



QUALITATIVE RESEARCH STUDY

Refugee experiences of individual basic body awareness therapy and the level of transference into daily life. An interview study



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KEYWORDS

Basic Body Awareness Therapy;
Physiotherapy;
Traumatised refugees;
Torture survivors;
Post Traumatic stress disorder;
Patient perspective;
Qualitative study

Summary Purpose: The aim of the study was to investigate refugee experiences of individual Basic Body Awareness Therapy (BBAT) and the level of transference into daily life.

Method: Qualitative research using semi-structured interviews. Malterud's version of Giorgi's 4-step analysis was used to analyse the data.

Participants: Three traumatised refugees with PTSD who had completed 14–20 individual BBAT sessions.

Results: The participants experienced the movements in BBAT as small and simple with big effects. BBAT was found to relieve pain and tension, bring peace of mind and body, and make it easier to sleep. Regular practice was necessary, as were instructions from a physiotherapist, to get the effect from BBAT. Positive changes in the contact to oneself and others were experienced and new coping strategies were developed.

Conclusion: Traumatised refugees experienced positive effects from BBAT and transference into daily life was experienced to a great extent.

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Background

There were 16.7 million refugees in the world by the end of 2013, while 1.2 million people were seeking asylum (The UN Refugee Agency, 2013). A Danish study estimated that close to half of all asylum seekers have been tortured and that about 68% of the asylum seekers fulfill the International Classification of Disease (ICD-10) criteria for Post Traumatic Stress Disorder (PTSD) (Oxholm et al., 2008).

Symptoms frequently experienced by PTSD patients are insomnia, hyperarousal, anxiety and depression (WHO, 2015; Rothschild, 2011). Furthermore PTSD is linked to increased incidents of cardiovascular disease, osteoporosis and rheumatoid arthritis that may be caused by activation of the neuroendocrine and sympathetic nervous system (Dedert et al., 2010; Pace and Heim, 2011). Somatic complaints, in the form of chronic musculoskeletal or neurological pain, are common in traumatised refugees (Buhmann, 2014; Gard, 2006; Nielsen, 2014).

Physiotherapy is offered, as part of the multidisciplinary rehabilitation treatments for traumatised refugees in several clinics in Denmark and Sweden, with the aim of relieving and coping with pain, correcting dysfunctions and regaining lost body awareness (Gard 2007; Prip, 2014). A Danish literature review on evidence-based treatments for traumatised refugees concluded that the number of studies about physiotherapy for traumatised refugees were limited, but that BBAT showed promising results in other patients with chronic pain and psychiatric illness (Lund et al., 2008).

The physiotherapy modality BBAT has been used to treat people with chronic musculoskeletal disorders and mental health problems in Scandinavia since the 1980s (Skjærven, 2013). The Swedish physiotherapist (PT) Gertrud Roxendal initially introduced BBAT into physiotherapy in the 1970s. BBAT is being developed continually as new research is being conducted but was originally based on the French psychotherapist and movement educator Jacques Dropsy's work from the 1960s (Skjærven, 2013). Dropsy was inspired by eastern and western movement awareness traditions including expressive arts, meditation, massage and tai chi as well as by aspects of psychotherapy (Dropsy, 1988). BBAT exercises are based on simple and slow daily life movements aimed at strengthening the participant's awareness and thereby affecting the whole person. BBAT works to improve awareness of all four existential aspects of a person simultaneously, namely the biomechanical, the physiological, the psycho-socio-cultural and the existential aspects (Skjærven, 2013). BBAT focuses on body awareness as the basis of self-awareness, affecting a person's whole existence, reflected in their movements and in daily life. The PT guides the patient through the exercises. The therapeutic process can be compared to supported psychotherapy where the participant's bodily ego is nurtured (Roxendal, 1985). The aim of BBAT is not to make the body release defence mechanisms by relieving muscular tension, but rather to build up the person by awakening his or her own inner resources. The PT does not correct the movements; instead she guides and invites the participant to be curious and to investigate his or her own movements and body awareness. Short talks support the participant in

gaining insight into his or her own psychophysical functions (Roxendal, 1985).

Studies relevant to the symptoms experienced by traumatised refugees have shown BBAT to be efficient in the treatment of chronic pain, nonspecific musculoskeletal disorders and fibromyalgia (Bergström et al., 2014; Mattsson et al., 2003; Klingberg-Olsson et al., 2000; Malmgren-Olsson et al., 2001; Kendall et al., 2000; Mannerkorpi and Arndorw, 2004), for psychiatric patients with somatic symptoms (Gyllensten et al., 2009), for people suffering from personality disorders (Friis et al., 1989), depression (Danielsson et al., 2014), and for people having been sexually abused (Mattson et al., 1997; Mattson et al., 1998). The long-term effectiveness of BBAT to psychiatric outpatients with somatic symptoms was seen as improvements in body awareness, self-efficacy and in a significant decrease in the use of primary and psychiatric health care and social services (Gyllensten et al., 2009). A pilot study on group BBAT for traumatised refugees showed a decrease in somatic and mental symptoms of PTSD (Stade et al., 2015).

Purpose of the interview study

The aim of the study was to investigate how traumatised refugees experienced participating in individual BBAT treatment and to what extent they experienced being able to transfer the effect into their daily lives.

Method

This interview study was linked to a large randomised controlled trial (RCT), briefly described below, and was carried out in close collaboration with the Competence Centre for Transcultural Psychiatry in Copenhagen (CTP). The aim of the RCT was to study the effect of BBAT or physical activity as add on treatment of traumatised refugees (Nordbrandt et al., 2015). The inclusion criteria for the RCT were refugees with PTSD, having been traumatised in their home country, and referred to CTP in the period September 2013 to August 2015. Exclusion criteria for the RCT were current drug or alcohol abuse or having a severe psychotic disorder. Participants in the RCT were randomised into three groups. The control group received treatment as usual (TAU), this being pharmacological treatment, psychoeducation and cognitive behavioural therapy (CBT). The two other groups received TAU and in addition 16–20 individual 1-h sessions of either BBAT or mixed physical activity. The researcher was invited to do an interview study in relation to the RCT to get a qualitative view on BBAT.

Design

A phenomenological and hermeneutic approach was used for the interview study to explore the experience and understanding of the participants and thereby to answer the research question. The pre-understanding of the researcher was uncovered before starting the process of data collection and analysis. This was done, so as not to pollute the experiences of the participants, and to enable the researcher to

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