



THERAPEUTIC PROCESSES

The physiotherapists' experience of Basic Body Awareness Therapy in patients with schizophrenia and schizophrenia spectrum disorders

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KEYWORDS

Sensory motor;
Self-recognition;
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Meta-cognition;
Body-mind therapy

Summary *Background:* Scandinavian physiotherapists (PT) treat patients with schizophrenia and schizophrenia spectrum disorder, mainly because of the latter's bodily difficulties. One commonly used method is Basic Body Awareness Therapy (BBAT), targeting the difficulties with sensory motor dysfunction and disembodiment. The aim of the study is to describe the physiotherapist's experiences of using BBAT for patients with Schizophrenia.

Method: In a qualitative study, eight physiotherapists, who use BBAT when treating patients with schizophrenia were interviewed. The interview transcriptions were analysed according to content analysis.

Results: Three stage related themes were created: "encountering" "discovery towards embodiment", and "inner space towards outer world". In "encountering" the PTs described important aspects at the beginning of treatment. "Discovery towards embodiment" revealed how the PTs conceived that the patients' attention is directed toward their own body and their bodily experiences. The theme, "inner space towards outer world" reflects the PTs experience of the changes achieved and how patients turn their attention to the outside world as a more competent self.

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Background

Physiotherapists in Sweden often meet patients with schizophrenia because of the latter's disturbed body image

and movement disorders. In these encounters the physiotherapists assess body image, perception and movement quality. They can offer a number of treatment methods, including Basic Body Awareness Therapy (BBAT), which was developed in Scandinavia (Hedlund and Gyllensten, 2010). BBAT is a holistic method that focuses on body awareness as a basic level of self-awareness. The theoretical background includes philosophical theories described by Merleau-Ponty

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(1962), developmental theories of sensory motor function as in Piagets' cognitive development (Gerbhardt et al., 2008) and Self-development as in Daniel Sterns description of the infant's stages toward a Self (Stern, 1985). BBAT consists of simple exercises in stillness and movements. The exercises are performed in lying, sitting, standing or walking positions and the emphasis is on the direct experience in the moment-to-moment situation. The movements are focused on the experience of ease, stability and intention. The principles are to work with increasing grounding, postural stability, centered coordination, and awareness of the body, the self and the present moment. When working with BBAT the physiotherapists always address the patient and are interested in how the person perceives his/her body and movement. This bodily-based self-experience is both verbalized by the patient and confirmed by the physiotherapist as a means for reflection (Hedlund and Gyllensten, 2010).

Schizophrenia and schizophrenia spectrum disorders include several symptoms and dysfunctions. The psychopathology of schizophrenia is also elaborated in terms of disturbance of the minimal or basic bodily self, disembodiment, the loss of intentionality, agency and delusion of control (Kaiser and Weisbrod, 2007; Cermolacce et al., 2007; Jeannerod, 2009). There is increasing research today concerning first-rank symptoms, difficulties with self-recognition, self-development and meta-cognition (Schimansky et al., 2010; Lysaker et al., 2007, 2010; Gebhart et al., 2008; Waters and Badcock, 2010). Self-development and self-recognition are assumed to originate from the bodily level (Frith et al., 2000; Kircher and Leube, 2003; Gerbhart et al., 2008). The importance of sensory motor development and function, proprioception and multisensory integration toward a developed and continuously integrated self-experience are described by Tsakiris et al. (2010) and Gerbhart et al. (2008). De Haan and Fuchs (2010) point out the need of further research regarding whether and how body-oriented and movement-oriented therapies might strengthen the embodiment of patients with schizophrenia.

Other studies within psychiatric community care have shown that BBAT can aid the development of a more positive experience of the body and the self (Gyllensten et al., 2003). Studies concerning BBAT in patients with schizophrenia are, however, very few. Roxendal (1985) showed improved movement behaviour and increased gaze and sexual interest within 17 patients with schizophrenia.

The treatment process involves three components; the therapist, the patient and in between them, the method. Clinically, a treatment method usually needs to be adapted by the therapist to the unique patient or group exercising it. In a qualitative study patients described their experience of BBAT and different treatment effects. The result showed changes in four areas; affect regulation, increased body awareness and self-esteem, effects described in a social context and effects on the ability to think. As an example of affect regulation, the patients described how the exercise led to increased feelings of vitality and interest. They felt in better contact with their body experiences and the present moment. They experienced better postures, which for some were associated with a better self-esteem and feelings of integrity. Finally, the patients'

also expressed that exercise resulted in better ability to concentrate and the experience of having "clearer" thoughts (Hedlund and Gyllensten, 2010).

The aim of the present study is to describe the physiotherapists' perspective and experience of their work, in terms of how they describe; a) the treatment with BBAT in patients with schizophrenia and schizophrenia spectrum disorders and b) how they describe their experience of the treatment benefits for the group of patients.

Method

Informants

Clinical physiotherapists participated in the study. Inclusion criteria were:

- 1) working mainly with patients diagnosed with schizophrenia for at least 3 years and
- 2) participating in Basic Body Awareness Therapy education, at least step 2 in the method (for more information about the education, see Hedlund and Gyllensten, 2010). They were recruited through a nomination procedure by requesting the assistance of the Institute of Basic Body Awareness Therapy in Sweden. The institute was asked for suggestions for skilled practitioners working with patients with schizophrenia and nominated eight physiotherapists in southern Sweden. All nominated physiotherapists were interviewed. Their characteristics are shown in Table 1. This study complied with stipulations in the Swedish Act, the *Ethical Review of Research Involving Humans* (SFS, 2003), and the principle of informed consent was applied.

Interview technique and interview process

A semi structured interview guide was used. It consisted of both open questions and more concrete, specific questions (see Table 2). The interviews were tape recorded and transcribed by the first researcher and were then sent back to the physiotherapists for a check of the content. One physiotherapist made some clarifications. Each interview took between one and 2 h to conduct and took place at the physiotherapists' out-patient unit. The interviews were conducted according to Kvale's (1989) criteria for a high qualitative interview.

Table 1 Characteristics of the informants.

Working place	Gender and age	Work experience as physiotherapists	Work with actual group of patients
Southern and central parts of Sweden, five different cities	All female, between 30 and 67 years old, mean 41 years	6–31 years, mean 13 years	3–31 years, mean 11 years

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