Advances in Physiotherapy

ISSN: 1403-8196 (Print) 1651-1948 (Online) Journal homepage: https://www.tandfonline.com/loi/iejp19

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To cite this article: Ragnhild Wikene Johnsen & Målfrid Råheim (2010) Feeling more in balance and grounded in one's own body and life. Focus group interviews on experiences with Basic Body Awareness Therapy in psychiatric healthcare, Advances in Physiotherapy, 12:3, 166-174, DOI: 10.3109/14038196.2010.501383

To link to this article: https://doi.org/10.3109/14038196.2010.501383

Published online: 23 Aug 2010.

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Advances in Physiotherapy, 2010; 12: 166–174

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ORIGINAL ARTICLE

Feeling more in balance and grounded in one's own body and life. Focus group interviews on experiences with Basic Body Awareness Therapy in psychiatric healthcare

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Abstract

The aim of the present study was to explore patients' experiences as participants in Basic Body Awareness Treatment (BBAT) groups, in order to deepen our understanding of patients' perspectives on this movement practice. BBAT draws upon people's own health resources by promoting quality of movement. Seventeen women and one man with psychiatric disorders, ages ranging from 27 to 70 and with various diagnoses, participated in the study. All participants had attended a BBAT group for at least 6 months. Three focus group interviews were performed, and the interview material was condensed systematically with the aim to extract core meanings. The following three core themes emerged: increased awareness of one's own body and better knowledge of the self, threshold for taking part in time-consuming change, and relationships between oneself and others. The process of strengthening the experience of the lived body pointed towards feelings of wholeness, and feeling more at home in themselves and in the group. The study indicated that BBAT groups contributed to a better health, even though it cannot tell if the changes were long lasting.

Key words: *Basic Body Awareness Therapy, body experiences, group processes, psychiatry*

Introduction

Basic Body Awareness Therapy (BBAT) is one of several physiotherapeutic treatments, utilizing body awareness to promote health (1). Central components are movement, breathing and massage, focusing on the experience of one's own movements and presence in the situation (2). Promotion of quality of movement by enhancing body awareness is a core issue in BBAT, drawing on people's own health resources (3). In the Nordic countries, BBAT has become one of the most important treatment modalities in the field of psychiatric and psychosomatic physiotherapy (4).

At the end of the 1980s, research literature on BBAT expanded. Roxendal (5) described BBAT as treatment of schizophrenic patients, and developed the measuring tool called Body Awareness Scale (BAS) in order to evaluate aspects and changes within movement. Skatteboe et al. (6) studied group treatment sessions for patients with personality disorders. The study indicated that BBAT can promote personal growth and development through "harmonizing" movements, as measured by Global physiotherapy muscle examination, through self-evaluation and observation. In a randomized controlled trial, Gyllensten et al. (7) evaluated the effects of BBAT among psychiatric patients living at home using BAS-Health (BAS-H) in order to measure pain, sleep-patterns and self-efficacy. After 3 months, the experiment group was found to have benefited from the treatment compared with the control group, whose patients received treatment as usual. Gyllensten et al. (8) also examined patients' experiences with BBAT amongst young schizophrenics and psychiatric patients living in their own homes. They found changes in body posture and balance. In a randomized controlled trial from 2009, Gyllensten et al. (9) found that BBAT is an effective intervention

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(Received 13 April 2010; accepted 8 June 2010)

ISSN 1403-8196 print/ISSN 1651-1948 online © 2010 Informa Healthcare
DOI: 10.3109/14038196.2010.501383

also in the long term for patients who in addition to psychiatric disorders present somatic symptoms. These studies represent the research that has been carried out on BBAT in the treatment of psychiatric disorders.

Controlled studies from multidisciplinary rehabilitation-programs have been carried out amongst patients with fibromyalgia and/or long-lasting muscular-skeletal disorders, where BBAT was part of the intervention (10,11). These studies indicated increased health-related quality of life, compared with patients in control groups, which received traditional physiotherapy. In Gustafsson et al.'s (11) study, qualities such as grounding, flow and movement anchored in the centre of the body were significantly improved, and still in evidence after a year.

Despite the growing number of clinical studies on BBAT, patients' perspectives on treatment are not systematically investigated in depth. As far as the central role BBAT has in psychiatric physiotherapy is concerned, it is important to go more deeply into patients' experiences and systematize them. The aim of the present study was to explore patients' experiences as participants in BBAT groups, in order to deepen our understanding of patients' perspectives on this movement practice.

Method

The study is based in a hermeneutic phenomenological methodology. Fundamentally, hermeneutics refers to the fact that we live as expressive and interpretative human beings, historically informed and situated (12). This also applies to explicit interpretations of for example experiences of a phenomenon in the light of chosen theory. Phenomenological anchorage concerns the understanding of experience as human being's primary source of knowledge, as well as an explorative, consciously open and dwelling attitude towards the phenomenon under study (13).

Choice of method

We wanted to highlight the "voices" of people with less severe psychiatric illnesses, who had participated in a BBAT group for at least 6 months, and to focus on their experiences. Focus group interviews are well suited in order to extract a broad range of information pertaining to participant perspectives as well as being able to utilize interaction within the group. There is greater potential for spontaneity, for example outbursts and topics that are brought up by the participants, as well as allowing for a wider range of experiences and opinions than in one-to-one interview situations (14,15). Group interviews are more often less intrusive. However, sensitive topics are explored in such groups (16). The knowledge extracted is dependent on interplay, interpretations and typical social norms for the group within a social setting. Interplay can both encourage and hinder that which is revealed (17).

Participants

The participants were recruited through physiotherapy colleagues who worked with BBAT groups in the psychiatric field. All of the 18 asked group members, 17 women and one man, accepted to take part in the study. Their ages ranged from 27 to 70 years old, making the average age 44. The participants had varying diagnoses such as personality disorders, eating disorders, anxiety, depression and identity and proximity issues. In addition, several of them had diagnoses such as fibromyalgia, long-term pain and myalgic encephalopathy (ME). They received verbal and written information on the project.

Two groups, consisting of four and six participants, were from a district psychiatric centre and a psychiatric unit at a hospital respectively. The third group included eight participants from two BBAT groups within private physiotherapy practice. The physiotherapists who lead the groups were all women and approved BBAT therapists. None of them took part in the focus group interviews. One of the participants chose to leave the group after expressing what she had to say.

Producing the research material

The BBAT sessions consisted of effortless exercises in laying, standing and sitting positions focusing on being aware of breathing as freely as possible, the flow in movements arising from the centre of the body, and moving the body as a whole. They also included exercises two and two, including massage, and ended up with a conversation part. Each session lasted for 1½ h. The first author/moderator took part as a participant observer, in two treatment sessions in the first BBAT group, in order to establish trust, both on behalf of the participants and the researcher, and to elicit ideas for topics that could be expanded upon in the interview. The first interview took place after a group treatment session. In this interview, the researchers' tutor (second author) was present as co-moderator and took field notes. In the next group, the interview was also performed immediately after a treatment session in which the researcher also was a participant observer. The third interview replaced a treatment session. All group interviews took place at the treatment centres, the first round a table in a room adjacent to the treatment room, and

the other two on the floor of the training room. The interviews lasted for approximately 90 min and were audiotape-recorded. In the first interview, an interview guide with questions primarily directed at experiences of the exercises within the group sessions was developed. The guide was not adhered to exclusively. In the next two interviews, we found it more appropriate to be even more open for relevant aspects and themes, and therefore used more open questions in an attempt to elicit answers with a greater depth. Questions were related to: important aspects of this movement-based treatment, concerning participation in the groups, personal development and health experiences.

Analysis

Kvale (14, p. 205) states that in qualitative studies the analysis pervades the whole investigation. The same applies to this study. The analysis of the interviews involved systematic condensing of central meanings. This is in accordance to what Malterud (18, p. 99) describes in a stepwise method for analysis, which is inspired by Giorgi's phenomenologically based method. Malterud's method is well equipped to extract core meanings on the participants' lived experiences, as well as being able to develop new descriptions and concepts (18).

After each group session, the interview was transcribed by the first author, word by word, as far as possible, with notes on bodily expressions, to back up the meaning of statements and interaction. Preliminary analysis of one interview gave basis for the preparation for the next interview. All interviews were then read through in one go, in order to gain a sense of the whole, as well as to gain insight into which topics continually surfaced. These were listed as temporary themes, and then the texts were systematically examined with the aim of finding meaning units. These were coded, extracted from the text and systematically put into groups, each within its own theme. After undergoing this process several times with careful consideration, three core themes with subthemes emerged, which included condensed descriptions of core meanings of each theme. The core themes and condensed descriptions have created the basis for the presentation of the material, as well as detailed descriptions including extracts from the interviews. Considering the last level, we have aimed at being as descriptive and true to the text, and as close to the participant's self-understanding as possible (14). The final stage in the analysis consists of interpretation in regards to relevant theory, also inspired by Kvale's (14) emphasis on interpretation on different levels. In our case, the theoretical frame of analysis is consisting of the phenomenology of the lived body, as described by Merleau-Ponty (19), and Yaloms' theory on therapeutic factors at play within groups (20), which is anchored in existential psychotherapy. Merleau-Ponty saw the lived body as the primary source of experience, opinionated, communicative and relational. Thereby he transcended the traditional divide between physical and mental, subject and object, subject and world. Yalom (20) has described therapeutic factors mutually related to each other defining change and growth within group processes.

Ethics

The Regional committee for medical research ethics for West Norway approved the project. All the 18 participants who were asked gave their written informed consent to participate. Anonymity was safeguarded by the fact that no names of either persons or places were cited, in any written documentation or in the presentation of the research material.

Results

In the following, these core themes are presented: Increased awareness of one's own body and better knowledge of oneself, threshold for taking part in time-consuming change, and relationships between oneself and others. Condensed descriptions of core meanings are included.

Table I. The three core themes and the following sub themes in the results.

1. Increased awareness of one's own body and better knowledge of oneself	2. Threshold for taking part in time-consuming change	3. Relationship between oneself and others
(a) New understanding of elements in life and new contact with oneself	(a) Low threshold to take part, but still hard work	(a) Caring for and restricting oneself – a new important, but demanding realization
(b) Breathing, muscle tension and rest – discovering new links	(b) The time it takes	(b) Being part of the BBAT group – about support, inspiration and challenges
(c) Towards a more stable body and a more balanced life		

BBAT, Basic Body Awareness Therapy.

Increased awareness of one's own body and better knowledge of oneself

Consciousness-raising processes were at the core of the participants' experiences, embedded in new and growing body awareness. Feeling oneself more as a whole, feeling more present in one's own body and in one's life in general stood out as central dimensions, followed by a new understanding of important elements in life. Body-awareness, including awareness of the breath and the centre of movements seemed not only to lead to increased contact with the body, but influencing feelings of control, stability, relaxation and presence as well.

This core theme stood out from the others because of its centrality in all groups. It has three sub-themes:

New understanding of elements in life and new contact with oneself. Self-awareness was conveyed to be a process that made it possible for the participants to deal with problems connected to their background history. Terminology used by participants was for instance "in touch with the body" or "got to know myself" when they described experiences during the treatment process, as exemplified by: "It was like I was split in two, with my head here and my body there – it was like there was a large hole between, right? I didn't know my body at all."

Self-awareness was also bound to knowing one's own will and having the courage to express it. A young woman was especially engaged in the connection she experienced between being able to recognize and having contact with the body and thereby feeling more in control. Another woman had benefited from being able to focus on posture and be aware of whether she was relaxed and present in a situation when she was together with friends. She had also experienced that contact with the self was connected to her stomach region and she felt a growing sense of stability in herself when she met others, something of a new experience for her. Increased knowledge about oneself and being in touch with one's own body in new ways seemed to be mutually dependant.

Breathing, muscle tension and rest – discovering new links. Experiences concerning respiration were raised in all groups. Simultaneously, awareness of tension in the body came up, for instance, by whether the participants were resting on the supporting surface or not. A young woman explained it thus: "In fact I feel that I am lying up in the air, I am, sort of, not down on the surface at all". Being consciously present and letting go of tensions were described as being on one's way to a more integrated way of reacting physiologically and emotionally. To feel the respiration was felt as a relieving experience as well as a new contact with the physiology of the body, so to speak. Working on being more aware of tensions, however, was also challenging. Old habits of not being aware could easily dominate. Nevertheless, awareness of respiration also helped participants with stress management, participants said, and therefore making it easier to fall asleep.

Towards a more stable body and a more balanced life. Group participants told to notice a renewed awareness of their own body posture as well as experiencing a connection between strength, stability and improved balance. Focusing awareness towards the centre of the body, which is repeatedly trained in BBAT groups, was told to be connected to balance, and for some also to be significant in recognizing their own intentions and will. A man said: "This whole thing is about focusing from the middle – and I think that can really help me with virtually anything in life." A woman commented: "Keeping balance, I think that has to do with the centre, that you strengthen it, it makes you feel stronger." A third individual stated: "Being stable (…) you feel centred and you become in a way stronger!"

Exercises in the group helped training the concentration, which seemed to implicate feeling strengthened as a person.

Threshold for taking part in time-consuming change

Effortless movements and voluntary talk about experiences in the group made participation seem easy, which made the threshold to take part low for the participants in the first place. Working on change processes in movement and breath and other body habits were, however, time-consuming and demanding processes. To be aware of, and realize how time-consuming the changes BBAT were, was a process in itself. This core theme consists of the following sub-themes:

Low threshold to take part, but still hard work. The participants pointed out that the threshold for taking part in the group training was experienced as low. One aspect was the principle that the movements or exercises were meant to be effortless, which separated it from what they otherwise saw as a training or treatment plan. It was expressed that they too could "achieve something", despite their ailments and so on. In addition, it was explained that no demands were made to talk about themselves, something

that people with psychiatric ailments often experience when participating in other forms of treatment. If taking part in the first place, a low threshold can be explained thus: one's own reluctance does not exclude one from the treatment process as expressed below:

> I feel that BBAT was the easiest group to join, to relate to, in a way – you didn't have to expose yourself so much, it wasn't so difficult, like you could choose whether you would talk or not, in the end, then it was easy, in a way. Even if you try to distance yourself from the process, something is triggered anyway – you receive psychological help even if you shut down all channels, which is sort of an advantage which you would not get using other treatment methods.

The time it takes. Participants in all groups remarked that it took a while before they became conscious of bodily reactions and experiences, and many struggled to articulate this, as for instance expressed like this: "It took almost a year before I understood what it does to you – and so another year passes, it takes, like, such a long time – before you see the benefits".

Another participant commented that she had learnt new things "several times", and had become aware that this was a necessary part of the process. Besides, the point of what the participants were doing was not always obvious to them, but became increasingly clear along the way. To feel and recognize changes in the body did simply take time and patience.

Relationships between oneself and others

Being valuable as individuals and accepting bodily limits were core experiences to the participants, which they related to group processes. Realizations in this respect stood out as demanding, pointing to new light on one's own habits and relations to important others. Consequently, working on setting limits for oneself and others followed. The treatment groups were experienced as places where acceptance, support and learning could take place, and the relationship to the therapist was highlighted as a most important issue. This core theme consists of two sub-themes.

Caring for and restricting oneself – a new, important but demanding realization. To consider oneself was a difficult challenge. The participants of the BBAT groups were encouraged to act on what they felt, for example, to change position if they were not lying comfortably or to ask for a blanket if they were feeling cold. Recognizing oneself as worthy was told to be part of acting on the basis of such challenges. Another aspect of this was to dare to accept the awareness and touch experienced when participating in couple-exercises. These situations require that one can do both giver and receiver roles and balance these, which several of the participants reported they found difficult.

The participants gave several examples of how essential it was to acknowledge that they, in fact, could not deal with everything. Problems with accepting the illness and the following restrictions they experienced were hard. In learning about accepting the body's limits, there seemed to be a connection with the work carried out in the BBAT groups. One woman stated:

> You want to do as much as possible yourself. I see that now, since I have started here – and I have become better at saying no if I feel enough is enough – and you know yourself enough to recognize that you must take a break, that has become clearer to me since I started in this group.

By turning the focus inwards, daring to recognize and thereby adjusting oneself according to one's feelings and bodily reactions, the group training seemed to open the possibility for participants to recognize own limits and capacities. They worked on setting limits towards themselves as well as towards others. Several participants were nevertheless vague on this point, implying that it was difficult to learn to consider themselves in everyday life, and that it was a time-consuming process. One woman stressed that, when she took her feelings seriously and recognized what she wanted and did not want, she could make it evident to others, which was something of an important experience for her. For another participant, setting limits had not been important to her before she took part in the group sessions.

However, to limit oneself and be clearly visible towards others was not something being accomplished only once, of which several examples were given. One woman, for instance, referred to feelings of guilt and pain in her body she had to tolerate when she set limits for herself, concerning people who were important in her life. Within the group, she was able to challenge herself on recognizing and setting limits. Outside the training context, however, it was even more difficult.

Being part of the BBAT group – about support, inspiration and challenges. The participants explained that to be a member of the BBAT group meant to feel that one was worth something. It also meant to care about one another, receive support, learn from, be inspired and challenged by others, and recognize oneself in the others. Examples: "You learn so much from the group, things that you haven't thought of yourself", or: "Had I avoided this and the experiences we have been through during these years (...) I would be poorer as a human being – and could not be that person I am today (...) both for myself and for others."

A young man with social anxiety had long periods of time where he had isolated himself, and experienced the group as a place where he could practise at getting along with people, a way of preparing for the outside world. This sentiment was backed up in the group.

The relationship to the therapist was highlighted as an important aspect in all of the groups. It was impressed upon aspects like being there for the participants, that she knew each individual, had time for them and gave them feedback and guidance. To be seen and cared for by the therapist seemed to be most important, which also was told to be the case in all groups.

Discussion

At first, we will discuss central meanings in the core themes in the light of chosen theory as well as former research. Finally, methodological issues are raised, and clinical implications indicated.

Lived body and existence

Dimensions connected to recognition of existence were central in all the BBAT groups, like feeling oneself as a whole, and the presence within one's body and in life in general. These dimensions indicate that contact with one's own body is a way of recognizing the body's reactions and habits within the situations life throws at them. Some described a process from not being aware of their own bodily being or experiencing a division between head and body, to being aware of their own bodies in new ways, feeling more at one and making new discoveries in regards to their own life situations. A common factor amongst all the participants was that they suffered from muscle pain, tension and/or lack of contact with their own body. In all the groups, increased awareness of and contact with the body was told to be the most important process following the group therapy. Such processes are also described in studies where Norwegian PsycoMotor Physiotherapy (NPMP) is used in regards to patients with chronic muscle pain (21,22). Merleau-Ponty (19) claims that the world and the lived body are two sides of existence, and that experiences are absorbed in the lived body (19). Movement and respiration, as well as behaviour patterns, are pre-reflexively tied to the body and develop according to the way the body participates in the world. This may explain how turning attention to and listening to the body made the participants of the study experience new realizations and recognitions. Some participants had noticed that more attention to their own wishes and will during therapy had led to increased self-confidence. These experiences suggest that they feel more connected to themselves and to what they desire out of life. In group therapy sessions in BBAT, the aim is to get to know oneself and one's habitual physiological reactions, so that those who take part are able to present themselves as intact human beings with clear intentions to the outside world. It seems that several participants, at least periodically, self-develop in this direction. Exercises through use of movement, respiration and sound, together with awareness directed both inwards and outwards, are meant to make perception of one's own body more evident, and to give access to, and insight towards oneself in relation to others (23). Merleau-Ponty (19, p. 206) presents a deeper meaning of the rediscovery of the subjects' lived body as a unit and the world thus:

> We shall need to reawaken our experience of the world as it appears to us in so far as we are in the world through our body and in so far as we perceive the world with our body. But, by thus remarking contact with the body and with the world, we shall also rediscover ourselves.

Deepening these insights, Merleau-Ponty (24) stipulates perception as a living communication of world as experienced, which brings the world closer to a place where one feels at home. Perceptually, experience is both a dialogue with the world and between the senses, and primarily a pre-reflective process. Is it possible that the treatment situation can be the "small" world, the place where one through increased perceptual consciousness can confirm one's own subject status, and learn to communicate more openly with the "big" world, feeling more at home in the world, so to speak? According to Merleau-Ponty, the lived body can exceed itself and create new meanings. The participants' experiences suggest that movement therapy, such as BBAT can provide a situation for creating new meanings.

Experiences of movement and health

Working on experiencing one's own respiration, especially with consideration to balancing muscle tension in the body, seemed to have consequences concerning sleep and rest, as well as overcoming various demanding situations for some participants. By focusing towards the centre of the body, several of them divulge that they experienced better overall balance. Balance is linked to being stable both mentally and physically. With appropriate development, sleep is seen to be connected to a greater ability for relaxation and rest, and therefore, improved mental health (7). Gyllensten et al. (7) found that significant advances in quality of movement were achieved after only short-term treatment with BBAT in psychiatric patients, measured with BAS-H. In addition, there was an improvement in the psychiatric symptoms

and a change in attitude towards their bodies and movement. In a qualitative study on experiences of BBAT, improved balance and a more stable posture stood out as aspects the participants attached importance to (8). In Steihaug's (25) study, where BBAT was part of the intervention, women with chronic pain expressed wellbeing when being present in themselves. Our study adds to these when suggesting that BBAT may have the potential, health-wise, to improve bodily functions, and hence feeling more in balance, bodily as well as in life generally.

Skjærven (23) claims that change in quality of movement, such as balance, can be associated with experiences of wellbeing and good health. Access to one's own resources is linked to movement while being consciously present. Through movements, which promote the relationship with support, vertical axis and centring, one may achieve respiration, which is freer and more depth in the contact with the body.

Merleau-Ponty stresses the lived body as inhabiting its world, where the pre-reflective is essential. To know the body is to live the body in a practical and social world, he claims. For the healthy, lived body participation is primary, awareness of the body secondary. To feel at home in one's own body is, from a phenomenological point of view, a basic aspect of good health (26). Our fate is incarnate in that to live the body is a form of existence. When illness and chronic pain strikes, participation in the world is affected, and so are the taken for granted and pre-reflexive abilities the body incorporates. Svenaeus (26) stresses that the task of the health personal is not just to cure the illness, but also to prepare and help the patients, so that they can once again feel integrated with their own body and their world. Consciousness-raising body therapy practices, such as BBAT and NPMP, may have a role in re-establishing health and wellbeing, including feeling more at home in one's own body and world.

Belonging in a common cause – a place to express and develop one self

The participants underscored the importance of belonging in a group with a common cause where they learnt the importance of sharing with one another. For example, that they could express whom they were and still be accepted, as well as sharing difficult times. In times when being hardly in contact with others, the group became of crucial importance for some. Dealing with problems alone, it was said, could quickly make feelings that there is something wrong with oneself, and that little worth rises to the surface. Feelings of being included in the group were important, no matter what background or problems.

What these participants expressed can be linked to universalism, which according to Yalom (20) is "being in the same boat", i.e. recognizing oneself in the experiences of others. The strongest therapeutic factor in a group process is learning through relating to one another. To be able to express and thereby expose oneself, but still feel support and acceptance from the group, is looked upon as crucial. In addition, support and acceptance have positive effects on self-recognition, Yalom (20) claims. If one, from the outset underestimates oneself, while, at the same time, the group provides acceptance and support, one will try to alter one's self-assessment for the better. Referring to group therapy processes for women with chronic pain, Steihaug (25) suggests that awareness of acknowledgement of the self and others connects with releasing the heaviness within.

The participants referred to several examples of experiencing a shared reality, which may be interpreted as a sign of being on the way to accepting themselves through recognition of themselves in others. This is expressed through their revelations of increased feelings of self-worth and improved ability to set boundaries. One example in our study was a participant who explained that the feeling of caring in the group also incorporated her; in other words, she felt worth being cared for. Belonging to a BBAT group seemed to hold a potential for increased positive self-judgement.

Methodological issues

In qualitative research, it is taken for granted that the researcher(s) is part of the knowledge production, and preconceptions are regarded important (14,18). In our study, the first author explored her own field of therapeutic practice. To know the field provides valuable insights, but presents at the same time a danger in that one may not notice the unexpected (18). However, the participants had varied experiences with the exercises they had performed in the BBAT groups, and had sometimes felt discomfort in carrying them out. Nevertheless, they focused strongly on the positive experiences, which also was the case in general. It is on this basis we conclude that the positive experiences are more prominent than the negative ones. To ensure that the essential experiences revealed in the groups were accounted for, the analysis was systematically conducted with the aim of being true to the participants' voices. Debates with second author, who read all transcripts, were part of the analysis. We claim that experiences presented are embedded in the group interviews, including negative ones. However, overall negative experiences with BBAT groups were not described,

which may be related to the inclusion of participants who had taken part in BBAT groups for at least 6 months. We were interested in amplifying experiences embedded in consciousness-raising group therapy processes, which take time. Staying in the groups may implicate being positive and open to the treatment. The result must also be discussed in relation to the impact of the context, being patients sharing experiences from therapy groups in a research group led by a researcher who herself is a therapist within the field.

In order to cover a wide variety of participant experiences, it is an advantage to include several groups (15). We included three groups, with different BBAT therapists, at different institutions in different cities in southern Norway. The size and dynamics of the groups varied. The literature on method advises six to eight persons in each group to achieve optimal dynamics (15). However, mini-groups are also described, when as few as four participants are present (15). In the group with eight participants, the atmosphere had more of a cautious air. The women were hesitant to start, but were encouraged to share their experiences repeatedly. The mood changed gradually, sharing more spontaneously and supporting each other. The first author experienced a friendly atmosphere in all of the groups. Signs such as spontaneous outbursts, laughter, willingness and even eagerness to share feelings and experiences altogether support this interpretation. Additionally, the first author has since received feedback from the therapists of the BBAT groups that the participants felt the process to be valuable. Transferability of the findings and insights from this study to similar contexts must be partly evaluated on the basis of what is raised above. Finally, if the study is to give insight into experiences from this type of treatment and thereby depth of meaning, it must be tried out in the clinical field from which the study is conducted (14, p. 248–50).

Conclusion and clinical implications

The participants in the study pointed to core experiences of the BBAT group processes related to giving more attention to and experiencing their lived bodies anew. The process of strengthening the experience of the lived body pointed towards feelings of wholeness, feeling more at home in themselves and in the group. The group dynamic processes, such as acceptance and support, including the important role of the physiotherapist, seemed to contribute to a more balanced life and improved bodily functions, which can be seen as indications of a better health. Taking part in BBAT groups may, for patients with moderate psychiatric disorders, contribute to a stronger sense of belonging to one self, simply feeling strengthened as a human being. However, the change processes awakened by taking part in this movement practice seem to be time-consuming and demanding. Patients must tolerate this kind of challenge.

Declaration of interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

References

1. Gard G. Body awareness therapy for patients with fibromyalgia and chronic pain. Disab Rehabil. 2005;27: 725–8.
2. Gyllensten AL, Gard G, Salford E, Ekdahl C. Interaction between patient and physiotherapist: A qualitative study reflecting the physiotherapist's perspective. Physiother Res Int. 1999;4:89–109.
3. Skjærven LH, Kristoffersen K, Gard G. An eye for movement quality: A phenomenological study of movement quality reflecting a group of physiotherapist's understanding of the phenomenon. Physiother Theory Pract. 2008;24:1–15.
4. Mattson M. Body awareness-applications in physiotherapy. Dissertation, Department of Psychiatry and Family Medicine, Umeå University; 1998.
5. Roxendal G. Body Awareness Therapy and the Body Awareness Scale, treatment and evaluation in psychiatric physiotherapy. Dissertation, Gothenburg University; 1985.
6. Skatteboe UB, Friis S, Kvamsdal HM,Vaglum P. Body Awareness Group Therapy for patients with personality disorders. Pshycoter Psychosom. 1989;51:11–17.
7. Gyllensten AL, Hansson L, Ekdahl C. Outcome of Basic Body Awareness Therapy. A randomised controlled study in psychiatric outpatient care. Adv Physiother. 2003;5:179–90.
8. Gyllensten AL, Hansson L, Ekdahl C. Patients experiences of Basic Body Awareness Therapy and the relationship with the physiotherapist. J Bodyw Mov Ther. 2003;3: 173–83.
9. Gyllensten AL, Ekdahl C, Hansson L. Long-term effectiveness of Basic Body Awareness Therapy in psychiatric outpatient care. A randomized study. Adv Physiother. 2009;11: 2–12
10. Grahn B. Effects of a multidisciplinary rehabilitation programme on health-related quality of life in patients with prolonged musculoskeletal disorders; A 6 month follow-up of a prospective controlled study. Disabil Rehabil. 1998;20:285–97.
11. Gustafsson M, Ekholm J, Broman L. Effects of a multiprofessional rehabilitation programme for patients with fibromyalgia syndrome. J Rehab Med. 2002;34:119–27.
12. Gadamer HG. Truth and Method. London: Sheed & Wards Ltd; 1993.
13. Van Manen M. Researching lived experience. Human science for an action sensitive pedagogy. Ontario: The Althouse Press; 1997.
14. Kvale S. InterViews. An introduction to qualitative research interviewing. Thousand Oaks, CA: Sage Publications; 1996.
15. Krueger RA, Casey MA. Focus groups. A practical guide for applied research. Thousand Oaks, CA: Sage Publications; 2000.

16. Sudmann T. (En)genedering body politics. Physiotherapy as a window on health and illness. PhD dissertation, University of Bergen; 2009.
17. Kitzinger J. Focus groups. In: Pope C, Mays N. Qualitative research in health care. Oxford: Blackwell; 2006.
18. Malterud K. Kvalitative metoder i medisinsk forskning – en innføring (Introduction to qualitative methods in medical research). Oslo: Universitetsforlaget; 2003.
19. Merleau-Ponty M. Phenomenology of perception. London: Routledge & Kegan Paul Ltd; 1998.
20. Yalom ID. The theory and practice of group psychotherapy. New York: Basic Books; 2005.
21. Øien AM, Iversen S, Stensland P. Narratives of embodied experience – Therapy processes in Norwegian psychomotor physiotherapy. Adv Physiother. 2007;9:31–9.
22. Dragesund T, Råheim M. Norwegian psychomotor physiotherapy and patients with chronic pain: Patients' perspectives on body awareness. Physiother Theory Pract. 2008,24: 243–54.
23. Skjærven LH, Gard G, Kristoffersen K. Basic elements and dimensions to the phenomenon of quality of movement – A case study. J Bodyw Mov Ther. 2003;7:251–60.
24. Hangaard Rasmussen T. Kroppens filosof (The philosopher of the body). Maurice Merleau-Ponty. København: Semiforlaget; 1996.
25. Steihaug, S. Can chronic muscle pain be understood? Scand J Pub Health. 2005; 33 Suppl 66:36–40.
26. Svenaeus F. The hermeneutics of medicine and the phenomenology of health. Steps towards a philosophy of medical practice. Dordrecht: Kluwer Academic Publishers; 2000.