



QUALITATIVE STUDY

# Therapeutically efficient components of Basic Body Awareness Therapy as perceived by experienced therapists – A qualitative study



Amelie Ambolt, MSc <sup>a,b,\*</sup>, Gunvor Gard, PhD <sup>a</sup>,  
Catharina Sjö Dahl Hammarlund, PhD <sup>a,c</sup>

<sup>a</sup> Department of Health Sciences, Lund University, Lund, Sweden

<sup>b</sup> Department of Psychiatry, Rehabilitation, Ward 4, Baravägen 1G, Lund University Hospital, SE-221 85 Lund, Sweden

<sup>c</sup> The PRO-CARE Group, School of Health and Society, Kristianstad University, Kristianstad, Sweden

Received 13 May 2016; received in revised form 14 July 2016; accepted 18 July 2016

## KEYWORDS

Body awareness;  
Body ego;  
Content analysis;  
Movement-based therapy;  
Physiotherapy

**Summary** *Background:* Basic Body Awareness Therapy (BBAT) is a physiotherapeutic method used in rehabilitation to increase physical and emotional balance. The aim was to identify and describe perceived therapeutically efficient components of BBAT.

*Methods:* Twenty-four experienced BBAT therapists participated in focus group interviews. The data were analysed with content analysis.

*Results:* One central theme, *the therapeutic space* consisted of two categories; *the therapeutic encounter* and *the therapeutic tools*, which emerged as the core of the perceived therapeutically efficient components. *The therapeutic encounter* entailed the therapeutic approach, affect attunement, continuous interaction during treatment, affect mirroring and communicating by use of a person-centred approach. *The therapeutic tools* included adjustment and adaptation, the use of manual, verbal and non-verbal guiding, and creating an atmosphere of safety and sanctuary.

*Conclusion:* The significance of interaction by use of a person-centred approach combined with the ability to continuously adjust the treatment constituted useful guidelines when designing rehabilitation using BBAT treatment.

© 2016 Elsevier Ltd. All rights reserved.

\* Corresponding author. Department of Psychiatry, Rehabilitation, Ward 4, Baravägen 1G, Lund University Hospital, SE-221 85 Lund, Sweden. Fax: +46 46 174348.

E-mail address: [amelie.ambolt@skane.se](mailto:amelie.ambolt@skane.se) (A. Ambolt).

## Introduction

Basic Body Awareness Therapy (BBAT) is a physiotherapeutic method which aims to achieve a sense of physical and emotional balance by using specific exercises to activate the patient's healthy, functional resources. The movements and exercises, originally designed by Jacques Dropsy (Dropsy, 1987, 1988) are influenced by both western exercise practice and eastern traditions such as T'ai Chi Ch'uan and Za Zen meditation. Roxendal (1985) integrated his thoughts and ideas into the Body Awareness Therapy, later renamed Basic Body Awareness Therapy (BBAT) (Roxendal, 1987; Hedlund and Gyllensten, 2010).

The therapy aims to include dimensions of existence as defined by Dropsy who illustrated his holistic thoughts that the human being can be understood and presented in four dimensions: (a) the physical; structural components of the body, e.g. skeleton, muscles and ligaments; (b) the physiological; internal processes, e.g., digestion, circulatory, breathing; (c) psychological; e.g., emotions, cognition; and (d) the existential; self-awareness, including the ability to be aware consciously (Dropsy, 1988). According to Dropsy, dysfunctional movements, i.e., movements that lack vitality and harmonious flow may stem from a person being unaware of physical and psychological aspects of one's body, lacking the ability to relate to other people and the environment (Dropsy, 1987).

The purpose of using the BBAT exercises is to enhance the interaction of the body and mind by gradually increasing postural stability, flow, and awareness of body reactions and resources. The BBAT therapy therefore includes several aspects of how movements are performed in relation to the external (e.g., the surroundings) and the internal (e.g., balance, co-ordination, breathing, emotions) environment. During the treatment, the therapist stimulates the therapeutic process by starting from the available functional resources of the patient. In a typical treatment session, the therapist and patient are co-operating, performing exercises in different starting positions (lying, sitting, standing, walking and running), individually applied in order to stimulate body awareness (Hedlund and Gyllensten, 2010). The therapist uses both verbal and manual guiding to enhance the patient's awareness of the movement and how the body interacts with the environment and within society to promote and increase body ego functions including the physical, physiological, psychological and existential aspects (Roxendal and Winberg, 2002; Hedlund and Gyllensten, 2010). Another important aspect in this context is affect attunement, which refers to a special form of inter-subjectivity when sharing an inner emotional state during non-verbal communication and interaction, previously described by Stern (1985).

The idea of working in a structured way with the functions related to the body ego was described by Roxendal (1985). The manifestations of the body ego functions are defined as how the person relates to the ground/surface, the postural balance in relation to the centre line (the vertical line of the body), how movements and co-ordination are centred and connected to the solar plexus area, the harmonious flow of breathing, and the flow and awareness of the movements (Hedlund and Gyllensten, 2010). Roxendal constructed and developed The Body

Awareness Scale to assess the manifestations of the patient's body ego functions, including postural stability and movement behaviour, before and after the BBAT intervention (Roxendal, 1985; Roxendal and Nordwall, 1997).

In Sweden the BBAT education is mostly used by physiotherapists, but is also available for participants from other health care professions. The education consists of five separate courses, which are constructed to gradually increase the understanding of the method (The Institute of Basic Body Awareness Therapy).

BBAT is most frequently used in primary health care, pain rehabilitation, and mental health (Hedlund and Gyllensten, 2010). Studies have described the quality of movement (Skjærven et al., 2010) as well as the experiences and effects of the BBAT treatment for example amongst patients with different diagnoses (Sjödahl et al., 2001; Gyllensten et al., 2009; Hedlund and Gyllensten, 2010; Danielsson et al., 2014; Danielsson and Rosberg, 2015; Lindvall et al., 2016). Other aspects, e.g., the physiotherapists' ability to interact (Gyllensten et al., 1999, 2000), verbally express emotions that may evolve, to use cognitive and self-monitoring skills may effectively improve the therapists' clinical reasoning process and the treatment outcomes (Gard and Gyllensten, 2000, 2004; Gard et al., 2000).

The therapeutically efficient components of BBAT has not been identified and described previously. The aim of this study was thus to identify and describe perceived therapeutically efficient components of BBAT from the perspective of experienced therapists.

## Method

### Participants

Participants were selected by use of purposeful sampling (Patton, 2002). The inclusion criteria were experienced clinicians working with BBAT. Therapists working in the southern part of Sweden were included. The inclusion criteria were met by 33 individuals. Six declined participation. Twenty-four participants (23 female, 1 man), median age 49 (q1–q3, 44.5–57) years participated. They worked in different health care units, and represented seven regions in the southern part of Sweden. Here, the majority were physiotherapists (PTs) ( $n = 20$ ), and four represented other health care professions. The participants had been working clinically for a median of 14 (q1–q3, 11–17) years with BBAT. Sixteen participants had completed the equivalence of the BBAT therapist education, and the others had various experience of the different steps and courses within the BBAT education. In addition, the participants had experience for in median 5 years (q1–q3, 2.5–10) working with their own therapy process. No data were collected from those who declined participation.

### Focus groups interviews and procedure

Data were collected by four focus group interviews (Morgan, 1996) where semi-structured interview questions were used. The first question in all focus groups was "What comes to your mind when you hear the words

Download English Version:

<https://daneshyari.com/en/article/5564006>

Download Persian Version:

<https://daneshyari.com/article/5564006>

[Daneshyari.com](https://daneshyari.com)