
The Lived Experience of a Mind-Body Intervention for People Living With HIV

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Stress and anxiety are significant problems for individuals living with HIV. Mind-body therapies such as progressive muscle relaxation training and guided imagery (PMRT-GI) are effective in treating stress and anxiety in chronically ill persons. The purpose of this study was to identify key elements of an effective and culturally acceptable PMRT-GI intervention for economically disadvantaged persons with HIV. PMRT-GI was provided to 24 participants from African American, White, and Hispanic backgrounds. Using Colaizzi's phenomenological method, participants were interviewed about their experiences with PMRT-GI. Responses were tape-recorded, read, and reread; significant phrases and sentences were identified; meanings were formulated; and results were validated with participants. Five themes emerged: another world, feeling content, ease in muscle tension, one-on-one, and soft music. Background information and past experience with complementary and alternative methods were obtained.

Key words: *complementary and alternative therapy, guided imagery, HIV/AIDS, phenomenology, progressive muscle relaxation training*

HIV has a significant impact on the lives of individuals, causing stress and anxiety that can interfere with medication regimens and quality of life (Bader et al., 2006; Spirig, Moody, Battegay, & DeGeest, 2005). The increasing prevalence and chronic nature of HIV presents challenges to health care professionals who wish to assist people living with HIV (PLWH) to self-manage symptoms of stress and anxiety.

In 2005, more than 420,000 persons in the United States were living with AIDS. The highest rates for new diagnoses of AIDS were among African Americans (68.7 cases per 100,000) and Hispanic/Latinos (24.0/100,000) (Centers for Disease Control and Prevention, 2007). In the Healthy People 2010 initiative, the two overarching goals were to increase quality and years of healthy life and to eliminate health disparities (U.S. Department of Health and Human Services, 2000). As the HIV epidemic continues, especially among minority persons, it is critical not only to treat with the newest and most effective medication regimens, but also to focus on ways to provide clients with self-help measures to improve quality of life.

In a 2002 national survey of more than 31,000 individuals, 36% used complementary and alternative medicine (CAM) in some form (Barnes, Powell-Griner, McFann, & Nahin, 2004). CAM use increases with higher levels of education (Barnes et al., 2004; Chang, van Servellen, & Lombardi, 2003; Wolsko, Eisenberg, Davis, & Philips, 2004), increased income (Wolsko et al., 2004), and part-time or full-time employment (Chang et al., 2003).

Gore-Felton et al. (2003) reported that women were four times more likely to use alternative therapies than men, and individuals who had ever used CAM were primarily White. On the other hand, Barnes et al. (2004) reported that African American

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adults (71.3%) were extensive users of CAM. Barnes et al. also noted that of those interviewed, 75% had used CAM at some point in their lives, and 62% had done so in the previous 12 months. Users believed that combining CAM with conventional therapy would help (54.9%) or be interesting to try (50.1%). Mind-body therapies included progressive muscle relaxation and guided imagery (Barnes et al., 2004).

Among persons receiving chemotherapy for cancer, Jacobsen et al. (2002) reported that those who received and used progressive muscle relaxation training (PMRT) had a higher quality of life than those who received no intervention. In a randomized control study for persons receiving chemotherapy for breast cancer, women receiving progressive muscle relaxation training and guided imagery (PMRT-GI) had significantly less nausea, vomiting, anxiety, and depression and reported an improved quality of life over persons in the control group (Yoo, Ahn, Kim, Kim, & Han, 2005). Goodwin, Lee, Puig, and Sherard (2005) randomly assigned 40 primarily White women with breast cancer to use tape recordings of guided imagery or relaxation exercises five times a week for 4 weeks. Women receiving guided imagery had a significant decrease in anxiety/stress and depression (Goodwin et al., 2005). Women enjoyed the tapes (relaxation, 95%; guided imagery, 100%) and reported both types helpful (relaxation, 90%; guided imagery, 95%).

Many PLWH are exploring CAM therapies for relief of HIV-related symptoms (Gore-Felton et al., 2003). Chang et al. (2003) reported that persons with symptomatic HIV disease were more likely to use body-mind therapies. Chou, Holzemer, Portillo, and Slaughter (2004) identified eight self-care categories for management of HIV-related symptoms, one of which was complementary treatments.

In an international study, Kemppainen et al. (2006) examined the frequency and effectiveness of self-care strategies for managing anxiety. Among 502 participants, the most frequently reported strategy was talking with family and friends (79%); relaxation techniques were used by 33% of the participants. On a scale of 1 to 10, the highest overall rating of effectiveness was for complementary therapies, including prayer (8.1), relaxation techniques (7.2), and meditation (7.4). Relaxation techniques were used by Hispanic persons (41%), African Americans

(33%), and Whites (36%) (Kemppainen et al., 2006). In a sample of 30 healthy, highly educated, gay men with HIV, Cruess, Antoni, Kumar, and Schneiderman (2000) showed a decrease in salivary cortisol, anxiety, and mood disturbance associated with relaxation training, substantiating the physiological effect of PMRT.

PMRT-GI is a technique using the tensing and relaxing of 16 muscle groups and visualizing an image to bring about the physical and psychological response of relaxation. From among numerous CAM methodologies, PMRT-GI was chosen because of its ease of administration and proven effectiveness in reducing anxiety and improving quality of life in cancer patients (Yoo et al., 2005). PMRT-GI has the potential to decrease psychological and physiological stress associated with HIV. The purpose of this study was to identify key elements of an effective and culturally acceptable PMRT-GI intervention for racially and ethnically diverse economically disadvantaged PLWH as a first step in developing an intervention to reduce stress/anxiety and improve quality of life.

Method

Sample

A purposive sample of 12 men and 12 women with a diagnosis of HIV was recruited from HIV drop-in centers in a rural setting and a large city in Connecticut. Directors of each center contacted potential participants to ascertain their interest in the study, and researchers made appointments with those who were interested. Inclusion criteria were ability to communicate in English, 18 years of age or older, and diagnosis of HIV.

Research Design

To more completely understand the real-world experience of PMRT-GI by culturally diverse PLWH, participants were interviewed with the phenomenological method. In phenomenology, researchers suspend their own knowledge and experience to more deeply understand a lived experience in a new way. Researchers use bracketing to put aside preconceived beliefs, feelings, and perceptions about the

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