Taoist Tai Chi™: Patterns of Practice and Perceptions of its Effects on the Health and Well-Being of Western Australian Practitioners

By

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This thesis is presented for the degree of Doctor of Philosophy of Murdoch University

March 2013
Declaration

I declare that this thesis is my own account of my research and contains as its main content work which has not previously been submitted for a degree at any tertiary education institution.

Li Wei

Signature..............................................

Date.........................................................
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Tai Chi in the park with my Western family
Abstract

Background: Tai Chi (TC) is a traditional Chinese martial art that has been adapted for use in Western societies as a means of improving people’s health. However, little is known regarding the characteristics of people who undertake TC, why they take it up and continue to participate, and how they perceive its effects on their health and well-being.

Aims: This study investigated the patterns of use of Taoist Tai Chi™ (TTC) in Western Australia (WA) and the characteristics held by its practitioners, including their demographics, health status, expectations, health locus of control (HLC), motivations and barriers to practise, in addition to their perceptions of the effect of TTC on their health and well-being.

Methodology: A cross-sectional survey questionnaire was designed to collect qualitative and quantitative data from a randomly chosen sample of 696 TTC practitioners who were registered members of the International Taoist Tai Chi™ Society of WA. A response rate of 54.9% (n = 382) was obtained and parametric and non-parametric tests were conducted to analyse descriptive data. In addition, exploratory factor analysis was used to analyse participants’ beliefs regarding the efficacy of TTC, while regression analysis was conducted on HLC data. All p levels lower than .05 were considered significant. Qualitative data regarding participants’ expectations of TTC and perceptions of its effect on health and well-being were analysed using content analysis.

Results: The majority of TTC practitioners were older Australians with a Caucasian background, female, retired, well-educated, and living in metropolitan areas. The 108 movement Yang-style TTC was practised most commonly in morning classes, twice per week for a period of 60 to 90 minutes per session in TTC clubs with other TTC practitioners. The majority had commenced TTC in the last ten years and had an average of 6.4 years experience of TC practice. Certain people who were older, female
and those with chronic illness were more likely to hold a low internal HLC whilst high internal HLC scores were associated with increased levels of TTC practice. The combination of quantitative and qualitative data revealed there were a number of determinants that influenced the participants in their initiation, adoption, patterns of use and maintenance of TTC as a form of exercise. These included the desire to improve health and well-being, personal expectations and beliefs regarding health control and the efficacy of TTC, and environmental factors. However, motivations varied with exercise stage and socio-demographic variables, such as health status, which played an important role in TTC initiation and adherence. Most people reported multidimensional expectations related to undertaking TTC and perceived a wide range of benefits, including improvements in physical and mental health, relaxation, enjoyment, self-esteem, skill attainment and social connectedness. These positive perceptions of the effects of TTC on their physical and psychological health and well-being and social life had considerable impact in the context of their daily lives.

**Conclusion:** The experiences and perceptions reported by the participants indicated that TTC was more than just an exercise activity and that for many it represented a positive global health behaviour that had broad-reaching effects on physical, psychological, social and spiritual components of their lives.

*Key words:* Tai Chi, Taoist Tai Chi™ practitioners, health and well-being, chronic illness, patterns of TC, health locus of control, TC beliefs, expectations, perceptions, benefits, motivations and barriers, self-efficacy, and self-esteem.
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