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Pilates method and back pain: physiotherapy and philosophy

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ARTIGO OPINIÃO | OPINION ARTICLE

This opinion article argues that the debate around Pilates and low back pain should not be reduced to biomechanical outcomes alone, but must also consider clinical individuality, placebo mechanisms and philosophical assumptions underlying physiotherapy practice.

Evidence on Pilates and low back pain

A cursory review of the literature provides us with several systematic reviews unanimously concluding that Pilates is not superior to other forms of exercise[1-11] or physiotherapy[9,12,13] in treating back pain, especially in the long term[1,4,5]. It is, indeed, the "exercise" factor that seems to transcend Pilates, with benefits, once again, especially in the long term. In the review by Chou et al.[14], the authors report that, despite the importance of exercise, in the short term, the only therapy with good evidence is superficial heat. Other authors compare the effects of exercise with manual therapy[15].

According to Wells et al.[16], it is the "posture" variable that seems to be most present in research that crosses Pilates with "low back pain", and it is also this variable that invites us most to belief and dogma.

Methodological Limitations in Current Research and The Role of Placebo and Therapeutic context

The "posture" variable may have some importance in terms of idiosyncrasy, but it is likely to be overlooked in statistical studies, which, moreover, investigate it in a fragmented manner. It is at the level of postural balance that individuality places itself in relation to local factors, as well as to strength. It's the betrayal of this (ir)rational balance that encourages the need to mobilize more localized approaches. But these are also the consequence (and cause) of a placebo, which is also recruited at the level of group activity.

It turns out, precisely, that the studies in question, as well as most studies related to back pain, do not include a "placebo group" (of course, most trials compare Pilates with other active interventions rather than with placebo controls, which makes it difficult to isolate contextual or expectancy effects). In turn, the different groups under analysis exhibit an isomorphism that makes it difficult to measure any variables, thus undermining the whole. It is precisely this "whole", the "placebo", that can

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help balance a system. Pilates, par excellence, involves a "whole" that is difficult to dissect; averages group qualities, and this contributes to studies that repeatedly assert and contradict, depending on the heterogeneity of the samples and the approaches.

It seems that the lesser evil lies in achieving a Pilates-style balance of posture and movement, which, based on individuality, communicates to the group safely and sparingly. The effect of a fad, or coercion, may be to constantly fuel disharmony. And this normalizes a new, more disadvantageous balance, with a higher level of psychophysical distress.

It is therefore necessary to totalize the clinical aspects, avoiding, as much as possible, highlighting a modal approach, which invites excess, and this produces another in a cascade, conceiving, perhaps, different postures, different compensations, other needs for local approaches and other obligatory placebos.

In this context, there is no single, group-specific prescription, nor is there any physical activity that can be guaranteed as a salvific solution. Postural awareness is essentially clinical and should only be ensured by those with the necessary clinical sensitivity. This extends to the condition of nonspecific back pain, which is influenced by many risk factors whose interactions are not easy to understand.

However, we clearly see that, in Physiotherapy, everything remains to be done, as the methodological work has been inappropriate, insufficient, and also placebo-based. This does not mean that Physiotherapy should be given over to Psychotherapy. Quite the contrary, Physiotherapy given over to Pilates seems to serve as a perfect panacea. Patients should somatize and help Physiotherapy achieve the required illusion; otherwise, we would be paving the way back to prescriptive and anti-symptomatic medicine, where, moreover, the placebo is demonized.

Philosophical Reflections on Physiotherapy Practice

The circular system we present is a consequence of duality, including the "Therapist vs. Patient" dialectic, a process that is simultaneously polarizing and depolarizing, to the extent that the "therapeutic", dogmatic, perhaps methodological, aggression forces the dialectical materialization of the patient, from which both patients/agents sublimate their Principle, based on a (ir)rational, scientific, confrontation, in which victory is decided by Reality. The dominant Reasoning-Reality relationship provides a durable, "realistic", conscious, and dual balance, but makes it possible to dilute the duality, approaching spiritual impassivity, an Object without objectivity, which kills the System, swallowing Truth. This represents the pure, categorical, Principle, towards which practical moral Reasoning moves, verticalizing the posture, bringing the "Physis vs. Psyche" poles closer, refining the balance represented by a strict duality, in which phenomenal pacification is intended to postpone "death".

Death is a representation of dogmatic re-solution, in which therapist and patient unify, or polarize without the necessary scientific materialization, in which pain prevents absolute decompensation, directing the steps of dialectics, doubt, and moral dualization that recreates

the (less dual) Dominion, which makes peace possible because the determining, neurotic, "will to power"[17], possessing a relative freedom, becomes an unconscious, indeterminate, "Totality".

While it is true that both therapeutic poles can produce impassivity, with the "Psyche" representing the "Whole", it is also true that this "Whole" commonly threatens, further polarizing and relativizing the dialectical relationship, which acts "materially" to recover a more "realistic" balance, in which duality remains diluted from conscious life. There is a proximity between the "Whole" and the systemic circularity that duality implores; only the moral, dual, tendentially totalizing, Dominion can calm the "vicious circle". But if duality persists, it is because the System is never completely "resolved", there being, perhaps, a defensive, polarizing, materialization that, even so, enables transformation, the acquisition of a new "Principle".

The "Principle" compensates, and lasts longer to the extent that it compensates more for Reality, promoting in-dual harmony, where pain, the "pathos", represents the "difference", empirical patience, capable, perhaps, of nourishing the vicious circle, which includes the "allopathic" tendency to materialize balance, and, perhaps, to allow stabilizing the dialectical relationship where the poles "Posture vs. movement" approach, verticalizing a spinal axis, where the body-mind "monism" reproduces itself, without ever having ceased to exist; it is the defense that dualizes Reality, or its perception, promoting "relative" movement beyond the limits of holistic balance.

Allowing the "Posture" to explore relativistically threatens it with "death" or perhaps it could generate another equilibrium with the power to subdue Reality; it is Reality that ultimately chooses the equilibrium in question, that is, the reality that one wants to compensate for with the new "Principle"; movement is the challenge, pain creates the mediation, the "patient" becomes, perhaps, an "agent", and the process perpetuates itself, allowing for various "real" possibilities, diverse morals, contributing to an Ethics, a Totality of rational "relations", in adaptive struggle.

Physis and Psyche can both refer to the "Ground", one being "inferior" and "exterior", the other "Superior" and "interior", but the Absolute, the One, merges them into the "Final Cause", rendering them irrelevant. The Ground equates "Principle" and "End", and the center is conscious empiricism, which tends toward phenomenological Unity. Each "Principle" can be portrayed as "Reasoning", morality, a compensation, a defense; it produces its empirical manifestation in the way it creates new Reasoning, which may mimic the full "Principle" or distance itself further from it. We do not know if the new "Principle", the new Posture, compensates, or if it will simply lead to death. A compensation produces a "normality", perhaps unbalancing another part of the System. Perhaps what matters is the proximity to the primeval equilibrium.

That "Physis" represents the greatest compensation is to accept that the Foundation is essentially "natural" and that the Body constitutes the advantage, but it also depends on the dominant "episteme"[18], which, in modernity, is fundamentally "corporeal". Faced with this,

heretical reasoning establishes "postmodernity", an attempt to renew rational, spiritual, dominion, which nevertheless needs the force of what is primeval for its "real" affirmation, which outlines the capacity to convert "dual" agents, in a process that consigns, once again, a duality.

Obviously, duality is the condition of objectivity, which translates the Subject's desire to possess the Object. Falsifiability[19] no longer resides in the Object, because the relationship, Knowledge, has died. And that is why materiality, "Physis", often appears represented by a vitalistic equilibrium that, by bringing the "therapeutic" posture closer to the "patient" movement, does not kill the condition, constantly reviving the duality in a movement that challenges reality. The duo can also be represented by the "mental" mediation of the Spirit of the posterior muscular chain with the anterior "liberal" action, which allows the Unity to be reified. If, however, the "spirit" goes too far, if the therapeutic intervention becomes dogmatic, the posture itself is hindered and the movement becomes complex, a process that fuels defense, compensation, and the need to frustrate the maladaptive cycle.

Conclusion

The current evidence suggests that Pilates should not be viewed as a superior intervention for low back pain but rather as one form of exercise within a broader therapeutic context. Future research should better account for contextual and placebo-related effects, while clinical practice should prioritize individualized assessment over adherence to therapeutic trends.

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