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FACULTEIT GENEESKUNDE EN LEVENSWETENSCHAPPEN
*master in de revalidatiewetenschappen en de
kinesitherapie*

Masterproef

The concept of body awareness in physical therapy: narratives in holistic versus biomechanical oriented therapists.

Promotor :
dr. Joeri CALSIUS

Robin Gijsen , Tessa Sutens

*Scriptie ingediend tot het behalen van de graad van master in de revalidatiewetenschappen
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G.R.

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S.T.

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Research context

This master thesis is written in the context of the achievement of 'Master in rehabilitation sciences and physiotherapy' from the department 'Medicine' of the University of Hasselt.

The interest in this topic was raised from the contents of the course "Psychosomatics" and the stories of patients about how physical therapists communicate and their impact on patients.

This master thesis part 2 is the continuation of master thesis part 1, wherein research was done on the use of narratives in physical therapy. Herein we defined a narrative as "a representation of personal cognitive and communicative processes, containing implicit and explicit messages, which are temporal and thematically constructed, related to relevant experiences in a person's life, which are reflected to broader social constructed narratives".

Two main narratives were discovered in the physical therapy encounter, namely a biomechanical therapist centered narrative and a biopsychosocial narrative.

Master thesis part 2 forms a triptych (with two other master theses), wherein research is done on the concept of the 'lived body' in physical therapy. The lived body is defined as mind-body unity always present in the world in that particular moment [1].

To be aware of a particular moment highlights both the importance of body awareness during therapy as themselves as therapists. This master thesis tries to give an in depth view on the concept of 'the lived body' in physical therapists' narratives. More specifically, which narratives about body awareness are used by holistic and biomechanical physical therapists.

The study design was offered by our promotor. The recruitment, data-acquisition, data-processing and writing were executed independently. Both students contributed equally to this study. The results and discussion were written independently and afterwards discussed between both authors. The format of the journal 'Physical Therapy' was used.

Abstract

Background

Information on the narratives of physical therapists in literature is quite limited. It forms a relatively new area of research.

Objectives

This research tries to give an in depth view on the concept of 'the lived body' in physical therapists' narratives. More specifically, which narratives about body awareness are used by holistic and biomechanical physical therapists.

Design

This research belongs to qualitative research.

Methods

The focus groups were analyzed using the interpretative phenomenological analysis.

Results

Two main themes, namely 'Body awareness in relation to physical therapy' and 'Body awareness in relation to patient-therapist relationship'. These themes were further subdivided into five similar subthemes for both groups; 1) The definition of body awareness, 2) The development of body awareness, 3) Working with body awareness in therapy, 4) Factors influencing body awareness and 5) Patient-therapist communication. In addition, one theme was specifically derived from the holistic group, namely 6A.) Resonance in therapy, whereas 6B.) Patient's perception of the problem was addressed in the biomechanical group.

Conclusions

The holistic narrative is characterized by a patient-centered, open and equal approach. Holistic therapists invest in the subjective experience of the patient.

In contrast, the biomechanical narrative is characterized by a therapists-centered hierarchical approach. They see the patient's body rather as functionality, resulting in an objective, technical and mechanical description of the body.

Introduction

Not all therapists are familiar with the term 'body awareness'. And even when they know and use the term in therapy, is body awareness implemented in their narrative consciously or subconsciously? How do they work with it? To answer these questions, a closer look at the definition of body awareness was taken. Craig states that a person has to be aware of his body, in order to experience his existence in its environment" [2].

This definition was elaborated on to identify the interpretation and use of body awareness in physical therapy. Subsequently, the central question then becomes whether there exists a difference in use between holistic and biomechanical therapists? Holistic therapists emphasize the importance of the whole and the interdependence of its parts. Biomechanical therapists, however, apply the principles of the natural sciences of especially biology and physiology, to their therapy.

Therefore the purpose of this study is to explore which narratives are used by physical therapists on the importance of body awareness in physiotherapy, as well as to their own being as a therapist. Research on particular vocabulary, to explore the differences between therapists who profile themselves either as holistic or biomechanical.

Information on the narratives of physical therapists in literature is quite limited. This also can be stated for the research of vocabulary on body awareness in a clinical encounter. It forms a relatively new area of research that can be applied by therapists in clinical encounters. This research may explain the practical approach of physical therapists. By empirically examining narratives on body awareness in physical therapy, a more complete understanding of therapists' perception of body awareness and its use in therapy will be created. Therefore, gaps can be put forward. Further research can respond to this to focus on improving knowledge about body awareness in physical therapy.

Methods

Research question

Therefore the purpose of this study is to explore which narratives are used by physical therapists on the importance of body awareness in physiotherapy, as well as to their own being as a therapist. More specifically, research on particular vocabulary, to explore the differences between therapists who profile themselves either as holistic or biomechanical.

Sampling: selection criteria

Physical therapists were recruited based on purposive sampling. This ensures an in-depth understanding of the phenomenon. Two different groups of therapists were contacted; the first were holistic therapists and the second were the biomechanical therapists. They were divided, based on their specialization, so an homogeneous group emerged. Inclusion criteria were: (1) Physical therapists working in private practice; (2) Physical therapists who profile themselves as biomechanical or holistic; (3) They should have at least 5 years of work experience; (4) Age should be between 28- 62 years and (5) their native language is Dutch. Following exclusion criteria were used: (1) Physical therapists specialized in acupuncture, auriculopathy and feet reflexology.

The holistic therapists were recruited via a master-class in experiential bodywork therapy. All had taken the course 'Experiential Bodywork', given by dr. Joeri Calsius. They were invited by email to participate the study (Figure 1). The Yellow Pages and authorized websites were used for the recruitment of biomechanical therapists, using following terms: "Manual therapist", "McKenzie", "Mulligan", "Chiropractor". Subsequently, they were contacted by e-mail, phone or personally and were invited to participate the study (Figure 2).

All contacted therapists received an information brochure with the purpose of the research. Therapists who showed interest in the study were sent an informed consent and were asked to give permission to participate in the study. Information about the study and inclusion criteria were verbally explained.

The contacted participants were informed that participation was completely voluntary and that it could be interrupted at all times. Anonymity was promised to participants during research and data-analysis.

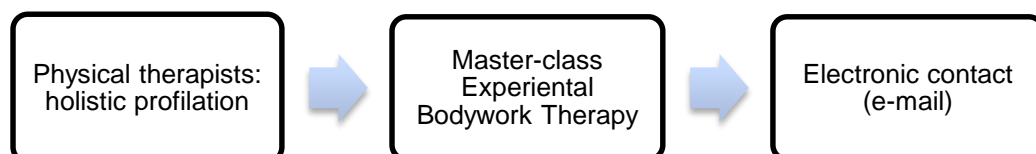


Figure 1: Recruitement holistic therapists

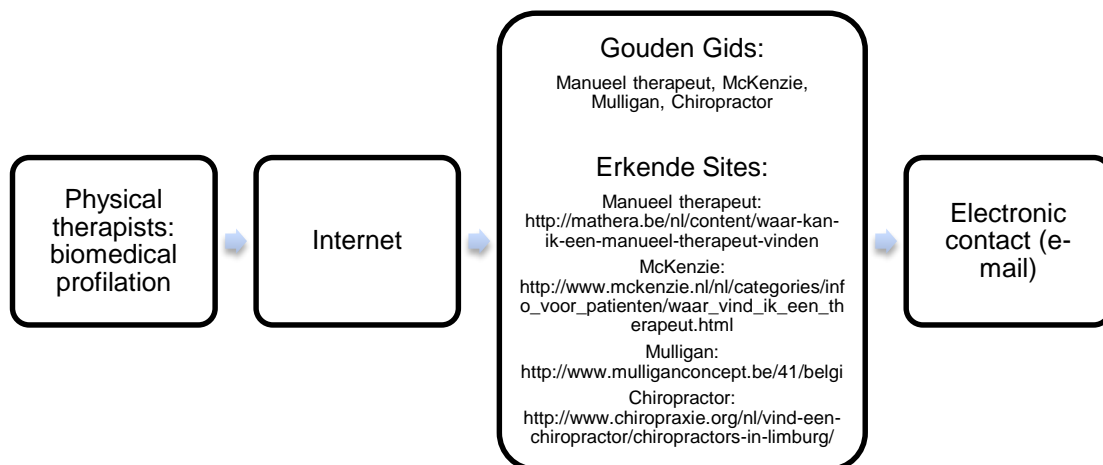


Figure 2: Recrutement biomechanical therapists

Ethical principles

Permission of Medical Ethical Committee was not required for this research.

Data-acquisition

Two focus groups were organized. A focus group has a specific structure and uses organized questions to improve the quality of discussion.

The first group took place on October 19, lasted about one hour and was attended by ten holistic participants. The second focus group took place on December 13. Seven participants were recruited, and six physical therapists were present. Participants in both focus groups were placed strategically. This tends to improve discussion between everyone. The same moderator, a clinical psychologist and physical therapist experienced in conducting interviews, led both focus groups. Both interviews were conducted based on a proposed questionnaire, derived from three master theses (part 1). This questionnaire was first tested in a try-out with three physical therapists who did not take part in this research. Following discussions between the researchers, they agreed on the topics and order of the questions, which led to a final form (Appendix 1). This questionnaire was used to assist the moderator in gathering information on body awareness in physical therapy in order to receive narratives about body awareness and the role of touch. Open-ended questions were used to collect most data from the interview. In order to stimulate interaction between participants, they were allowed to express their thoughts.

During these focus groups, three students took notes to identify participants on audiotape. Subsequently to this focus group, participants were asked to fill in a demographic questionnaire to complete the data (Appendix 2).

Data analysis

The focus groups were audiotaped and afterwards transcribed verbatim. The focus groups were analyzed using the interpretative phenomenological analysis, which focuses on the

physical therapists' experiences [3]. First, data are familiarized. Then texts are deconstructed, breaking down the interview into parts. Next these parts were reconstructed into meaningful units. These units are coded and conceptualized into main themes (Appendix 3 & 4).

Results

The applied analysis resulted in two main themes, namely 'Body awareness in relation to physical therapy' and 'Body awareness in relation to patient-therapist relationship'. These themes were further subdivided into five similar subthemes for both groups; 1) The definition of body awareness, 2) The development of body awareness, 3) Working with body awareness in therapy, 4) Factors influencing body awareness and 5) Patient-therapist communication. In addition, one theme was specifically derived from the holistic group, namely 6A.) Resonance in therapy, whereas 6B.) Patient's perception of the problem was addressed in the biomechanical group. See appendix 5 for an overview of the results.

Theme 1: Body awareness in relation to physical therapy

1.1. Definition of body awareness

Body awareness, described in the holistic group, is defined as "a shift from the cognitive aspect towards paying attention to inner and outer body sensations". It is a distraction from the intellect, wherein thoughts and perspectives often are emotionally loaded.

"Een ontsnapping aan het cognitieve feitelijk hé. Een soort van distraction eigenlijk uit het rationele waar dat we vaak in vastgeroest zitten eigenlijk om terug eigenlijk euh een soort van ander bewustzijnsbeleving te krijgen richting het lichamelijke. Euh... dus de aandacht niet meer richten op de gedachten, maar richten op datgene wat men via de sensoriek bijvoorbeeld kan voelen.

These beliefs are thought to disturb the sensation of physical signals. To be bodily aware, it is important to pay attention to inner and outer body sensations. This results in a better reception of physical stimuli. Moreover, therapists determine body awareness as a conscious connection with their body. It is a continuous interaction between conscious and unconscious bodily experiences. The body awareness process involves language. For holistic therapists, body awareness is shared between the two partners, the patient and therapist: it's important for the therapists to tune in on the patient's body.

Meanwhile, the biomechanical group defines body awareness rather as "becoming conscious of your body in specific moments". Self-consciousness is necessary to be involved in the patient's situation.

"Zelf heel bewust te zijn wat met mijn lichaam gebeurt, zodanig dat ik mij beter kan verplaatsen in het probleem of de situatie waarin dat de patiënt zich bevindt."

They mention a discrepancy in body awareness between daily life - rather functioning automatically - and during work - experiencing and sensing more consciously. Body awareness is associated with the personal wellbeing of the therapist. It is determined as an

energetic performance, paying attention to proper ergonomics during work, enabling or diminishing emotional stress and offering continuity in treatment for every patient. Setting boundaries for themselves is considered important to preserve their wellbeing during work.

Generally, body awareness is seen as experiencing 'changing body sensations' within the body. Furthermore, there are two therapists who regard body awareness as 'non-ergonomics'. They describe it as 'giving advice, coping and setting boundaries'. Non-verbal signs of body awareness are breathing patterns, shoulder positions and movement strategies that are noted during first impression and intake.

“Dat ik ook voor m'n lichaam kan zeggen van, als ik aan het werken ben, ben ik goed aan het werken, ben ik niet goed aan het werken? Sta ik goed, sta ik niet goed?”

“Om zoveel mogelijk present te zijn in mijn eigen lichaam om mij te kunnen focussen op mijn, op mijn behandeling.”

1.2. The development of body awareness

Both groups mention restrictions in their education. They learned a rather physical technical approach, but were not satisfied with later therapy, treating patients. The holistic group unanimously confirms this statement.

“Ik heb eigenlijk vanuit mijn opleiding, ja ... vooral de tekortkomingen daarvan ervaren. – UHU!”

Holistic therapists say that their body awareness has grown over the years and is influenced by their personality and qualities, experience and their own input. They define personality as something they are interested in and the body resonance paradigm they are most attracted to.

“Dus ik denk dat het inderdaad iets heel erg met uw zijnskwaliteiten te maken heeft, met wat jij het meest resoneert qua... qua paradigma.”

The biomechanical group developed their body awareness by further education. Biomechanical therapists maintain a level of body awareness. They said they owed it to living consciously by movement (walking, exercising and fitness) and providing time for themselves.

“Ik denk dat het voor mij een mix is van, denk ik euh van sport, sportieve van vroeger en een combinatie van schoolgang en technische aspecten die ge daar in bijleert”

“Bewust leven denk ik. Bewust zelf leven.”

1.3. Working with body awareness in therapy

The holistic therapists think of body language as the most objective and unchangeable instrument a patient displays. Patients may tell their problems, their story and their perceptions, but these do not always appear to be the main issues, once their body language is taken into consideration.

“Het meest objectieve de lichaamstaal van die patiënt dat... Ik bedoel daar kan hij niet omheen of daar kan hij niet aan... aan voelen of... of dingen aan veranderen.”

Yet therapists take all external and internal signals into consideration - in their patient and in themselves - that can connect them with body awareness in therapy.

The main goal when working with body awareness in therapy is to obtain a sustainable change in “body and mind”. This means that the patient needs to learn to experience the own body and the related reactions and sensations. There are several different techniques to receive body awareness in therapy: observation, introspection, relaxation, hands-on techniques or movement therapy. Nevertheless the most cited one is “touch”, which is needed to feel the patient in an objective way. The use of touch varies individually, because it can be overwhelming for some patients. Therefore, there is no hierarchy between touch and movement. These are two different input gates and are individually determined.

“Zou dat niet heel individueel euh... bepaald zijn? Voor mij is daar geen... geen hiërarchie.”

Holistic therapists say that there is a difference in working mechanically and trying to move the entire meaning of the body. Holistic therapists also use mechanical techniques, to consciously get deeper into the body awareness process. Active neutrality of both partners and the intensity of the process provide the true therapeutic effect.

Holistic therapists have created a relationship between talking and body awareness. When talking in first person, from the experience itself, the patient describes the problem in a rather neutral way. Then the patient may become in loss of words when describing something difficult. Therefore, talking can be used as a diagnostic tool in therapy.

The biomechanical therapists try to get an impression of someone's body awareness by using the following techniques: observation, perceiving without prejudice, estimating the patient's situation, screening and examining the body, as well as, identifying emotional, behavioral and physical abnormalities.

“Da 's nie oordelen. Ik probeer altijd, wat oordelen... Niet oordelen is 't moeilijkste wat er is als therapeut, om niet te gaan zeggen van “oei, da 's weer zo een, da 's weer zo één”, euh, dus 'k probeer zonder oordeel gewoon vast te stellen, waar te nemen”

In addition, biomechanical therapists consider “the therapeutic touch” as fundamentally important. Hands-on is on the one hand a diagnostic tool and on the other hand a way to make the patients aware of their body. Status of the tissue, the anticipation on the situation, the patient's personality and the physical therapist's background can all determine and influence the therapeutic touch. Thus therapists try to individually adjust the ‘therapeutic touch’. Touching the patient is seen as a continuous interaction and reciprocal relationship

between patient and therapist. To make the patient aware of his body, therapists ask for his mental cooperation.

“Door, door, door jij, doordat ge uw handen oplegt, ik wil niet zeggen handoplegging nu, maar toch omdat ge contact maakt met iemand, gaat ge.. alee ik doe da constant, meewerking vragen, alleen al mentaal, want kijk.. voelt gij wat ik aant doen ben? En volg mijn, mijn behandeling natuurlijk.”

Verbal communication is an important aspect of this practice, considering the fact that providing information is necessary to diminish tension and distance between both partners, allowing trust to grow.

“En het vertrouwen wint ge in het begin, dus door door minieme uitleg, die heel, die heel u ... u , uwe anatomie of gelijk of heel eeuuh, wat ge wilt gaan doen, ma algemeen en uitleggen van kijk da ‘dit gaan we nu proberen te bereiken, we zien wel waar we uit..., waar we uitkomen.”

Trust is a very important issue to establish a good relationship between therapist and patient. It is established through verbal and nonverbal communication. Verbal communication is characterized by providing information about the therapeutic interventions. Nonverbal communication is characterized by reciprocity and the mental cooperation of the patient. Communication also plays a key role in raising body awareness. A therapist can let the patient feel or indicate what the following step will be. Therapists believe they will lose credibility when their advice is not in compliance with their behavior. Biomechanical therapists for example use hands-on techniques, such as breathing exercises or correction of posture to let the patient feel his own muscle tension. In addition, they believe that therapeutic touch can create a connection between patient and therapist.

“Ge kunt hands-on techniek en da kan een ademhalingsoefening zijn hè, u bewust worden van uw borstademhaling, uw buikademhaling, euh, spanning laten voelen bij mensen, correctie van houding door door euh, euh, posturale correctie te induceren en... en daadwerkelijk die, die lumbale wervelkolom in een extensie te zetten en daar te laten voel en “oké, voel hoe dat dit is voor u’?”

The pathology, type of patient and the preference of the biomechanical physical therapist determinate the kind of therapeutic approach during a clinical encounter. They distinguish two different types of patients, namely patients having psychosomatic or musculoskeletal disorders. Therapists often use a mechanical approach. Although, when patients are having emotional stress, therapists try to work with a behavioral approach. Psychosomatic patients are thought to need emotional support and touch, but therapists mention having difficulties in readdressing emotional stress. In addition, the depth of therapy is depending on the pathology and psychological background of each individual patient.

“En ook eigenlijk da ge de patiënten in 2 groepen moet indelen. De psychosomatische patiënt die dan misschien wel die aanraking en wel die emotionele nood hebben en dan .. dan hebt ge echt de mensen die dat locomotorische probleem hebben en daar gaat ge een totaal andere aanpak mee doen en ik denk zelfs als kinesist dat ge u daar een klein beetje op kunt toeleggen ‘van verkies ik meer de die of verkies ik meer de die.’”

Theme 2: Body awareness in relation to patient-therapist relationship

2.1. Factors influencing body awareness

To optimize the body awareness process, holistic therapists handle active neutrality and openness towards the patient. Before every new session, they live the therapeutic moment itself in order to embrace every connection and sensation in their body. They emphasize the necessity to take proper care of their health and wellbeing. Therefore they try to get enough sleep and lead a simple life. Their most important personal focus during work is hygiene and having an extra pause. This moment can bring the therapist back to active neutrality after working with an intense body awareness session.

“Extra afschakeltijd voorzien. Want je krijgt veel intenser bepaalde prikkels of bepaalde behandelingen binnen. Dus moet je die ook weer verwerken, dus extra afschakeltijd.”

“Ik denk dat euh... extra hygiëne, dat is ontzettend gedisciplineerd een hygiëne ontwikkelen, die... die niet gangbaar is, al zeker niet uit je opleiding . Dat... dat maakt je ook heel kwetsbaar. Ja, ik heb daar zeker het ritueel mijn handen wassen om ook even helemaal terug tot mijzelf te komen, mij helemaal af te schakelen van die vorige. Terug tot mezelf komen voor je weer een nieuwe energie gaat kunnen geven.”

Several disturbing factors are: the effects of social media, small talk or other waiting patients, who can change the attitude of the patient on the table. The time of appointment is also very important, because patients cannot be under stress when present in therapy. Holistic therapists state that they don't feel well by solely treating the body in a mechanical way. The depth of therapy seems to play a key role during a body awareness session. They say “a healthy spirit in a healthy body” is a far too theoretical approach.

“Een gezonde geest in een gezond lichaam. Euh wat dat ook euh weer theo... een technische benadering was.”

In contrast, biomechanical therapists apply the approach of “a healthy spirit in a healthy body”.

“Eh, euh, een gezonde geest in een gezond lichaam da probeer ik toch ook wel een beetje de mensen aan te raden.”

Later on, they only mention time and space as two necessary conditions to work with body awareness. Biomechanical therapists consider treatment time as the most important factor to make the patient aware of their body. When being fully attentive to the patient, therapists get a lot more done in a short amount of time. Every patient is different though, and this leads to an individually adapted treatment. Still, the therapists' perception of time implicitly determines the duration of a therapy session. The environment to work with body awareness is individually adapted and altered, but also practice facilities have a certain influence.

“Maar intensief, doordat ik er zelf volledig bij ben, met mijn hele aandacht. Ga ik op relatief kortere tijd, meer, meer doen, ... ook veel meer euhm.. impact hebben.”

2.2. Patient-therapist communication

Holistic therapists emphasize the importance of having a correlation, equality and attunement between patient, therapist and the environment. Both physical therapist and patient should be open to body awareness in therapy. The therapist is involved with the patient and tries to communicate in an interactive way with the patient. Sometimes therapists suggest words to patients or even complete sentences when patients do not find the right description to tell how they feel. Yet, therapists always ask if it is true, the patient can always correct the formulation. This implies an open respectful and equal interaction between both partners.

“De manier waarop je in interactie treedt en communiceert en zeker als ik je bezig hoor dan kan ik dat inderdaad...”

“... En dat is echt maatwerk ook. Dus ik ga dat meer of minder intens doen naargelang ik in het verhaal van de patiënt een beetje voel waar zijn ingangspoort zit.”

Furthermore, they give information about anatomy, but this is completed with physical work to deepen the process. Holistic therapists let the patients' expectation influence the direction of therapy, allowing the patients' problem to be the focal point.

For biomechanical therapists the key components of communication are: giving advice, information and coaching. This aims to gain trust and readdress expectations by giving general information and indicating what the therapist is doing. In this way they try to give responsibility back to the patient.

“Maar echt wel de mensen ga informeren en de mensen de verantwoordelijkheid ga geven om er zelf aan te werken.”

Biomechanical therapists distinguish two different kinds of communication, namely verbal and non-verbal. Verbal communication consists of providing explanations about therapeutic interventions, while non-verbal communication is characterized by reciprocity and mental cooperation. Therapeutic reflection is also part of communicating. Primarily, it is used to understand the patient's problem, where after feedback loop can be made with the patient.

“Datzelfde beeld te kunnen reflecteren naar mijn patiënten toe euh, hoe beter ik zelf bes... besef van wat er met mijn lichaam gebeurt in bepaalde situaties, zoals pijn, zoals bepaalde emoties, bepaalde bewegingen en houdingen, hoe beter dat ik datzelfde kan reflecteren naar patiënten toe.”

2.3. Resonance in therapy

This topic is solely derived from the holistic group. Resonating between patient and therapist was never mentioned in the biomechanical group. This makes a big difference in the content of therapy. A necessary condition to resonate is emptying oneself and trying to receive through the body what both partners feel. It generates a strong awareness of oneself and the therapy, learning to experience the inner and outer bodily sensations in that particular moment. The result of this practice provides the therapist with essential information on the patient. It can clarify the problem in the patient's body, but also his problem-related feelings. If both partners resonate strongly, the therapist can feel the patient's problem in him/herself. This may even be accompanied by physical symptoms like shivering or a sore throat. Essential information is thus shared between both partners. Therefore resonance can be an intuitive diagnosis without ruling out the intellect of the therapist. It clarifies a strong experience of the body and the therapy.

“Als het ware jezelf leegmaken en van daaruit ontvangen van... zelfs van wat er gebeurt bij de patiënt.”

“Al resonerend, dus uw afstemmend op da weefsel feitelijk. Dan valt mij vaak op dat men spontaan begint te spreken. Euh... Daar komen precies, dus door op die structuren te werken, die naar mijn gevoel soms emotioneel beladen zijn, komen er dan ook emotionele beelden opwellen. Spontaan. Men begint te spreken over iets, wat nu blijkbaar heel relevant is. En... En daar hebt ge dat dan ook die... die vooruitwendiging van het emotionele wat dan een soort van release met zich kan meebrengen hé.”

Holistic therapists believe that the only way to generate and receive body awareness is to have body resonance between patient and therapist. In order to feel every bodily sensation, both partners have to be open to this practice. This could lead to an equal awareness of sensations in both partners. When this happens, therapists declare to have found essential information, often about the origin of the problem. By resonating, the body awareness process can simultaneously occur in both partners.

2.4. Patient's perception of the problem

Biomechanical therapists mainly relate patients' problems to inadequate movements and postures. They have the impression that patients put the responsibility for their own health completely into the hands of the therapist. The perception of the problem and the way people think and cope with it, are culturally dependent.

“Hier is mijn probleem, los het efkes op.”

Biomechanical therapists declare that the patient's perception of the problem influences the patient's own health. Often patients give the impression to lack responsibility to take care of their problem.

Discussion

Body awareness in relation to physical therapy

The results suggest that the interpretation of the concept body awareness influences the implementation of the therapy. When patients turn to therapists, they display their symptoms and complaints. The holistic group perceives the patient's body language as "the way the body stands in that particular moment". These therapists tend to have a more embodied-enactive clinical reasoning process [4], because they have the impression that these symptoms are emotionally loaded with negative thoughts and perceptions. Literature shows that the 'therapeutic narrative' starts by listening to the stories clients tell and then using 'therapeutic narratives' to help clients gain a new perspective on their situation and new tools for coping with their problems" [5]. Therefore holistic therapists will try to redirect the patient from his/ her negative context and move the entire meaning of the body. This should be pursued by highlighting inner and outer sensations of the body, resulting in an improved body awareness. Holistic therapists develop body awareness through their own experiences related to body awareness. Therapy sessions are based on paying attention to physical body signals, whether by touch or by movement. Therapeutic touch is used to go deeper into the process. Holistic therapists emphasize the link between body and mind, because they believe that these are intertwined with each other. The therapeutic goal is to acquire a sustainable change in body and mind. It now becomes clear that the essence of the therapy is to be aware of your own body, in any situation.

In contrast to holistic therapists, the biomechanical group describes body awareness in terms of 'proprioception, posture and ergonomics'. They define body awareness rather as "focusing consciously on themselves". Their interpretation of the patient's body awareness is based on visual physical signals such as breathing patterns, movement patterns and posture. Therefore biomechanical therapists have a rather diagnostic reasoning process [4], which is a physical technical approach. The development of their own body awareness is due to further education, personal interests and working experience. Biomechanical therapists admit having difficulties in addressing a patient's emotional stress. They never mention which concrete interventions they use during therapy to readdress this. Therapists do not want to be drained by a patient's emotional stress. That's why biomechanical therapists set boundaries to preserve their own health and energy by focusing on their ergonomics. This can imply a mere therapist-centered completion of the therapy, due to their inability to handle a patient's emotional stress. Patient's physical problems are most commonly related to inadequate movements and postures. Therefore therapy sessions solely consist of hands-on techniques and movement therapy, based on the pathology presented in clinical practice. The biomechanical therapeutic goal is to optimize the movement patterns and postures. Thus the mechanical approach is clearly highlighted.

Similar in both groups is that therapists strive to obtain a specific therapeutic neutrality during therapy. Both groups consider body awareness as a continuous alternation between conscious and unconscious processes. They both refer to a lingual aspect in the body awareness process. Yet, the holistic vocabulary is characterized by metaphors: body awareness is meticulously described as an alignment between body and mind, shared between patient and therapist. The biomechanical vocabulary on the other hand, is characterized by technical descriptions.

Body awareness in relation to patient-therapist relationship

The results suggest that communication is an important factor in the patient-therapist relationship. Holistic therapists emphasize the resonance process to gain body awareness. By resonating, patient and therapist are attuned to each other. As a result, distance between patient and therapist becomes very small. This corresponds to consulted literature [4]. This could imply a relationship where both partners are equal. Furthermore, the patient is the central focal point in the holistic therapy sessions. This influences the therapy, due to the patient's expectations and desires. This is always discussed with the therapist. An interactive communication between patient and therapist, characterized by openness and equality, emerges. One may conclude that a therapist needs to be increasingly receptive to optimize body awareness. This results in an improved depth of therapy, which is an important key factor in body awareness. In narrative therapy, the internalized problem-saturated description of the patient's life on the one hand and the patient himself on the other hand are perceived as two separate identities. "The therapist's role is re-conceptualized as that of a witness to the client's storytelling, as well as co-editor of the unfolding narrative" [6]. This framework is suited for holistic therapists.

Biomechanical therapists however, take a rather hierarchical status in relation to the patient. They believe communication is important to establish a good relationship and diminish tension and distance between both partners. However, these therapists have a tendency to give more advice and information, not discussing other possibilities with the patient. This can be explained by their inability to readdress the patient's emotional stress and preserving their own wellbeing. Therefore, biomechanical therapists consider patients to follow their advice. In this way, there is no room for shared decision making, but it is their way to build up trust. It completely corresponds to the results section above. Moreover, biomechanical therapists have the impression that patients seem to confirm the therapist's hierarchical status by attributing health responsibilities to him. One can speak of a unilateral nature of the patient-therapist relationship - the therapist is seen as superior to the patient.

Strengths and limitations

A distinct quality of this study is the sampling of physical therapists to ensure a great variety of characteristics in the interview. Another positive aspect is the quantity of the holistic focus group. Mortelmans D. states that the optimal size is six to ten participants in a focus group[7].

The analysis-method (IPA analysis) is quite suitable for this research, because it provides a closer insight into the physical therapists' experiences of body awareness. Credibility is strived for by using an appropriate questionnaire during the interviews. External credibility is pursued by selecting participants who have enough therapeutic experience. The biomechanical focus group took place in a neutral space, so the location would not distract the participants. The focus group lasted only one hour, but that was long enough to guarantee optimal concentration of both moderator and participants. Data interpretations are credible, because they correspond to the collected data. Furthermore, each researcher separately analyzed one focus group. Results were later verified and discussed. Internal validity is pursued. Data-triangulation is performed by comparing the results with Master Thesis part 1 of Vandevenne A. and Walbers K. [8].

A research weakness is that the researchers are inexperienced in analyzing qualitative data. This could lead to incoherence of data. However, this was taken care of because the researchers met several times to discuss the data with their promotor. Finally, there was a small biomechanical population group. Of the seven participants recruited, only six physical therapists were present.

Implications for further research

This study was based on focus groups with physical therapists and thus provides their perspectives on body awareness in clinical encounter. Further research that explores patient's perspectives would add useful information to the results presented here.

Conclusions

In conclusion, the holistic narrative is characterized by a patient-centered, open and equal approach. Holistic therapists invest in the subjective experience of the patient.

In contrast, the biomechanical narrative is characterized by a therapists-centered hierarchical approach. They see the patient's body rather as functionality, resulting in an objective, technical and mechanical description of the body.

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Appendices

Appendix 1.: Questionnaire:

- Wat betekent lichaamsbeleving voor u?
- Hoe wordt u zich bewust van uw eigen lichaam?
- Op welke manier laat u lichaamsbeleving aan bod komen in uw therapie?
- Wat is volgens u de rol van aanraking in het hele verhaal van lichaamsbeleving?
- Hoe denkt u dat uw patiënten hun lichaam beleven?
- Zijn er bepaalde factoren die een invloed hebben op het bewustzijn van uw lichaam? Geef een concreet voorbeeld hiervan?
- Hebt u het idee dat als u zichzelf beter bewust bent, dat uw therapie dan ook beter is?
- Bent u eerder een therapeut die gebruik maakt van manuele technieken of eerder oefentherapie?

Appendix 2.: Demographic data (demographic data of two participants of the holistic group were never received)

GROUP 1 HOLISTIC THERAPISTS						
Participant	Age	Sex	Years of experience	Academic Level	Further education	Common treatment method
1	59	F	37	Physical therapy	Prenatal and postnatal care Manual lymphatic drainage Osteopathy Relaxation therapy Craniosacral therapy Somato-emotional release therapy	Osteopathy Relaxation therapy
2	50	M	23	General practitioner Occupational physician Counselor Coach	Asystemic practice + set-up Enneagram Personality-oriented workshops Intervision group & society for psychosomatic medicine	Counseling Treatment of the Atlas
3	58	F	21	Lic. degree. motor rehabilitation and physical therapy Psychomotor therapy	Postural integration Holistic pulsing Trauma & dissociation Craniosacral therapy	Body oriented therapy Craniosacral therapy
4	40	F	17	Grad. degree motor rehabilitation and physical therapy	Sports physical therapy Manual therapy Taping MWM- Mulligan Mental coaching for athletes Body language Intuitive development Life coaching	Conventional physical therapy complemented with additional courses
5	61	M	35	Lic. degree physical education Physical therapy Fascia therapy MDB	Fascia therapy MDB	Fascia therapy
6	44	M	18	Physical therapy	Manual therapy Osteopathy Neurodevelopmental treatment	Integral therapy
7	37	F	14	Physical therapy	Paintherapy for chronic disorders Pilates Relaxation therapy Sleep disorders Fascia therapy	Hands-on: soft tissue manipulation, Movement awareness, body awareness through body scans, meditation
8	58	F	20	Lic.degree physical education Hendrickx Fascia therapy Master pedagogy	/	Fascia therapy Pedagogy
9	45	F	22	Physical therapy	Kinetic development guidance Hendrickx Fascia therapy MDB	Fascia therapy Hendrickx

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GROUP 2		BIOMECHANICAL THERAPISTS				
<i>Participant</i>	<i>Age</i>	<i>Sex</i>	<i>Years of experience</i>	<i>Academic Level</i>	<i>Further education</i>	<i>Common treatment method</i>
1	57	F	32	A1	Manual Therapy Osteopathy Muscle chains Busquet Fascia therapy Cyriax Sofrology Relaxation techniques	Back school Therapy in accordance with education
2	33	M	10	Lic. degree motor rehabilitation and physical therapy	Manual Therapy Mckenzie Neurodynamics (Shacklock)	Manual Therapy Mckenzie Exercise therapy
3	58	F	33	Lic. degree motor rehabilitation and physical therapy	Cyriax Sports rehabilitation MLD Vodder	MLD Vodder
4	53	M	27	Master motor rehabilitation and physical therapy	Muscle chains Busquet Sherborne Manual Therapy Osteopathy Psychomotor therapy Geriatrics	Therapy in accordance with education
5	29	M	6.5	Master motor rehabilitation and physical therapy	Credential mechanical diagnosis and therapy Certified Mulligan practitioner Orthopedic manual therapy Motivational interviewing	Manual Therapy MDT
6	51	M	25	Lic. degree motor rehabilitation and physical therapy.	Osteopathy Functional movement training	Therapy in accordance with education

Written according to the format of the journal: Physical therapy

Appendix 3.: Interpretative phenomenological analysis

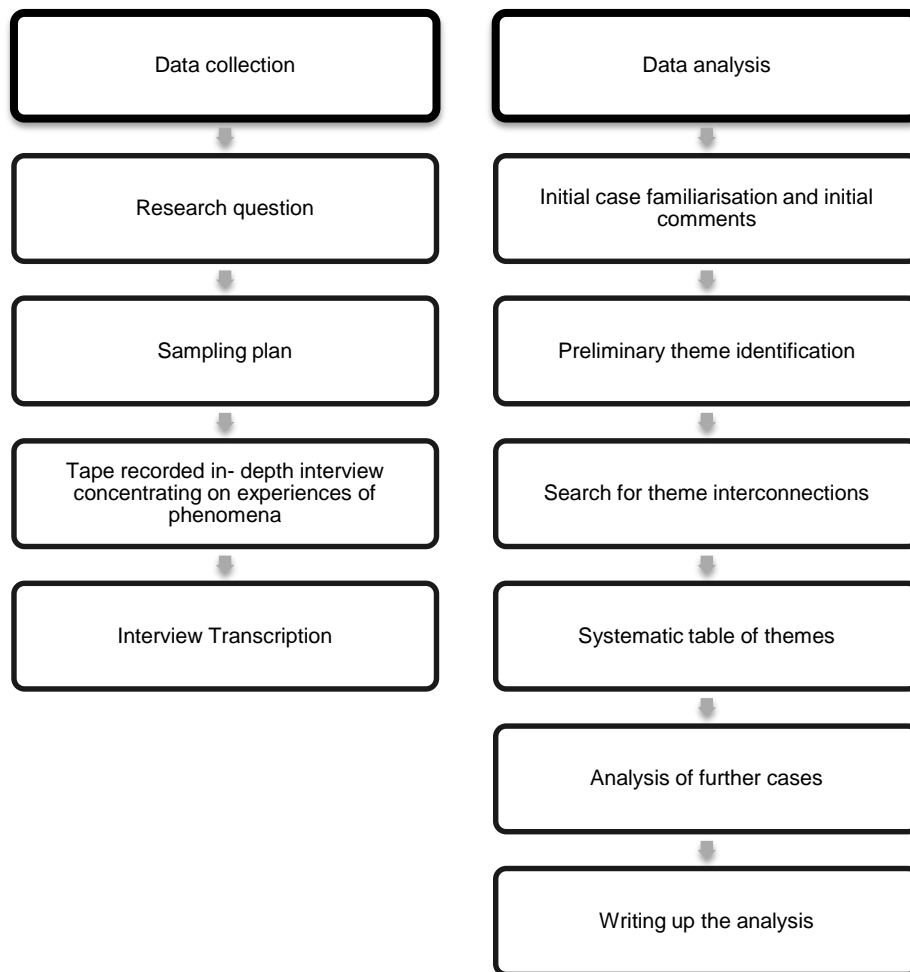


Figure copied from: "Introduction to qualitative methods in psychology" (p 344) by Howitt D., 2013, United Kingdom: Pearson Education Limited. Copyright 2013 Pearson Education Limited

Appendix 4: Coding

Open and axial coding - Focusgroup 1: holistic therapists.

R.S.: Ja, heel kort, voor mij een ontsnapping aan het cognitieve feitelijk hé. Een soort van distraction eigenlijk uit het rationale waar dat we vaak in vastgeroest zitten eigenlijk om terug eigenlijk euh een soort van ander bewustzijnsbeleving te krijgen richting het lichamelijke. Euh... dus de aandacht niet meer richten op de gedachten maar richten op datgene wat men via de sensoriek bijvoorbeeld kan voelen. En daar dan therapeutisch euh mee werken feitelijk hé.

C.H.: Ik ik euhm... Voor mij is lichaamsbeleving eigenlijk dat ik zelf, als therapeut, contact heb en me bewust ben van mijn eigen lichaam en euh euhm dus die signalen, lichamelijke signalen oppik. En euh euhm ik gebruik die zeker ook in... in... in de therapie. Ik weet nog goed als ik euhm, als ik mijn praktijk opstartte, dan euhm ben ik een tijdje in lichaamsgerichte supervisie geweest, en ik weet nog heel goed dat wij als huiswerk mee naar huis kregen van euh... zo niet zozeer in de gaten te euhm... bezig te zijn met euh de lichamelijke signalen van de cliënt maar die van jezelf als therapeute en dat dat toen... toen was dat voor mij "Alléé!", euh ja...

R.S.: Nee omdat ge ook moet resoneren hé. Dus ge moet u afstemmen hé. Dus ge probeert die cliënt wat weg te halen van zijn... vastgeroeste negatieve gedachten vaak en ook euh die negatieve geladenheid van de emotieën. Maar om dat te kunnen moet ge zelf ook meegaan voor een stuk hé. To lead by example feitelijk. Of dat nu is via move to cure dus bewegingsgericht of meer belevingsgericht euh... ge moet mee eigenlijk hé. Dus in die zin ben ik het, ben ik het eens. Jaja, absoluut ja.

Open coding 'Holistic therapists'		Axial Coding
Voor mij een ontsnapping aan het cognitieve feitelijk hé. Een soort van distraction eigenlijk uit het rationale waar dat we vaak in vastgeroest zitten eigenlijk om terug eigenlijk euh een soort van ander bewustzijnsbeleving te krijgen richting het lichamelijke. Euh... dus de aandacht niet meer richten op de gedachten maar richten op datgene wat men via de sensoriek bijvoorbeeld kan voelen.	1	Shift van het rationale/ cognitieve naar het lichamelijke <i>Shift from cognitive aspect to physical inner and outer body sensations</i>
wat weg te halen van zijn... vastgeroeste negatieve gedachten vaak en ook euh die negatieve geladenheid van de emotieën		
Contact heb en me bewust ben van mijn eigen lichaam en euh euhm dus die signalen, lichamelijke signalen oppik.		
Dus vanuit de beweging dat uw lichaam op dat ogenblik doet, leert zij haar eigen klacht ervaren... Losgekoppeld van een situatie		
Zowel van... van de therapeut zelf als van de patiënt. En hoe correleert dat met mekaar? Hoe euh verhoud je je als therapeut ten opzichte van die patiënt? Hoe verhoudt die patiënt zich ten opzichte van de therapeut? En dan is dat puur... ja... ten opzichte van mekaar, de ruimte, de ja... gegeven, het het concept in het geheel.	2	Body awareness is een continue interactie tussen bewuste en onbewuste ervaringen, verdeeld over therapeut en patiënt <i>Body awareness exists of the continuous interaction between conscious and unconscious experiences, divided between therapist and patient</i>
Dus het stuk waar ik aandacht heb voor: "Hoe beleeft die patiënt zijn lichaam? Wat zegt mij dat over zijn verhouding bewust/onbewust? En hoe kan ik mogelijk hem ook helpen daar taal voor te vinden?"		
Dus ik zie dat als twee... bewegingen die continu in interactie zijn.		
Dat ge u pas van iets... of dat bewustzijn sowieso talig (15) is	3	Body awareness heeft taal nodig <i>Body awareness involves language</i>

Open and axial coding - Focusgroup 2: biomechanical therapists.

H.V.: Ja, euhm, voor mij als kinesitherapeut is mijn lichaamsbeleving zeer belangrijk in mijn, euh, behandeling. Zonder dat ik zelf niet proprioceptief aanwezig ben, kan ik niet behandelen, omdat ik alleen met mijn handen werk. Dus euhm zeker om de ganse dag energetisch te kunnen blijven functioneren, op de min of meer evenwaardige manier voor elke patiënt, is da natuurlijk onmogelijk van, euhm, altijd even, ja.., goed in uw eigen lichaam te zijn, maar de bedoeling is wel om zoveel mogelijk present te zijn in mijn eigen lichaam om mij te kunnen focussen op mijn, op mijn behandeling.

P.B.: Nja, het is misschien ook belangrijk, misschien ook, voor mij om lichaamsbeleving te hebben, ook voor m'n eigen dat ik ook voor m'n lichaam kan zeggen van, als ik aan het werken ben, ben ik goed aan het werken, ben ik niet goed aan het werken? Sta ik goed, sta ik niet goed? Eh, want ge moet toch lang werken, en nog lang werken, dus op deze manier ook voor uw eigen... welzijn.

A.M.: Ik daar eigenlijk niet zo heel dikwijls bij stil. Misschien meestal als ik ga uittesten, oefeningen of zo, dat ik ga proberen te ervaren van 'wat voel ik?', maar in het dagdagelijks leven, dan, dan, functioneert het gewoon vanzelf, dan sta ik er nie echt bij stil...

Open coding 'Biomechanical therapists'		Axial Coding
<p>Dus euhm zeker om de ganse dag energetisch te kunnen blijven functioneren</p> <p>goed in uw eigen lichaam te zijn</p> <p>als ik aan het werken ben, ben ik goed aan het werken, ben ik niet goed aan het werken? Sta ik goed, sta ik niet goed? Eh, want ge moet toch lang werken, en nog lang werken, dus op deze manier ook voor uw eigen... welzijn.</p>	1	<p>Rekening houden met eigen therapeutisch welzijn <i>Therapeutic wellbeing</i></p>
<p>Euh, bij mij begint dat van 't ogenblik dat 'k ze laat binnenkomen (lacht), de manier waarop iemand binnenkomt.</p> <p>ge ziet al hoe da ne mens ademt of die met opgetrokken schouders staat. Da zijn al allemaal heel kleine signalen die ge van hun lichaamsbeleving krijgt</p> <p>ja, tis te zien wat ge met lichaamsbeleving, alé ik zie dat bij de patiënt ook, op de moment dat ge de patiënt dan ziet, alé ik bedoel, als die opstaat, gaat ge ook al, hebt ge al een idee.</p> <p>Ja ik, ik, ik ga.. zo zo.. zodra er iemand binnen komt, eigenlijk al alleen de ademhaling, voor mij is dat al één van de grootste (lacht), en hoe de schouders staan</p> <p>want als ne patiënt binnenkomt, dan voel ik al vaak, alé, wat die... alé, of da nu energetisch is, mij maakt da nie uit, maar dan kunt ge bijna inschatten, zeker als ge die kent, dan weet ge hoe is 't met die gesteld en daar hebde eigenlijk bijna geen woorden voor nodig. Ge leert inderdaad die dingen aanvoelen, zonder...</p>	2	<p>Signalen van lichaamsbeleving <i>Signals of body awareness</i></p>
<p>Lichaamsbeleving, lichaamsbesef, kan misschien iets, euh, iets hebben hè. Houding naar het werken toe, dus, euh, ik denk in alle aspecten, euh, dat da wel, euhm, een rol speelt enerzijds, als ge in 't werk zelf ziet, uw eigen ergonomie om iets te kunnen voordoen, euhm, maar ook denk ik een adviserende rol soms, kan ook euhm, een interpretatie van lichaamsbeleving zijn.</p> <p>ja ergonomie, voor is dat niet ergonomisch, ik bedoel, ge kunt inderdaad ook kiezen, ofwel gaat ge coping doen met uw patiënt, ofwel gaat ge juist zeggen van, ow ik hou het juist af, ik ga juist mijn zone bewaken</p> <p>of ge vraagt aan de patiënten, voelt gij nu, voelt gij da die spierspanning veranderd, of is die bewegingsbeperking voor u veranderd. Dat is ook, ik denk, lichaamsbeleving</p> <p>En lichaamsbeleving omda ge er 100 procent kunt bij zijn met uw aandacht.</p> <p>Zonder dat ik zelf niet proprioceptief aanwezig ben, kan ik niet behandelen, omdat ik alleen met mijn handen werk.</p>	3	<p>Interpretatie lichaamsbeleving <i>Interpretation of body awareness</i></p>
<p>Ik daar eigenlijk niet zo heel dikwijls bij stil. Misschien meestal als ik ga uittesten, oefeningen of zo, dat ik ga proberen te ervaren van 'wat voel ik?', maar in het dagdagelijks leven, dan, dan, functioneert het gewoon vanzelf, dan sta ik er nie echt bij stil...</p> <p>Want het is inderdaad heel bewust als ge uzelf ook ni lekker in uw vel voelt, dat ge volgens mij andere dingen gaat overbrengen of ook andere dingen gaat voelen da 's ook heel belangrijk, ondanks als ge vele uren werkt, dat ge daar inderdaad aandacht voor hebt.</p> <p>lichaamsbeweging, inderdaad de term, inclusief –beleving, is de bewustwording van 'wat gebeurt er met mijn lichaam op bepaalde momenten en in bepaalde situaties</p> <p>Om, om... zelf heel bewust te zijn wat met mijn lichaam gebeurt, zodanig dat ik mij beter kan verplaatsen in het probleem of de situatie waarin dat de patiënt zich bevindt.</p>	4	<p>Zelfbewustwording <i>Self-consciousness</i></p>

Selective coding – see Appendix 5

Section holistic therapists and biomechanical therapists

Appendix 5.: Results

BODY AWARENESS							
	<i>Theme 1: Body awareness in relation to physical therapy</i>			<i>Theme 2: Body awareness in relation to patient therapist relationship</i>			
	Definition of body awareness	Development of body awareness	Working with body awareness in therapy	Factors influencing body awareness	Patient-therapist communication	Resonance in therapy	Patients' perception of the problem
Holistic therapists	1) Shift from cognitive aspect to physical inner and outer body sensations 2) Continuous interaction between conscious and unconscious experiences of the body, divided between patient and therapist 3) Body awareness involves language	1) Multiple aspects influence development <ul style="list-style-type: none"> • Personality • Experience • Input • Attitude • Resonance paradigm 	1) Body language 2) Touch & Movement 3) Goal: sustainable change in "mind and body" 4) Different techniques 5) Talking during therapy	1) Living therapeutic moment itself 2) Health & wellbeing 3) Disturbing factors	1) Correlation, equality & attunement between patient, therapist & environment 2) Involvement in patient 3) Openness 4) Interaction 5) Feedback 6) Expectation of patient	1) Essential & fundamental info 2) Intuitive diagnostics 3) Experiencing own body, apart from situation	///
Biomechanical therapists	1) Therapeutic wellbeing 2) Signals of body awareness 3) Interpretation of body awareness 4) Self-consciousness	1) Education 2) Further education 3) Experience 4) Personal interest	1) Diagnostic Tools 2) Hands-on 3) Therapeutic touch 4) Building trust 5) Patient and pathology influence therapy approach 6) Problem experience	1) Treatment facilities <ul style="list-style-type: none"> • Time • Area 	1) Information, coaching, advice 2) Patient-therapist interaction	///	1) Inadequate postures and movement strategies 2) Lack of responsibility 3) Culture
Difference	Holistic: focus on inner and outer physical sensations, for both patient and therapist ⇔ Biomechanical: focus on external body signals	Holistic: resonance & personality ⇔ Biomechanical: work related, further education and experience	Holistic: moving meaning of body → change in "body & mind" ⇔ Biomechanical: Hands-on techniques	Holistic: therapist's health & body awareness process ⇔ Biomechanical: treatment facilities	Holistic: equal, patient-centered open relationship Shared-decision making ⇔ Biomechanical: hierarchical, therapist-centered relationship	Holistic: attunement to each other ⇔ Biomechanical: no resonance	Holistic: no presumption of patient's problem ⇔ Biomechanical: only outer body signals, with responsibility at therapist

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The concept of body awareness in physical therapy: narratives in holistic versus biomechanical oriented therapists.

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

Jaar: **2015**

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