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# Refugee experiences of individual basic body awareness therapy and the level of transference into daily life. An interview study

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## KEYWORDS

Basic Body Awareness Therapy;  
Physiotherapy;  
Traumatised refugees;  
Torture survivors;  
Post Traumatic stress disorder;  
Patient perspective;  
Qualitative study

**Summary Purpose:** The aim of the study was to investigate refugee experiences of individual Basic Body Awareness Therapy (BBAT) and the level of transference into daily life.

**Method:** Qualitative research using semi-structured interviews. Malterud's version of Giorgi's 4-step analysis was used to analyse the data.

**Participants:** Three traumatised refugees with PTSD who had completed 14–20 individual BBAT sessions.

**Results:** The participants experienced the movements in BBAT as small and simple with big effects. BBAT was found to relieve pain and tension, bring peace of mind and body, and make it easier to sleep. Regular practice was necessary, as were instructions from a physiotherapist, to get the effect from BBAT. Positive changes in the contact to oneself and others were experienced and new coping strategies were developed.

**Conclusion:** Traumatised refugees experienced positive effects from BBAT and transference into daily life was experienced to a great extent.

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## Background

There were 16.7 million refugees in the world by the end of 2013, while 1.2 million people were seeking asylum (The UN Refugee Agency, 2013). A Danish study estimated that close to half of all asylum seekers have been tortured and that about 68% of the asylum seekers fulfill the International Classification of Disease (ICD-10) criteria for Post Traumatic Stress Disorder (PTSD) (Oxholm et al., 2008).

Symptoms frequently experienced by PTSD patients are insomnia, hyperarousal, anxiety and depression (WHO, 2015; Rothschild, 2011). Furthermore PTSD is linked to increased incidents of cardiovascular disease, osteoporosis and rheumatoid arthritis that may be caused by activation of the neuroendocrine and sympathetic nervous system (Dedert et al., 2010; Pace and Heim, 2011). Somatic complaints, in the form of chronic musculoskeletal or neurological pain, are common in traumatised refugees (Buhmann, 2014; Gard, 2006; Nielsen, 2014).

Physiotherapy is offered, as part of the multidisciplinary rehabilitation treatments for traumatised refugees in several clinics in Denmark and Sweden, with the aim of relieving and coping with pain, correcting dysfunctions and regaining lost body awareness (Gard 2007; Prip, 2014). A Danish literature review on evidence-based treatments for traumatised refugees concluded that the number of studies about physiotherapy for traumatised refugees were limited, but that BBAT showed promising results in other patients with chronic pain and psychiatric illness (Lund et al., 2008).

The physiotherapy modality BBAT has been used to treat people with chronic musculoskeletal disorders and mental health problems in Scandinavia since the 1980s (Skjærven, 2013). The Swedish physiotherapist (PT) Gertrud Roxendal initially introduced BBAT into physiotherapy in the 1970s. BBAT is being developed continually as new research is being conducted but was originally based on the French psychotherapist and movement educator Jacques Dropsy's work from the 1960s (Skjærven, 2013). Dropsy was inspired by eastern and western movement awareness traditions including expressive arts, meditation, massage and tai chi as well as by aspects of psychotherapy (Dropsy, 1988). BBAT exercises are based on simple and slow daily life movements aimed at strengthening the participant's awareness and thereby affecting the whole person. BBAT works to improve awareness of all four existential aspects of a person simultaneously, namely the biomechanical, the physiological, the psycho-socio-cultural and the existential aspects (Skjærven, 2013). BBAT focuses on body awareness as the basis of self-awareness, affecting a person's whole existence, reflected in their movements and in daily life. The PT guides the patient through the exercises. The therapeutic process can be compared to supported psychotherapy where the participant's bodily ego is nurtured (Roxendal, 1985). The aim of BBAT is not to make the body release defence mechanisms by relieving muscular tension, but rather to build up the person by awakening his or her own inner resources. The PT does not correct the movements; instead she guides and invites the participant to be curious and to investigate his or her own movements and body awareness. Short talks support the participant in

gaining insight into his or her own psychophysical functions (Roxendal, 1985).

Studies relevant to the symptoms experienced by traumatised refugees have shown BBAT to be efficient in the treatment of chronic pain, nonspecific musculoskeletal disorders and fibromyalgia (Bergström et al., 2014; Mattsson et al., 2003; Klingberg-Olsson et al., 2000; Malmgren-Olsson et al., 2001; Kendall et al., 2000; Mannerkorpi and Arndorw, 2004), for psychiatric patients with somatic symptoms (Gyllensten et al., 2009), for people suffering from personality disorders (Friis et al., 1989), depression (Danielsson et al., 2014), and for people having been sexually abused (Mattson et al., 1997; Mattson et al., 1998). The long-term effectiveness of BBAT to psychiatric outpatients with somatic symptoms was seen as improvements in body awareness, self-efficacy and in a significant decrease in the use of primary and psychiatric health care and social services (Gyllensten et al., 2009). A pilot study on group BBAT for traumatised refugees showed a decrease in somatic and mental symptoms of PTSD (Stade et al., 2015).

## Purpose of the interview study

The aim of the study was to investigate how traumatised refugees experienced participating in individual BBAT treatment and to what extent they experienced being able to transfer the effect into their daily lives.

## Method

This interview study was linked to a large randomised controlled trial (RCT), briefly described below, and was carried out in close collaboration with the Competence Centre for Transcultural Psychiatry in Copenhagen (CTP). The aim of the RCT was to study the effect of BBAT or physical activity as add on treatment of traumatised refugees (Nordbrandt et al., 2015). The inclusion criteria for the RCT were refugees with PTSD, having been traumatised in their home country, and referred to CTP in the period September 2013 to August 2015. Exclusion criteria for the RCT were current drug or alcohol abuse or having a severe psychotic disorder. Participants in the RCT were randomised into three groups. The control group received treatment as usual (TAU), this being pharmacological treatment, psychoeducation and cognitive behavioural therapy (CBT). The two other groups received TAU and in addition 16–20 individual 1-h sessions of either BBAT or mixed physical activity. The researcher was invited to do an interview study in relation to the RCT to get a qualitative view on BBAT.

## Design

A phenomenological and hermeneutic approach was used for the interview study to explore the experience and understanding of the participants and thereby to answer the research question. The pre-understanding of the researcher was uncovered before starting the process of data collection and analysis. This was done, so as not to pollute the experiences of the participants, and to enable the researcher to

understand and describe the participants' understandings and experiences (Birkler, 2007; Malterud, 2013).

A qualitative study design was chosen to explore and shed light on traumatised refugees' own experiences of BBAT (Malterud, 2013). To explore the topic thoroughly a semi-structured interview method was chosen in order to get the participants to explain, in their own words, about their experiences, their understandings and how they find meaning in their "lifeworld" (Kvale and Brinkmann, 2009).

### The pre-understanding of the researcher

The researcher's pre-understanding was coloured by completion of a PT degree, participation in a 40-h BBAT course and by past work experiences in three psychiatric settings including Department of Torture and Trauma Survivors (ATT). During the work experience at ATT, the researcher witnessed how some traumatised refugees were resistant towards doing BBAT and others participated willingly and benefited from the treatment. The observation piqued the researcher's interest and from this grew the idea of investigating traumatised refugees and their experience of BBAT.

### Ethics

The Danish National Committee on Health Research Ethics was consulted regarding the study and replied that this interview study did not need approval. The researcher visited the RCT project two full days in October 2014 to observe BBAT treatments conducted by two different PTs. This was done in order to get familiar with the setting, with BBAT as part of the RCT project, with the patient group and also to see if there were specific precautions to keep in mind to avoid aggravating the patients' symptoms (Kvale and Brinkmann, 2009). Via their usual interpreter, the participants all read an informational letter about the interview and signed an informed consent form. The participant's anonymity was assured by leaving out all names of people and places, including their home countries, as well as by deletion of all recordings and transcriptions of the interviews after the journals acceptance of the article (Lindahl and Juhl, 2013). Before transcribing the interviews, a guideline was written to determine the rules, in order to make sure the participants were ethically presented (Kvale and Brinkmann, 2009). Incorrect spoken Danish was corrected by the researcher.

### Participants

The participants for the interview study were chosen from the patients in the randomised BBAT group who had

completed their treatment by October 2014. The participants were strategically chosen from those who had completed their treatment and who had been the most compliant in their BBAT sessions, regarding regular attendance and practice of home exercises. These criteria were defined to be able to answer the research question. According to Roxendal (1985) it is necessary to practice BBAT for 1 h, two or three times a week, to get and maintain an effect from BBAT. The most profound changes come from participating in more than ten BBAT sessions (Roxendal, 1985). For those reasons the patients with the highest and most stable attendance were chosen for the interviews. From the 20 patients who had completed their BBAT treatment, the ten who had participated in the highest number of BBAT sessions and who had participated most frequently were chosen. The PT contacted the participants by 'phone via their usual interpreter; five were reachable and they all agreed to participate. Three participants showed up for the interviews and two cancelled on the day of the interview. Both agreed to reschedule but they did not show up the second time either. The first interview participant was named "A", the second "B" and the third "C" as presented in Table 1. Two out of three participants used an interpreter. The researcher had not met any of the participants prior to the interviews.

### Interview process

The interviews were conducted in November 2014. All of the interviews were recorded. A semi-structured interview method was used to collect the participants' experiences. The questions in the interview guide were initially open, to let the participants use their own words and to find out what aspects of BBAT the participants valued most off the top of their heads (Kvale and Brinkmann, 2009). The initial open questions from the interview guide were presented as shown in Table 2. Control questions were asked throughout the interviews to validate the terms used by the participants and the researcher.

### Data analysis

The interviews were fully transcribed by the researcher. For the process of analysis, the Systematic Text Condensation (STC) was chosen, in the form of Giorgi's phenomenological 4-step analysis as described and modified by Malterud (2013). The method was chosen because it is structured and based on the collected data as opposed to being theory driven. In the process of analysis, four themes and eleven sub-themes were found in collaboration with an external peer PT researcher, who commented on the themes and subthemes while suggesting more appropriate ones.

**Table 1** Participants.

	BBAT sessions	Sex	Age	Home exercises	Attendance	Tortured
Participant 1 "A"	20	M	50	Yes	Continuous	Yes
Participant 2 "B"	17	F	44	Yes	Continuous	No
Participant 3 "C"	14	F	26	Yes	Continuous	No

**Table 2** Initial open questions from the Interview guide.

1. How did you experience doing the BBAT exercises?
2. What effect did you experience from doing BBAT?
3. Apart from physical effects, did you experience other changes in your life related to BBAT?
4. How did you experience the contact with the physiotherapist?
5. How did you experience the massage in your BBAT sessions?
6. Is there anything else you want to tell me or ask me?

## Results

The traumatised refugees talked about their overall experience of BBAT in four main themes. The themes were: symptoms, behavioural changes, the role of the PT and exercises. The results of the analysis are presented under each theme and sub-theme (Table 3).

### Symptoms

All the participants initially talked about what effect BBAT had on their symptoms when asked about their experience of doing BBAT exercises. 'Symptoms' was a central theme in the interviews and three sub-themes stood out, being: pain & tension, thoughts & emotions and sleep.

#### Pain & tension

All participants experienced relief of pain and muscular tension by doing BBAT. Each participant mentioned specific exercises with the most potent effect on their worst areas of pain and tension (Figs. 1–3). C preferred 'Stretching like a Star', B mentioned the exercises 'Turning Around the Vertical Axis' and 'Symmetrical Stretching', where A found the balancing exercises to be the most beneficial for him. All three participants experienced deep relaxation when receiving the 'Dropsy massage'.

#### Thoughts & emotions

The participants all mentioned how BBAT could affect their thoughts and emotional state. In particular, the exercise 'Contact with the Ground' was experienced as a way to let go

of thoughts and be in the moment. The participants explained how focusing on the contact with the ground helped them return to the present and to turn their attention away from disturbing thoughts whenever they appeared. The participants used the exercise when feeling overwhelmed by negative thoughts or emotions. When feeling spiritually low, A practiced 'Contact with the Ground' and it made him experience peace of mind. C expressed her experience of doing 'Contact with the Ground' as:

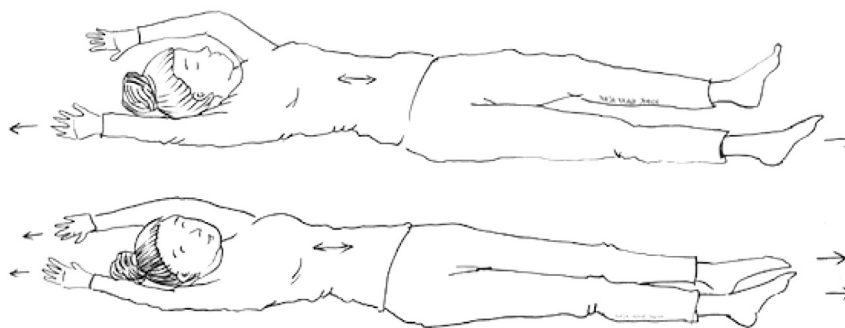
*"During the 10–15 minutes you had to lie there and concentrate on your body, then suddenly you DID disappear from all of those negative thoughts. And every time I was gone and opened my eyes again and returned to myself, I could feel oh it is so light so light so light, so not as heavy. It was so light here on the shoulders and I could still feel this lightness a couple of hours later. It was so heavy so heavy for me to carry all the negative thoughts. But as I said, even if it was just 15 minutes it had such a big effect on me because I could NEVER have controlled my thoughts or get away from the thoughts. I never ever could, so just 15 minutes was enough for me and it was a must. It was crucial for me just to get away from the thoughts for a bit even if it is 10-15 minutes."*

#### Sleep

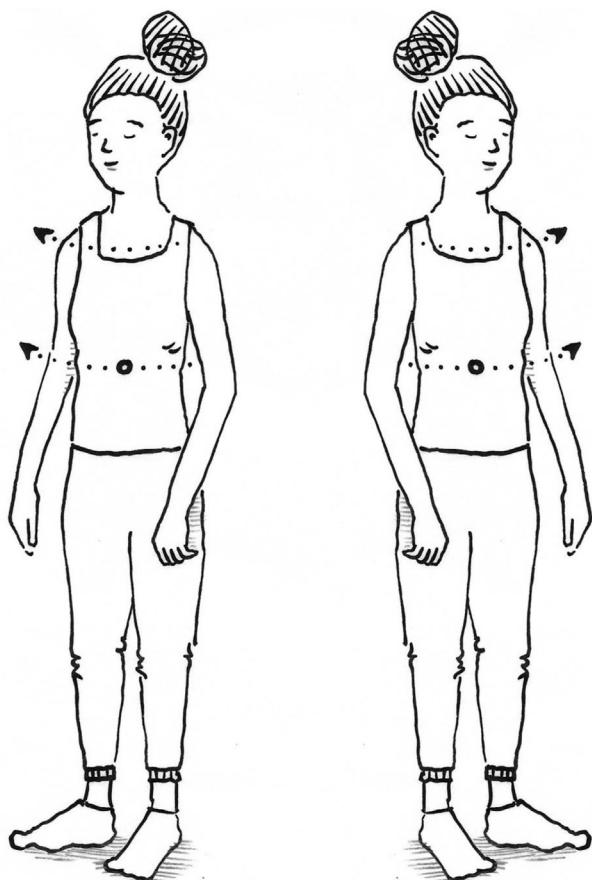
All the participants generally experienced poor quality of sleep and explained how BBAT helped them to be able to fall asleep. Exercises in supine position were experienced as especially helpful. These included 'Stretching exercises' and 'Contact with the Ground'. Doing the exercises in bed at

**Table 3** Themes and sub-themes.

1. Symptoms
  - 1A. Pain & Tension
  - 1B. Thoughts & Emotions
  - 1C. Sleep
2. Behavioural changes
  - 2A. Coping strategies
  - 2B. Relationship to oneself & to others
3. The role of the Physiotherapist
  - 3A. The PT's instructions & movements
  - 3B. The PT's way to approach the patient
4. Exercises
  - 4A. Simple movements
  - 4B. Making sound
  - 4C. Body awareness
  - 4D. How often?



**Figure 1** Stretching exercises in supine position.  
Illustrations by: Naja Kragh Jensen



**Figure 2** Turning around the Vertical Axis.  
Illustrations by: Naja Kragh Jensen

night would make the participants fall asleep. C felt the body getting heavier and her whole system calming down so she automatically fell asleep while doing 'Contact with the Ground'. She explained how focusing on the contact with the ground was the only time she could experience feeling safe in her own mind and body. Furthermore, she said that doing 'Contact with the Ground' worked like a sleeping pill for her.

### Behavioural changes

#### The second theme was behavioural changes

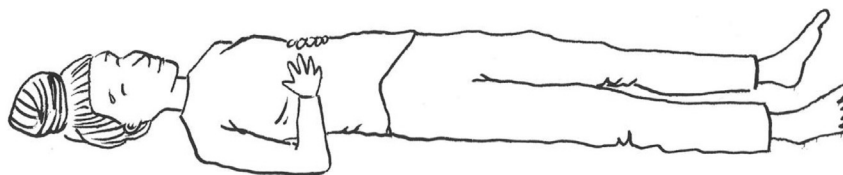
Two sub-themes appeared as: coping strategies and relationship to oneself & to others.

#### Coping strategies

All participants had learned to focus on their breathing as a way to cope with stressful situations and emotional outbursts. C talked about breathing deeply when she got overwhelmed with anger, irascibility or anxiety, which often happened while she was riding the bus or the train. To be able to stay on public transportation or in the fitness centre she often did the 'Standing Balance with Shifting of Bodyweight back and forth'. B would breathe deeply whenever she went shopping to cope with stress, confusion and indecisiveness. She would also breathe deeply at home when realising she was moving too fast, running around trying to do everything at once and getting nothing done. To cope with and let go of anger she found it helpful to do the exercise 'Arm Movement: The Elliptic Wave'. A explained how focusing on the breath provided more oxygen to his lungs making him feel like he could move more easily despite his lung disease.

#### Relationship to oneself & to others

Two participants felt that their relationship to themselves and to other people had changed in a positive direction



**Figure 3** Contact with the ground.  
Illustrations by: Naja Kragh Jensen

along with the BBAT treatment. B described how she had become “another person”. She had noticed how she had learned to listen to her own body and respect what it was telling her. She cared more about her health and prioritised working out, taking a yoga class or doing a BBAT session instead of previous daily compulsive vacuum cleaning and shopping for clothes and shoes. She talked about saving her energy and allowing herself to take more time doing things in a mindful way instead of rushing through it to get it over with. In relationships with other people she had experienced being more mild and patient with her children. C explained how she had become much more social where she used to isolate herself. She had gone from being suspicious and not daring to talk to anyone to opening up her heart to others.

### The role of the physiotherapist

The third theme concerned the role of the PT during the sessions and in the outcome of the BBAT treatment. Two sub-themes were established as: The PT’s instructions & movements and the PT’s way to approach the patient.

#### The PT’s instructions & movements

The participants all mentioned how doing the movement together with the PT helped them in the process of learning how to do the movement. A and B stressed the importance of being able to watch the PT move as a way to perform the exercise correctly themselves and thereby get the effect from the exercise. C said it was harder to concentrate on doing BBAT at home than in the BBAT sessions with the PT because she was too busy during the day and had too many things she needed to get done. B did not experience the same effect from doing BBAT on her own because she would move too quickly and needed someone to tell her to slow down.

#### The PT’s way to approach the patient

The participants experienced the PT as pleasant and kind. All felt they had a good connection to the PT. A stressed the contact to another person as essential to benefiting from the treatment. He mentioned that it was important the PT understood and sensed the patient. The PT should be able to treat the individual patient according to the patient’s needs. C expressed how she experienced the PT as empathetic, gentle, calm and understanding, which helped her overcome her own insecurities so she was able to receive and take part in the treatment. Had the PT been a harsh woman, she would not have experienced any effect from the treatment.

### Exercises

The fourth theme regarded the participants’ reflections on the BBAT exercises in general and on specific exercises. Four sub-themes were found to be: simple movements, making sound, body awareness and how often?

#### Simple movements

A and B compared BBAT to yoga seeing many similarities like working with the breath and having experienced the same effect from doing both. B talked about the effects she experienced from BBAT as lightness of the body, more

physical and mental energy, happiness and relaxation lasting for a couple of days. She talked about her experience of the movements in BBAT using the following words:

*“It is your inner muscles, your inner body. The exercises aren’t forced, but you can still feel your body. The movements are simple but afterwards it has a big effect. You can’t feel it just as much while you are doing it, as when you are working out and fighting and afterwards you are exhausted. Here it is done lying down, you are relaxed and you can still feel it afterwards. In a good way. Not as soreness and tension.”*

#### Making sound

A and B experienced great benefits from making ‘the M-sound’. C said making ‘the M-sound’ was the only thing she could not do in BBAT and that she would never do it. A felt ‘the M-sound’ also helped deal with his chronic bronchitis. He said:

*“It was an amazing exercise because when you inhaled you would send oxygen to certain muscle groups through the lungs and when you afterwards exhaled with sound it would bring peace to the whole body and the mind. And you would be calm.”*

B expressed initial difficulties with making ‘the M-sound’. She did not like the sound of her own voice with ‘the M-sound’ so she only made an inner sound in the BBAT sessions with the PT. Practicing BBAT at home with a video she was able to make ‘the M-sound’ and expressed her experience of making it as follows:

*“It gives an experience of sailing and listening to water. Like sailing in a ship. The sound of waves. I also sense something in the abdominal muscles, when I inhale all the way into the belly. You hear something inside of yourself, inside your head. It relaxes the brain in some way.”*

#### Body awareness

A general relaxation and calmness was experienced doing BBAT. Aside from that, the participants each mentioned their own unique body awareness experiences. C experienced how ‘Hands on the Centre of the Body’ made her stomach relax and make sounds. She enjoyed this because she also noticed how feeling uneasy led to indigestion. B experienced ‘Hands on the Centre of the Body’ as very pleasurable because of the warmth and weight of her hands on her belly. The weight of her hands made her focus on her breath, feeling the hands being lifted up and down. It made her feel closer to her own body. A explained how ‘Contact with the Ground’ made him feel his bones in a delightful way. He experienced the body getting more spacious and taller while muscles and joints relaxed and became less painful. The joints in his neck were loosened and relaxed. B felt a lovely tingling in her body after a BBAT session as if the body had another sense of itself. The body would keep on working on its own the whole day without getting tired. Doing ‘Turning Around the Vertical Axis’ she experienced the body getting much smaller and lighter. As if she actually was smaller and if weight had been lifted from her body. ‘Stretching up Along the Vertical Axis’ made it easier to feel

her body and her posture. She experienced being lifted up and for a moment she felt like an insect, like she was floating weightlessly. The experience was a pleasant break from her daily experience of having a tired and heavy body caused by fibromyalgia.

#### How often?

The participants practised BBAT with different intervals but they all mentioned regularity as a key to maintaining the effect. A did BBAT exercises every day. He said:

*"They are my food, what I live off. It is a kind of nutrition for both muscles and bones. They drink and eat the air I inhale. The exercises as well, they are a kind of nutrition for the body."*

Practicing daily helped him to maintain a decent mental state and to keep some of his symptoms away. B knew that she only started feeling the effect from the treatment when she started showing up every week and now she tried to do 1 h of BBAT three times a week. C practised 'Contact with the Ground' one to three times a week and 'Standing Balance with Shifting of Bodyweight back and forth' whenever she was on a bus or train.

## Discussion

The participants experienced the movements in BBAT as small and simple yet having big effects. The exercises 'Contact with the Ground' and making 'the M-sound' were experienced as particularly beneficial to obtaining peace of mind and body. A regular practice of BBAT at least once a week was essential to experience and maintain the effect. Body awareness was experienced in different ways by each participant. They experienced positive effects from BBAT related to their PTSD symptoms of chronic pain and tension, in giving them a needed break from negative thoughts and emotions and in improving quality of sleep. The PT was perceived as essential in showing the movements and giving instructions in order for the participants to get the effect from BBAT. Doing BBAT alone did not have the same effect. It was crucial for the participants that the PT was kind, gentle and adjusted the treatment to fit their needs. By affecting their penetrating symptoms of pain, negative thoughts and sleep disturbances, BBAT also affected the participants' daily lives. Furthermore the participants elaborated on experienced changes in their own behaviour after starting BBAT. They had developed new coping strategies to handle stressful situations as well as overwhelming episodes of emotions and outbursts. They also experienced improvements in their relationship with themselves and with other people. The transference of BBAT into daily life was experienced to a great extent.

## Discussion of the results

### Experience of BBAT

The participants experienced BBAT movements as small, simple and done in a relaxed way yet having big effects. Likewise, the participants in a Norwegian study about group BBAT to psychiatric patients, experienced the movements

as effortless and performed in a different way than other kinds of training (Johnsen and Råheim, 2010). The exercises 'Contact with the Ground' and making 'the M-sound' were experienced as particularly beneficial to obtaining peace of mind and body. Jacques Dropsy (1988) addressed the exercise 'Contact with the Ground' as the key exercise, emphasising the basic nature of this particular exercise, comparing it to returning to the horizontal position in which we started life itself. Ddropsy also explained how doing 'the M sound' will release tension in the diaphragm and create resonance throughout the whole body to be experienced as an overall feeling of wellbeing.

### Experienced effects and transference of BBAT

The participants each participated in between 14 to 20 BBAT sessions, did their home exercises and continued to practice after finishing the treatment. The changes experienced by the participants agree with Roxendal's definition of short-term & long-term perspective. Participation in up to ten BBAT sessions is considered short-term treatment, relating to symptoms or dysfunctions that have not reached the personality structure (Roxendal, 1985). All the participants experienced changes in their PTSD-related symptoms. Roxendal considered the effects related to long-term BBAT treatment as deeper, involving the person's general level of muscular tension, their movement pattern, body image, and self-esteem (Roxendal, 1985). The participants experienced long-term perspective changes in the form of improved relationships to themselves and to others. Jacques Ddropsy (1991) described how BBAT is based on the hypothesis of a three-way contact problem as the main problem in various physical and mental issues. The first problem is a lack of contact with oneself, the physical body and inner creativity. The second problem is a lack of contact with the physical reality in time and space. The third problem is a lack of contact with other people. BBAT works to improve contact at all three levels (Ddropsy, 1991). The participants experienced positive changes at all levels: at the first and third levels as changes in the contact to self and others. Changes in the second level were also experienced, enabling them to stay present in the body and take breaks from negative thoughts. Changes at all three levels occurred despite the fact that a part of PTSD is avoidance of activities and situations followed by detachment from other people and despite that dissociation and flashbacks are common among people suffering from PTSD (WHO, 2015).

### The Physiotherapist's presence

The participants expressed how they needed the PT to instruct and correct them and to watch the PT move, to be able to remember the exercises, do them correctly and to experience the effect. CTP previously introduced the use of recorded exercises for patients to take home in the treatment of traumatised refugees (Carlsson et al., 2014). Most PTSD patients experience poor concentration and memory, caused by high arousal levels and decreased activity of the hippocampus, making it essential to provide them with either recorded, written or illustrated instructions (Nielsen, 2014). The decreased memory might explain why some participants felt they only got the effect from BBAT when the PT was present.

The participants stressed the importance of being corrected by the PT and doing the BBAT exercises correctly. Being corrected by the PT however is not in line with BBAT pedagogy. The PT's role is to invite the participant to explore the movements and develop their awareness in the process (Dropsy, 1991; Skjærven, 1999, 2003). It is important that the PT observes the patient rather than correcting, because corrections can lead the participant to focus on doing the movement in a specific, mechanical way rather than experiencing it from the inside (Dropsy, 1991; Skjærven, 1999, 2003). The participants' focus on correction might be due to a language barrier or it may be caused by a misperception in transcultural communication. The term power distance is used to describe how authoritarian a culture is (Jandt, 2013). Arab countries rank 7th highest in power distance compared to Denmark ranking number 51 (Jandt, 2013). The participants' choice of the words "correct" and "correction" could be due to an expectation of the PT to be the authority. In a Norwegian study on how to promote movement quality in physiotherapy, this role of the PT is described as the father role (Skjærven et al., 2010). The opposite is the mother role, where the PT provides empathetic support (Skjærven et al., 2010). The participants also mentioned the importance of the mother qualities in the PT, which correlates with the factors mentioned to be important in the interaction between PT and torture survivors (Gard 2007).

## Discussion of the methods

The hermeneutic, phenomenological approaches to a qualitative method using semi-structured interviews were chosen to support the aim of investigating the participants' experiences (Kvale and Brinkmann, 2009). Control questions were asked throughout the interviews to validate the terms used by participants and researcher (Kvale and Brinkmann, 2009). Using Malterud's version of Giorgi's phenomenological 4-step analysis method further supported the aim of the interview study by being based on the data provided by the participants in the interviews as opposed to being theory driven (Malterud, 2013). The researcher was, to her own knowledge, able to bracket her pre-understanding during the data collection and in the process of analysis. Researcher triangulation was applied to increase validity of the results (Malterud, 2013).

The study was originally planned to contain the interviews of five participants. Two participants did not show up for their interviews despite a rescheduling. The study ended up being based on three participants. According to Malterud (2013) the number of participants is of less importance in a qualitative study. The more important factor is that the participants are well chosen to answer the research question. The interview participants were specifically chosen from the most compliant in the BBAT group, judging by their attendance and practice of home exercises. This was done to be able to collect their experiences of BBAT via interviews. The high compliance rate of the participants should be kept in mind when understanding the results. It could explain their satisfaction with the treatment and could suggest high resources compared to the ones with lower attendance. Keeping this in mind, it could

also be interesting to hear how the participants who did not show up for their interviews had experienced BBAT. A disadvantage in only including three participants was that the researcher only discovered the importance of the theme "relationship to others" in the second interview when the second participant mentioned it and therefore was not able to ask the first participant about it. A qualitative researcher should ideally be flexible and change focus in the process of data collection if new important discoveries are made (Malterud, 2013).

## Ethical concern

There is reason to have certain concerns before interviewing people from other cultures because of the risks of verbal and non-verbal misunderstandings (Kvale and Brinkmann, 2009). Special concerns should be kept in mind when interviewing traumatised refugees to avoid creating a feeling of being interrogated (Carlsson et al., 2014).

## Conclusion

The aim of this study was to investigate how traumatised refugees experienced participating in individual BBAT treatment and to what extent they experienced being able to transfer the effect into their daily lives.

The traumatised refugees experienced BBAT movements as small and simple with big effects. The participants experienced relief of pain and tension, peace of mind and body, and slept more easily. The participants experienced that a regular practice of BBAT was necessary as were instructions from a PT to get the effect. Transference of BBAT into daily life was experienced to a great extent by the participants as positive changes in contact to self and others and in the form of new coping strategies. Since the study was only based on three participants, there is a need for further studies of traumatised refugees' experience of BBAT.

## Conflict of interest statement

The authors declare no conflict of interest.

## Acknowledgements

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