

Multiple paths toward benefit: case studies illustrating distinct psychospiritual mechanisms at work in cancer patients' qigong practices

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Abstract:

Background: Qualitative research can be useful for generating hypotheses for subsequent quantitative studies.

Method: In our qualitative study of cancer patients' use of qigong for symptoms in advanced or recurrent cancer (n=6), we assessed three questions: (1) how do patients describe the benefits of their self-healing practice? (2) how do patient descriptions of benefit and change incorporate somatic and cognitive terms and metaphors? (3) do these somatic and cognitive descriptions take relational form: i.e., do they invoke the effects of the social or spiritual in their descriptions of healing?

Results: In two case-studies presented here, we found patient description of meanings attached to self-described "healing experiences" worked across multiple dimensions including changes in: *somatic* feelings and symptoms; *cognitions* about illness and in the *social support* patients are able to experience in qigong class and in other group settings.

Discussion: We hypothesize that patient descriptions of their own healing experiences can give investigators critical phenomenological data useful for positing and evaluating testable models of healing: this case study data gives us very preliminary evidence for a novel mind-body model of therapeutic change which we can test prospectively in future randomized controlled trials of qigong in advanced cancer patients.

Main finding: similar exercises work in different dimensions in different patients.

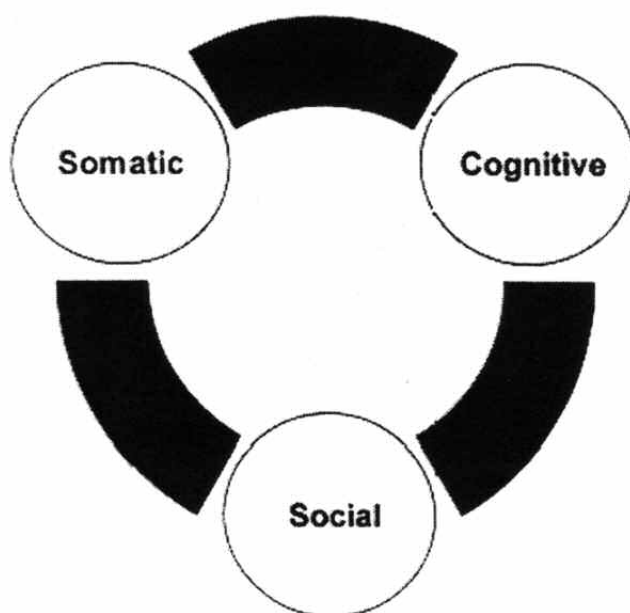
Patient 1, now in remission from recurrent ovarian cancer, practiced 1-2 hours a day during her 6-month long course of chemotherapy (she continues to practice today), describes her qigong practice in **somatic** terms and describes the principal benefit she has experienced as control over somatosensory aspects of disease.

Patient 2, undergoing medical therapy for a recurrent hematologic malignancy, describes her practice in psychosocial and emotional terms. She practices 1-2 hours per day, frequently leading classes at the local Wellness Community (a community group dedicated to serving cancer patients). For her, the principal the benefits of practice lie in controlling psychoemotional effects of treatment with high-dose steroids and in enjoying the **social** aspects of group practice.

Discussion

This case study data gives us very preliminary evidence for a novel mind-body model of therapeutic change which we can test prospectively in future randomized controlled trials of qigong in advanced cancer patients.

A model of psychospiritual healing mechanisms in qigong



The **concept of “qi”** is used by qigong practitioners to describe the flow of somatosensory, emotional, and spiritual feelings as well as the non-verbal attitudes and postures underlying social exchanges. The theoretical model described here reflects the “flexibility” or protean quality inherent in the concept of “qi” said to underlie qigong.

Because it can take so many forms, “qi” as a healing construct is available to be appropriated by patients using their own internal healing schema. By not privileging a single causal pathway, moving from “mind” to “body,” or “body” to “mind,” the qigong model posited here to be tested in subsequent studies may be truer to the underlying workings of traditional Oriental medical modalities.

Among psychosocial therapies for advanced cancer tested by investigators, the structured emotional support group (SES) has received the most attention from investigators (see, for example, Classen, Butler et al, 2001*). Studies of SES have tested theoretical models that hypothesized a single theoretical pathway by which patients receive benefit. The theoretical model tested in SES studies in advanced cancer patients examine benefits hypothesized to flow unidirectionally from emotional disclosure within a structured support environment. Changes are thought to include existential, emotional, quality-of-life benefits and pain relief.

The theoretical model proposed here reflects the “flexibility” or protean quality inherent in the concept of “qi” said to underlie qigong. Because it can take so many forms, “qi” as a healing construct is available to be appropriated by patients using their own internal healing schema. By not privileging a single causal pathway, moving from “mind” to “body,” or “body” to “mind,” the qigong model posited here to be tested in subsequent studies may be truer to the underlying workings of traditional Oriental medical modalities.

*Classen C, Butler LD, Koopman C, Miller E, DiMiceli S, Giese-Davis J, Fobair P, Carlson RW, Kraemer HC, Spiegel D. Supportive-expressive group therapy and distress in patients with metastatic breast cancer: a randomized clinical intervention trial. Arch Gen Psychiatry. 2001 May;58(5):494-501.