



Research paper

The role of mind-body awareness in the outcomes of complementary and alternative medicine (CAM)

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ABSTRACT

Introduction: Mind-body awareness is often viewed as an outcome of using complementary and alternative medicine (CAM). Emerging evidence suggests that mind-body awareness may be an intermediate outcome that contributes to CAM-related outcomes. The current study aimed to test a model of mind-body awareness as an intermediate outcome of CAM use via provider autonomy support that facilitates quality of life and health behaviour changes.

Methods: Undergraduate students ($N = 243$, M age = 23.5, 84% female) screened for current CAM use, completed an online survey including questions about their CAM use, perceived outcomes from use of CAM, a measure of CAM provider autonomy support, and a new 8-item measure of Mind-body Awareness (MBA).

Results: Bivariate analyses confirmed that those with high MBA had higher scores on positive CAM-related health behaviour (diet, weight loss, exercise) and quality of life (sleep quality, mood, energy levels, concentration) changes. Path analysis controlling for demographics and health status tested the proposed model of CAM use predicting provider autonomy support, and in turn MBA and two CAM-related outcomes. The model fit well to the data, CFI = 0.94, TLI = 0.91, RMSEA = 0.03, supporting the hypotheses that CAM use is associated with higher MBA via increased autonomy support, and MBA contributes to quality of life and health behaviour changes.

Conclusions: Findings extend previous research on mind-body awareness by linking it to CAM-related quality of life and behavioural outcomes in a sample of young adult CAM consumers, and further suggest a route through which provider support may enhance CAM outcomes.

1. Introduction

Body awareness is a multifaceted concept that has been defined as attending to, and identifying, the inner sensations and overall state of the body and its changes in response to emotional and environmental shifts [1]. A number of complementary and alternative medicine modalities (CAM) such as yoga and massage, focus on tuning into one's body and learning to better respond to the body's needs [2], and making changes based on this awareness. In this respect, CAM use may help promote adaptive awareness of the body, and facilitate an interactive relationship between the body and mind. To highlight the interactive dynamics of the mind-body relationship, and to differentiate this adaptive form of body awareness from other less adaptive forms that reflect focusing and over-attending to unpleasant symptoms such as pain [3], we use the term *mind-body awareness*.

The benefits of CAM use for mind-body awareness have been demonstrated in both qualitative and quantitative studies. In a qualitative study of CAM practitioners and their patients, engagement in mind-body CAM practices was viewed as a means of resuming the disrupted process of self-organization and wholeness [4]. In a comparative analysis of yoga practitioners versus aerobic exercisers and non-yoga/aerobic practitioners, the yoga practitioners reported higher levels of mind-body awareness compared to the other two groups [2]. Similar results were found in a prospective study of the effects of a yoga immersion program, with more frequent yoga practice associated with higher levels of mind-body awareness over the course of the program [5].

In addition to highlighting CAM use as an antecedent of mind-body awareness, research suggests that increased mind-body awareness may be an intermediate outcome of CAM use that can have positive effects

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on meaningful health outcomes. For example, one study found that after a 24-week body awareness therapy program, patients with IBS reported significant decreases in psychological distress and gastrointestinal symptoms, and improved biomarkers of stress, as well as normalised body tension [6]. In a study of people with non-specific musculoskeletal disorders, body awareness therapy yielded larger effects over time for reducing distress and pain compared to conventional treatments [7]. Although this research examined specific programs designed to raise mind-body awareness over a period of weeks, many CAM are used or delivered multiple instances over time. To the extent that CAM use can increase mind-body awareness, CAM use may have similar effects via increased mind-body awareness for improving physical and psychological health-related outcomes. There is at least one study that supports this proposition. In a study of CAM consumers, increased mind-body awareness due to CAM was associated with self-reported positive dietary changes [8].

Despite this promising research suggesting links between CAM use, mind-body awareness, and health outcomes, there has been little research investigating the factors that might explain why CAM use may facilitate the development and enhancement of mind-body awareness. However, theory and evidence suggest that provider support may be a key factor. In a qualitative analysis of CAM consumers and health behaviour change, empowerment and encouragement from CAM providers were noted as helping to facilitate both increased body awareness and making important health behaviour changes [8]. In a quantitative analysis of this same data, provider support was associated with symptom relief of the CAM consumer's primary presenting health problem [9].

Although there are different ways of conceptualising provider support, in the context of CAM use provider support has been previously viewed [8] from the lens of Self-Determination Theory (SDT) [10]. According to SDT, intentional behaviour can be viewed as varying along a continuum from being controlled or motivated by external forces, to being autonomous and intrinsically motivated or self-determined [10]. The development of this self-determination can be facilitated by others when they act in ways that support rather than suppress personal autonomy. Provider autonomy support therefore can be described as the quality of support from a health-care provider that facilitates acting in more self-determined and intrinsically motivated ways with respect to one's health. For example, perceived autonomy support from health-care practitioners has been linked to better coping, motivation, dietary behaviours, and glycemic control in diabetes patients [11,12]. With respect to mind-body awareness, SDT suggests that provider autonomy support could potentially include encouragement to tune into or listen to one's own body and its needs and acting in accordance with those needs. From this perspective, it is possible that receiving autonomy support from CAM providers may facilitate the development of mind-body awareness.

The aim of the current study is to further examine the role of mind-body awareness in CAM outcomes, and specifically to test whether provider autonomy support was associated with mind-body awareness, and subsequent changes in health-related outcomes. With respect to CAM outcomes, we selected outcomes consistent with a whole systems perspective [13]. This framework suggests that a holistic sense of wellness that results from CAM can be understood in terms of four outcome domains: 1) physical outcomes including physical functioning and symptoms such as pain and fatigue; 2) psychological outcomes, including mental functioning and well-being; 3) social outcomes, including social support and health-care utilisation; 4) spiritual outcomes, including hope and relaxation. However, qualitative work has also identified a fifth domain of CAM outcomes, health behavioural outcomes [14], that can have important implications for overall health and well-being.

Given evidence suggesting that mind-body awareness is linked to changes in physical, psychological, and health behaviour outcomes [6–8], we chose to examine specific outcomes within these CAM

outcome domains. Physical and psychological outcomes from CAM use are closely linked, both from a whole systems research perspective [13], and from a quality of life perspective [15]. Accordingly, we tested the associations between autonomy support and changes in quality of life outcomes (sleep, mood, energy levels, concentration), and health behaviour outcomes (diet changes, exercise changes, weight changes), and the role of mind-body awareness in explaining these associations. Much of the research on the effects of mind-body awareness has used clinical or chronic illness patients. Given that a significant proportion of young adults are using CAM and CAM providers [16], we tested our model of mind-body awareness as an intermediate outcome of CAM use via provider autonomy support in a sample of university students to gather preliminary support. Based on the evidence presented, we hypothesised that perceived provider autonomy support would be significantly associated with higher levels mind-body awareness, which in turn would be associated with self-reported positive changes in both health behaviour outcomes as a result of CAM use, and psychological and physical symptoms.

2. Methods

2.1. Participants and procedure

Following clearance from the university research ethics board, a sample of undergraduate students were recruited to participate in a study on provider-based CAM use. Only participants who answered “yes” to the screening question regarding current use of CAM delivered by a provider or practitioner were permitted to participate. Student participants were recruited from a mid-sized university in Southwestern Ontario, Canada through notices placed on a university participant pool web page available only to university students. The study notices provided a link to a dedicated web page which directed participants to the online survey housed on a secure university server. Participants indicated their consent to participate in the study by clicking an “I agree” button on the online consent form. From those who met the inclusion criteria, 243 provided consent to participate in the study. Student participants were given course credit as an incentive for their participation.

2.2. Measures

The sample completed an online survey that included demographic questions, information and their CAM use in the previous six months, and measures of autonomy support, mind-body awareness, physical and psychological symptoms, and health behaviour changes due to CAM use.

2.2.1. CAM use

Participants answered questions about the different CAM modalities they had used in the past six months by indicating “yes” or “no” in response to a checklist of eight different CAM providers: chiropractor, homeopath, naturopath, massage therapist, acupuncturist, reflexologist, Reiki practitioner, or other CAM provider. They also indicated who of these practitioners they considered to be their primary CAM provider.

2.2.2. CAM provider autonomy support

The Health-Care Climate Questionnaire (HCCQ) [17] was used to measure perceived CAM provider autonomy support. This 15-item measure assesses perceptions of the extent to which a particular health-care provider is autonomy supportive. The scale authors recommend substituting the word “physician” with the type of “provider” referenced. Accordingly, the word physician was changed to CAM provider throughout the scale. Items such as “My CAM provider conveys confidence in my ability to make changes” and “I feel a lot of trust in my CAM provider” are scored on a 7-point scale ranging from 1 (*Strongly*

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