

Original article

Caring as an essential component in Rosen Method Bodywork – Clients' experiences of interpersonal interaction from a nursing theoretical perspective[☆]

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Abstract

Introduction: Users of complementary (CAM) therapies frequently report satisfaction although scientific support for the efficacy of many therapies is lacking. This study investigates a relatively unexplored CAM therapy; Rosen Method Bodywork (RMB) from a new perspective. The treatment includes gentle physical touching of tense muscles as well as – the interpersonal interaction. The aim was to explore if caring is a part of the interpersonal interaction in RMB treatments by analyzing clients' experiences from a nursing theoretical framework.

Methods: The study design is exploratory and qualitative. Data were collected by semi-structured interviews with eleven RMB clients with positive and negative experiences from the treatments. The interviews were content analyzed using the theoretical stages in a nursing theory to build the structure for categorizing the data.

Results: Treatments where study participants declared satisfaction included supportive caring aspects. In these cases, trusted interpersonal relations and a secure environment were established, where the participants felt accepted regardless of their problems. The interpersonal interaction seems to contribute to participants' increased awareness of their own capacities and motivation to independently develop new ways to manage health-related problems. In contrast, participants who were dissatisfied with RMB described opposite experiences. This seems to result in termination of the therapy or a change of therapist.

Conclusions: The results indicate that caring is an essential contextual component in RMB treatments. In future research, not only for RMB, but for similar CAM therapies, more attention should be paid to caring as an important part of the interpersonal interaction and the therapeutic experience.

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Introduction

The use of complementary and alternative medicine therapies (CAM) is increasing rapidly in all socio-demographic groups worldwide [1–8]. People use CAM therapies for a variety of

health-related problems and frequently express satisfaction or report benefits from the therapies [9–12]. Still it is not clear what creates these positive experiences and paradoxically, scientific studies do not always support the reported positive outcomes [13–16]. Previous research on CAM has been dominated by RCT (randomized controlled trial) studies departing from a biomedical perspective with the purpose of finding physiological explanations for the reported therapy effects or comparing different therapies for clarifying the efficacy of a single CAM therapy on specific illnesses. Recently, discussions about the complexity in CAM treatments has led to the need to develop research methodology and different research perspectives, including

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qualitative and quantitative methods, in order to understand in more depth what contributes to the therapy outcomes [17–19]. In addition, during recent years some researchers [20] have suggested that the interpersonal practitioner–patient interaction is an important factor for the outcomes of the therapy.

In this study we investigate a relatively unknown CAM therapy, Rosen Method Bodywork (RMB) developed by physiotherapist Marion Rosen. The therapy is offered in at least 14 countries worldwide according to The Rosen Institute in United States (<http://www.rosenmethod.org>) which organizes the practitioners schooling and certification. In Sweden where this study was conducted the Swedish Government Offices [21] classifies RMB as “psychologically orientated bodywork”. RMB is not included in Swedish conventional health care (CHC) and co-operation with CHC providers is not common. The point of departure for the treatment is that the client’s muscle tension mirrors previously experienced physiological or psychological traumas such as violent behavior, infringements, crisis or too high social demands that the person has not processed properly [22]. Successively the consciousness about the reason behind the tense muscle has been lost but the tension remains. By gentle touching the therapist’s intention is to assist the clients to reach awareness about the tense body areas and that way to help the client to re-experience the memories or emotions behind the bodily tension. The client thereby obtains an opportunity to process the events. The treatments are usually carried out in the therapists’ own practices and the therapists generally do not document the treatments.

In a previous survey [23] on RMB, we explored the users’ experienced benefits from the therapy. The results showed enhanced physiological and psychological health but also interactive aspects such as support in coping with health problems, personal growth, and self-initiated life changes. This directed our attention to the clients’ experiences of the interpersonal interaction in the treatment situation and gave rise to the question, does this interaction include caring? In this study we therefore aim to *explore if caring is a part of the interpersonal interaction in RMB treatments* by analyzing the RMB clients’ experiences from a nursing theoretical framework.

Background

Caring and previous research on RMB

Caring has been regarded for several years as a fundamental concept in the field of nursing theories [24]. A concept analysis [25] states there are five core components in caring. One is the relationship between the patient and the caregiver where interpersonal interaction characterized by trust, intimacy, and openness along with tolerance, acceptance and support is a central aspect. Moreover, studies point out that the patients’ experience of caring in patient–physician relationship is very important not only for patient satisfaction, but probably also for outcomes [26,27]. A study [28] from the nursing field shows that caring that follow a theoretical care model contributes to patients’ wellbeing and life quality, and has a positive impact on patients’ physical health.

To our knowledge previous research on RMB is scarce and the studies conducted have paid attention neither to the practitioner–patient interaction nor to caring but instead to the effects of the therapy or its efficacy. One study [29] found that a combination of RMB and standard therapy is not more effective against pain from whiplash disorders than standard therapy alone. In another study by the same authors [30] the combination of psychodynamic short term therapy and RMB was significantly more effective on 31 patients with self-assessed severe psychological and physical illnesses than standard therapy alone. An additional study [31] investigated whether emotional support carried out as an “*RMB type of warm touch*” and massage on neck, shoulder and head performed by non-trained participants could reduce physical and psychological stress among married couples. The couples were trained to apply the techniques to each other and the level of stress was measured by stress-related hormones, oxytocin and blood pressure before and after the intervention. The authors drew the conclusion that the performed “*warm touch*” was more beneficial than massage and showed greater changes in multiple stress-sensitive systems. These three studies do not describe the intervention clearly and it is difficult to know how comparable it is to the therapy that is practiced by certified RMB therapists. Finally, a case study [32] on a patient with Mb Crohn’s disease treated with RMB showed a significant reduction in pain for a period of nine months. In this case it is difficult to assess whether the reduction in pain depends on a normal curative process or on RMB.

The theoretical framework

In order to explore whether caring is a part of the interpersonal interaction in RMB treatments the SAUC Care Model (SAUCCM) – Sympathy (S), Acceptance (A), Understanding (U), Competence (C) Care – was chosen as theoretical framework. The theory was developed by Gustafsson [33] and later revised by Gustafsson and Willman [34]. In this study we use the revised version [35] that is available in English. The motive for choosing this theory was that it comprises pragmatic descriptions of caring that should be carried out within the interpersonal interaction where the care giver’s intention is to strengthen the cared persons self-relation and help her or him to find the inherent capacity to independently change the circumstances that interfere negatively with health or wellbeing. SAUCCM comprises three connected phases (Identification, Change and Self-Competence) with four underlying stages each with a goal that signals what is important to achieve during the specific stage (see Fig. 1).

The ideal situation is that the cared person progress from phase to phase but there is also a possibility to go back and forth between the phases depending on the cared person’s needs. The caring in every phase is based on confirmative support and guidance. The theory is validated with reference to theory description, analysis, critique and support [36–39] and used as a theoretical framework on several nursing topics [40–47]. In general, the studies indicate that caring that follows the theoretical descriptions contributes to people’s growth and strengthened self-confidence.

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