

2013•2014
FACULTEIT GENEESKUNDE EN LEVENSWETENSCHAPPEN
*master in de revalidatiewetenschappen en de
kinesitherapie*

Masterproef

The 'lived body' of a physiotherapist: A qualitative research exploring
the construct and meaning of body awareness for a physiotherapist

Promotor :
dr. Joeri CALSIUS

Nele Castro

*Proefschrift ingediend tot het behalen van de graad van master in de
revalidatiewetenschappen en de kinesitherapie*

2013•2014

FACULTEIT GENEESKUNDE EN
LEVENSWETENSCHAPPEN

*master in de revalidatiewetenschappen en de
kinesitherapie*

Masterproef

The 'lived body' of a physiotherapist: A qualitative
research exploring the construct and meaning of body
awareness for a physiotherapist

Promotor :
dr. Joeri CALSIUS

Nele Castro

*Proefschrift ingediend tot het behalen van de graad van master in de
revalidatiewetenschappen en de kinesitherapie*

Woord vooraf

Om de graad “Master in de kinesitherapie en revalidatiewetenschappen” te behalen, kreeg ik de opdracht om een masterproef te schrijven. Deze opdracht heeft mij de kans gegeven om me te verdiepen in de kennis rond de lichamelijke beleving van een kinesitherapeut.

Ik zou graag enkele mensen bedanken die geholpen hebben met het tot stand brengen van deze masterproef. Als eerste wil ik mijn promotor Prof. Dr. Calsius bedanken voor zijn begeleiding.

Daarnaast wil ik ook graag Dr. Philippe Gillis bedanken, daar hij mij steeds met raad en daad bijstond tijdens het schrijven van de masterproef. Verder nog een woord van dank aan de deelnemende kinesitherapeuten voor hun deelname aan het onderzoek. Als laatste wil ik graag mijn ouders en mijn vriend bedanken voor hun steun doorheen de 5 jaren van deze studie.

Riemst, 2014

N.C.

Contents

Situering	1
Abstract	2
Introduction.....	5
Method	7
Results	9
Discussion	17
References	20
Appendix	21

Situering

De masterproef vormt een bijdrage aan de kennis rond lichaamsbeleving van een kinesitherapeut. De studie is ontstaan vanuit het aspect holisme in de kinesitherapie. Het toepassen van een holistische visie als kinesitherapeut vereist een bepaalde ontwikkeling van de therapeut. Een ontwikkeling op verschillende facetten, waaronder het aspect lichaamsbeleving. In de literatuur is veel informatie terug te vinden over de lichaamsbeleving van de patiënten, maar bijna geen informatie betreffende therapeuten. Vervolgens werd besloten door middel van interviews bij de kinesitherapeuten na te gaan welke aspecten belangrijk blijken in hun manier van lichaamsbeleving.

De studie loopt niet binnen een lopend onderzoeksproject, maar vormt een alleenstaand masterproefonderzoek. Het onderzoeksdesign werd aangeboden door de promotor. De uitwerking van het design, de rekrutering, de data-acquisitie, de dataverwerking en het academisch schrijfproces werd volledig zelfstandig uitgevoerd.

The 'lived body' of a physiotherapist: A qualitative research exploring the construct and meaning of body awareness for a physiotherapist.

Opgesteld volgens de richtlijnen van Physical Therapy Journal
(http://ptjournal.apta.org/site/misc/ifora_key_instructions.xhtml)

Abstract

Background

In a therapeutic setting, the body of the physiotherapist plays an important role in constructing the therapeutic identity. Taking into account the holistic approach, this body should be seen as one that is influenced by interaction with the mind and the surrounding world.

Objectives

The aim of this study was to deepen the knowledge concerning the bodily experience of a physiotherapist. The incentive for the study was a curiosity about this phenomenon and a need for understanding.

Design

A qualitative research method was used for the research. Six physiotherapists, three holistic physiotherapists and three biomechanical physiotherapists, were selected and agreed to participate to the study.

Methods

Semi-structured interviews were conducted to gauge the bodily experience of the physiotherapists. Each interview was audiotaped and transcribed ad verbatim. The data was analyzed using a modified version of the interpretative phenomenological analysis (IPA) divided in four steps.

Results

The findings consisted of four dimensions, each divided into different themes and respectively subthemes. The first dimension was 'the construct of body awareness' in which the different aspects regarding the bodily experience of the therapeutic population became clear. The dimension 'Importance of body awareness' explains why having an amount of body awareness is meaningful. The third dimension elaborates on influencing factors on body awareness. The last dimension 'unawareness of body' indicates that a physiotherapist not always pays attention to his body.

Conclusion

This study gave rise to the discovery of bodily experiences that were important for a physiotherapist. Also became clear why an amount of awareness of the body proves necessary for both the therapist and the patient. For the future it is advisable to further explore the concept.

Introduction

In recent years, physiotherapists have shifted their therapeutic approach from a pathoanatomically-based framework to a more patient-orientated biopsychosocial framework. Traditionally, they saw the body as a neurophysiologic body consisting of nerves, blood vessels and muscles. The holistic approach however, is characterized by looking at the body as a 'lived body'¹. It is influenced by social components and mental processes like attitude, perception and emotional status. Phenomenologists like Husserl and Merleau-Ponty indicate the importance of the body in experiencing the world, as it shapes and influences the everyday experiences. A person's point of view on the world is determined by this pre-reflective subjective body. Dehaan² speaks of a body that transcends the physical, because it is being lived and experienced. Instead of the conventional way of seeing it as 'an object', it is now more considered to be 'a subject'. The dualistic view of the body has no semantic equivalent in the English language. In German and Dutch however a distinction is made between the 'Leib' or 'lijf' that refers to the subjective body and the 'Körper' or 'lichaam' referring to the objective body.

When we look at the body in a therapeutic setting, we only think of the patient. It is surprising how little attention is paid to the importance of that of the physiotherapist. It is assumed to be obvious, regardless of the role which the body plays in constructing the unique therapeutic identity³. Taking into account the holistic approach, this body should not just be considered as one of flesh and blood, but it should be seen as one that is influenced by interaction with the mind and the surrounding world. So as a body that can be touched and is able to experience and interpret this touch.

The aim of this study was to deepen the knowledge concerning the body experience of a physiotherapist. The incentive for the study was a curiosity about this phenomenon and a need for understanding. A literature study revealed a high degree of studies regarding the body awareness (BA) of patients, but non from the therapist's perspective. When studying a patient population, BA is always considered from the perspective of a disease, whereas a therapist is often healthy. Studying BA not from a perspective of a sick body will most likely provide different aspects that have to be taken into account.

It appears that the development of awareness of the body is important. Fogel's study⁴ on the Rosen Method Therapy elaborates on the importance of using a 'listening touch'^a. In order to use a listening touch and to be able to perceive a patient in its entirety, the therapist himself must own an amount of embodied self-awareness. Another study describes aspects that influence the interaction between a patient and a therapist. When making contact with a patient, development of a sensitivity and intuition for the patient's status appears important⁵. Skjaerven et al.⁶ mention the importance of an embodied presence of the therapist. This includes being mentally and physically attentive, here and now. This is

^a The term 'listening touch' originates from the book 'Psychophysiology of Self-Awareness' of Alan Fogel⁴. He describes it as: "(...) a resonance that develops between the practitioner's hand and the client's body. This resonance creates an intersubjective awareness that goes both ways: the client can feel more deeply into herself and the practitioner can open to the possibility of feeling both her own and her client's experiences." (p. 224)

required for the improvement of the interpersonal communication and as a precondition for encouraging the development of movement quality with the patient.

A qualitative research method was used for the research, as it provides rich and detailed knowledge of the bodily experience of the physiotherapist. An interview with the participants created openness and encouraged the people to expand on their responses, because the individual is central to this study.

Method

An interview was used to gain insight in the bodily experience of the therapist himself during practice. The advantage of a semi-structured interview with open-ended questions is that the participants are encouraged to talk freely and extensively about the topic. A few themes were set to guide the interview. For each theme key questions were written down in advance, so they could be used spontaneously in the interview, if necessary. This provided the interviewer a certain amount of flexibility as well as guidance.

The main goal of the study was to examine the degree in which a physiotherapist is consciously aware of his body and how this body is experienced. The participants were asked if they think body awareness is an important aspect for a physiotherapist and also the role of touch was questioned.

Practitioners were asked the following questions:

- Uit literatuur blijkt dat een bepaalde vorm van lichamelijk bewustzijn van u als therapeut nodig is om een patiënt beter te kunnen observeren en aan te voelen. Kan u zich hierin vinden?
- Zijn er momenten tijdens de therapie waarbij u bewust aandacht besteedt aan uw lichaam of merkt dat u zich bewust bent van uw eigen lichaam?
- Bent u tijdens de therapie bewust bezig met ergonomie?
- Ondervindt u een verschil in lichamelijk beleving ten opzichte van u beginjaren als therapeut?
- Welke rol speelt aanraking voor u binnen de behandeling?

A preliminary literature study was done of questionnaires regarding the body awareness of a physiotherapist. None of the chosen questionnaires were specific for the therapeutic population. Therefore the content of the questionnaires did not cover all aspect concerning the bodily experience of therapists, for example the influence of touch or the importance of ergonomics. One can therefore conclude the questionnaires were impractical and would not offer sufficient data. We therefore decided to use one of the questionnaires only to compare these results with the outcome of the interview. Afterwards critical remarks were made why the questionnaire would or would not be suitable for use by physiotherapists.

Six participants, three holistic physiotherapists and three biomechanical physiotherapists, were nominated to the study. The first group consists of therapists who identify themselves as holistic. They consider not only the physical, but also the psychological en social aspects of a patient. We suspect that, because they pay attention to these several aspect in therapy, they will be more familiar with the concept of bodily experience. The second group consists of the therapists who mainly contemplate the physical aspect during therapy, for example a manual therapist. This population was chosen because of the co-operation with colleague researchers. They investigate the meaning of a holistic approach during therapy. Also by interviewing two such divergent populations, each will give another perspective on body awareness. Any similarities and differences between the two populations are examined in the discussion.

The participants were selected after a search on the internet, using terms like 'kinesitherapeut holisme' or 'manueel therapeut'. They were approached by email and if no response, they were contacted by phone. This identified three therapists. The other participants were recruited using snowball sampling. The three initial participants nominated three other eligible candidates for this study through their social network. The group included 4 male and 2 female participants, aged from 28 to 62 years (mean 40 years). They all had professional experience in a private practice between five and more than 25 years. Inclusion criteria were: 1) working in a private practice, 2) having at least 5 years of clinical experience, 3) being educated in Belgium, 4) speaking Dutch, 5) mainly treating musculoskeletal disorders.

Before conducting the interview, the participants were given information by email or on the phone concerning the content of the study. The interview took place at the participant's practice or home, to ensure their comfort. Considering the lack of skill of the author, two interviewers were present. They each were responsible for part of the interview, both were attentive for new topics raised during the whole interview and intervened when needed. The interview lasted about 30 minutes and was audiotaped. Afterwards the participants received the questionnaire and were asked to return these to the author after completion.

Although the study was not approved by a formal ethics review committee, the principles of the Declaration of Helsinki were followed. All participants signed an informed consent.

The audiotaped data was verbatim transcribed by the author and 2 other researchers. The data was analyzed using a modified version of the interpretative phenomenological analysis (IPA). It uses an inductive or bottom-up approach, where the researcher gains insight in the phenomenon by analyzing the data through a process of interpretative activity, instead of using a pre-existing theory or testing a hypothesis. The process is divided into four steps, as illustrated in figure 1: 1) familiarization, 2) open coding, 3) axial coding and 4) selective coding. The author acquired familiarization with the data by conducting the interview, transcribing the data and by reading and re-reading the transcript. Open coding was conducted by scanning the data for interesting and relevant information and labeling it with a number. After this first step of conceptualization, associated concepts are grouped into a category and given a name. Selective coding is the most difficult phase of the analysis and was done by 2 researchers. Themes were created according to the research question, based on the connection or relation between different categories. In appendix A an example of the IPA analyses is added.

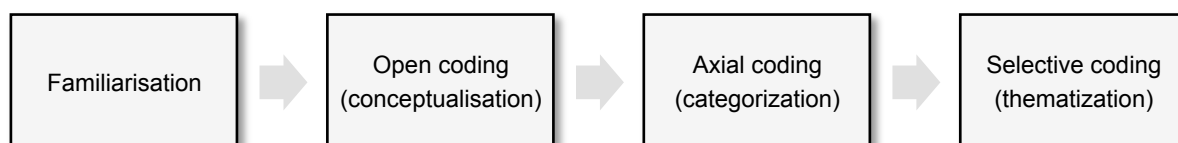


Figure 1. Modified Interpretative Phenomenological Analysis, a process divided in four steps.

Results

The findings consisted of four dimensions, each divided into different themes and subthemes. The four dimensions that were investigated when exploring the body awareness of a physiotherapist were 1) The construct of body awareness, 2) Importance of body awareness, 3) Influencing factors on body awareness and 4) Unawareness of body, as illustrated in figure 2.

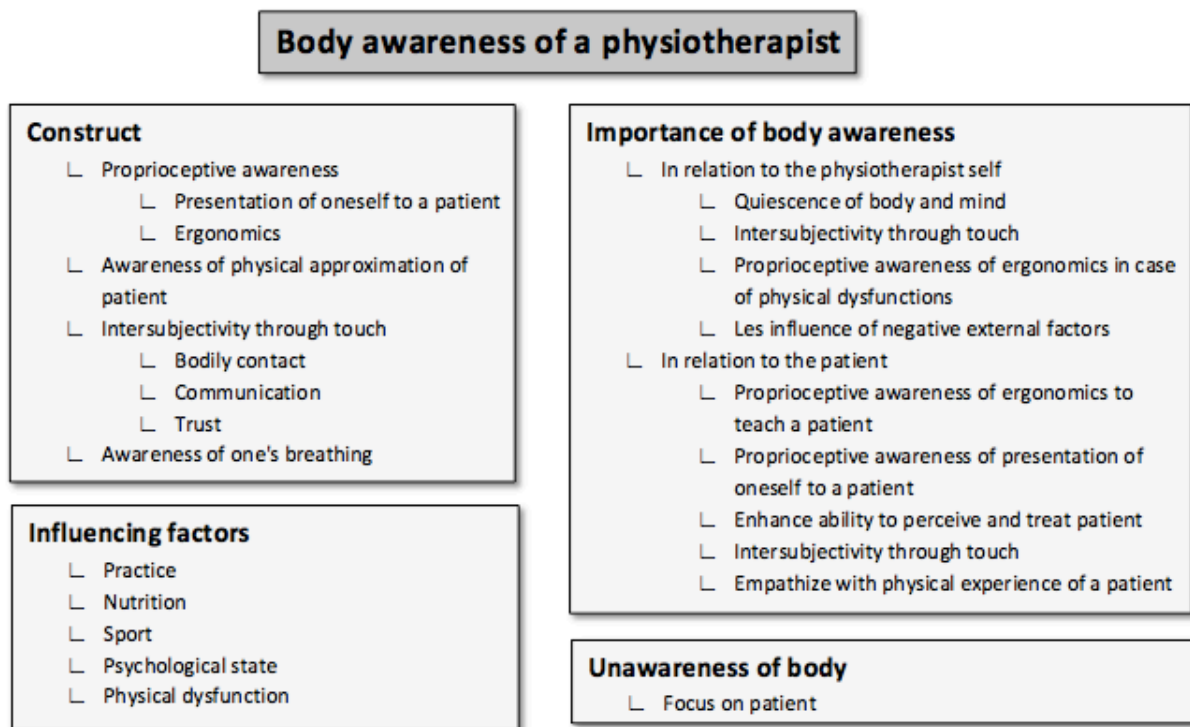


Figure 2. The dimensions of 'body awareness of a physiotherapist' with main- and subthemes.

Construct

The main goal was to examine the different aspects regarding the bodily experience of the therapeutic population. The main themes were: 'Proprioceptive awareness', 'Awareness of physical approximation of patient', 'Intersubjectivity through touch' and 'Awareness of one's breathing', as shown in figure 3.

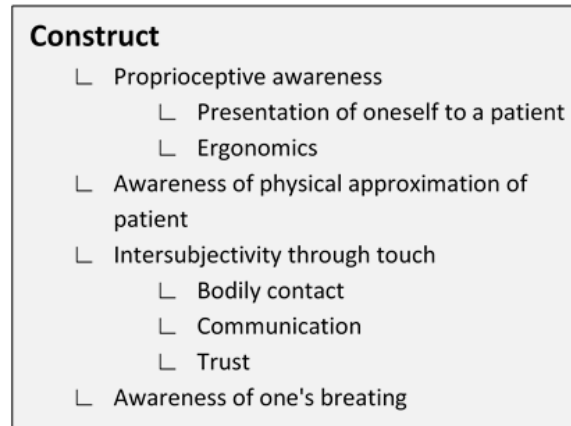


Figure 3. Dimension 'Construct' with main- and subthemes.

Proprioceptive awareness

Proprioceptive awareness relates to the perception of a person's own posture, movement and position of different body parts. In case of the physiotherapist, proprioception was related to a certain purpose. In the first subtheme 'presentation of oneself to a patient', proprioception is understood as the posture one adopts when sitting in front of the patient.

"Ge moet een open houding hebben naar uwe patiënt. Ge kunt beter aan de zijkant van de tafel gaan zitten in plaats van recht tegenover uwe patiënt. Want dat veel minder confronterend bijvoorbeeld."

The next subtheme 'Ergonomics' refers to optimization of posture and movement of a therapist, in order to prevent musculoskeletal dysfunctions. The application is done with or without awareness, depending on the situation. Postural adjustments are carried out consciously at the beginning of a professional career, in case of bodily dysfunctions or when adaptations are needed in practice.

"(...) Maar als je zelf ergens een ongemak voelt, dan ga je bewust met jouw lichaam bezig zijn om dat ongemak van je lichaam te verkleinen."

However after some time, the movement- and positions sense happens automatic or it develops unconsciously because of lack of time or lack of bodily dysfunctions.

"Nu die ergonomie, daar in de drukte van de praktijk, daar veegt ge in het begin uw voeten aan."

Awareness of physical approximation of patient

During therapy, it is important as a therapist to keep a balance between a safe and comfortable physical proximity while at the same time maintaining enough distance to ensure the patients comfort.

“En da wil ook zeggen da ge soms nie te dicht moe komen. (...) Ge moet daar soms een beetje mee oppassen. Want als kinesist zijnde, staat ge daar nie altijd bij stil dat ge toch heel veel lichaamscontact maakt en bij die patiënt misschien toch in zijn, ja, dat die zich toch een beetje onwennig voelt.”

For the therapist himself, maintenance of physical boundaries appeared also important. Because a therapist often works in the personal and intimate area of the patient, their own territory and its demarcation are very important. This aspect plays an important role in the bodily experience of a physiotherapist, because all the participants mentioned it in their interview. The therapist preserves a certain distance between himself and the patient, in order to keep a distinction between his working- and private life. This physical boundary is also used as a kind of protection against possible negative emotional en psychological influences of the patient.

“Soms probeer ik mij af te sonderen van bepaalde negatieve sferen en dan, ja probeer ik wel een beetje afstand te creëren. Want het is soms, dan voel ik wel dat sommige patiënten u proberen op te slorpen en dat probeer ik dan wel een beetje af te houden ja.”

Another important aspect is the influence of the therapist's gender when approximating the patient. On one hand it is important to allow for gender-specific bodily aspect during physical contact in therapy. However on the other hand a therapist has to be aware of his position with respect to the patient. The patient must feel safe en there should be no indication that suggest an indirect inappropriate behavior within the professional relationship.

“Zeker als da een dame is, dan moet gij, als die zich ontkleed of zoiets dan moede daar nie naar liggen zien hè.”

Intersubjectivity through touch

The word 'intersubjectivity' was derived from Alan Fogel's book "The psychophysiology of self-awareness"⁴. He describes it as: "A way of establishing a felt connection between the self and the other through movement, touch, and talk. (...) The nonverbal sense of 'being with' another person – a direct result of the interpersonal resonance that occurs during coregulation of movements and sensations and emotions- is called intersubjectivity." (p. 223-224).

As an umbrella term, it conveys the role of touch in the body experience of a therapist. For a physiotherapist bodily contact comes forth as an essential part of treatment. Often it is applied as a matter of course at the beginning of therapy. Touching does not only imply laying a hand on a person's body, wherein subsequently nerve impulses go straight to the brain to be processed as tactile information. Hands are of course a source of input, but the input is more than sensing the body of the patient. Touch is considered as a form of communication between the patient and the therapist, whereby the therapist receives an impression of the physical and emotional status of his patient. An

impression that potentially could influence the relationship between them or determine whether the therapist will like or dislike to touch the patient.

“Zoveel mensen raak ik ook niet zo graag aan. Waarom? Dat weet ik dan ook niet altijd. Dat zijn vaak mensen die mij niet zo liggen. Dat kunt ge toch niet onderkennen dat dat toch wel beetje meespeelt eh.”

By touch, one can create a feeling of trust. Certain physical and mental boundaries are broken, as well for the therapist as for the patient. If this is done in a proper manner, one creates a safe en familiar environment to work in.

“Ik probeer echt wel direct als de patiënt binnenkomt al direct al met mijn handen te voelen en terwijl eigenlijk een vertrouwensband te creëren.”

“Als ge die mensen dan aanraakt, dan vallen eigenlijk bijna alle grenzen weg. En dat vind ik, zowel voor mijzelf als voor de patiënt, ja toch soms wel zeer belangrijke momenten eigenlijk. Omdat vaak een eerste aanraking, voor hen bepalend kan zijn. Maar voor mij ook.”

Awareness of one's breathing

During therapy several external en internal factors, for example the mood of the patient, the story of the patient or the state of mind of the therapist can influence the body. The body can react to these influences by changing the breathing pattern. As a therapist, one can become aware of these changes in breathing and consecutively regain a physical and mental balance by consciously restoring a normal breathing pattern.

“Ik zet, ik let soms wel eens op mijn ademhaling. Ik merk ook op als mijn ademhaling verandert, dan weet ik van, oehw ben eigenlijk aan't, d'er is iets wat een invloed heeft op mij, dan ga ik soms wel naar mijn ademhaling terug.”

Importance of body awareness

Why is having a certain amount of body awareness as a physiotherapist meaningful? Several aspects were cited during the interview, which indicated benefits both for the physiotherapist and for the patient. Under the theme 'in relation to the physiotherapist self', the following subthemes were suggested: "Quiescence of body and mind", "Intersubjectivity through touch", "Proprioceptive awareness of ergonomics in case of physical dysfunctions", "Less influence of negative external factors". Under the theme 'in relation to the patient', five subthemes emerged: "Proprioceptive awareness of ergonomics to teach a patient", "Proprioceptive awareness of presentation of oneself to a patient", "Enhance ability to perceive and treat a patient", "Intersubjectivity through touch" and "Empathize with physical experience of a patient", as shown in figure 4.

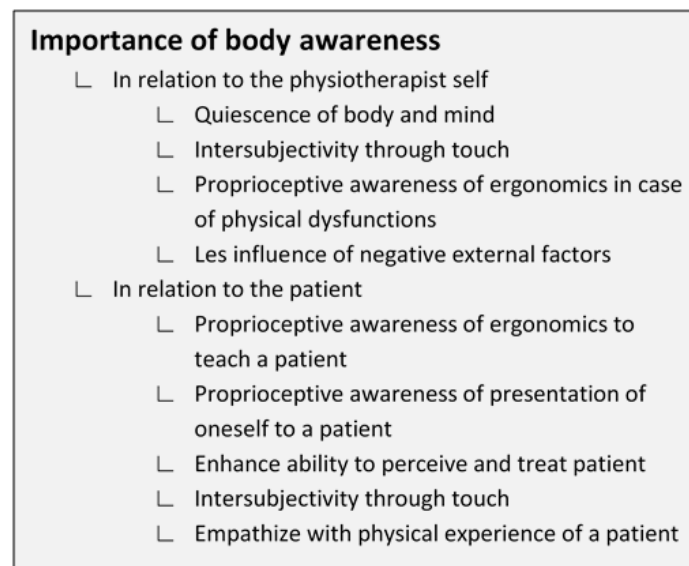


Figure 4. Dimension 'Importance of body awareness' with main- and subthemes.

In relation to the physiotherapist

The first subtheme 'Quiescence of mind' refers to a body-mind connection, in particular the influence of the body on the mind. When one is consciously aware of bodily sensations or arousals, it is easier to control or influence these physical expressions of emotions. That way the physiological reaction of an emotion can be normalized and the therapist is able to regain a peace of mind.

"Dus als u lichaamsbewustzijn goed zit, groot zit, groot is, ga je veel, ga je je lichaam sowieso rustiger kunnen maken, waardoor het veel minder invloed heeft op uw mentale zijn eigenlijk."

'Intersubjectivity through touch' implies to the use of touch as a tool of communication. A communication whereby the therapist receives an impression of the emotional and physical status of the patient and which will influence the forthcoming professional relationship.

"Dat weet ik niet maar ik, goh ik denk alles wat ik met mijn handen kan zeggen euh, en voelen en dat is ingevende naar de patiënt toe, input. Ik krijg informatie toe, naar mij toe is dat input."

Another meaningful aspect is the feeling of trust that is created between the therapist and the patient by touch. The therapist can use it as a tool to create a safe and open relationship with the patient.

“Als ge die mensen dan aanraakt, dan vallen eigenlijk bijna alle grenzen weg. En dat vind ik, zowel voor mijzelf als voor de patiënt, euhm, ja toch soms wel zeer belangrijke momenten eigenlijk. Omdat vaak een eerste aanraking, voor hen bepalend kan zijn. Maar voor mij ook.”

‘Having proprioceptive awareness as a function of ergonomics’ appears necessary when suffering from physical dysfunctions. It is however better to prevent the dysfunctions by being consciously aware of a good posture. But in case they present themselves, paying attention to improving posture and movement could lead to a reduction in these physical dysfunctions.

“K had vroeger heel veel last van mijn nek, dat is de laatste jaren veel minder tot zelfs niet meer. Door op mijn houding te letten”

The next subtheme ‘The influence of negative external factors’ emerges from possessing an amount of bodily awareness, in particular by retaining a physical boundary and consciously being aware and in control of bodily sensations. A physiotherapist could then be influenced less by external negative factors, for example a stressed patient or when something goes wrong during therapy.

In relation to the patient

According to the physiotherapists, the most important consequences of having body awareness are those in favor of the patient. In particular the first subtheme ‘Proprioceptive awareness of ergonomics to teach a patient’ proved important. Kinesthetic repositioning is a frequently used exercise during therapy. The patient is taught a neutral and correct posture by enhancing the joint position sense and the kinesthetic awareness. The correct posture is taught by the physiotherapist and is best done through example with the therapist as a role model. As a role model, it is of course important to have a good posture and movement pattern, so that the patient can learn from this. This aspect plays an important part in the maintenance of the credibility and professionalism of the therapist.

“En ik denk, als ge daar zelf geen kennis van hebt, geen ervaring mee hebt, dat het dan heel moeilijk is om dat aan patiënten over te dragen. “

“ja uw eigen letterlijke houding uiteraard. Als ge tegen uwe patiënt zegt: “Het is wel belangrijk da ge een beetje op uw houding let”, ja. “Walk like you talk”, zeggen ze.”

The subtheme ‘Proprioceptive awareness of presentation of oneself to a patient’ is understood as the posture with which you sit in front of the patient, as already explained in the dimension ‘construct’. Also this proves important in order to be credible as a therapist.

Another advantage of having body awareness is the “enhanced ability to perceive and treat a patient”. The therapist can be more open to the patient and absorb more information. Consequently the therapy will be better, because it is more adjusted to the needs of the patient.

“(…) zoda je eigenlijk meer kan openstaan voor prikkels van de patiënt zelf”

'Intersubjectivity through touch' refers to the meaning of touch for the patient. With a calm and considered touch, the physiotherapist can make the patient feel more at ease. Consequently the patient will take the therapist into confidence and it will be easier to tell their story. This is a consequence of entering a person's intimate area. As a patient to allow someone in this intimate area, this person must be trustworthy.

"Als ge die mensen dan aanraakt, dan vallen eigenlijk bijna alle grenzen weg."

The final subtheme is about being able to sympathize with a patient's physical suffering. By an awareness of physical sensations, in particular experiencing pain or discomfort, the therapist can imagine what the patient is going through and can respond accordingly. Also it is an example for the patient how to deal with the dysfunction effectively.

"Vaak is dat ook als ik dan een patiënt doe en dan zeg van, ge moet niet bang zijn dat ge ene hernia hebt, ik heb er twee, dat gaat ook wel. Ik bedoel, dus puur vanuit die vergelijking, is het dan voor hun een stukje makkelijker om te zien van, het gaat toch wel."

Influencing factors

The degree in which a physiotherapist is consciously aware of his body and how this body is experienced is dependent on several factors.

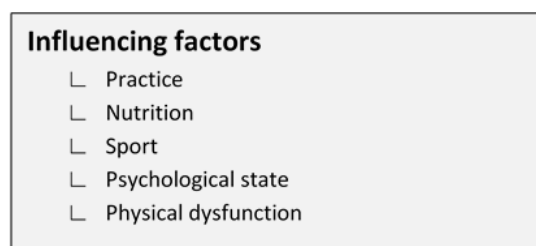


Figure 5. Dimension 'Influencing factors' with themes.

An important factor emphasized in the interview was the learnability of awareness of the body. Through mistakes, by learning from colleagues or from a book, or when suffering from bodily dysfunctions a therapist learns new ways of experiencing the body. For example several therapists mentioned never being aware of their posture, until they began to suffer from back pain. Since then they began to pay attention to their body and started adjusting their posture. The perception of the body continues to develop by many years of experience.

"Ja ge leert da wel een beetje, hè. Ge leest daar af en toe wel wa over. En ge probeert die dingen zo wel wa toe te passen."

As the gastrointestinal tract is an important part of a body, it is logic 'nutrition' has an impact on the way of experiencing the body. For example after an unhealthy meal or after alternations in diet, one can become aware of the changes in energy levels or the lack of saturation. Whereas when eating healthy, one is unaware of these sensations and able to focus on other aspects of the body.

“(...) maar dat maakt ook dat ik ontvankelijker ben voor als ik veel ga wisselen in mijn voeding of als ik veel ongezond ga eten, dat ik dat merk ook aan mijn gezondheid of hoe mijn lichaam functioneert en mijn geest.”

Participating in sportive activities also appeared to be of importance, as physical activity makes a person more aware of his body. This is also the case when suffering from bodily dysfunctions, but this is a more negative experience of the body. Whereas the body usually is present as a matter of course and one can choose where to focus, the physical suffering and pain forces a person to focus on the dysfunction.

The last subtheme refers to the mind-body connection, in particular the influence of the mental state on the body. Particularly stress was indicated as an important factor in body awareness.

Unawareness of body

As it appears a physiotherapist does not always pay attention to his body. Especially the biomechanical physiotherapists indicated that they often had no clue of being attentive to the body. They indicated that during therapy the focus should be with the patient, instead of on their self. This suggests that one should be careful when concluding that body awareness for a therapist is essential. Or this could indicate the lack of knowledge about the content and meaning of body awareness of a physiotherapist.

“Ik ben eigenlijk nooit met dat bewustzijn bezig geweest. Neen ...”

“En als ik in mijn praktijk kom, dan weet ik dat ik daar 100% voor mijn patiënt moet zijn en niet voor mezelf eh.”

Discussion

'Awareness of the body' appears unprecedented for physiotherapists. Primarily an explorative literature study revealed that there was very little information to be found about the bodily awareness of a physiotherapist, despite the fact that it is being referred to as important⁴⁻⁶. Subsequently the same conclusion could be drawn from the interviews. Some therapists, who were not familiar with bodily experience as a therapy, had no concept formed about their own bodily awareness. Nevertheless, after questions about some generally known bodily experiences, some new and undiscovered experiences emerged from their story. Experiences that they until recently never had conceptualized for themselves. This moment was therefore often combined with an 'aha-erlebnis', because the physiotherapists gained insight in their own bodily experiences.

Results

The interview gave rise to the discovery of bodily experiences that were important for a physiotherapist. Also became clear why an amount of awareness of the body proves necessary for both the therapist and the patient.

In the literature, body awareness was defined as a perception of the status, processes, actions and sensations of the body⁷⁻¹⁰. These were divided in three different components, i.e. perception of posture and movement (proprioception), perception of inner physical sensations (interoception) and perception of external physical sensations (exteroception). An individual has the capacity to become aware of these sensations and this awareness is influenced by mental processes like attention, memories and appraisal. This definition is a general description of body awareness. The interviews showed that for a physiotherapist certain specific bodily processes and sensations came to the fore. Below a summary of the main findings, situated in relation to the above definition.

One of the bodily actions of which a therapist is aware, is the posture which he adopts when he sits in front of a patient and especially how he appears to the patient at that moment. Next, the therapists mentioned a conscious or unconscious perception of their own posture to be important. This proved relevant for their ergonomics, namely the prevention or minimization of physical complaints caused by overuse, wrong posture or a malicious movement pattern. Both these aspect can be placed under the component 'proprioception'.

Another physical sensation "awareness of physical approximation of a patient" proved difficult to classify under one of the three forms of perception. Although, maintaining a safe distance relative to the patient is a generally known topic among healthcare professionals. As a physiotherapist often enters the intimate zone of a patient, it is important to consciously use a safe approach to the patient, taking into account the gender and to respect the boundaries. Also for the therapist himself, it seemed important to protect their own physical private space.

Another feature that could be classified under exteroception, is the important role of touch in the bodily experience of a physiotherapist. By this contact, the therapist receives input from the patient and it is an important element in construction a relationship of trust. Fogel⁴ speaks of a 'listening touch', by

which he means being “*tactively attentive to the physical and emotional condition of the receiver*” (p. 217-218).

This leads to the conclusion that the bodily experience of a physiotherapist consists of several aspects that do not fully match the components proprioception, interoception and exteroception, extracted from the general definition. Although, this conclusion needs to be interpreted with caution as this is the first exploratory study on the concept of body awareness of a physiotherapist. For the future, it is advisable to further explore the concept and to elaborate on current findings.

On the importance of body awareness for the therapist and the patient, some interesting topics were revealed. As a benefit for the physiotherapists, bodily awareness is accompanied with a certain degree of control of the body, which can ensure that the therapist is better able to deal with physical emotional manifestations and is able to dampen them. As a result, the therapist can keep a certain calmness of body and mind. This is also associated with a reduced susceptibility to negative external influences. By maintaining conscious control over the body and keeping a certain physical distance, a therapist is likely to be less influenced by a stressed patient for example. Subsequently an awareness of posture is mentioned to lead to improved ergonomics, and therefore the therapist will suffer less from physical dysfunctions. The last aspect of importance for the therapist is touch. Physical contact is used as a source of information for both the physical, mental en emotional status of the patient. It is characterized by a development of trust between the therapist and the patient. This is also apparent with other healthcare professionals, for example gynecologists, where therapy is accompanied by touch. Brown¹¹ recounts an ‘embodied trust’, generated through presentation-of-self and touch.

When a therapist possesses a degree of body awareness, it also benefits the patient. When applying a ‘listening touch’, the patient will equally develop a feeling of trust. A trust that is necessary because a therapist trespasses the intimate zone and the patient should be able to feel at ease. Another important benefit for the patient was the ability of the therapist to teach a patient on proprioceptive awareness and empathize with their physical experiences, based on the knowledge and experiences of their own body. The literature indicates that this is not only important when learning the patient proprioceptive awareness, but it also applies to other therapies. When using exercise therapy, a physiotherapist needs knowledge and awareness of his own movements in order to be able to observe, interpret and adjust movement patterns of a patient⁶. Or when therapists want to support or guide patients during the Basic Body Awareness Therapy, they must have sufficient awareness of their own body¹². Finally a development of body awareness of a physiotherapist ascertains he can perceive and treat a patient better. Therapists mentioned a feeling of openness to the patients, allowing them to observe the patients in their entirety. A mental and physical presence, here and now, ensures that a physiotherapist is better able to use their body i.e. the senses and touch, to perceive the patient^{4, 6, 12}. From this we can conclude that development of a bodily awareness as a physiotherapist benefits both the therapist himself and his patients.

However, some therapists mentioned during the interview that they are not consciously aware of their body. On one hand, despite the advantages of an awareness, this could mean that it is not imperative.

On the other hand this can indicate a lack of conceptualization of the term 'body awareness'. This suggests that further explorative research of the concept 'body awareness' is needed.

Holistic and biomechanical physiotherapists

The interview was conducted with holistic- and biomechanical-oriented physiotherapists. In general, most of the components of body awareness were cited by both parties. This is in contrast to the assumption that biomechanical therapists are less sensitive and attentive to their bodily experiences than holistic therapists. Excluding the part that stated a lack of consciously awareness of the body, as it was only mentioned by the biomechanical therapists. The holistic therapists had a greater response to the questions and were better able to conceptualize their experiences.

Questionnaire

In general the participants indicated the questions were about unknown sensations and experiences of the body, which made it difficult to score. This was a plausible reaction when comparing the themes from the questionnaire to the results of the interview. Most questions did not seem to apply specific to physiotherapists. For example the concept 'trust' of the body, assessing the experience of one's body as safe and trustworthy. This was experienced by the therapists as strange, as there was no presumption of mistrust. Some aspects did however made a resemblance to bodily experiences typical for physiotherapists. For example the concept 'not-distracting' is about being less conscious of the body as long as there is no pain or discomfort. The physiotherapists also indicated that they do not pay attention to ergonomics, unless they began to experience physical dysfunctions. Or the concept 'self-regulation', which involves questions about the ability to control bodily sensations and processes like breathing or tension. This corresponds to the experience of the physiotherapist that this control leads to a reduction of tension and a quiescence of body and mind.

As already indicated, the questions often did not apply specifically to the physiotherapeutic population. If one wants to use a questionnaire to assess the body awareness of physiotherapists, further specifications are required, where the concepts should be more consistent with the experiences of the therapist.

Strengths and weaknesses of the study

The goal of the study was to explore the concept of body awareness in physiotherapist. Because only six participants were interviewed, it is possible other physiotherapists will have alternative perspectives on body awareness. The results in this study were influenced by a preunderstanding and lack of experience. This is noticeable in the choice of informants, the way data is collected, the data analysis and the discussion of data. To compensate for the lack of experience, the data collection and analysis was conducted in collaboration with two colleague-researchers, I. Moermans and M. Houben. Their study explores the concept of 'holism' in physiotherapy. Further research is needed to further explore the concept and to elaborate on current findings.

References

- 1) Merleau-Ponty M. *Fenomenologie van de waarneming*. Nederland: Uitgeverij Boom; 2009.
- 2) de Haan S. Fenomenologie van de lichaamservaring. In: Denys D, Meynen G, ed. *Handboek Psychiatrie en filosofie*. Nederland: De Tijdstroom; 2011:15,213-227.
- 3) Nicholls DA, Gibson BE. The body and physiotherapy. *Physiotherapy Theory and Practice*. 2010;26(8):497-509.
- 4) Fogel A. In the Flesh: Moving and Touching. In: Fogel A, ed. *The Psychophysiology of Self-Awareness*. London: WW Norton & Co; 2009:186-226.
- 5) Gyllensten AL, Gard G, Salford E, Ekdahl C. Interaction between patient and physiotherapist: a qualitative study reflecting the physiotherapist's perspective. *Physiotherapy Research International*. 1999;4(2):89-109.
- 6) Skjaerven LH, Kristoffersen K, Gard G. How can movement quality be promoted in clinical practice? A phenomenological study of physical therapist experts. *Physical Therapy Journal*. 2010;90:1479-1492.
- 7) Mehling WE, Gopisetty V, Daubenmier J, Price CJ, Hecht FM, Stewart A. Body awareness: construct and self-report measures. *PLoS One*. 2009;4(5):1-18.
- 8) Price CJ, Thompson EA. Measuring dimensions of body connection: body awareness and bodily dissociation. *Journal of Alternative Complementary Medicine*. 2007;(9):945-953.
- 9) Rothschild B. *The body remembers: The psychophysiology of trauma and trauma treatment*. W.W. Norton;2000.
- 10) Tove D, Malfrid R, Liv IS. Body awareness rating questionnaire: measurement properties. *Physiotherapy Theory Practice*. 2012;28(7):515-28.
- 11) Brown PR, Alaszewski A, Swift T, Nordin A. Actions speak louder than words: the embodiment of trust by healthcare professionals in gynae-oncology. *Sociology of Health and Illness*. 2011;33(2):280-295.
- 12) Hedlund L, Gyllensten AL. The physiotherapists' experience of Basic Body Awareness Therapy in patients with schizophrenia and schizophrenia spectrum disorders. *Journal of bodywork and movement therapies*. 2012;17:169-176.

Appendix

Appendix A

1. Open coding

Interview 1 'holisme' met B.G.

T: Nee, in eerste lijn euh probeer ik daar sowieso een beeld van te krijgen. Als iemand met een acuut probleem binnenkomt, probeer ik dat probleem gewoon zo snel mogelijk van de baan te krijgen. Als iemand met een chronisch probleem binnenkomt, of het probleem gaat niet weg, of verbetert niet door de behandelingen, dan ga ik me verder afvragen, kijk welke factoren gaan er nog op die persoon inspelen. En dan ga ik niet meteen iemand doorsturen, dan ga ik zelf eerst het verhaal van de persoon proberen te achterhalen. Het voordeel wat je hebt als kinesist is dat je met het lichaam werkt, lichaamscontact werkt, dus mensen hebben een eigenlijk een kleine barrière dikwijls om te praten. En als jij heel gericht gaat vragen stellen, je ziet dikwijls ook wel dingen, het lichaam tekent een bepaalde persoon, heel veel kan je daar ook uit gaan opmaken, en dan kan je echt gericht vragen gaan stellen. Maar ik probeer een soort van verhaal te krijgen van he waar leeft die persoon in, dus wat ik net allemaal zei, een beetje een verhaal daarrond.

1
2

Interview 3 'biomechanisch' met J.D.

N: Is dat voor u als therapeut ook belangrijk?

J: Ik denk dat dat voor mij als mens ook belangrijk is, dat ik die patiënt mag aanraken. Voor mij is dat een privilege. Ik denk dat ik daarom ook dat beroep gekozen heb, omdat ik de mensen mocht aanraken. Ik denk dat ik ze graag aanraak.

1

2. Axial coding

Open codering		Axial coderen
<ul style="list-style-type: none"> ■ = 'biomechanische' kinesitherapeuten ■ = 'holisme' kinesitherapeuten 		
<p>Het voordeel wat je hebt als kinesist is dat je met het lichaam werkt, lichaamscontact werkt</p> <p>ma ik merk wel dat da een groot voordeel is als je effectief gaat voelen wat dat weefsel tegen u vertelt, natuurlijk niet in woorden.</p> <p>Ik denk dat dat voor mij als mens ook belangrijk is, dat ik die patiënt mag aanraken. Voor mij is dat een privilege.</p>	1	Lichamelijk contact is voordeel
<p>dus mensen hebben een eigenlijk een kleine barrière dikwijls om te praten.</p> <p>Ik probeer echt wel direct als de patiënt binnenkomt al direct al met mijn handen te voelen en terwijl eigenlijk een vertrouwensband te creëren</p> <p>Als ge die mensen dan aanraakt, dan vallen eigenlijk bijna alle grenzen weg. En dat vind ik, zowel voor mijzelf als voor de patiënt, euhm, ja toch soms wel zeer belangrijke momenten eigenlijk. Omdat vaak een eerste aanraking, voor hen bepalend kan zijn. Maar voor mij ook.</p> <p>Als ge daar, die mensen vastpakt en, (...) Dan gaan die mensen soms wel wa spontaner wa beginnen te babbelen.</p> <p>Ma da ge misschien toch wel een soort van band kunt kweken met uwe patiënt. Want das natuurlijk heel belangrijk. Eum, dus aanraking is denk ik super belangrijk. Uwe patiënt moet zich ook veilig voelen bij u.</p> <p>Ik probeer echt wel direct als de patiënt binnenkomt al direct al met mijn handen te voelen en terwijl eigenlijk een vertrouwensband te creëren</p>	2	Via lichamelijk contact vertrouwensband tussen patient en therapeut creëren
<p>(...) maar in mijn lichaam maar dat maakt ook dat ik ontvankelijker ben voor als ik veel ga wisselen in mijn voeding of als ik veel ongezond ga eten dat ik dat merk ook aan mijn gezondheid of hoe mijn lichaam functioneert, en mijn geest.</p>	3	Voeding heeft invloed op body awareness
<p>Lichaamsbewustzijn is sowieso heel erg belangrijk he</p> <p>N: Vind je dat eigenlijk een beetje noodzakelijk voor een kiné om</p>	4	Body awareness is belangrijk

een bepaalde vorm van body awareness te bezitten. Of denk je dat is ni ... B: Ja, ik denk het wel ja.		
Ma ik denk dat bewustzijn van het lichaam heel belangrijk is.		
Lichaamsbewustzijn is voor mij heel simpel gezegd de eigenschap om met uw geest bezig te kunnen zijn, waar uw lichaam mee bezig is	5	Connectie tussen lichaam en geest
Als uw, als je lichaam en geest met één ding kunnen bezig zijn, ga je veel relaxer zijn		

3. Selective coding

<p>Construct</p> <ul style="list-style-type: none"> L. Proprioceptive awareness <ul style="list-style-type: none"> L. Presentation of oneself to a patient (38) L. Ergonomics (17, 23, 18, 19, 36, 10, 32, 33) L. Awareness of physical approximation of patient (28, 25, 30) L. Intersubjectivity through touch (2, 26, 34, 35) <ul style="list-style-type: none"> L. Bodily contact L. Communication L. Trust L. Awareness of one's breathing (20) 	<p>Importance of body awareness (4)</p> <ul style="list-style-type: none"> L. In relation to the physiotherapist self <ul style="list-style-type: none"> L. Quiescence of body and mind (5, 12, 13, 15) L. Intersubjectivity through touch (2, 26) L. Proprioceptive awareness of ergonomics in case of physical dysfunctions (17, 24) L. Les influence of negative external factors (16) L. In relation to the patient <ul style="list-style-type: none"> L. Proprioceptive awareness of ergonomics to teach a patient (11) L. Proprioceptive awareness of presentation of oneself to a patient (38) L. Enhance ability to perceive and treat patient (14) L. Intersubjectivity through touch (2, 26) L. Empathize with physical experience of a patient (29)
<p>Influencing factors</p> <ul style="list-style-type: none"> L. Practice (7) L. Nutrition (3) L. Sport (37) L. Psychological state (12, 15) L. Physical dysfunction (31, 39) 	<p>Unawareness of body (36)</p> <ul style="list-style-type: none"> L. Focus on patient (21)

Auteursrechtelijke overeenkomst

Ik/wij verlenen het wereldwijde auteursrecht voor de ingediende eindverhandeling:

The 'lived body' of a physiotherapist: A qualitative research exploring the construct and meaning of body awareness for a physiotherapist

Richting: **master in de revalidatiewetenschappen en de kinesithapie-revalidatiewetenschappen en kinesithapie bij musculoskeletale aandoeningen**

Jaar: **2014**

in alle mogelijke mediaformaten, - bestaande en in de toekomst te ontwikkelen - , aan de Universiteit Hasselt.

Niet tegenstaand deze toekenning van het auteursrecht aan de Universiteit Hasselt behoud ik als auteur het recht om de eindverhandeling, - in zijn geheel of gedeeltelijk -, vrij te reproduceren, (her)publiceren of distribueren zonder de toelating te moeten verkrijgen van de Universiteit Hasselt.

Ik bevestig dat de eindverhandeling mijn origineel werk is, en dat ik het recht heb om de rechten te verlenen die in deze overeenkomst worden beschreven. Ik verklaar tevens dat de eindverhandeling, naar mijn weten, het auteursrecht van anderen niet overtreedt.

Ik verklaar tevens dat ik voor het materiaal in de eindverhandeling dat beschermd wordt door het auteursrecht, de nodige toelatingen heb verkregen zodat ik deze ook aan de Universiteit Hasselt kan overdragen en dat dit duidelijk in de tekst en inhoud van de eindverhandeling werd genotificeerd.

Universiteit Hasselt zal mij als auteur(s) van de eindverhandeling identificeren en zal geen wijzigingen aanbrengen aan de eindverhandeling, uitgezonderd deze toegelaten door deze overeenkomst.

Voor akkoord,

Castro, Nele