that acupuncture can be assumed as an effective treatment for psychosis (Harbinson and Ronan, 2006), which Electroacupuncture together with low doses of neuroleptics is as effective as treatment with other doses of antipsychotics and also does not produce as many effects side effects (Gang, Shu-Bai, & Liang-Dong, 1997), that the combination of phytotherapy and neuroleptic drugs is beneficial (Rathbone, 2005) and, in a Cochrane review (Rathbone, 2005), which can confirm the usefulness of acupuncture in the treatment of schizophrenia.

However, recent studies are not sufficiently considered in the scientific literature due, among other things, to certain methodological deficits.

It is still curious, as Llopis and Moltó (2009) state, that one more discipline 4000 years old and intended for explanations and causal treatments has have to submit to the criteria of a recent and low-capacity paradigm explanatory. However, and precisely for this reason, we consider it important to take into account consider the following aspects:



- ▶ The design must preserve the qualities of the theoretical framework of reference, Medicine Traditional China.
- ▶ The need for treatments to be customs must not be incompatible with the “honorability” of the investigation (Giovanardi, 2009).
- ▶ The Western diagnostic categorization must run parallel to that of the MTC. experimental subjects should be classified and treated according to the Differentiation of Syndromes of TCM although data processing use Western categories.
- ▶ Caution must be taken when guaranteeing *ceteris paribus*, that is, it must be control that there is no variation in any other aspect of the subject's life experimental, such as eating, sleeping or other habits (McPherson et al., 2001).
- ▶ Subjects who have belonged to a placebo group should be able to benefit of treatment once it became experimentally possible (WHO, 2002).

b. The madness in TCM

Mental disorders, in a generic sense, are understood in TCM as situations in which the person, due to different reasons, suffers an imbalance in the functions of the organs and viscera while there is a weakening of the Qi (vital energy), Xüe (blood), organic liquids and Jing (main essence). In others

cases, the difficulty lies in obstructions in the free circulation of Qi, Xüe and liquids.

Although it may, on a superficial reading, appear that the explanations available are biological, nothing could be further from the truth. In MTC there is no division dualistic and Cartesian between body and mind. They are two aspects of the same thing, the change in one dimension always accompanies the change in the other. In this way, for example, a Liver Qi blockage should simultaneously suggest the likelihood of irritability poorly managed and rib pain. To our Western minds, accustomed to causality, it is difficult for them to get used to this type of explanation. We therefore advise forget the concept of “psychosomatic” in TCM. This is not easy to incorporate into our premises. On repeated occasions we have found companions, practical of MTC, with an extensive background of studies, which cling to the causal direction psychic-somatic.



We advise the reader
sit or lean well before
read the following: disorders
Mentals do not exist (as such).
They are still viable constructs
socially for a certain
population (or caste), in this case,
the professionals. They do not exist
really. To people
things happen, people
face the facts that
happen, people suffer and
they enjoy. and the diagnoses

They try to group events that occur frequently together. If it happens that a person
He cries frequently, blames himself, isolates himself and sees a dark future, he is usually diagnosed
of depressive disorder. But there are more symptoms that are usually common. and some
of these symptoms is less frequent than the others.

With this we want to convey the idea that as valid as these diagnoses
Others may be, as long as they demonstrate their statistical validity. Therefore, not

there is a real need to translate Chinese diagnoses into Western diagnoses and vice versa. What's more, we believe that it is advisable not to do so. In MTC there are, for example, internal disorders of the phlegm fire, the symptoms of which are: high fever, irritability, dysphoria, delirium and sometimes insomnia. Surely many manic or delusional symptoms They may include these symptoms, but reducing them to that is a mistake.

In reality, although through the differentiation of syndromes the cause is refined attributed to discomfort, the categories frequently used in TCM to refer to psychopathology are few: melancholy, Dian syndrome ("depressive madness"), Kuang syndrome ("agitated madness") and mixed DianyKuang syndrome. It seems to us that this A cursory classification presents great advantages, just as until the last quarter of 20th century occurred in the West. The fewer categories, the less likely pathologize the emotional reactions that are part of anyone's experiences of us. For this reason, we move away from direct translations from the field of psychology, as the Hammers (Hammer, 2002) and Requena (Requena, 1984).yy

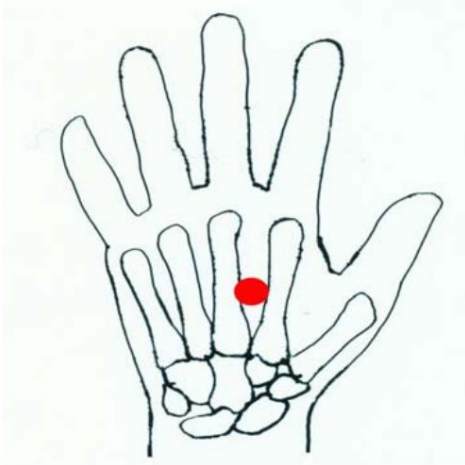
c. Mind and mental health conceptualized from Traditional Chinese Medicine

As it could not be otherwise, cultural differences are crucial to the time to start fitting the terms and processes of the psychic into Chinese culture. It is not a sufficient reason, however, to discard their contributions or to consider them enemies of the individual or of psychotherapy.

The first concept to take into account is that of Shen. Shen can be translated as "mind" with some caution because it includes: thought, consciousness, perception, understanding, self-awareness and memory. That is, the cognitive processes and metacognitive and cognitive resources (attention, memory, concentration). On the other hand, it includes all the emotional aspects. And finally, it includes a certain "vitality psychic." This Shen contains five aspects:

Hun, ethereal soul. It would be equivalent to the "soul" of Western culture and is based in the Liver. Its functions depend greatly on the state of the blood as well as its fluidity. of Qi (vital energy). In a normal state, it manifests itself as communication, relationship,

enthusiasm, imagination, courage. Shown in a pathological state, it can be identified such as anger (Liver Yang condition), depression or fear (due to insufficient



Liver blood) or emotional blockages (due to stagnation of Liver Qi).

Po, body soul. He has his seat in Lung. It is the Yin counterpart to Hun, the part most closely linked to the body, sensations and feelings. He is responsible for the life and vegetative functions and their expression "pathological" is sadness.

Yi, intellect, reflective aspect. Associated to the Spleen. When in a state of

insufficiency, forgetfulness, difficulty concentrating or inability to stop thinking appear. turn things around.

Zhi, will, resides in the Kidney and is associated with the capacity for action and achievement, willpower. When it is in a state of insufficiency, apathy appears, disinterest,...

Based on these aspects of the Shen, we can analyze the emotional world of the subject. Currently, there is a certain consensus to assume the equivalence of the states emotional with the affectation of certain organs and with its correlate "physiological".

d. Qi Gong and schizophrenia: a controversial relationship.

Of special relevance for the objectives of this work are the relationships between Qi Gong and schizophrenia. There are studies available (beyond the verbal communications at conferences) on the effectiveness of Taiji Quan (24 form of the Yang family) on the physical and mental well-being of a student population (Wang, Taylor and Peng, 2004), but we do not have favorable data on the effectiveness of Qi Gong. What's more, there is even some controversy about the dangers of Qi Gong due to its possible cause of psychotic symptoms. There is a methodical review (Beng-Yeong, 1999) who chooses to consider Qi Gong a simple promoter of psychotic episodes in people who previously met diagnostic criteria for a disorder psychotic.

Any professional accustomed to the world of intervention in disorders mental is aware that confronting the subject with events for which he does not have coping tools, it can cause increased anxiety and psychic destructuring. In the event that the event is very intense, the very deficient tools and the subject is vulnerable to the perception of hallucinations or to delusional beliefs, the probability of these occurring will be high. But not We can blame Qi Gong for this, just as we cannot blame meditation, Yoga, to the lights of the discos, the noise of the bars, the romantic breakups to the tyrant bosses.

2. METHODOLOGY

to. Introduction.

The Qi Gong group is taught in a Day Center for people with illness severe and chronic mental. The group is made up of eight people with the same diagnosis - Schizophrenia - and present the same needs for intervention. The Intervention needs are identified after an evaluation process. He group teaches one day a week for an hour and a half.

The Qi Gong workshop is taught in two different stages in the process of user, a first stage from 10/09/2007 to 06/17/2008, with a duration of nine months and a second stage with a duration of six months, between February 17 and July 22, 2009. Between these two stages there is an interval of 8 months where the workshop is not taught.

Chi Kung or Qi Gong is a set of practices aimed at improving the health of the being a human being with everything that implies, the body, the mind and the energy. It consists of gentle exercises, harmonized with breathing and concentrating properly. By directing energy to certain places in our body, they will produce an effect beneficial to the person's health.

It is a body technique that allows us to train in body awareness and allow thus getting closer to what is real inside, rather than denying it, repressing it or ignoring it. It allows the person to connect with their own body through body movement, We are very used to being in the mind, as if we were "floating minds without body". The thoughts will continue to appear, but the user's attention will be directed to that part of the body that is in motion. Living in our body means living here and now.

b. General objective.

- Acquire psychological and physical balance through relaxation, breathing and internalization.

c. Specific objectives.

- Contact with one's own body
- Contact the different sensations felt
- Live in the here and now
- Reduce anxiety or other emotional disturbances
- Prevention of medical diseases
- Increase extrasensory communication
- Strengthening bones, muscles and tendons

- Develop the ability to abstract external stimuli
- Improve concentration, positive visualization and intuition
- Improve sleep
- Reduce fatigue

d. Session structure.ÿÿ

1.- Warm-up.

In the same way, although for the warm-up we followed a fixed order ascending, we varied some of the exercises so as not to generate boredom in the users.

2.ÿÿAutomasaje

In self-massage we use some points especially related to the emotional well-being. We apply digitpuncture on them.

<p>SHANGQI (B.5) Jingÿriver Point Corresponds to metal in the classification of the five elements Regional anatomy: • Skin, subcutaneous cellular tissue, triangular ligament of the malleolus of the tibia • Superficial layer is the saphenous nerve, and the great saphenous vein. The internal tarsal artery and the great saphenous vein, the cutaneous nerve of the internal part and the branch of the superficial peroneal nerve. • Deep layer there are tributary branches of the anteromedial malleolar artery and vein.</p> <p>Location: At the midpoint of the longitudinal line, along the anterior edge of the malleolus, and the transverse line along the inferior edge</p>	<p>SHENMEN (C.7) "Spirit Point" "Yuan-source point and shu-stream" It corresponds to the earth in the classification of the five elements. Dispersion point because it is land. Receives a transversal Luo of the Small Intestine, in Zhizheng (ID.7) Regional anatomy: • Skin and subcutaneous cellular tissue, radial border of the tendon of the flexor ulnaris muscle of the doll. • Superficial layer is the medial cutaneous nerve of the forearm, tributaries of the basilic vein and palmar branches of the ulnar nerve. • Deep layer is the artery and vein and ulnar nerve.</p> <p>Location: Palm supinated; on the radial surface of the posterior edge of the pisiform bone, towards the external side of the tendon of the flexor carpi ulnaris muscle, in the first transverse fold of the</p>
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<p>of the malleolus. In the depression of the antero-inferior border of the internal malleolus.</p> <p>Function:</p> <ul style="list-style-type: none"> • Spleen Toning. <ul style="list-style-type: none"> • Eliminates Humidity. <p><u>Our fundamental objective was</u> _____</p> <p><u>use it to reduce rumination</u> _____</p> <p><u>cognitive.</u> _____</p>	<p>doll.</p> <p>Function:</p> <ul style="list-style-type: none"> • Normalization of activity functional Heart, • Relieves mental stress, • Clears and activates meridians and collaterals. • Nourishes the blood of the Heart • Opens the orifices. • Clarifies the fire of the Heart. Calm the spirit. • Tonifies Qi, Xue, Heart Yin. <ul style="list-style-type: none"> • Refreshes the Heart Fire <p><u>Our objective was to use it for its capacity</u> _____</p> <p><u>to regulate Shen.</u> _____</p>
<p>LAOGONG (PC.8) "Labor Palace" "Ying-spring point"</p> <p>It corresponds to fire in the classification of the five elements.</p> <p>Regional anatomy: • Skin and subcutaneous cellular tissue, palmar aponeurosis, space between the tendons of the superficial and deep flexor muscles of the fingers, 2nd lumbrical muscle, 1st palmar interosseous muscle and 2nd dorsal interosseous muscle. • Superficial layer there are palmar branches of the median nerve and the venous trunk of the face</p> <p>palm grove. • Deep layer is the palmar digital artery and the palmar digital nerve itself and the median nerve.</p> <p>Location: Flex the fingers, and locate the first transverse fold with the tip of the middle and ring fingers, between the second and third metacarpals, behind the metacarpo-phalangeal joint, on the radial side of the third metacarpals.</p> <p>Function:</p> <ul style="list-style-type: none"> • Recover consciousness by dispersing the Heat. • Disperses Heart Fire. 	<p>TAICHONG (H.3) Yuan-source Point Shu-stream Point</p> <p>Corresponds to the earth in the classification of the five elements.</p> <p>Regional anatomy:</p> <ul style="list-style-type: none"> • Skin and subcutaneous cellular tissue: tendons of the extensor digitorum longus muscle and extensor digitorum longus muscle, first muscle interosseous. • Superficial layer: there is the venous trunk of the dorsum of the foot and the dorsal cutaneous nerve. • Deep layer: there is the peroneal nerve and the dorsal metatarsal artery and vein. <p>Location: In the anterior depression between the first and second metatarsal bones, on the lateral aspect of the tendon of the extensor hallucis longus muscle. 2 cun from the <i>Xingjian</i> point (H.2), posterior part of the bunion.</p> <p>Function:</p> <ul style="list-style-type: none"> Soothe the Liver. Disperse Heat. Regulates the functions of the Lower Jiao. Calm Yang and Liver Fire. Muscle relaxant. Unlocks Liver Qi. Controls the internal wind. Calm the spirit. Tones XUE and Liver YIN. <p><u>We use the point for its ability to</u> _____</p> <p><u>Unlock Liver Qi and thus promote a</u> _____</p>

<ul style="list-style-type: none">• By calming the mind, it calms the spirit. • <p>Eliminates summer heat.</p> <ul style="list-style-type: none">• Refreshes the XUE.• Restores Stomach function. <p><u>We use the point for its capacity</u> _____</p> <p><u>to disperse Heart fire.</u> _____</p>	<p><u>good management of everyday emotions</u> _____</p>
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3.ÿ Performing Qi Gong exercises

We move on to develop the content used during the activity.

Obviously, for each day we selected only some of the basic exercises (Jian, 2005 a) or, later from Ba Duan Jin (Jian, 2005 b), with the aim of while maintaining learning through repetition and innovation.

3.1. - 8 pieces of brocade (Ba Duan Jin)._____

The practice of these eight exercises is capable of making the body something as wonderful as the finest embroidery of gold, it is also known as The Eight Tai Chi jewelry because there are many benefits it brings to practitioners by Tai Ji. The exercises performed are:

1.- Two hands hold the Sky to harmonize the Triple Reheater



This exercise activates triple circulation heater (*Sanjiao* , a defined organ in TCM, without physical correspondence, whose purpose is to synthesize and distribute energy (*Qi*) in the body. The triple heater has three areas or *boilers*, the upper burner, located above the diaphragm and related to breathing, the burner middle, located in the stomach area and related to the

digestion, and the lower burner located in the pelvic area and related to elimination. At the breathing level we develop complete, abdominal breathing, thoracic and clavicular.

We also stretch the connective tissue that holds the organs in place.

internal muscles that receive a gentle massage, and the tendons and we notice how the blockages produced by accumulated tension, thanks to the integral action of bones, tendons, muscles and organs.



2.ÿ Stretch one hand towards the feet and then the other to harmonize the spleen and stomach.

This exercise regulates the Qi of the Stomach, Pancreas and Spleen. Decreases the Yang of the Stomach and increases the Yin of the Spleen. Improves digestion, transit and circulation blood.

3.ÿ Turn your head and look behind to avoid becoming consumed

In the initial posture and during inhalation the concentration is fixed in the Dantien. As we turn we exhale the air and the concentration passes from Dantien to Hui Yin and then to the Yong Quan. The spirit directs the Qi. We derive Dantien's Qi to the ground with purpose of eliminating Qi contaminated by the five weaknesses (the diseases of the five organs: Liver, Heart, Spleen, Lung and Kidney damaged by energies climatic conditions of wind, heat, humidity, dryness or cold, or the dietary sour, bitter, sweet, spicy or salty flavors) and the five sores (the seven emotions fundamentals: anger, excessive joy, grief, sadness, despair, fear and panic).



4.ÿ Open the arch to the left and right to shoot the hawk

The benefits of this exercise are related to the Lung, so when performing the exercise we will look for a sensation of opening and release in the chest. This exercise improves breathing and circulatory functions. By the movement of the arms and the extension of the index fingers, the exercise tones the meridians of the lungs and the large intestine. Tonifies the Kidney Qi and the extraordinary Dai Mai meridian that passes by the Ming Men (point located on the back at the level of the navel).



5.- Lower your body and clench your fist with an angry eye

Liver Qi "expands the Yang and unfolds the Yin." HE regulates the energy generated with the preceding exercises transmitting it to the muscles.

6.- Stand on the balls of your feet and bounce seven times

This exercise distributes energy throughout the body. It can be done with different speeds, if we do it slowly we will increase the strength of the legs and the return circulation and therefore the cleansing of the blood, in addition to promoting the balance development. Done quickly and loosely it helps distribute Qi throughout the whole body, in this case breathing will be free.

7.- Shake your tail and swing your head to release the Fire from your Heart.



When you inhale, the lung on the side that corresponds to the bent leg absorbs the "fire of the heart." When you exhale, that fire, already cooled by the lung, is expelled to the outside. This exercise "decreases Yang and nourishes Yin", calms the body and spirit. Appropriate for states of stress.

8.ÿ Bring your hands to the ground and hold your feet



The vital Jing energy is stored in the kidney region, Ming Men point. We directed the rally successively to Ming Men, Hui Yin and Chang Qiang, which was described as "summoning her at her place of residence and causing her to descend"

3.2. The 18 basic movements

We use a series of basic Qi Gong exercises of Buddhist and Taoist origin selected by Doctor Jian Liu Jun, from the Quietáo Institute of Paris (Jian, 2005, a). The goal of these exercises was to encourage the flow of Qi (life energy) to a time to tone up if there is insufficiency and disperse if there are cases of excess.

4. Meditation.



We use classic posture meditations seated, like The Inner Smile or Breathing in the Three Dan Tien (Rodríguez, 2006). We have taken special care to time to focus attention on sensations felt, so that we could not get closer to no dissociative state problematic. In any case, they

We invited you to focus attention on your breathing, observing with curiosity the contents of consciousness that assault his mind and gently returning to your breathing.

3. ASSESSMENT OF THE ACTIVITY.

In relation to the first stage of the Qi Gong Workshop, the attendance percentage is high. The data allows us to know that in 56% of the sessions the 100% of the participants, in 20% of sessions 80% of participants, in 13% the 70% of participants, in 3% of sessions 60% and in 7% of sessions 50% of participants.

The absenteeism percentage is very low. 45% of participants attend all the sessions given. 22% of the participants attend 90% of the sessions, 11% to 80% of the sessions and 22% of the participants to 70% of the sessions. Therefore, It can be inferred that throughout these nine months the functioning of the group has been correct in terms of user assistance.

In relation to the second stage of the group, attendance has improved, reaching 100%.

10. Contents addressed:

- Group presentation
- Introduction to Qi Gong
- Heating
- Basic recommendations
- Breathing and energy absorption techniques
- Automasaje
- Putting into practice the 18 basic Qi Gong exercises
- 18 pieces of brocade (Ba Duan Jin).

11. Characteristics presented by the group:

- Difficulties in identifying, labeling, defining and differentiating sensations typical of emotional states
- Difficulties in identifying the body scheme

Coordination difficulties

Difficulties in laterality

Difficulties in movement integration

Difficulties with divided attention

Working memory difficulties

Difficulties in understanding

Insomnia

Bad digestion

Lack of muscle tone

12.- Intervention objectives

Identify felt sensations. Mindfulness in experience immediate.

Gain awareness of the body scheme

Improve coordination

Improve laterality

Improve movement integration

Improve divided attention

Improve working memory

Improve understanding

Reduce Insomnia

Improve digestion

Acquire muscle tone

13.- Assessment of general aspects of the activity

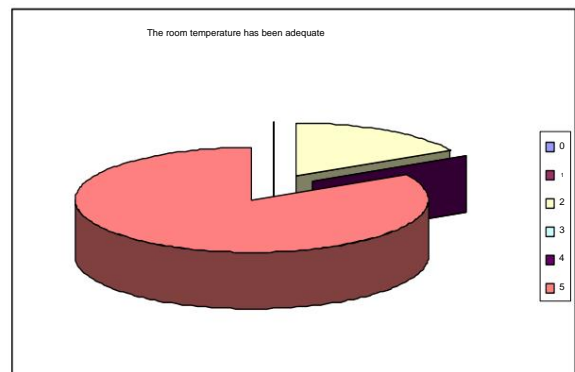
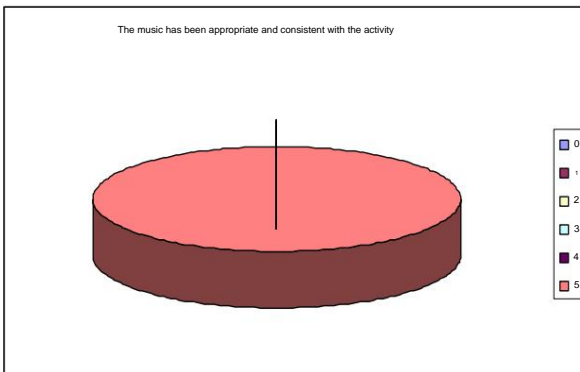
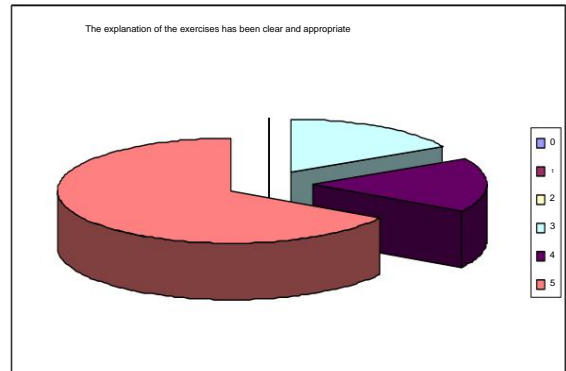
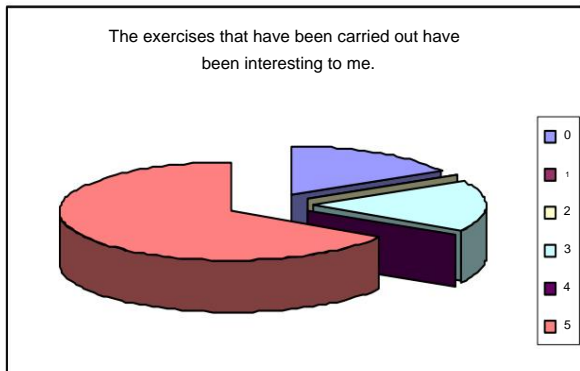
During the workshop, the motivation of the attendees is taken into account, the explanation of the exercises by the professional (with the aim of working on comprehension), the music used (with the aim of working on divided attention), the temperature, the context (with the aim of developing a safe environment that allows

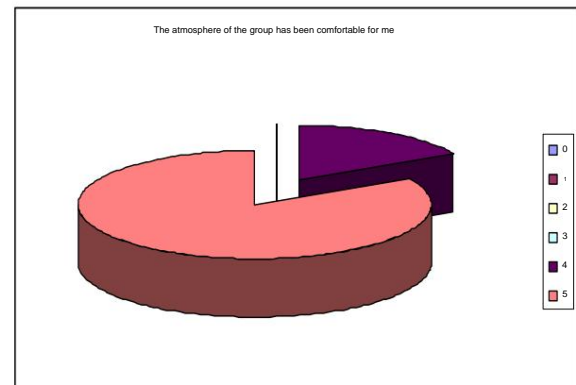
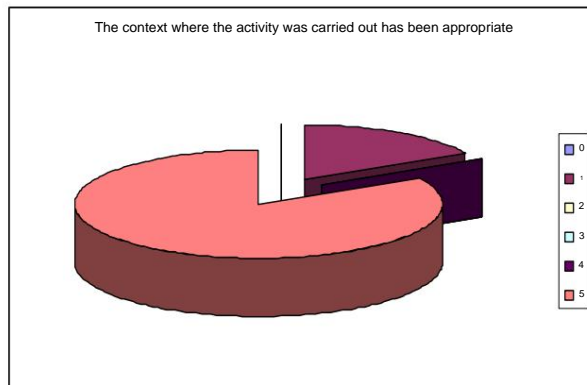
exploration by the user) and the group climate with the aim of a good performance of Qi Gong and the achievement of its objectives.

In the evaluation of each of the aspects mentioned above, it has been used a scale with a score from 0 to 5, where the minimum score is 0 and the maximum a 5.

The evaluation provides us with the following information: 67% of the participants They find the exercises carried out in the activity very interesting and very appropriate and the explanations provided for them are clear. 100% of the participants express agreement and satisfaction with the music used, they say that it helps them Identify the sensations and focus on the exercises. At the same time that they facilitates relaxation. And 84% of the participants give a maximum score to the temperature, context and climate of the group because it seems very appropriate and comfortable.

13.1.ÿ Graphic representation of the previous items: _____





14.ÿ Assessment of the identification of body changes:

The BAI (Beck Anxiety Inventory), the PSWQ (Inventory of Pennsylvania Concern), the BDI (Beck Depression Inventory), and others items to evaluate the user's ability to identify felt sensations and see to what degree they identify and point out the bodily changes detected in themselves themselves. In the first stage of the workshop, a pre-evaluation is carried out at the beginning of the activity, as of October 9, 2007 and a post-evaluation in the month of June 2008. In the second stage of the workshop, a pre-evaluation is carried out on the 17th of February and a post-evaluation dated July 22, 2009. The results obtained provide us with indicative information about how it evolves the group in relation to the stated objectives. But it's not about data conclusive since it is a group whose objectives have been set in the medium and long term.

14.1.ÿ Description of the questionnaires used and their results:

1. PSWQ (Pennsylvania Worry Inventory):

The Pennsylvania Worry Inventory (PSWQ; Meyer, Miller, Metzger, and Borkovec, 1990) assesses the general tendency to worry or worry-trait, variable that seems to play an important role in all emotional processes and in anxiety and mood disorders, but which is especially relevant in Generalized Anxiety Disorder, whose main diagnostic characteristic is precisely an excessive and uncontrollable worry.

Questionnaire results:

	Suj1	Suj2	Suj3	Suj4	Suj5	Suj6	Suj7	Suj8
PSWQ (09/10/2007)	30	40	29	54	20	42	41	61
PSWQ (17/06/2008)	28	34	20	45	18	40	38	61
PSWQ (17/02/2009)	48	47	50	-	50	60	44	59
PSWQ (22/07/2009)	30	32	30	-	46	42	38	59

2.- BDI (Beck Depression Inventory):

The Beck Depression Inventory (BDI) was initially developed as a scale heteroapplied 21-item questionnaire to evaluate the severity (symptomatic intensity) of the depression, each item containing several self-evaluative phrases that the interviewer read to the patient so that he could select the one that best suits his situation; without However, its use has subsequently become widespread as a self-administered scale. Beck and cols.(1979) releases a new revised version of their inventory, adapted and translated into Spanish by Vázquez and Sanz (1991), this being the most used in the present.

It is a 21-item self-administered questionnaire that evaluates a wide spectrum of symptoms. depressives. Its content emphasizes more on the cognitive component of depression, since that symptoms in this area represent around 50% of the total score of the questionnaire, with somatic/vegetative symptoms being the second block of greater weight; Of the 21 items, 15 refer to psychological-cognitive symptoms, and the 6 remaining to vegetative somatic symptoms.

The patient has to select, for each item, the response alternative that best reflect your situation during the current moment and the last week. The total score It is obtained by adding the values of the selected phrases, which range from 0 to 3.

Questionnaire results:

	Suj1	Suj2	Suj3	Suj4	Suj5	Suj6	Suj7	Suj8
BDI (09/10/2007)	9	8	9	7	0	25	9	16
BDI (17/06/2008)	8	7	8	7	4	23	9	14
BDI (17/02/2009)	12	14	5	-	6	8	13	17
BDI (22/07/2009)	9	8	5	-	6	8	9	16

The range of the score obtained is 0-63 points. Like other instruments of symptom assessment, its objective is to quantify the symptomatology, not to provide a diagnosis. The cut-off points usually accepted to graduate the intensity/severity are as follows:

No depression: 0-9 points

Mild depression: 10–18 points

Moderate depression: 19-29 points

Severe depression: > 30 points

3.- BAI ((Beck Anxiety Inventory): _____

The BAI (Beck Anxiety Inventory) was developed by Beck in 1988, with the aim of possess an instrument capable of reliably discriminating between anxiety and depression. It was specifically designed to assess the severity of symptoms of anxiety.

It is based on the Situational Anxiety Checklist (SAC)1 questionnaires, The Physician's Desk Reference Checklist (PDR) y The Anxiety Checklist (ACL).ÿÿ

It is a self-administered inventory, composed of 21 items, which describe various anxiety symptoms. It focuses on the physical aspects related to anxiety, this component being overrepresented. The elements that make it up are clearly related to the DSM-IV diagnostic criteria.

It is a useful tool to assess somatic symptoms of anxiety, both in anxiety disorders and depressive symptoms. Given its ease of use, its use as screening in the general population has been recommended.

Each item is scored from 0 to 3, with the score 0 corresponding to “not at all” 1 to “slightly, it doesn't bother me much”, 2 to moderately, it was very unpleasant but I could stand it” and the score 3 to “severely, I could hardly stand it.”

The total score is the sum of all the items (if on any occasion

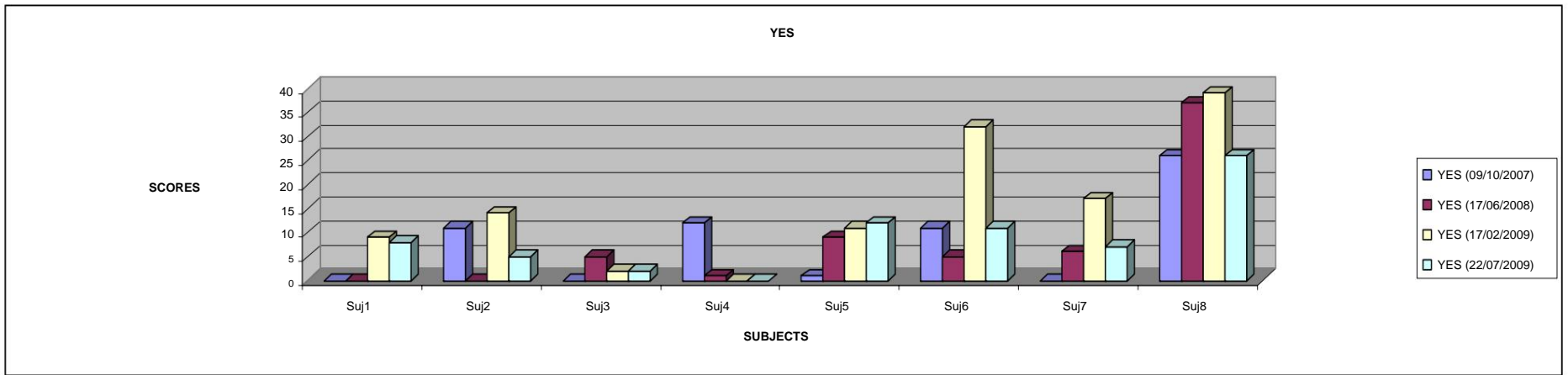
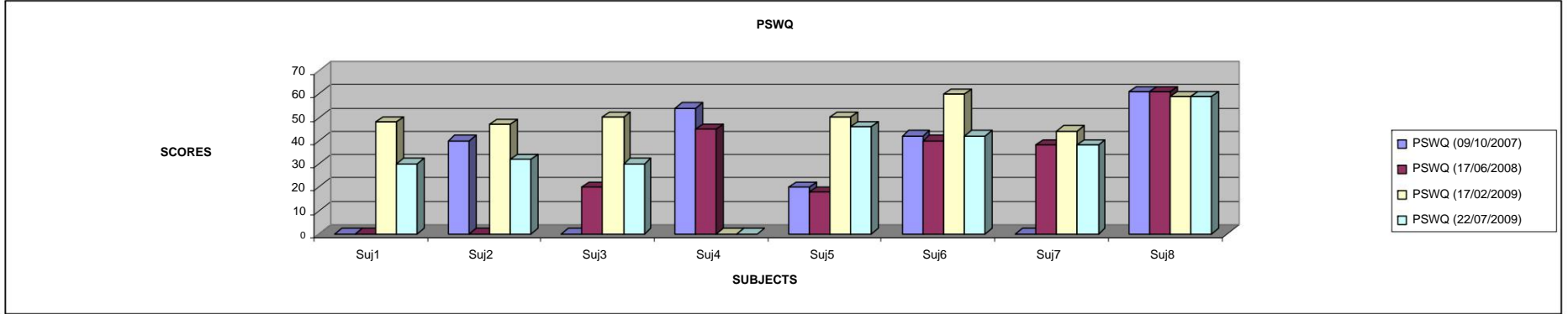
If you choose 2 answers, only the one with the highest score will be considered. The symptoms do reference to the last week and the current moment.

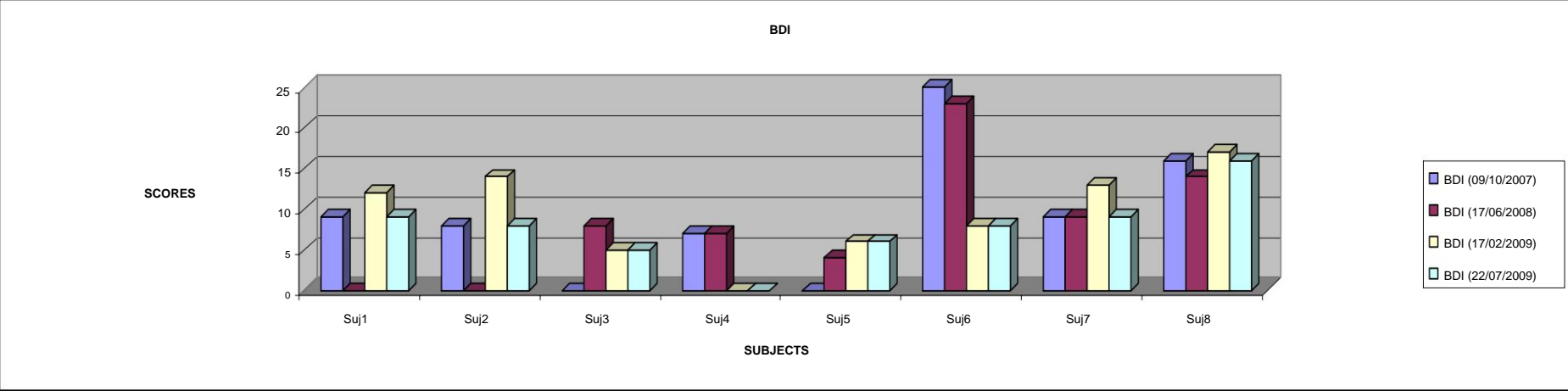
Questionnaire results:

	Suj1	Suj2	Suj3	Suj4	Suj5	Suj6	Suj7	Suj8
YES (09/10/2007)	11	11	7	12	1	11	7	26
YES (17/06/2008)	8	5	5	1	9	5	6	37
YES (17/02/2009)	9	14	2	1	11	32	17	39
YES (22/07/2009)	8	5	2	1	12	11	7	26

The scale range is from 0 to 63. The average score in patients with anxiety is 25.7 (SD 11.4) and in normal subjects 15.8 (SD 11.8). Somoza et al. have proposed as cut-off point to distinguish anxiety disorder 26 points. Osman in subjects without pathology obtained a mean score of 13.4 with a SD of 8.9. However, not should be considered a specific measure of generalized anxiety

14.2. Graphic representation of the results indicated above:



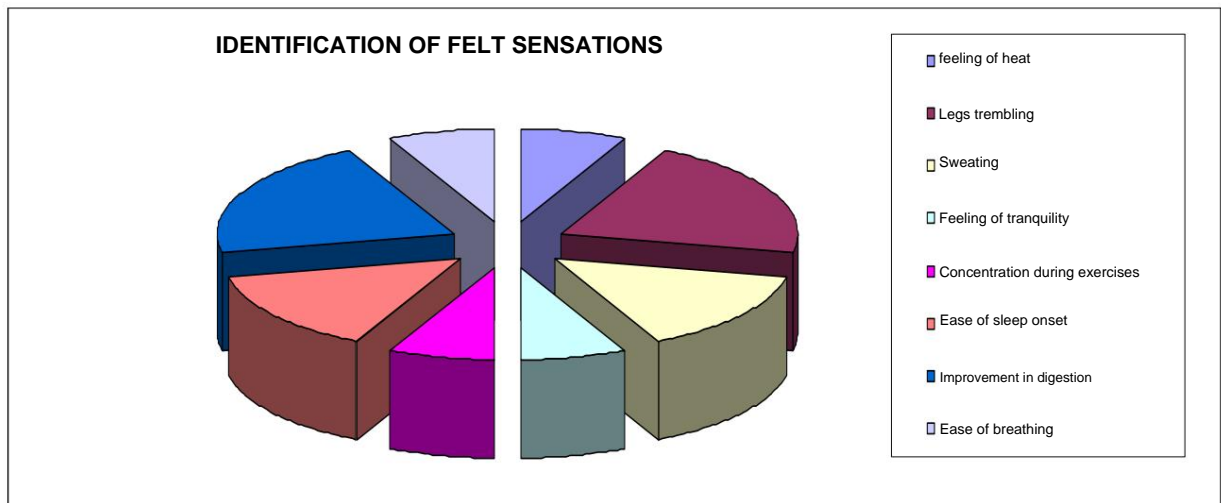


15.ÿ Identify the sensations felt during the performance of Qi Gong._____

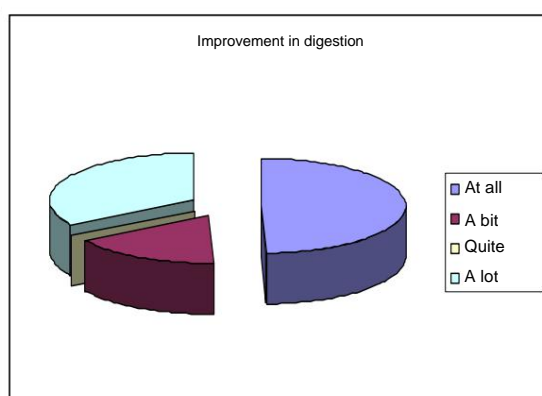
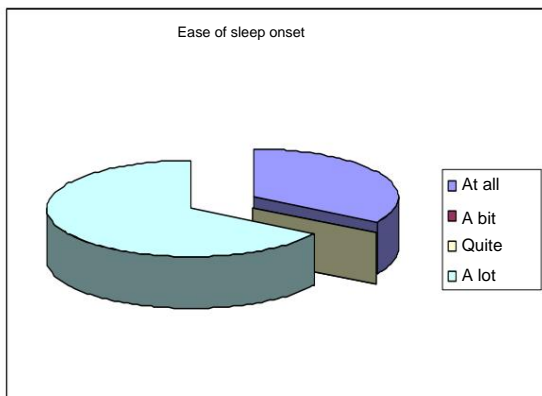
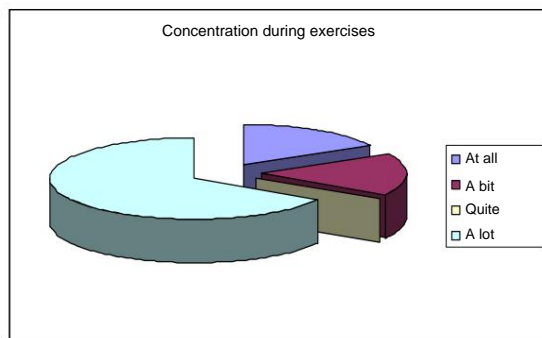
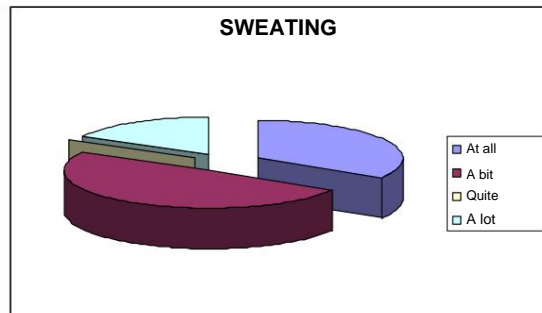
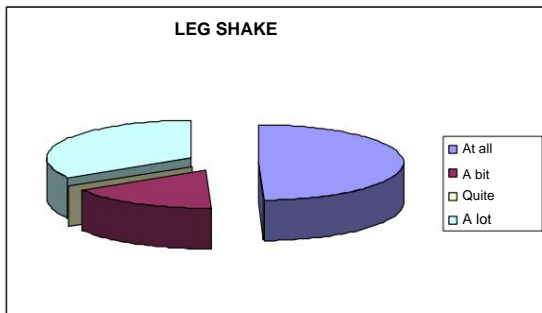
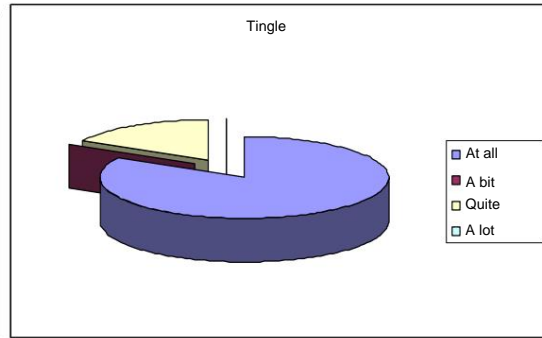
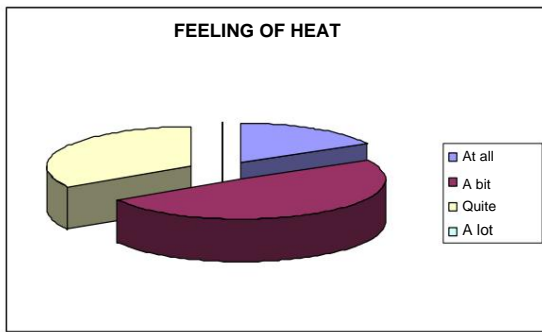
At the end of each Qi Gong session, an assessment of the sensations is carried out. felt by each of the participants with the objective of assessing the ability of the user to identify these sensations. The result presented to Below refers to the average obtained.

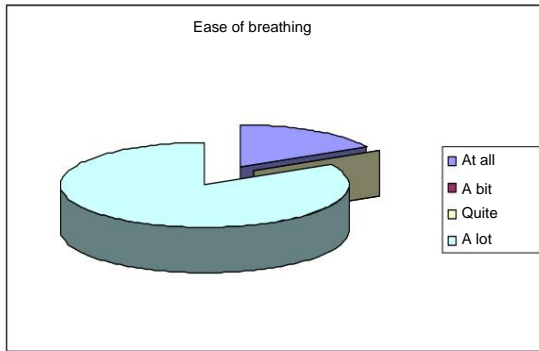
	At all	A bit	Quite	A lot
Tingle	84%		17%	
feeling of heat	17%	50%	34%	
Legs trembling	50%	17%		34%
Sweating	34%	50%		17%
Feeling of tranquility	17%	17%		67%
Concentration during exercises	17%	17%		67%
Ease of sleep onset	34%			67%
Improvement in digestion	50%	17%		34%
Ease of breathing	17%			84%

15.1.ÿ Graphic representation:



15.2. Specification of each of the identified sensations:



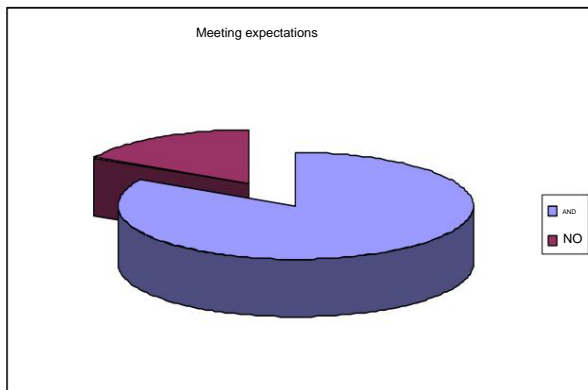
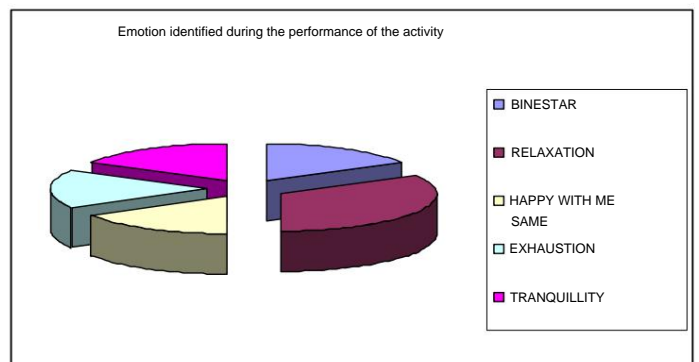
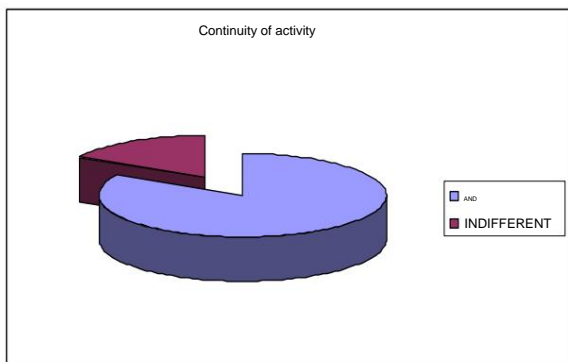
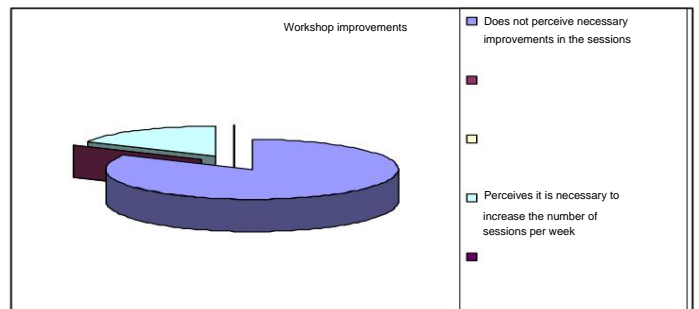
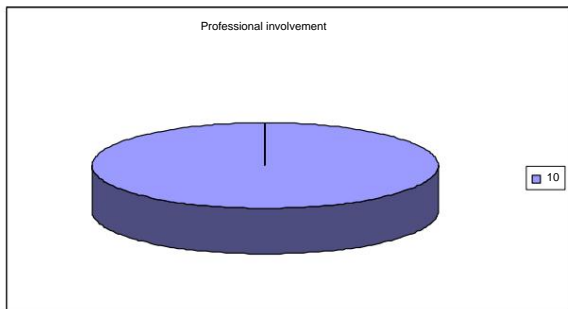


16. Other aspects to consider:

	Suj1	Suj2	Suj3	Suj4	Suj5	Suj6	Self 7	Self 8
Professional involvement	10	10	10	10	10	10	10	10
Workshop improvements	NO	NO	NO	NO	NO	Expand sessions	NO	NO
Continuity of activity	AND	AND	AND	AND	Indifference	AND	AND	AND
Emotion identified during the performance of the activity	Wellness	Relax	Relax	At ease with myself	Exhausted	Tranquility	Quiet	Quiet
Meeting expectations	AND	AND	AND	AND	NO	AND	AND	AND

100% of the participants give a very positive assessment of the involvement of the professional, attributing the highest possible score. They do not consider it necessary make modifications in the group with the purpose of improving it, they point out the possibility of increasing the number of days in which the group is taught. The emotions that they identify as the most frequent during carrying out the activity and in moments after it are varied but belong to the same emotional tone, except for exhaustion. 84% of participants see your expectations met. This makes it possible for them to want to continue doing the activity.

16.1.- Graphic representation of the previous items:



17.- During the evaluation of the activity, a discussion group is held whose objective is to evaluate the activity and identify the aspects to improve and the aspects beneficial from it. The narratives of the users themselves are:

“I really like this activity because when I do the exercises I relax but

“Once I get home I feel bad again.”

"I find it a wonderful activity, because it relaxes me a lot. allows me relate better to my body. I feel like I'm somewhere else. Me
"It helps me to be calmer when I do the exercises and when I am at home."

"I have a better sleep since I did Qi Gong, I noticed the change from the first day. The sweet voice, the music and the slow movements transmit well-being and tranquillity. The activity allows me to relax and feel calm despite the conflicts that I have had during these days."

"It gives me tranquility and calm during the activity that continues throughout the day." that same day. But the next day the unrest appears again. I like a lot of activity"

"I have difficulty following the steps of the movements. I try to do it best possible but my bones do not give me stability and fail me from time to time and It hinders me in the pace I have to follow. Despite this I think it's good to exercise."

"It is very difficult for me to do the activity, to follow all the exercises. Now I do the exercises sitting down that I used to do standing up but before they made me dizzy and now I get tired It is an activity that I do not like because I have a bad time since I have to stop doing it because I get tired when my classmates continue the movements."

4. Conclusions and methodological limitations.

The results indicate that users tend to reduce symptoms anxious and depressed in the first sessions of the activity. Afterwards, surely as a consequence of focusing on bodily sensations and the flow of awareness, scores related to anxiety and depression rise. After a while, they definitely decrease again.

Many of the subjects who passed through the group have seen how their psychiatrists reduced their neuroleptic medication (after long periods without modify your doses).

Symptoms related to sleep, digestion and breathing It also decreases in most subjects.

Now, we are aware of the methodological limitations of this study. We would have liked to carry out a Randomized Clinical Trial, where a treatment group will be compared with a control group, after assignment randomization of the subjects to one group or another, but the care circumstances do not They allowed it. In any case, the results of this study can be a good incentive for further studies.

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