



An Evaluation of the Effectiveness of Complementary Therapies on Trauma Related Illnesses 2011



Community Relations Council



ABSTRACT

The research study includes a Literature Review, Questionnaire Design for Service Users, Therapists as well as stakeholders, with measurement tools tested for reliability and validity and an audit for existence of Insurance and Qualifications among therapists involved in the study. The objective of this study is to evaluate the role complementary therapies have on people's physical, and emotional health, specifically relating to trauma related illnesses as a result of witnessing a traumatic event of the 'troubles' of Northern Ireland. The purpose of the study is to obtain relevant data and details of a sample of service users' experiences with complementary therapies and identify any impacts on health. This is the overall study, of a pilot carried out in 2009. Participants included a number of members from Victims/Survivors groups throughout Northern Ireland, allowing comparative research to be carried out in terms of locality, age and gender.

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1. INTRODUCTION

PURPOSE OF THE STUDY

The purpose of the study is to ascertain the impact Complementary Therapies have on people's physical and psychological health and well-being. The focus will predominately be on victims and survivors of the conflict in Northern Ireland and who have suffered ill health as a direct consequence of this.

AIMS OF THE STUDY

1. To review published material relevant to the debate on:
 - ◆ The range and type of therapies used;
 - ◆ How effective these therapies have been on health;
 - ◆ The context of Northern Ireland examining the uses therapies have on trauma related illnesses; and
 - ◆ The regulation and standards of therapies in Northern Ireland.
2. To select a sample of service users who were about to embark on a course of complementary therapies;
3. To devise and issue a semi-structured questionnaire for service users to ascertain their views and perceptions of complementary therapies;
4. To devise a quality of life questionnaire for service users; carried out before a set of therapies and again after;
5. To devise and issue a semi-structured questionnaire for therapists;
6. To develop a questionnaire for stakeholders;
7. To make recommendations about;
 - ◆ Factors which the study have shown to corroborate or refute current literature;
 - ◆ How current complementary therapies deliverance could be enhanced to improve overall effectiveness and efficiency in relation to their impact on health in the Victims' sector.

OBJECTIVES OF THE STUDY

The objectives of the study are to:

- ◆ Describe the link between trauma and complementary therapies;
- ◆ Compare and contrast service users' quality of life prior and after participation in a course of complementary therapies;
- ◆ Ascertain effectiveness of the various therapies.

2. REVIEW OF THE LITERATURE

THE PURPOSE OF A LITERATURE REVIEW

The purpose of a literature review is to give the proposed research the depth and accuracy, which is necessary for a thorough investigation. By reading what has been written previously, a better understanding of the topic will be achieved. This will be beneficial when undertaking methodology, as it will help identify recurring themes and issues.

HEALTH

For many people, the idea of healthcare conjures up images of medical technology, medication and doctors with nurses providing the care and procedures. However, in today's society it involves a lot more than these conventional notions, seen as mainstream society.

Health as a concept is difficult to define and involves various elements including;

- ◆ Absence of disease;
- ◆ Physical fitness and ability to do things;
- ◆ Feeling of wellness.

The world health organisation offers the following definitions:

'Positive state of physical, psychological, social wellbeing'

(Taylor and Field, 1993:97)

'A state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity'

(Murray and Pizzoreno, 1995)

Those who adapt a holistic view, suggest the origins of health are linked with wholeness and healing, it is that complete sense of harmony and being whole, that brings true health. This is in stark contrast to those

who adapt a reductionist perspective that is evident in much conventional modern medicine (Evans, 1999:1).

BEREAVEMENT

Taylor and Field (1993) outline that bereavement has personal and social aspects, where personal attachments are lost as well as social relationships, connections and activities. The loss of a loved one is one of life's significant and stressful events. This involves losing companionship and a change in daily routines and activities.

SOCIAL AND CULTURAL CONSTRUCTS OF HEALTH

The way that a society responds to health reflects its fundamental cultural, social and political values and, in this way, health can be said to be 'socially constructed'. Representations of health and illness differ. As people make sense of health in different ways, perceptions of medicine and treatments vary depending on time, place and society. Social constructions of health and illness can reflect broader issues of power, exclusion and identity. Such constructions have implications on the promotion of health and prevention of disease. The concept of therapeutic landscapes acquires conflicting perceptions on the usefulness of such holistic approaches to health in the prevention of illness and promotion of a healthy lifestyle. Ill health may be defined as a **'bodily or mental state that is deemed undesirable'**. (Lorber and Moore, 2002) Therefore, health is the condition of the body both physically and mentally. Gender, class, ethnicity, religion and education construct society, which determine our experience of reality.

Lorber and Moore (2002:184) put forward the concept of gender and the social construction of illness where the apparent male domination transpires onto medicine and medicalisation. Therefore, the current uptake of complementary therapies being more female based perhaps could be explained by the move away from traditional forms of healthcare. Hence, holistic forms of healthcare may be viewed by some as being more female orientated.

The term Complementary Medicine can be described as a social construction and has varying meanings across and among cultures. Western society has ideally characterised it as being curative. This is related to its increased sense of wellbeing as a direct consequence of the **'power of physical touch'** and the **'hands on approach'** (Sharma,

1995) The rise in complementary therapies uptake may be attributed to changing social and cultural processes ***‘underpinning this shift from traditional forms of healthcare, stemmed from changing ideas about health and illness as well as changing ideas about what doctors can and should offer’*** (Treweek and Heller, 2005). Therapeutic forms of healthcare can be found to be beneficial and act as a form of self – healing. However, ***‘expectations in relation to complementary therapies vary within and among cultures, locations, user groups and demographics’*** (Treweek and Heller, 2005).

COMPLEMENTARY THERAPIES – THE BACKGROUND

The standard form of health and medical care practiced is conventional medicine or ‘western’ medicine, where the doctor gives the patient a diagnosis and offers ***‘treatment based on the medical knowledge and experience they have gained through conventional education or practice, using drugs, surgeries or standard physical therapies’*** (Torrey, 2008). In the U.K, complementary therapies receive less recognition than in most other developed countries. Despite, this they are popular with the general public. A study conducted by MORI (1990) found that 27% of respondents had used complementary therapies and 87% has seriously considered using them (Sharma, 1992). This is a significant finding as the research was conducted nearly twenty years ago. Therefore, it would appear evident that therapy uptake has risen further over the years. Taylor and Field (1993:35) suggested this popularity was due significantly to the failure of modern healthcare and the element of a client centred approach linked to complementary therapies and treatments.

Complementary therapies fall under the umbrella term, Complementary and Alternative Medicine (CAM). Definitions of CAM are complex and vary across different cultures and contexts. The general explanation is that they are a group of therapies or any healing practice that does not fall within the realm of conventional medicine, health systems and practices and their accompanying theories or beliefs. One of the most widely used definitions is outlined below:

“Complementary medicine includes all such practices and ideas which are outside the domain of conventional medicine in several countries and defined by its users as preventing or treating illness, or promoting health and well being. These practices complement mainstream medicine by 1) contributing to a common whole, 2) satisfying a demand not

met by conventional practices, and 3) diversifying the conceptual framework of medicine.”

(Berman 2006)

CAM therapists take a much different approach to conventional practitioners. They **‘rely on herbs and other ‘natural’ substances, orientating the human mind of physical manipulation to achieve health and wellness’** (Torrey, 2008). These therapies have been known to have been practiced by various ancient civilisations like the Chinese, the Egyptians, the Japanese and the Native American Indians, as far back as 10000 BC. Unlike conventional medicine, the holistic approach seeks to treat the person as a whole looking at all aspects of their lives, lifestyle, diet, occupation and emotions, rather than just looking at and treating the symptoms of the current illness. (Bull, Yvonne, 2009).

‘The focus is on improving the overall wellbeing of the patient, rather than the isolated treatment of specific symptoms’

(British Acupuncture Council, 2009)

A great number of today’s illnesses come about as a result of the stress and tension in daily modern life. Following illnesses, stress, injury or disease, the body will very often be left in a state of imbalance, with the vital energy pathways blocked and thus preventing the body and all its individual systems from functioning effectively. (Bull, Yvonne, 2009)

Complementary and Alternative forms of medicine are often used interchangeably. Nonetheless there is a slight difference. Alternative therapies are used in place of a conventional medical approach, e.g. if you chose to do yoga instead of going to a physical therapist. Complementary therapies are used together with conventional therapies (Torrey, 2008)

CAM can be broke down into five categories outlined below:

- 1) **BIOLOGICALLY BASED** such as herbal supplements, botanicals, animal-derived products, vitamins, proteins and other organic approaches;
- 2) **ENERGY MEDICINE**, such as veritable energy like sound, electromagnetic forces and light which work to identify a body’s own energy field, also called

‘chi’. Alternative medicine professionals believe that when these biofields are disturbed, it causes illness in the body. An example is reiki;

3) **MANIPULATIVE & BODY-BASED** rely on structures and systems of the body, making adjustments to them to heal symptoms and medical problems. Examples include reflexology and therapeutic massage;

4) **MIND-BODY MEDICINE** which focuses on the interactions among the brain, behavior and physical health such as meditation and yoga. Mental health and physical health are seen to be intertwined. Used for pain control, cancer management and is being explored to learn more about its immunity response;

5) **WHOLE MEDICAL SYSTEMS** or naturopathy, homeopathy, traditional Chinese medicine etc. The focus is not on the therapy itself but rather the way it is developed

(Torrey, 2008)

For the purpose of this research the focus will predominately be on the efficiency of Complementary Therapies on people’s health. With their increased popularity and specifically within the victims sector, acting as a treatment to improve trauma related illness as a direct consequence of the conflict in Northern Ireland. Little research has been carried out with regards to the role complementary therapies play in this particular group's health and wellbeing.

The literature coveys that the main principle of complementary healthcare is the holistic approach taking into account the physical, mental, emotional and indeed spiritual wellbeing of the service user. According to Evans (1999:18), physical symptoms such as headaches and insomnia, emotional difficulties such as depression together with mental stresses and strains can interweave to create a disease or ‘dis –ease’ which is a lack of harmony in the body. He further suggested that complementary therapies should help empower people and help in a more effective way.

‘Taking time to relax and unwind is important for the overall wellbeing of the nervous system’

(Evans, 1999:18).

COMPLEMENTARY MEDICINE'S FIT WITHIN CONVENTIONAL MEDICINE

The early part of the twentieth century seen the legitimacy of complementary medicine decline as a result of the professionalisation of conventional medicine, which **'prevented therapists from operating on a paid basis within the state system'** (Saks, 1992). This resulted in a health care division of labour within the health sector where midwives for example gained professional standing and in turn undermined the position and role of complementary therapy practitioners. Moreover, they were perceived as a marginalised group within society.

But there has been **'recent growth in public interest in most complementary therapies in Britain, including acupuncture, aromatherapy, crystal therapy, healing and massage'** (Saks, 1992). Sharma (1997) further found that one in four of the population now participate in complementary therapies. Despite this increase in usage, barriers still exist in terms of GP support, recognition, credibility and acknowledgement of the health benefits.

Murray and Pizzoreno (1995:3) argue that the tools used by conventional practitioners (i.e. drugs, surgery) never address the underlying factors. In contrast, they suggest that Naturopathic physicians are trained in finding the underlying cause rather than treating the suppressing symptoms.

A divide between the two forms of healthcare still remain, with conflicting perspectives. Nonetheless, the use of complementary therapies in assisting with trauma recovery in Northern Ireland is credited and supported by local G.P's (Nechama Launch, 2009).

TYPES OF COMPLEMENTARY THERAPIES

Type of Therapy	Involves
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Acupuncture

Derived from Chinese tradition, acupuncture is concerned with the maintenance of health and the management of disease. Treats a variety of health difficulties and acts as a means of pain relief. It involves the diagnosis of a complex pattern of disharmony. By inserting small needles into channels of energy in the body, an acupuncturist can stimulate the body's own healing response and help restore its natural balance. The body's natural flow of energy can be disturbed by stress, anger, fear, grief, poor nutrition and trauma.

Aromatherapy

Oils have powerful antibacterial properties which can be used to treat infections. Associated with stress-related problems. Helps relieve feelings of anxiety (lavender, rose, sage oils), helps fatigue and exhaustion, depression (Bergamot oils), Uplifts the body, relieve headaches and stress.

Aromatherapy is the fragrant art of using specially selected aromatic oils for therapeutic purposes. It is one of the fastest growing complementary therapies in the world."

All essential oils are antiseptic and have different effects - some regulate metabolic function, some stimulate, whilst some others will soothe irritations and anxieties. Massage is used with the oils to enhance their effectiveness.

The brow, crown and throat are described as the 3 major energy centre of the human body. Indian head massage stimulates these, acting on a physical mental and subtle level to maintain the importance balance of energy within the body. This promotes a sense of wellbeing, relieves aches and pains,

Indian Head Massage

Passed from generation to generation, Indian Head Massage is now recognised as one of the most pleasant ways of relieving stress and tension. This ancient art can be beneficial to service users: it affects body, mind and spirit. A great stress reliever.

Massage

The manipulation of muscle and connective tissue to enhance the function of those tissues and promote relaxation and well-being. Therapeutic massage can ease tension and reduce pain. Popular with infants and children, lower back pain, cancer patients, anxiety.

"Massage is a gentle and effective way of helping the body to heal itself."

Over 2000 years ago Hippocrates said "rubbing can bind a joint that is too loose and loosen a joint that is too rigid." This is what is so amazing about massage - the same brisk movements that can induce an invigorated feeling can be softened and performed slowly to induce sleep.

Massage has both physical and psychological benefits.

Reiki

A Japanese energy therapy. A system of natural healing where the practitioner gently places their hands non-intrusively in a sequence of positions which cover the whole body. It is possible to heal at any level of being: Physical, mental, emotional or spiritual.

Reflexology

Reflexology (zone therapy) is an alternative medicine method involving the practice of massaging, squeezing, or pushing on parts of the feet, or sometimes the hands and ears, with the goal of encouraging a beneficial effect on other parts of the body, or to improve general health. Reflexology is the application of pressure, stretch and movement to the feet and hands to effect corresponding parts of the body. Reflexologists view the feet and hands as a mirror image of the body. By applying technique a reflexologist can break up patterns of stress in other parts of the body.

Yoga

Concerned with the union between the mind, body and spirit. The practice of physical postures and poses, breathing exercise and meditation to create a balance in the body through strength and flexibility. Breathing exercises used to prevent asthma symptoms.

About Yoga (2009)

British Acupuncture Council (2009)

Evans (1999)

Medicine Health (2009)

Survivors of Trauma (2008)

Dramatherapy (often written *drama therapy* in the United States and South Africa) is the use of theatre techniques to facilitate personal growth and promote health. Dramatherapy is used in a wide variety of settings, including [hospitals](#), schools,

mental health centers, [prisons](#), and businesses. Dramatherapy, as a form of [expressive therapy](#), exists in many forms and can be applicable to individuals, couples, families, and various groups.

SERVICE USERS OF COMPLEMENTARY THERAPIES

There is an increasing interest in, and use of Complementary Therapies. Complementary Therapies appeal to a wide variety of social groups, as a consequence of many different reasons. Dissatisfaction with conventional medicine has prompted a large number of people to use complementary therapies as an alternative. People of all backgrounds, ‘benefit’ from the affects.

However, a study carried out by the National Center for Complementary and Alternative Medicine (NCCAM, 2007) and the National Center for Health Statistics found that use among adults is greater among females and those with higher levels of education and higher incomes. Similarly, a study carried out by the School of Medicine at University of South Hampton found that Complementary Therapy service users tended to be middle aged, female and of more educational attainment. Additionally, their study illustrated that those using these therapies tended to have more than one medical condition and rated their general health as poor. A study carried out by WAVE Trauma Centre sound that 60 % of women avail of their complementary therapies that they offer. They found their overall uptake of all therapies to be high. Adding to this, the highest use of Complementary Therapy based on a U.S survey of American adults (National Interview Survey, 2002) was found to be between the ages of twenty five to fifty.

The use of complementary therapies following a diagnosis of cancer is a significant and growing phenomenon and a substantial and increasing number of supportive and palliative care services in the UK are offering complementary therapies to patients and carers (Richardson and Fox, 2003). Studies have shown that those individuals who are experiencing incurable or terminal conditions (e.g. AIDS and Cancer) are turning to Complementary Therapies for pain relief as opposed to more conventional means of health care. The survey also illustrated that among those using unconventional therapies for serious medical conditions, the vast majority (84%) also sought treatment for the same condition from a medical doctor. Furthermore, nearly three in four (72%) did not inform their medical doctor that they were using these therapies as an addition to their conventional treatment. This

finding conveys the element of divide among conventional practitioners and non conventional practitioners and the perceived inferior role of complementary forms of healthcare. This finding can be collaborated with research carried out by Ettorre (2005) 'I am anxious and hope she (Dr. Walsh) doesn't ask me about carbimazole. I can't bear to tell her about the herbal medication'.

Those who use Complementary Therapies as a means of health enhancement and illness prevention, as a stand-alone method or in conjunction with conventional medical treatments include, Post Traumatic Stress Disorder (PTSD) victims which includes Israeli Soldiers, Victims of community violence (such as the Northern Irish 'troubles'), School age children and mainstreaming who suffer behavioral difficulties, those who suffer from migraines, those seeking pain relief, those suffering from stress and those who merely want to benefit from relaxation.

In our daily lives, we may have used CAM without realising we have and many people still rely heavily on natural home remedies as the first stage of first aid. Aloe Vera apparently heals cuts and wounds, zinc for colds and flu's, palmetto for prostate health and glucosamine and chondroitin relieves pain caused by arthritis (Torrey, 2008).

Complementary Therapy provision is currently being used as a tool to achieve tangible improvements in the health and wellbeing of those who have undergone a trauma related illness as a direct or indirect consequence of past conflict in Northern Ireland. As ***'pain management in trauma patients can be challenging because many of the medications have side effects such as nausea and they do not always provide adequate pain relief'*** (Dutton, 2009). Further research carried out by the University of Maryland Medical centre found that emotions effect how patients perceive pain and in particular trauma patients often feel additional stress and loss of control because their injuries come unexpectedly. Hence, those who have undergone a trauma related incident, which consequently has a knock on effect on their health, can benefit from greater options for relaxation and stress relief, which can help pain relief and healing (UMMC, 2009).

USEFULNESS OF COMPLEMENTARY THERAPIES TO THE GENERAL PUBLIC

Despite the fact that many of these therapies have been around for hundreds of years, and are the source of primary health care for 70% of the

world's population, there is very little information available with regards to the effectiveness of them on health: both physical and psychological (Ernst et al, 2006:1).

Nonetheless, complementary therapies can be used to target a specific physical, mental, emotional or spiritual problem, and can be used as a preventative measure for specific health problems. Generally complementary therapies can apparently:

- ◆ Boost the immune system;
- ◆ Help eliminate toxins;
- ◆ Help relieve pain;
- ◆ Improve circulation;
- ◆ Improve sleep patterns;
- ◆ Increase energy levels;
- ◆ Induce deep relaxation;
- ◆ Reduce stress and tension; and
- ◆ Restore balance to body systems

(Coudounas, 2009)

Participation in Complementary Therapies is increasingly rising and is currently being used to relieve pain, and symptoms in:

- ◆ Cancer pain in adults;
- ◆ Spectrum disorder;
- ◆ Chronic Fatigue Syndrome;
- ◆ Attention-deficit hyperactivity disorder (ADHD) in children;
- ◆ Atticism;
- ◆ Hepatitis B Virus Infection;
- ◆ Rehabilitation of traumatic brain injury; and
- ◆ Motion sickness

(DHSSPS, 2008)

Even with this, studies and national surveys are not straightforward resulting in the rate of efficiency being difficult to judge (Sharma, 1995:11). Each individual experience of complementary therapies differs making generalisations difficult to ascertain or quantify.

A recent review undertaken by the Cochrane Collaboration studied literature on acupuncture for tension headaches and analysed the findings

from a number of randomised trials (Birch et al, 2004). Adding to this, the review does not suggest that acupuncture is better than medicine at treating attacks, and there is limited evidence comparing acupuncture to preventive medicines (Linde et al, 2009). There was a general consensus that acupuncture appeared to be effective for dental pain, nausea and vomiting and chemotherapy related nausea and vomiting. Additionally, results were deemed positive for migraine, low back pain and temporomandibular disorders (Birch et al, 2004).

Many people today stop orthodox treatment to take the alternative path in a hope to enhance their health. Particular research has shown that herbal medication improved the symptoms of the condition, thyrotoxicosis while traditional medication conveyed no significant impact. For one particular individual, this fuelled the decision to **'take the healing journey'** (Ettore, 2005) where she continued with her natural remedy for her illness and started yoga to ease her frozen shoulder. This also proved to be a success. **'Immediately after the class, I notice my pulse goes down'** (Ettore, 2005).

The Department of Health, Social Services and Public Safety (DHSSPS) commissioned a year-long pilot scheme in relation to integrating complementary and alternative medicine into existing primary care services in Northern Ireland in a bid to improve the health and wellbeing of the people of Northern Ireland. A number of patients (N=713) were referred to the project by their general practitioner (GP). Those with musculoskeletal and mental health conditions were referred for a range of Complementary therapies including acupuncture, chiropractic, osteopathy, homeopathy, reflexology, aromatherapy and massage (Mc Dade 2008:1). The report used MYMOP (Measure Yourself Medical Outcome Profile) as a measurement tool to assess the efficiency of Complementary Therapies on people's health which outlined significant improvements on each of the health outcome indicators measured i.e. the severity of patient symptoms, the level of patient activity associated with their symptoms and overall patient wellbeing. Of those consulted, 81% noted an improvement in their physical health, with slightly less (79%) reporting an improvement in their mental health. Complementary practitioners perceived there to be a 77% improvement in their patients' health including, pain relief, improved quality of life, improved mobility, stress relief and emotional wellbeing (Mc Dade, 2008). However, they did recognise existing gaps in terms of GP awareness and understanding of Complementary Therapies and linking particular therapies to health conditions. Affordability and poor

communication were identified as the main barriers in relation to the successful deliverance and integration of Complementary Therapies within primary practices.

The results of the study found that participation in Complementary Therapies can offer significant health improvements to NHS Patients (Armstrong, 2008:1). People receiving acupuncture treatment reported over a third improvement in their health and wellbeing. Overall the study illustrated that complementary therapies improve health and additionally save money. Various organisations such as Northern Ireland for Trauma and Transformation and Survivors of Trauma established to support people who have been affected by the troubles in Northern Ireland have incorporated complementary therapies into their services as a means of health enhancement: both physically and psychologically.

Despite popularity within the field of complementary therapies and associated high numbers of personal testimonies of its efficiency, firm scientific evidence that the interventions work remains elusive. (Treweek and Heller, 1990).

CHARACTERISTICS OF COMPLEMENTARY THERAPIES

Complementary therapies conjure up different meanings and perceptions to varying individuals and social groups. The term '**holistic**' is often used in conjunction with complementary medicine. This refers to the therapist treating the client's whole body as opposed to merely concentrating on one area. However, it has been argued that orthodox medicine is moving towards being more holistic and person centered which shows a possible hope for the future in terms of integration between conventional health care and alternative health care.

A term also used to describe complementary medicine is '**natural**'. The human body is seen as having the natural ability to repair itself and so therapies help this process along' (Treweek and Heller, 1990). Nonetheless, this can be scrutinised namely with regards to some therapies not being as 'natural' as anticipated. (E.g. acupuncture which involves needles being put into the body which some may describe as being extremely natural).

Complementary therapists adapt a **client centred approach**. Sharma suggests that clients ***‘feel empowered and informed by therapists with greater control and the choice of treatments’*** (Taylor and Field, 1993).

COMPLEMENTARY THERAPIES WITHIN CONTEXT OF NORTHERN IRELAND

The Northern Ireland Life and Times Survey¹ (2005) found the use of therapies such as reflexology, acupuncture and herbal medicines was increasing. It found using such therapies was especially strong among women aged between 35 and 54. Professor Suzanne McDonough said the findings provide a valuable backdrop to encouraging integrated medicine. She said 29% of people interviewed had received some form of complementary and alternative medicine over the previous 12 months, with a very wide range of therapies being used. "Compared to previous surveys in the UK there is an increasing use of CAM, with over 75% still being provided outside the National Health Service, indicating that the general population is willing to pay for these treatments," she said. She said evidence suggested that integrated medicine - medicine in which conventional and CAM approaches are combined - is more cost-effective than conventional medicine alone. The survey reported that the most-used therapies, in order, were aromatherapy, reflexology, massage therapy, acupuncture, chiropractic, herbal medicine and relaxation. Common health problems were musculoskeletal, stress, women's health and mental health issues such as anxiety and depression. In terms of how effective the treatment was, 74% of respondents who had received acupuncture thought it was definitely or probably very helpful; the least confidence was shown in aromatherapy in that 17% said it was probably or definitely not helpful.

Health Minister Michael McGimpsey² (2007) acknowledged the role complementary therapies have to play in improving people's health. The Minister outlined, "Improving the health and well-being of our people is my paramount concern.

"We have a wonderfully diverse health and social care system here, not least because of our patient-centred approach to meeting need. This diversity is one of its main strengths, and complementary medicine has a role to play. "There is a great deal of excellent work taking place across the province where CAM and mainstream services are already working hand in hand, making a significant contribution to improving people's health." "The opportunity to

¹ http://news.bbc.co.uk/1/hi/northern_ireland/6380745.stm Last Updated: Wednesday, 21 February 2007, 07:05 GMT

² <http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dhssps/news-dhssps-october-2007/news-dhssps-101007-minister-acknowledges-role.htm>

avail of different therapies provides both GPs and their patients with access to the widest choice of healthcare provision. I look forward to seeing the results of the independent evaluation of the CAM pilot next spring.

An extraordinary use of complementary therapies (and with special reference to Northern Ireland) is those individuals who have suffered trauma as part of past community conflict. Literature explores the role therapies play in helping people recover from trauma. With regards to Complementary Therapies and their efficiency in Northern Ireland, involving individuals who have suffered a traumatic experience relating to the ‘troubles’ in Northern Ireland, the literature is less extensive. Nonetheless, there is a considerable base of support for the use of complementary therapies within the victims sector (Dillenburger, 2007; SRC, 2009), and a high level of strategic fit with provision of health and social services. Dillenburger (2008) found that people who have been exposed to community violence and related traumatic life-events often require help in coping with the effects of these experiences. This includes therapeutic help in the form of complementary therapies (Dillenburger, 2008)

Similarly, research carried out by Kunz and Kunz (2008) illustrated that reflexology has a positive effect on post traumatic stress disorder (PTSD) as well as its common symptoms. ***‘With numbers of PTSD victims rising, the benefits of reflexology could be wide spread around the world and among individuals of all ages’*** (Kunz and Kunz, 2008). Nonetheless, as each individual case and experience differs it is difficult to make generalisations.

PTSD involves the idea that the cause of the illness are outside the individual’s control i.e. traumatic event rather than the inherent weakness of the individual. The key to understanding the clinical expression of PTSD is the concept of ‘trauma’ (Friedman, 1997). Common symptoms of PTSD include depression, insomnia and anxiety. Researchers found that reflexology works as well as befriending services, and were significantly related to improvements for PTSD victims of community violence in Northern Ireland. A longitudinal study was carried out over a twelve month period (N=75) which followed the progress of service users in relation to this specific user group and the results outlined that some complementary therapies (namely reflexology) were significantly related to health improvements (Dillenburger et al, 2007).

Huge resources have and are being used in the Victims and Survivors sector in Northern Ireland by incorporating complementary therapies, into the healing process, with the objective to help relieve symptoms of trauma related illnesses as a direct result of past conflict. Taylor and Field (1993) credit Self Help Groups for their importance in their role by offering practical help and information and this includes providing complementary therapies to their members.

Regardless of these resources being used, insufficient research has been carried out in relation to how effective complementary therapies.

COMPLEMENTARY THERAPIES AND TRAUMA

As outlined above, minimal research has been carried out with regards to the effectiveness of complementary therapies on trauma patients' health and well-being, despite the high levels of uptake. Emotional trauma contains three common elements: it was unexpected, the person was unprepared and there was nothing the person could do to prevent it from happening (Healing Resources Info, 2009). Trauma involves physical, emotional and mental symptoms. Thus in fitting with published material, it would appear apparent that complementary therapies would prove greatly beneficial to those service users.

REGULATION OF CAM

With increasing numbers of people using complementary or alternative medicine to alleviate particular illnesses or symptoms, it has called into question the authenticity of the industry and attempts have been made to regulate it. The government has a legal, moral and ethical duty to protect people from harm which should include all medicine-related potential harm/risk.

There appears to be a gap between those individuals who say they have benefited from non-invasive complementary therapies and those who have questioned the authenticity in relation to the unregulated nature of the industry and therefore suggesting it is difficult to assess health benefits.

Regulation is in its early stages with Complementary and Alternative Medicine. Nonetheless attempts are being made. The UK's first regulator for complementary medicine aimed to set rigid guidelines in place in order to decrease the number of illegitimate therapists (Trigg, 2009). The main intention is focused around operating a register of authentic practitioners

with appropriate qualifications, training and experience in place. Additionally, they will be required to abide by a code of conduct and show they have insurance in place. With over 150, 000 complementary medicine therapist working in the UK, it has been proposed that between half and two thirds of them would make it on to the register which would allow them to use the regulator logo on literature and display in shops (Triggle, 2009). The Belfast Health and Social Care Trust Complementary Therapy Service have established a regulation body, the Complementary and Natural Healthcare Council (CNHC, 2009) whose key function is to enhance public protection, by setting standards for registration with CNHC. Over time the general public and those who commission the services of complementary healthcare practitioners will be able to choose with confidence, by looking for the CNHC quality mark. However, there has been criticism namely in relation to regulator not having any mandatory powers and not looking at the efficacy of the therapies.

Additionally, The Prince of Wales Foundation for Integrating Health e.g. lobbies for regulating the CAM professionals in the UK. *‘Regulation is first and foremost about protecting patients’* (Fox, 2009) These national guidelines have been drawn up for the use of managers, health professionals and others responsible for the development of complementary therapy services in supportive and palliative care with the aims of encouraging good practice and enabling the development of high quality services. They bring together different issues and questions that organisations face when considering the development of complementary therapy services. The focus is mainly on cancer.

At present, there is no statutory regulation of practitioners who offer acupuncture in the UK. A consultation, launched by the Department of Health (August, 2009) sought views on whether a regulatory system should be established to govern the practice of acupuncture. The three Health Ministers for Wales, Scotland and Northern Ireland, have agreed that this consultation should be UK-wide. This consultation was supported by the British Acupuncture Council.

‘This consultation will help us find the best and most appropriate ways of assuring that those who choose to receive acupuncture can be reassured that those practitioners meet professional standards of care and safety’

(Keen, 2009)

CONCLUSION

The literature illustrates definite uses in complementary therapies on people's physical and psychological health; both quantitative and qualitative in nature. Participation in therapies is used for a multitude of reasons, extending specifically to those who suffer ill health as a direct consequence of the Northern Irish conflict, with a large number of people suffering from PTSD. Nonetheless, the research carried in this field is insufficient and under developed to generalise findings.

'The doctor of the future will give no medicine but will interest his patient in the care of the human frame, in diet, in the cause, in the prevention of disease'

(Thomas, 2008)

Natural therapies ***'are both a way of life and a concept of healing employing various natural means of preventing and treating human disease'***

(Murray and Pizzoreno, 1995)

3. APPROACH TO THE METHODOLOGY

The purpose of all activities outlined in this section is the need to ascertain the impact Complementary Therapies have on people's physical and psychological health and well-being. The focus will predominately be on victims and survivors of the conflict in Northern Ireland and who have suffered ill health as a direct consequence of this. The study will be based in action research to examine the following areas in relation to:

- ♦ Rationale for the participation in Complementary Therapies;
- ♦ Compare and Contrast the types of therapies available and their desired outcomes;
- ♦ Explore the effects of Trauma on peoples' lives ;
- ♦ Examine the views of the therapists in relation to the effects of different therapies on Trauma related illness;
- ♦ Identify the needs that are currently being met by participation Complementary Therapies; and
- ♦ Explore the perceived gaps in provision of Complementary Therapies in relation to trauma related illness;

PILOT STUDY

A pilot study was conducted prior to the overall research study which illustrated which complementary therapies should form the basis of the research. It was decided at this point the four main complementary therapies being analysed are, Aromatherapy, Reflexology, Massage and Acupuncture as all four groups offered these therapies to their members with a high uptake. Other therapies such as Yoga, Reiki, Hopi Ear Candles, and Hot Stone Therapy are also used within the groups although there is a much lower uptake of service users. The pilot study also tested the research

instruments with regards to their reliability. These are outlined categorically below:

RELIABILITY & VALIDITY

The reliability of a measure is the extent to which it is free from random error components. The validity of an instrument refers to the degree to which an instrument measures what it is supposed to be measuring. The Quality of Life instrument (adapted from the FAMS instrument) has reported high concurrent, construct and criterion-related validity and reliability with an overall Crombach Alpha of .78.

Area of Measurement	Crombach Alpha Score
Physical Symptoms	.806
Emotional Wellbeing	.815
General Contentment	.728

Similarly the Trauma Measurement Tool (adapted from DSM-IV-TR criteria associated with Post Traumatic Stress Disorder- American Psychiatric Association, 2002) has reported high concurrent, construct and criterion-related validity and reliability with an overall Crombach Alpha of .937.

The normal range of values is between 0.00 and +1.00, with higher values reflecting a higher degree of internal consistency. It is widely accepted by researchers that a Crombach Alpha of 0.60 is an acceptable level of reliability (Polit and Hungler, 1995). It should also be noted that acceptable reliability factors as computed by Crombach Alpha would suggest an acceptable validity factor.

QUANTITATIVE & QUALITATIVE ANALYSIS

Quantitative Data Analysis for Statistical data will use SPSS³, which enables analysis of questionnaire findings through frequency distribution and cross tabulation techniques. The use of SPSS also enables reliability testing of the questionnaire.

Qualitative Data Analysis for Thematic content and trends analysis will use a clustering technique, whereby similar comments are placed together to form a common theme. Sampling and data gathering will continue until saturation point is reached, i.e. until no new themes emerge from the data.

RESEARCH LOCATION

The Research Location in this study is Omagh, Co Tyrone, Lisnaskea, Co Fermanagh and Belfast, Northern Ireland.

RESEARCH DESIGN

The research will form a triangulation approach (or as described by Boyd (2001) ***‘the use of more than one research method in a single study.*** An ‘across method’ was adapted where qualitative and quantitative methods of data collection were used. This is proposed to be most appropriate approach given the small number of participants involved in the study, enabling more detailed and rich data to be produced.

The study will assess the impact of complementary therapies on participants’ health and wellbeing by measuring quality of life before and after participation in a course of therapies and also by probing participants’ experiences, beliefs and perceptions of the contextual and theoretical debates explored in chapters one and two. This section will discuss the methodology applied and its suitability to meeting the requirements of this study, and it will argue that group discussions provide an arena within which academic theoretical frameworks can be probed by the researcher in relation to the everyday lived experiences of participants.

A micro-analytical approach will be employed which gives a ‘voice’ to this self-described marginalised social group. The research focus is explicitly rooted in their experiences and the context of their everyday lives, therefore the method must facilitate such a bottom up analysis. For this reason qualitative and quantitative methods were used to produce data in

³ SPSS - Statistical Package for Social Scientists – a statistical and data management package for analysts and researchers and regarded as one of the leading statistical analysis packages within Social Sciences

the form of detailed accounts or, in Clifford Geertz's terms, '**thick description**' (1972). Where, the quantitative data provided trends and facts, the qualitative data offered explanations for the previous. In doing so, the research adheres to Glaser and Strauss's Grounded Theory (1968) any theoretical insights or conclusions emerge from the lived experience of participants; the project foregrounds data as the source of the theory.

FOCUS GROUPS

Furthermore the method of focus groups is advocated by Herbert Blumer as an exemplary technique of grounded theory, '**... a discussion group is a more valuable many times over than a representative sample. Such a group discussing collectively their sphere of life and probing as they meet disagreements, will do more to lift the veil covering the sphere of life than any other device that I know of**' (1969:41).

More significantly, focus groups offer particular advantages over interviews in terms of this study. Firstly, as Kreuger (2003) argues, focus groups provide marginalised groups with a platform to express themselves freely. Having the security of being amongst peers with similar views may generate a more open discussion. Secondly, as Morgan (1993) asserts, focus groups are especially advantageous when investigating complex situations and attitudes. As each participant prompts other group members into discussing their particular views the dynamics of focus groups stimulate reflection and can produce more perceptive insights from each participant than they might have produced without the benefits of group interaction.

Despite the advantages of focus groups in meeting the objectives of this research, their limitations must also be recognised in order to build defences into the design. Firstly, group dynamics may obscure important individual differences of opinion and experience that might more easily be accessed in individual interviews. However, awareness and preparation on the part of the researcher helps to minimise negative in-group dynamics. Advice for researchers is covered extensively in Kreuger and Casey (2000). They assert that moderating involves three rudimentary elements, firstly facilitating interactions of the participants with each other, secondly, to 'people manage' in that s/he is required to encourage quiet participants and discourage those who might takeover thirdly to balance the discussion, keeping it relevant without impeding themes that might emerge, so to control without interference.

The researcher will adhere to this advice establishing rapport with participants, using effective prompts to facilitate group discussion and essentially encouraging group members to *interact with each other*, which Morgan (1988:12) asserts is the hallmark of focus groups.

QUESTIONNAIRES

The purpose of the questionnaire is three-fold:

- ◆ To provide statistical evidence that would support and enhance qualitative responses and experiences;
- ◆ To provide a basis against which trends and common issues could be assessed against key demographics;
- ◆ To provide an alternative medium by which those participants who did not wish to, or feel able to voice their experiences within the surroundings of a personal focus group situation could still participate and make their views known.⁴

RESEARCH STUDY

There are a number of key activities, which comprise this stage of the study, set out below.

LITERATURE REVIEW & DESK BASED RESEARCH

The purpose of the Literature Review was to examine the evidence base in relation to the deliverance of Complementary Therapies to people suffering ill health in particular trauma, and any issues surrounding this including, the regulation of therapists and how it fits in with the social context of health generally, illustrating controversy and conflicting views regarding their efficiency, ranging from professionals to service users. By carrying out a literature review, problems in conducting similar research can be identified as well as how successful particular methods employed were. Additionally, examining the literature allows researchers to identify theories in relation to the topic area. There are a number of key areas which form the basis of the Literature Review, including:

⁴ There are a number of reasons why this may occur. For example, self-esteem may be low or the individual may suffer with poor health, for security reasons they may not wish to be identified outside of the support group to which they are connected.

- ◆ Profiling service users: demographics, characteristics, and issues;
- ◆ The various types of Complementary Therapies available;
- ◆ The efficiency of therapies on peoples' health in relation to published research both the general public and in the context of Northern Ireland;
- ◆ Sociological theories offering explanations of complementary therapies and health; and
- ◆ Social and cultural constructs of health.

The findings from the Literature were examined against National and International evidence, compiling of general health problems and more specifically ill health as a direct result of the Northern Ireland 'Troubles' to generate a comprehensive representation of the efficiency of complementary therapies and the best means of addressing gaps in service provision within the victims' sector and ascertain 'value for money' outcomes.

CONSULTATIONS WITH SERVICE USERS

As stated previously, one of the objectives of the Literature Review and desk-based research is to provide the foundation on which consultation can be undertaken with complementary therapy service users and therapists in the victim' sector in Northern Ireland . It was proposed that the service user consultations take place through two formats: individual semi-structured interviews using questionnaires, measuring the extent of trauma, pre and post participation in complementary therapies as well as background information and biographical details and focus group discussions. Fifteen service users were consulted from four Victims' Groups to bring the total number of participants consulted to sixty.

Questionnaires were developed based on findings from the literature, to identify which issues are of most relevance and concern to service users of complementary therapies, in particular those who have suffered trauma as a result of the Northern Ireland 'Troubles'; Physical and/or Psychological and how best to address such issues (Appendix II). It was important that questionnaires were user friendly to ensure accuracy and avoid misinterpretation, therefore aiming to increase validity and reliability. It was also important that the opportunity for further elaboration was used to its optimum advantage, and so open-ended questions were included to

allow for more freeform responses and thus adhere to the Grounded Theory.

TOTAL NUMBER OF SERVICE USERS WHO COMPLETED QUESTIONNAIRE = 60

The Quality of Life section of the service user questionnaire was adapted from a measurement tool which measures quality of life of M.S

Diagnostic Criteria for PTSD Assessment

Re-experiencing of the traumatic event

- ◆ Flashbacks, nightmares, intrusive memories;
- ◆ Nervousness, anxiety;
- ◆ An overwhelming sense of injustice;
- ◆ Guilt

Avoidance & Numbing of General Responsiveness

- ◆ Avoidance of anything that may trigger memories;
- ◆ Depression;
- ◆ Fatigue;
- ◆ Feelings of detachment from others;
- ◆ Joint pains, muscle pains;
- ◆ Less interest or participation in social activities;
- ◆ Loss of ambition;
- ◆ Memory loss
- ◆ Physical numbness

Symptoms of Increasing Arousal

- ◆ Angry or violent outbursts;
- ◆ Difficulty falling or staying asleep;
- ◆ Hypervigilance (feels like, but is not paranoia);
- ◆ Poor concentration

patients, which incorporated the questions that apply directly to those individuals who have suffered health problems due to a trauma related incident. Participants rate their symptoms related to physical, emotional wellbeing and general contentment on a 5-point Likert-type scale. Scores can range from 0 (have many troubles relating to quality of life) to 176 (do not report to having any problems related to quality of life).

Additionally, based on

previous research carried out in relation to Victims of the conflict, it is considered useful to generate some indication of the level of psychological trauma suffered by Victims in the estimation of their self assessment. From this perspective, service users were asked to identify (on a liker based scale of Often, Sometimes and Seldom/Never) whether they had experienced or displayed any of the key DSM-IV-TR criteria associated with PTSD (American Psychiatric Association, 2002) outlined left.

TOTAL NUMBER OF SERVICE USERS WHO COMPLETED PRE & POST QUESTIONNAIRE = 40

The research process also included four focus group discussions to add value to the research findings and probe any underlying issues that may not have been found from the questionnaire findings. Focus groups discussions allowed for further discussion and debate around key areas, and four focus groups are to be held with service users: two urban groups, Survivors of Trauma (Belfast), and Ballymurphy and two rural groups, SEFF and OSSHG. This will allow for comparisons to be made against rural and urban usage and relating issues. Four groups of eight participants are considered to achieve saturation with little new information emerging (Zeller, 1993).

TOTAL NUMBER OF SERVICE USERS PARTICIPATED IN FOCUS GROUP DISCUSSIONS = 30

CONSULTATIONS WITH THERAPISTS

Semi structured interviews of therapists were undertaken to establish their views and perceptions on the relationship between complementary therapies and health and wellbeing (Appendix ??). All stated previously, questionnaires were based on the findings of the literature review, in terms of what patterns, themes and theories emerged.

TOTAL NUMBER OF THERAPISTS CONSULTED=20

CONSULTATIONS WITH KEY STAKEHOLDERS

Semi structured interviews were carried out with key stakeholders to establish their views and perceptions on the relationship between complementary therapies and health and wellbeing (Appendix ??).

TOTAL NUMBER OF STAKEHOLDERS CONSULTED= 3

DATA COLLECTION AND ANALYSIS

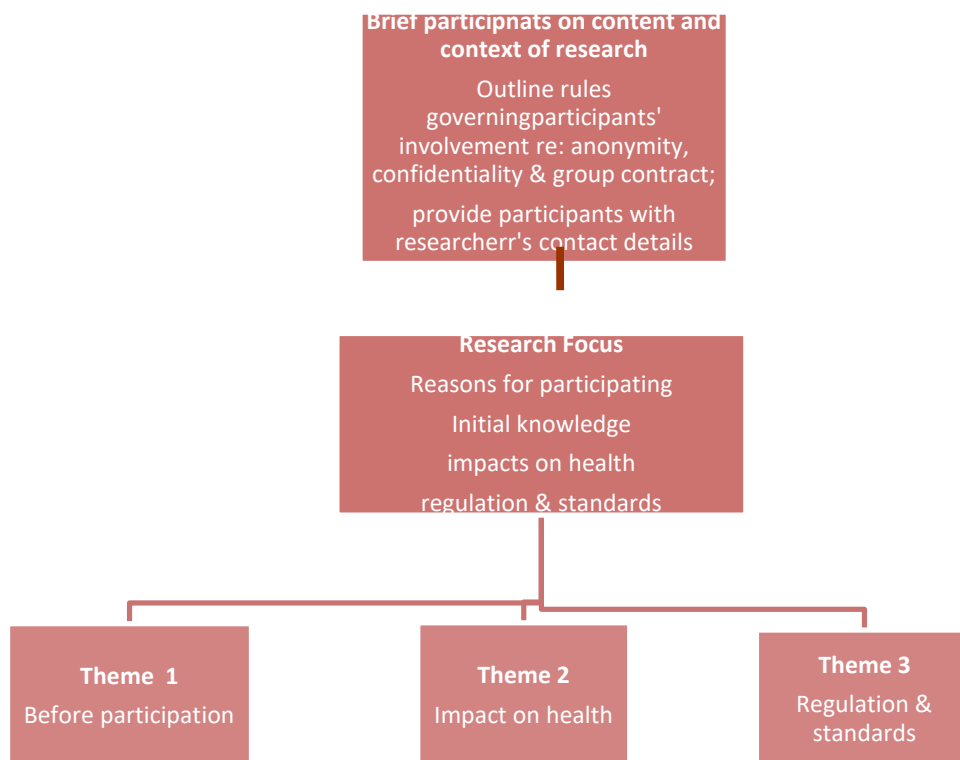
Two one hour discussion groups of eight service users were conducted, as Zeller (1993) asserts, four groups achieves 'saturation' when little new information emerges after the first few groups.

Kreuger (1993) stresses analysis should start with the central concerns of the study; therefore discussions were focused around the three interrelated research themes specified in the abstract:

- 1. Initial decision to take the holistic route
- 2. Health impacts

- 3. Regulation & Training

Table showing segmentation of research questions into themes



The researcher employed a systematic process of capturing and handling data, all electronically recorded to ensure reconstruction was exact. The researcher ensured every detail. The data was coded: in following a systematic process the researcher adhered to Kreuger (1993) assertions that the above steps ensure the data is verifiable, in that other researchers would come to similar conclusions if they used the same raw data. (Appendix IV)

After transcribing the researcher read the transcriptions identifying ideas, themes or phenomena each was coded, (given a label) as it arose. When the item reappeared the label was again applied, this process was followed across all transcripts. The researcher was careful to identify any item only once per participant. This process is known as 'axial encoding' (Strauss and Corbin 1990:61), it allows the researcher to fracture the data and to re-assemble it in new ways. For example the researcher was able to identify the percentage of participants who mentioned particular views,

perceptions, and relating emotions regarding the relationship between complementary therapies and trauma. Therefore all themes emerge from the service users' social experiences, and essentially, the data analysis follows the principles of grounded theory as the project contends.

All questionnaire data will be analysed using the Statistical Package for Social Services (SPSS), with reliability and validity of reporting measured using the Crombach Alpha technique. SPSS output will be reported in relation to frequency of response, with standard deviation and mean scores reported where appropriate, and cross-tabulation against key demographics carried out where relevant. Open ended responses of a qualitative nature, will be entered analysed using systematic coding

Focus group discussions and interviews will be fully transcribed and verified for accuracy, with qualitative feedback clustered and reported thematically using systematic coding.

There will be pre and post testing through the use of quality of life measurement questionnaires in order to assess the usefulness of participation in complementary and alternative medicine on service users' (i.e. those who have undergone ill health as a direct consequence of the Northern Ireland 'Troubles'. health via measuring overall quality of life before and after participation in such therapies. Although the literature includes individuals with general health difficulties, the focus of the research project will predominately be on who have suffered trauma as a result of the conflict in Northern Ireland

SAMPLING

Purposeful sampling will be employed in this research study where certain characteristics were needed. These were individuals who have experienced a trauma related illness as a result of witnessing a traumatic event in relation to the 'troubles' of Northern Ireland and who were about to embark on a course of complementary treatments.

Under 18's will purposefully be excluded from the study due to vulnerability issues, particularly in relation to those who have health difficulties as a result of terrorism in Northern Ireland. The target population is those people using therapies including both as treatments used in addition to conventional therapies and instead of conventional methods, with the hope of enhancing their health. By using purposeful sampling as the basis for recruiting participants the researcher is able to sample key individuals within local communities, i.e individuals in

established organisations. These individuals are judged by the researcher to hold specific knowledge in relation to the research question.

ETHICAL CONSIDERATIONS

Ethical clearance was gained from the University of Liverpool Ethic's Board (Appendix V) and is in accordance to the conditions. It must be noted that the research direction was changed from the initial intended approach, but this was agreed and is in accordance to the University ethical code of conduct.

The following measures will be implemented to protect the dignity, rights, safety and well-being of all those engaged in this piece of work:

CONSENT OF RESEARCH PARTICIPANTS

As noted previously, it is proposed that young fathers be approached through the medium of participating groups/organisations whereby there is an existing commitment. Participants were provided with a letter of explanation (Appendix I) about the project together with a stamped addressed envelope to return a signed consent forms (Appendix I) in order that the research team can secure permission for contact details to be released in order to preserve confidentiality. In this way the research team could make direct contact with service users at the second stage of the research process.

OPTION TO PROCEED

The research team will explain fully, and in terms meaningful to all potential consultees, what the research is about in order to ensure that they are fully informed before deciding whether or not to proceed with the consultation. Consultees will be made aware of their right to refuse participation or withdraw from the consultation process whenever and for whatever reason they wish and without prejudice.

CONFIDENTIALITY OF RESPONSES

Confidentiality and anonymity of all participants and documentation relating to the study will be respected throughout research process. In relation to interviews and focus groups, anonymous data i.e. data that does not identify the person to whom it relates, will be used throughout the

evaluation process and in the final report. No identifying information will be recorded on feedback documentation and contact details for individuals gained will be destroyed as soon as the final report is published.

RISK INVOLVED

Minimal risk is defined as "where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or test".

With this above definition in mind, the study will have more beneficial learning outcomes than potential risks. With qualified staff in the organisations involved, if any issues from the focus groups discussions in particular the two groups who have experienced trauma related illnesses in Northern Ireland they will be dealt with in a professional manner. The event of re-traumatisation is possible for some of these potential participants but professional help will be at immediate hand to deal with this in a controlled environment.

To ensure best practice is followed, the following will occur:

- ◆ Participants are anonymous;
- ◆ Participants are NOT deceived;
- ◆ Participants are adults, aged 18 years or older;
- ◆ Participants are NOT cognitively or emotionally impaired;
- ◆ The procedure does NOT involve any experimental manipulation or include the presentation of any stimulus other than question-asking;
- ◆ The procedure does NOT involve access to participants' private records, even if they are de-identified; and
- ◆ The procedure does NOT involve any harm, distress or discomfort to the participant.

Research involving materials (data, documents, records, voice, digital, recordings will be collected solely for research purposes. This will include interview and focus group transcribes, voice recordings. All data will be stored in a secured filing cabinet and a password operated computer, which I will have access to only. Participants will be debriefed and data will remain confidential.

Recruitment of participants will be based on informed consent. Informed consent means ***‘the knowing consent of individuals to participate as an exercise of their choice, free from any element of fraud, deceit, duress, or similar unfair inducement or manipulation’*** (Berg, 1998:47). Potential participants will be identified and sent an invitation letter and information sheet that explains, in detail, the nature of the study and value of their involvement. This will be followed by a phone call, which again will offer information and answer any questions. Fully informed written consent will then be sought. Potential consultees will be made aware of their right to refuse participation or withdraw from the consultation process whenever or for whatever reason they wish and without prejudice. Clients which are selected are based in organisations where sufficient support is already in place, i.e. professional counselors and trained advice workers.

As victims and survivors of the Northern Irish conflict will form the piece of research, there may be potential re-traumatic experiences re-lived through the focus group discussions. However, because participants will be members of established organisations there will be professional support networks in place.

Beneficiaries will be informed of the outcomes of the study and will be given feedback. This will ensure they feel valued in the research process and illustrate that they have given an input.

Results/outcomes of the study will hopefully benefit others, the larger community and society, as well as the a value for money analysis so that funding in the Victims’ sector is used in the most productive and beneficial way. The study does not involve any significant risks and if any issues do arise, there are fully trained and qualified counsellors in the organisations. The learning outcomes of the study will outweigh potential risks as it will give an insight into what therapies offer those with health difficulties.

4. REGULATION OF COMPLEMENTARY THERAPIES

QUALIFICATIONS AND COMPLEMENTARY THERAPIES

Different qualifications are grouped together into various levels. This allows qualifications to be compared and see how one type leads on to another. These levels are contained in qualifications frameworks (i.e. National Qualifications Framework and Qualifications and Credit Framework) (Direct Gov, 2009).

NVQ stands for National Vocational Qualification. It is a 'competence-based' qualification: this means practical, work-related tasks are designed to help individuals develop the skills and knowledge to do a job effectively. NVQs are based on national standards for various occupations. The standards say what a competent person in a job could be expected to do. As individuals progress through the course, they compare your skills and knowledge with these standards as they learn. Taking an NVQ could be appropriate if individuals already have skills and want to improve them, or if they are starting from the beginning. NVQs are at levels 1 to 5 on the National Qualifications Framework. The framework shows how different types of qualifications compare, in terms of the demands they place on learners. NVQ's are available in Schools, Colleges and Work-Based Learning Centres. The table below outlines the National Qualifications Framework:

Level	Vocational Qualifications Work-Related	Academic Qualifications Work- Based	Academic Qualifications
1		NVQ 1	GCSE Grades D-G
2	BTEC First Diploma	NVQ 2	GCSE Grades A*-C
3	BTEC National Diploma	NVQ 3	A Levels
4	BTEC Professional Diplomas	NVQ 4	
5	BTEC HND (Higher National Diploma)	NVQ 5	Intermediate Diplomas of

Diplomas are awarded to therapists who carry out various courses in relation to complementary therapy practice. There are varying degrees of levels in which Award Certificates are given to the therapists upon completion of a successful course. Diplomas offer the entitlement of using the letters, SAC DIP after your name. A national diploma is the highest and is a full time two year course. An NVQ, (depending on the level) can be done in as little as six weeks.

Once candidates have achieved the ITEC Level 2 Complementary and Alternative Therapies they may progress on to other ITEC or equivalent awards at level 3 which is the Practitioner level (Education & Media Service Ltd, 2008).

FINDINGS FROM PILOT STUDY

Although all therapists consulted (N= 9) did report qualification attainment in relation to complementary therapies, qualifications varied among therapists' responses. Hence there was no uniformity present in relation to this pilot study. From therapist feedback there appear to be different levels of training and certified qualifications with regards to their profession as holistic therapists. Assuming accuracy of respondents' responses, the majority of qualifications currently obtained by the therapists that were consulted, are Diplomas of the various therapies (50% of overall qualifications). 18% of the reported qualifications were certificate based and assuming they are Level 3 (in relation to the literature). Of those who specified a level 3 diploma, there were 10% of the overall qualifications. NVQ level 3 held 3% of the overall qualifications reported. However, the majority of respondents reported vaguely with no specification of levels attained. These findings are shown on the table outlined below:

The results were quantified and are outlined in the table illustrated below:

Qualification Gained	Description	Therapy	Number of therapists
NVQ Level 3	National Vocational Qualification	Advanced Aromatherapy	N=1
Diploma (No Level Specified)		Aromatherapy	N=2
		Reflexology	N=4
		Massage	N=5
		Indian Head Massage	N=4
		Hot Stone Therapy	N=4
		Ear & Hand Reflexology	N=1
		Reiki	N=1
		Swedish Body Massage	N=1
		Hopi Ear Candles	N=1
		Acupressure	N=1
VTCT Diploma (No level specified)	Vocational Training Charitable Trust	Indian Head Massage	N=1
		Reflexology	N=1
Level 3		Reflexology	N=1
		Aromatherapy	N=1
		Swedish Body Massage	N=1
Diploma Level 3		Acupuncture	N=1
		Indian Head Massage	N=1
		Aromatherapy	N=1
		Reflexology	N=1
Certificate		Reflexology	N=1
		Advanced Reflexology	N=1
		Massage	N=1
		Indian Head Massage	N=1
		Hot Stone Therapy	N=1
		Swedish Body Massage	N=1
		Hopi Ear Candles	N=1
VAI	Vocational Awards International	Reflexology	N=1
		Indian Head Massage	N=1
		Hopi Ear Candles	N=1
NLP Master Practitioner	Master of Neuro Linguistic Programming		N=1
		Master of Reiki	N=1
Lic Ac	Licensing in Acupuncture	Acupuncture	N=1
Lic Homeopath	Licensing in Homeopath		N=1
			N=1

MCSP	Member of the Chartered Society of Physiotherapists	N=1
Member of CNHC		

The Pilot Study illustrated that further data collection must be carried out in relation to therapist qualifications to provide a more detailed account. This will allow comparisons to be made with published literature and Best Practice concerning Complementary Therapy practice and standards and regulations. It is proposed that Focus Groups will be carried out with therapists to produce more qualitative findings.

The NHS suggests that anyone who is considering undergoing complementary therapy should ask the therapist and or organisation for details of their qualifications and registration. They have published a list of therapies together with required qualifications and registration for Best Practice purposes (outlined below)!

Complementary Therapy	Qualifications & Registration required
Acupuncture	Trained by British Medical Acupuncture Society (BMAS) and registered with BMAS
Aromatherapy	NVQ Level 3 ITEC NVQ Level 3 in Aromatherapy VTCT Level 3 VAI
Massage	Level 3 ITEC Diploma in Holistic Massage VTCT Level 3 Diploma in Body Massage
Reflexology	NVQ Level 3 ITEC NVQ Level 3 in Aromatherapy VTCT Level 3 VAI

(Source: NHS, 2009)

Outlined below is an example of a Basic Level 2 Reflexology Course. This is the beginners' level and thus starting point for therapists of Complementary Therapies. Therapists are then able to progress to more sophisticated and higher standard levels. Level 3 is the level deemed to be Practitioner level.

Course Requirements

There are no previous skills or qualifications required to register for this course. Ideal for total beginners.

Syllabus

Course consists of thirteen units as follows. Assignments are completed after each one.

- ◆ Introduction to reflexology
- ◆ Preparation for treatment
- ◆ Types and effects of treatment techniques
- ◆ Conditions of the feet
- ◆ The applications of reflexology
- ◆ Contraindications to treatment and the healing crisis
- ◆ Evaluation of treatment and aftercare
- ◆ Anatomy and physiology of systems
- ◆ Stress and its effect on the body
- ◆ Health, safety and hygiene
- ◆ Code of practice
- ◆ Current legislation
- ◆ Setting up in business

Every successful student will be awarded the Diploma in Reflexology.

Average completion time is approximately 180 hours overall, although there is no time limit.

INSURANCE

All therapists reported that they currently acquire personal indemnity insurance in their practice. This finding is in keeping with the literature review which outlined that insurance is a necessary criteria for complementary therapists. Specific types of insurance varied among therapist responses, also outlining different values. However each therapist illustrated that their insurance was gained through a chartered and well recognised federation. The general finding obtained from semi-structured questionnaires, was insurance between the values of 1.5 million to 6 million. Responses included:

- ♦ Personal indemnity insurance through the Federation of Holistic Therapists (N=5) One therapists outlined it is 6 million indemnity stock/equipment and third party insurance;
- ♦ Malpractice, Public & Products Liability;
- ♦ Insurance through the Chartered Society of Physiotherapy;
- ♦ Employers and Building Contents Insurance; and
- ♦ Malpractice Premium Insurance
- ♦ Collision indemnity for reflexology;
- ♦ Yearly membership of therapy insurance with 3,000,000 liability;
- ♦ FHT Therapist Insurance;
- ♦ Certificate of Public and Product Liability Insurance NFU Reflexologist, Aromatherapist

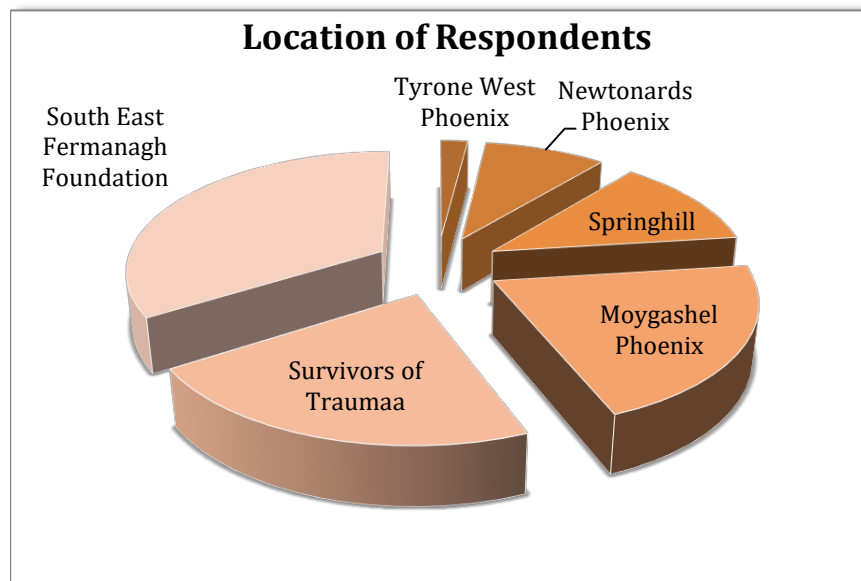
It would appear that therapists' insurance is in line with the national guidelines in relation to regulations set down by The Princes of Wales's Foundation for Integrated Health and the National Council for Hospice and Specialist Palliative Care Services. Nonetheless, with regards national standards, The Belfast Health and Social Care Trust Complementary Therapy Service have established a body known as the Complementary and Natural Healthcare Council (CNHC) whose key function is to enhance public protection, by setting standards for registration with them. This is applicable to therapists practicing Massage, Reflexology and Aromatherapy. Over time, the general public and those who commission the services of complementary healthcare practitioners will be able to choose with confidence, by looking for the CNHC quality mark. Three therapists reported insurance with the Federation of Holistic Therapists (FHT).

5. CONSULTATIONS WITH SERVICE USERS

The information documented in this section outlines data gathered from victims/survivors who have availed of a set of complementary therapies, made up of individual pre and post measurement questionnaires, background information questionnaires as well as focus group discussions. At the time of writing, forty-three completed service user pre and post questionnaires had been returned to the research team (South East Fermanagh Foundation, Survivors of Trauma and Springhill) and seventy-three background questionnaires were returned to the research team. The statistical information was loaded onto SPSS⁵ and analysed accordingly. The qualitative information was analysed using Systematic Coding by identifying significant themes. It should be noted that only valid responses were used in the reporting of the data.

Demographics

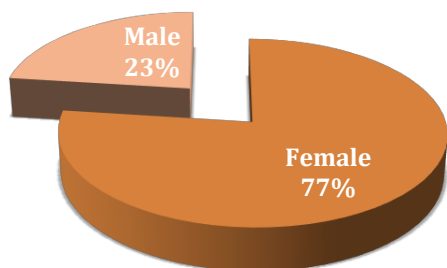
The diagram illustrated right, shows the majority of respondents who participated in this stage of the research are members of the South East Fermanagh Foundation (one in three: 34%). Over one in five are members of Survivors of Trauma (22%) and slightly less members of Moygashel Phoenix Project (21%). Springhill Phoenix is represented by over one in ten respondents (12%) and Moygashel Phoenix slightly less (9%). Tyrone West Phoenix is represented by 2% of respondents.



⁵ Statistical Package for the Social Sciences

Over three in four of respondents were female (77%). This generally reflects traditional gender perceptions whereby existing literature attributes lower uptake of complementary therapies to the 'macho culture'. Many still view this service provision as female orientated. Nonetheless, it must be noted, that groups are experiencing growing numbers of male uptake. Relating to research findings, a focus on awareness raising may result in more males being aware of the benefits.

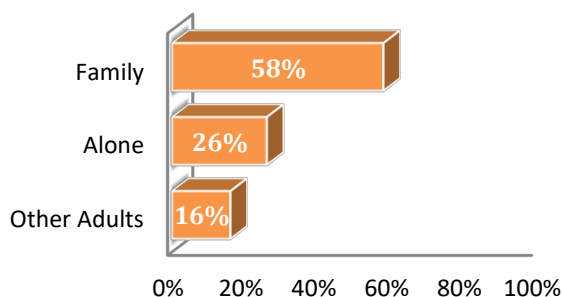
Gender of Respondents



As illustrated right, over half of respondents reported living with family (58%) with over one in five living alone (26%). A further 16% live with other adult.

AGE

Living Arrangements of Respondents

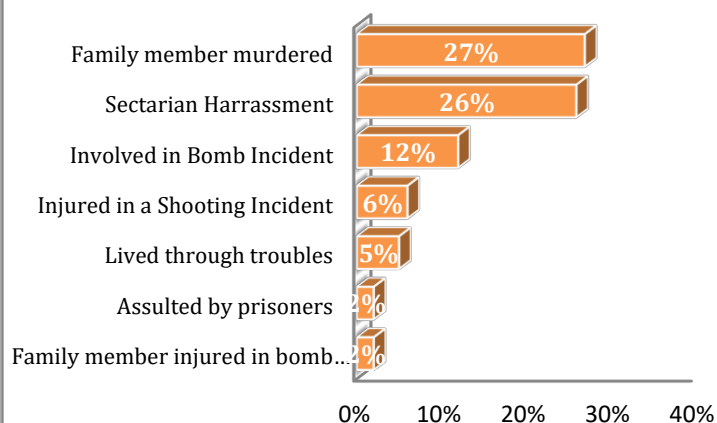


Experiences of Northern Ireland ‘troubles’

Respondents were then asked to outline how they were affected by the Northern

Ireland ‘troubles’. The majority outlined how they were impacted by losing a family member as a direct result of the conflict (27%). Just over one in five highlighted how they were subject of sectarian harassment including vandalism and attacks of home (26%). Over one in five were injured in a bomb (12%) and 6% were injured in a shooting incident. The remaining respondents were affected by living through the ‘troubles’/troubled areas (5%), assaulted by prisoners (2%) and had a family member injured in a bomb (2%).

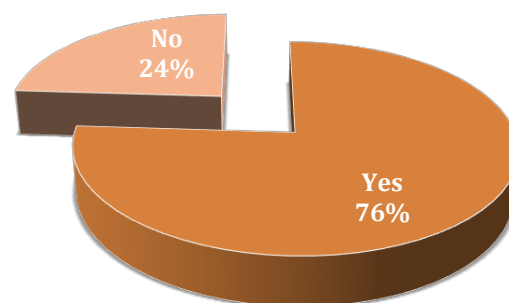
How Respondents were Affected



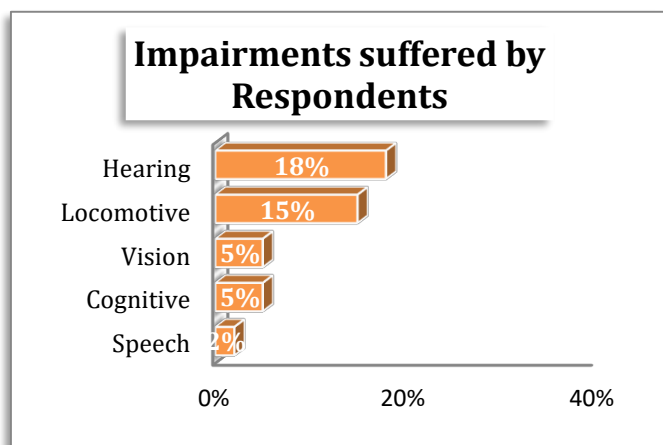
assaulted by prisoners (2%) and had a family member injured in a bomb (2%).

Over three in four of respondents (76%) outlined that they witnessed a traumatic incident which included: aftermaths of attacks related to the Northern Ireland ‘troubles’ such as bomb incidents and shooting incidents, family members injured, family members murdered, riots and assaults.

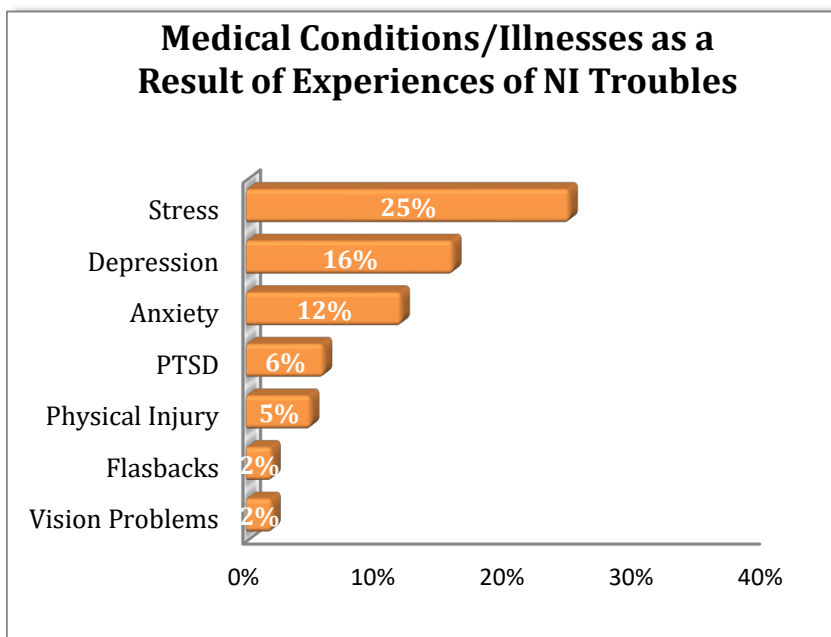
Wittnesses of Traumatic Incidents



Impact of Health



Just under three in four of respondents outlined they experience illness/medical problems as a result of their experiencing through the Northern Ireland 'troubles' (72%). Qualitative findings showed a wide variety of medical problems experienced by respondents with the most common being stress (25%), followed by depression (16%). 12% outlined anxiety problems and 6% recognised signs of PTSD. The remaining respondents have trouble in relation to physical injury (5%), flashbacks (2%) and problems with vision (2%).



Complementary Therapy Experience

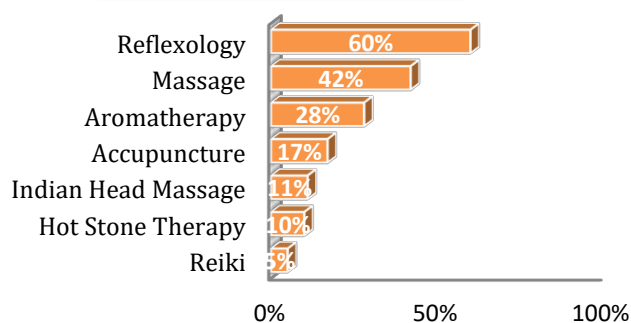
Based on questionnaire feedback, the most common complementary therapy used within the Northern Ireland Victims/Survivors Sector, is Reflexology (60%) followed

by Massage (42%). Just one in four have used Aromatherapy (28%) and slightly less than one in five have availed of Acupuncture (17%). Just over one in ten reported using Indian Head Massage, and one in ten used Hot Stone Therapy (10%). A smaller number of respondents used Reiki (5%). This collaborates with Focus Group feedback in terms of the most prevalent forms of therapies. However, consultation with the Tara Centre illustrated

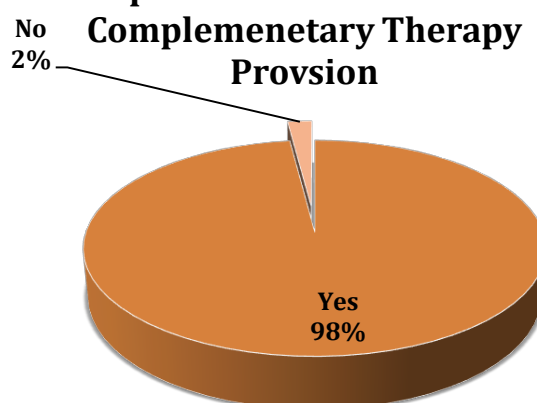
different therapy uptake such as Kinesiology, Bio-Energy and Thought Field Therapy.

Respondents were then asked to outline their satisfaction levels of their Complementary Therapy experience. An exceptional number of respondents highlighted high satisfaction levels with their experience of complementary therapies (98%). Respondents were then given the opportunity to elaborate regarding reasons for their satisfaction. The majority of responses were in relation to the professionalism, skilfulness and overall approach of the therapists.

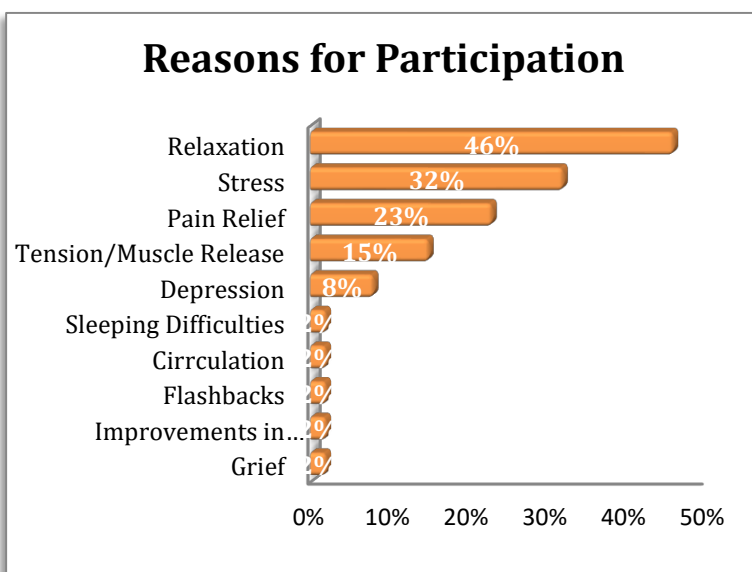
Therapies Used By Respondents



Respondents' Satisfaction of Complementary Therapy Provision



Overall, respondents highlighted how they desired to enhance their health and wellbeing. Based on consultations with service users, the most common reason for experiencing the holistic route is in relation to relaxation (46%). Qualitative feedback outlined, how respondents benefit from having an opportunity to ‘chill out’, ‘take time to themselves’ ‘calm down’ and ‘come to terms with life’.



Just under one in three of respondents reported, that they participated in therapies in order to cope with stress (32%). This included mental stress, physical stress and exhaustion. Adding to this, qualitative data revealed some respondents have as a direct consequence to the stress they experienced, developed cancer, diabetes and other medical ailments.

Just under one in four decided to experience holistic approach for pain relief (23%), while slightly less to ease tension and muscle pains (15%). The remaining respondents decided to use complementary therapies to help with sleep problems (2%), circulation (2%), flashbacks (2%), improvements in concentration (2%) and feelings of grief as a result of bereavement (2%).

Suggestions for Improvement

Respondents were asked to outline suggestions for improvement with regards the current delivery of the complementary therapies. Although the majority of respondents were extremely positive in terms of their overall satisfaction, some outlined how their experience could be enhanced further. Suggestions were mainly in relation to lengthening the time frame of

"I started to feel the benefits at session four... more sessions would have been beneficial"

"It should be that you receive treatments until feel better... not just a set time frame"

therapies. Adding to this, a few respondents outlined how follow up sessions would help prolong the benefits experienced. This finding collaborates with focus group feedback, whereby participants illustrated 'top up sessions' every few months would help them remain focused and overall contribute to their health and wellbeing.

In relation to those who perceived a more negative experience during consultation, they reported frustration in terms of the treatment room being too close to reception and therefore experienced noise. Also, it was revealed having the door of the treatment room locked would ensure more confidentiality. Additionally, it the view was expressed, how they would have benefited more from a 'more outgoing therapist.

Nonetheless, this must be balanced against overall experiences of respondents. The majority (98%) reported high satisfaction levels with their service provision.

Additional Comments

Respondents were then given the opportunity to comment on anything additional they felt they wanted to add to the research. Responses were in relation to their gratefulness of being able to avail of complementary therapies. Also, respondents stressed how beneficial the therapies have been on their health and wellbeing. Some respondents described how their participation in therapies was so valuable, that they feel much better after their sessions, 'than visiting the doctors'. Obviously,

"Complementary therapies are very much needed, especially people who have experienced trauma in their lives... they have very much helped me"

"I am delighted with my treatments and have seen clear results... they helped me to relax, distress and sleep better"

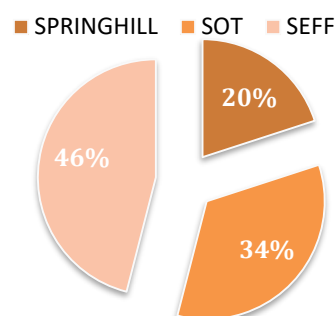
the literature illustrates that complementary therapies are used most appropriately used alongside conventional healthcare and as the terminology implies, complementing conventional healthcare. However, this feedback does convey the level of satisfaction of respondents. Moreover, responses highlight high satisfaction levels with the therapists they have been involved with. It is evident, overall experience of

complementary therapies depend a lot on the level of professionalism and standard of the therapist. This ties in with stakeholder feedback.

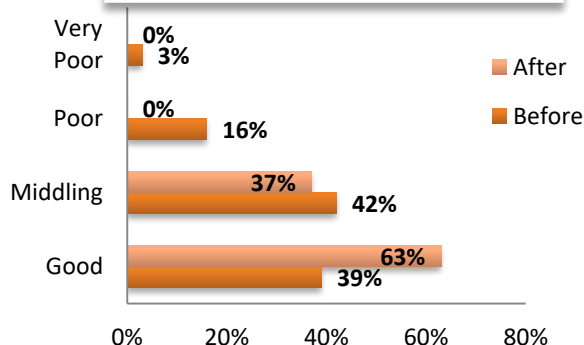
Pre and Post Testing – Indicators of Trauma

One in two respondents who participated in the pre and post testing research, were members of South East Fermanagh Foundation (a Fermanagh Victims/Survivors Group) who is the lead partner of this research study (46%). Just over one in three were members of Survivors of Trauma (34%) (a Belfast Victims/Survivors Group) while one in five (20%) were members of Springhill (a Belfast Victims/Survivors Group). This meant comparative research could be carried out in terms of geographical location (i.e. urban/rural) as well as Unionist/Nationalist

Organisations Represented



Perceived Level of Physical Health



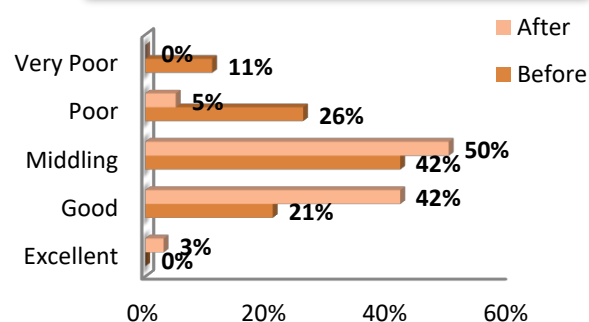
similarities and differences.

The diagram illustrated left outlines a significant improvement in relation to the self-rated perceived level of physical health of respondents. Before participation in therapies, just under one in five (19%) reported their physical health as poor or very poor, while after participation in therapies, no respondents described their physical health as poor or

very poor. A notable difference is evident in terms the number of respondents who described their physical health as good (Before:39%, After:63%: an improvement of 24%). Also, a decrease is apparent in relation to those respondents rating their physical health as 'middling' (Before: 42%, After:37%: a decrease of 5%)

Again, exceptional improvements are evident in relation to respondents' perceptions of their emotional level of health (illustrated in the diagram right). after participation in complementary therapies, 3% of respondents described their emotional health as excellent, in comparison to none before. There has been a significant improvement in relation to those respondents who rated their emotional health as good (Before: 21%, After: 42%: an improvement of 21%). A remarkable

Perceived Level of Emotional Health

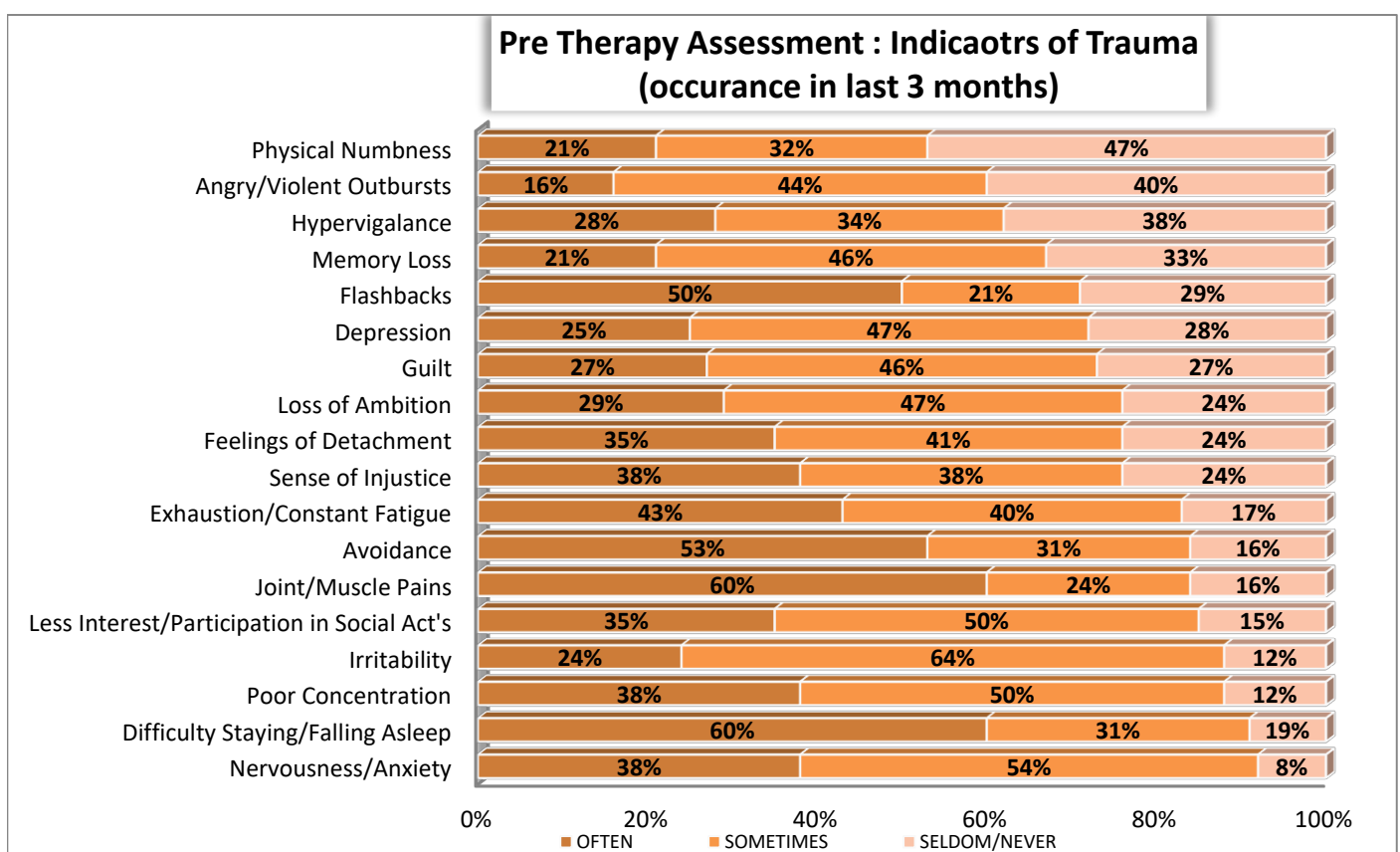


decrease is evident with regards those respondents describing their emotional health as poor (Before: 26%, After: 5%: a decrease of 21%). Additionally, just over one in ten rated their emotional health as very poor (11%), whereas, no respondents used this option after participation in complementary therapies.

Health and Wellbeing

As noted in the Methodology, respondents were asked to identify if they had recently experienced any of the DSM-IVTR criteria used in diagnosis of Post-Traumatic Stress Disorder to indicate psychological trauma. Of the eighteen items listed against this area, respondents exhibit on average of XX of these on a regular or occasional basis, as illustrated overleaf.

NB: The results presented here do not represent medical diagnosis, simply the behavioural patterns and conduct of Victims/Survivors whilst the analysis does not purport to be diagnosis of the serious condition which is PTSD, it is nonetheless indicative of the daily battles facing Victims/Survivors in relation to the psychological consequences of trauma suffered.



Research revealed high levels of existence of indicators of trauma, experienced by participants prior participation in complementary therapies. (illustrated above). Nearly all of respondents indicated feelings of nervousness/anxiety (92%) and difficulties in relation to falling/staying asleep (91%). Just under experienced poor concentration (88%) and feelings of irritability (88%). A similar proportion experience a decrease social activity/interest in social activity (85%), difficulties arising from joint and muscle pains (84%), avoidance (84%) and exhaustion (83%).

It is also evident, from the above responses, that an overwhelming sense of injustice is common amongst respondents (76%), feelings of detachment (76%) and loss of ambition (76%). Adding to this, just under three in four of respondents (73%), have experienced feelings of guilt, depression (72%), hypervigilance/paranoia (72%) flashbacks/intrusive memories (71%). A further three in five (60%) have experienced angry/violent outbursts and slightly less experiencing physical numbness. ;

The American Psychiatric Association states that PTSD can be identified against evidence of the following symptomatic criteria over a six month preceding period:

Re-experiencing of the Traumatic Event as indicated in at least **ONE** of the following ways:

- Flashbacks, nightmares, intrusive memories
- Nervousness, anxiety
- An overwhelming sense of injustice
- Guilt

JUAH members who completed the questionnaire identified the existence of an average of ONE of these on a regular/ occasional basis over the last three months.

Avoidance & Numbing of General Responsiveness as indicated in at least **THREE** of the following:

- Avoidance of anything that may trigger memories
- Depression
- Exhaustion/constant fatigue
- Feelings of detachment from others
- Joint pains, muscle pains
- Loss interest or participation in social activities
- Loss of ambition
- Memory loss (short or long term memories)
- Physical numbness

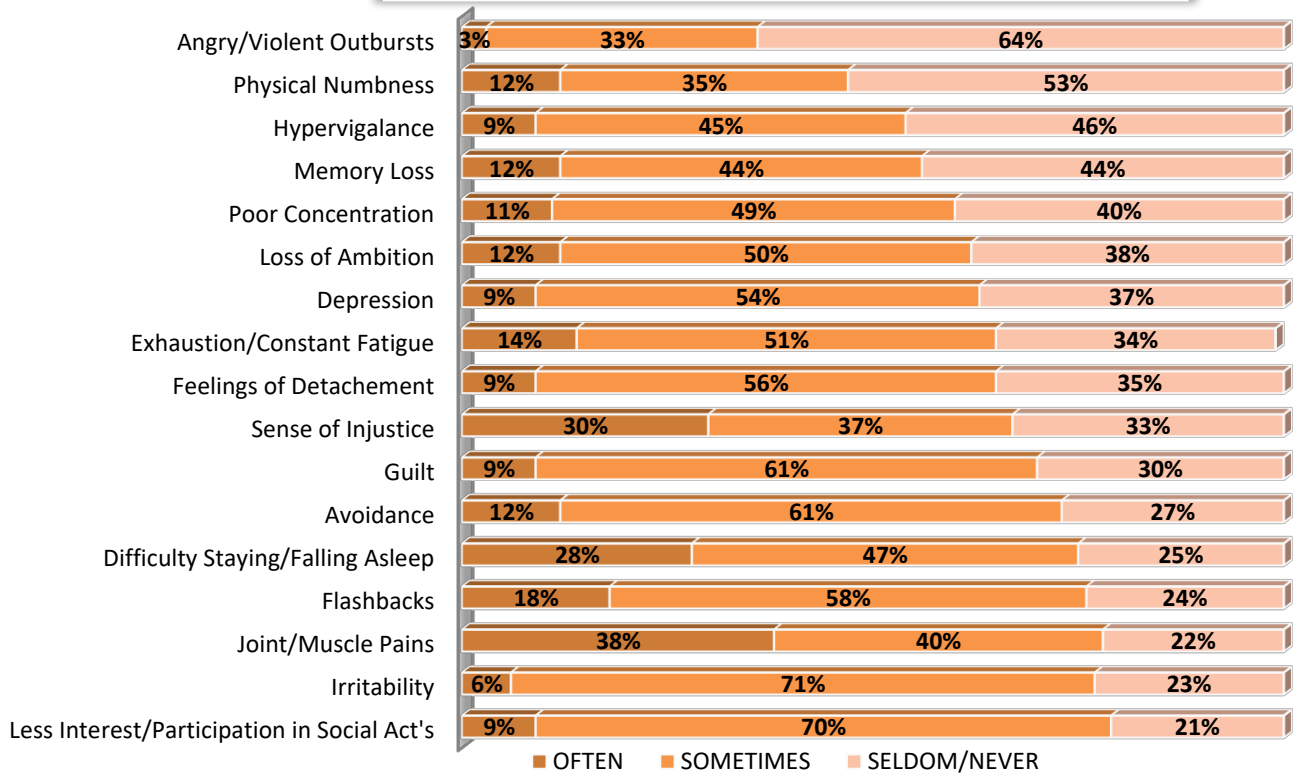
JUAH members who completed the questionnaire identified the existence of an average of FOUR of these on a regular/ occasional basis over the last three months.

Symptoms of Increasing Arousal as indicated in at least **TWO** of the following:

- Angry or violent outbursts
- Difficulty falling or staying asleep
- Hypervigilance (feels like but is not paranoia)
- Irritability
- Poor concentration

JUAH members who completed the questionnaire identified the existence of an average of TWO of these on a regular/occasional basis over the last three months

Post Therapy Assessment: Indictors of Trauma (occurrence in last 3 months)



Analysis of post measurement results, illustrate a remarkable decrease in occurrence of indicators of trauma (shown above).

The American Psychiatric Association states that PTSD can be identified against evidence of the following symptomatic criteria over a six month preceding period:

Re-experiencing of the Traumatic Event as indicated in at least **ONE** of the following ways:

- Flashbacks, nightmares, intrusive memories
- Nervousness, anxiety
- An overwhelming sense of injustice
- Guilt

JUAH members who completed the questionnaire identified the existence of an average of ONE of these on a regular/ occasional basis over the last three months.

Avoidance & Numbing of General Responsiveness as indicated in at least **THREE** of the following:

- Avoidance of anything that may trigger memories
- Depression
- Exhaustion/constant fatigue
- Feelings of detachment from others
- Joint pains, muscle pains
- Loss interest or participation in social activities
- Loss of ambition
- Memory loss (short or long term memories)
- Physical numbness

JUAH members who completed the questionnaire identified the existence of an average of FOUR of these on a regular/ occasional basis over the last three months.

Symptoms of Increasing Arousal as indicated in at least **TWO** of the following:

- Angry or violent outbursts
- Difficulty falling or staying asleep
- Hypervigilance (feels like but is not paranoia)
- Irritability
- Poor concentration

JUAH members who completed the questionnaire identified the existence of an average of TWO of these on a regular/occasional basis over the last three months

Pre & Post - Quality Of Life Measurement

The following section outlines preliminary fact finding through the use of pre and post assessments of Participants using a quality of life instrument and involves a 59-item multidimensional index of health-related quality of life questions (adopted from The Functional Assessment). Participants rated their symptoms on a 5-point Likert-type scale, which ranged from 0 (Not At All) to 4 (Very Much) inclusively. Assessments were loaded onto SPSS⁶, and comparative analysis was consequently carried out. Results of the pre and post assessments is measured against the following areas:

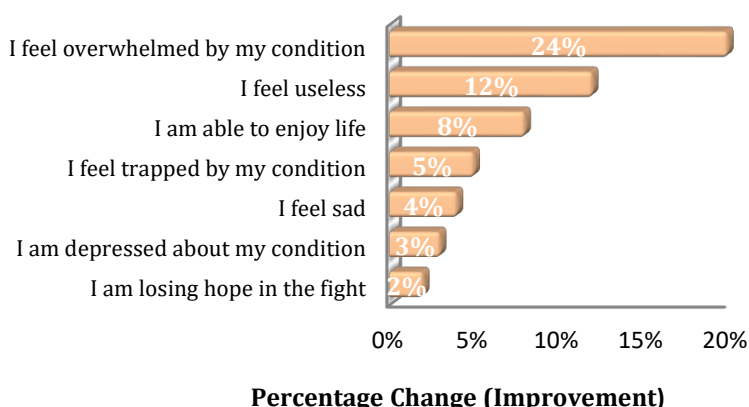
- ◆ Physical symptoms;
- ◆ Emotional wellbeing;
- ◆ General contentment;

Physical Symptoms

The evidence shows that, regarding physical symptoms there has been an improvement relating to

Victims/Survivors of the Northern Ireland ‘troubles’. The most significant change noted by respondents using the quality of life tool, regarding their physical symptoms was that of a decrease in feeling overwhelmed by condition/level of health (24%) and feeling useless (12%) as illustrated (left). There was also an (8%)

Self-Reported Change in Emotional Wellbeing (%)



improvement in respondents' ability to enjoy life, a decrease in feeling trapped by their condition (5%), a reduction in sadness (5%), depression (3%) and hopelessness (2%) from commencement to completion of their course of complementary therapies. A (14%) decrease was noted when Participants were asked if they were bothered by muscle pains.

Similarly, small decreases were noted in relation to pain, weakness, headaches and joint pains.

⁶ SPSS (originally, Statistical Package for the Social Sciences) was released in its first version in 1968, and is among the most widely used programs for statistical analysis in social science.

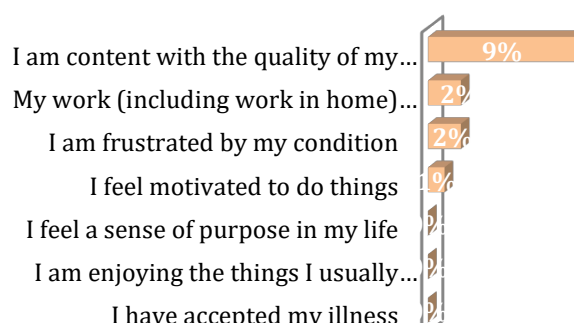
Overall, negative physical symptoms of MS amongst Participants have improved by 10%.

This is significantly positive result, given that the duration of the course was relatively short at 6 weeks.

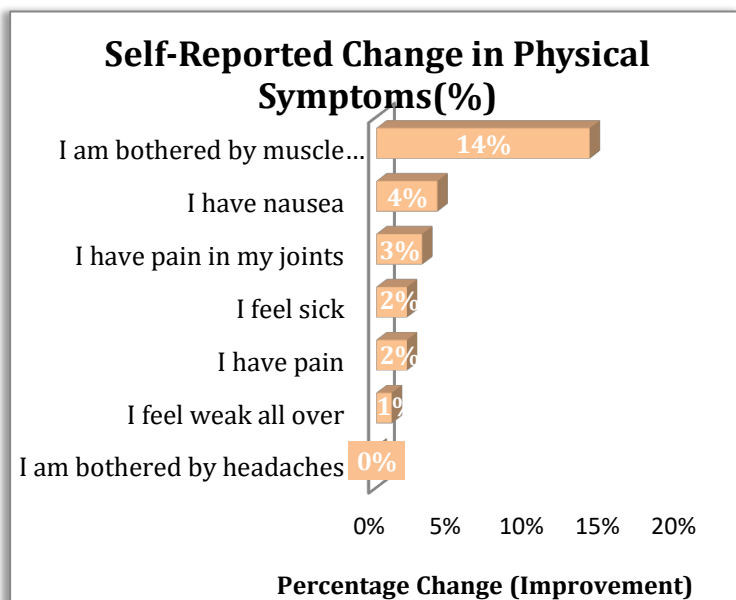
Emotional Wellbeing

59

Self-Reported Change in General Contentment



General Contentment



6. CONSULTATIONS WITH THERAPISTS

The information documented in this section outlines data gathered from therapists (Female: Male:) who have delivered therapies to Victims/Survivors throughout Northern Ireland. Twenty-six therapists in total were interviewed, across geographical locations allowing urban/rural comparative research. The

interviews followed a semi-structured format and the following information was captured:

Role Interest in Relation to Complementary Therapy Provision

Primarily, therapists viewed their roles as seeking to improve the physical and mental wellbeing of victims and survivors of the Northern Ireland conflict. In doing so, it was felt, they could move forward and enhance their quality of life. It was evident from therapist feedback, respondents were passionate about the purpose of therapies and the benefits to health and wellbeing of service users, specifically those who have been affected by the Northern Ireland ‘troubles’.

“Complementary therapies provide a unique medium of positivity, aliveness and hope against a backdrop of economic decline and aids people work towards new beginnings amidst personal life issues and isolation”

“I am passionate about facilitation the body’s own innate healing ability by natural means”

Current Qualifications

Although all therapists that were consulted with did report qualification attainment in relation to complementary therapies, qualifications varied among therapists’ responses varied. From therapist feedback there appear to be different levels of training and certified qualifications with regards to their profession as holistic therapists. Assuming accuracy of respondents’ responses, the majority of qualifications currently obtained by the therapists that were consulted, are National Vocational qualifications with varying levels of expertise (see table in previous sections for a breakdown)

Therapies Provided to Service Users

Complementary Therapy	Percentage of Respondent practicing each Therapy
Aromatherapy	80%
Reflexology	80%
Acupuncture	70%
Massage	70%

Indian Head Massage	60%
Reiki	50%
Hopi Ear Candles	15%
Hot Stone Therapy	15%
Yoga	6%
Kinesiology	6%
Bio-Engery	6%
Thought Field Therapy	6%

Insurance

All therapists reported that they currently acquire personal indemnity insurance in their practice. This finding is in keeping with the literature review which outlined that insurance is a necessary criteria for complementary therapists. Specific types of insurance varied among therapist responses, also outlining different values. However each therapist illustrated that their insurance was through a chartered and well recognised federation. The general finding obtained from semi-structured questionnaires, was insurance between the value of 1.5 million to 6 million. Responses included:

- ◆ Personal indemnity insurance through the Federation of Holistic Therapists;
- ◆ Malpractice, Public & Products Liability;
- ◆ Insurance through the Chartered Society of Physiotherapy;
- ◆ Malpractice Premium Insurance; and
- ◆ Bridge Block Scheme

Training and Regulation of Complementary Therapies

Participants were asked if they felt there were any gaps in training and regulation in relation to their profession. There were mixed views. The view was expressed that there was currently a gap in the training and regulation of the deliverance and general practice of complementary therapies. When probed further, it was reported by some therapists, that regulation needs to be much tighter so that all therapists are practicing at the same level of standard and professionalism.

Also, some therapists suggested that they currently do not feel they have the skills/experience to deal with mental health issues but assured they had planned to further their training.

Nonetheless, the majority of those therapists consulted, illustrated that they felt there were currently no gaps. The main reason put forward as to why they felt this was the case, was in relation to the recent emphasis on the need for the regulation in relation to the governance of complementary therapies. Also, one therapist illustrated that professional development has been a high priority in their experience.

"It is important to keep yourself up to date with information"

Referral Procedure

All therapists reported that they had an onward referral system in place if services are not appropriate for the service user. When asked to for further elaboration on the type of referral procedure they use, the majority of respondents outlined that they provide a written referral to a GP, clinician or other appropriate practitioner. Others illustrated that they offer advice their clients as to the reason a particular therapy is not appropriate. Other responses included, they refer back to organisation director outlining to them that a particular client has other needs which require to be addressed.

Process of Client Assessment

Therapists were asked to report the processes they use for assessing clients and what assessment tools they use. Primarily, there was a general consensus in terms of those consulted, reporting that they initially provide an in-depth consultation on a one-to-one basis. This apparently allows them to gain an insight into a history of their health and wellbeing, any problems affecting them, any trauma experienced and any medication clients are on. Therapists also explore the reasons as to why they decided to use therapies. Responses showed that some therapists use a questionnaire style approach which they fill out with the client. Following this initial consultation, the majority of therapists conveyed that they then carry out a full physical assessment with the client which involves a hands-on approach, assessing areas such as limits of mobility and spinal alignment. The area of confidentiality and data protection was broached by a few of the therapists, in relation to all assessment processes being carried out under strict confidential guidelines. Relating specifically to Kinesiology, it was reported, a muscle test which will prioritise what needs to be dealt with first.

"Open communication along with a buildup of trust"

When consultation is carried out, therapists then decide what treatment would best suit the needs of the client.

The Measurement of the Efficiency of Complementary Therapies

Before and after each treatment, verbal discussion with service users is carried out to establish how they feel, how they felt since their last treatment & any notable progress they feel they have experienced. Adding to this, respondents outlined how they carry continuous assessment/reviews and evaluations in terms of assessing the progress of the service users. Improvements are noted in relation to fitness, mobility, sleep patterns and pain. Information is recorded in service users' record sheets and treatments may be adjusted accordingly offering them the best solutions for their treatment. This ensures they are addressing the needs of the service users. It was also reported, that with the bond therapists build up with their clients, they begin to notice changes in their clients. One therapist outlined further how evaluations are carried out (in which she does not participate) to obtain objectivity.

“Often from client feedback you can see a change and frequently they have better relationships with family/friends

Client Attitudes of Complementary Therapies

All therapists that were consulted reported awareness of their clients' attitudes of complementary therapies. This is gained through discussion and interaction.

It was revealed, from the outset at the Initial consultation stage therapists are aware of clients' attitudes. Therapists gain information in relation to what clients knew about therapies, what they were unsure/apprehensive of and fully explain therapies so that they are fully aware of procedures. This feedback shows the importance of forming a treatment plan for each service user to ensure they are getting the best possible experience.

However, one therapist did outline that they were unsure initially about client service users' attitudes but once the treatments progressed they began to become fully aware of the attitudes. This response contradicts the previous response outlined above.

Effectiveness and Limitations of Complementary Therapies

Therapists were asked to describe the effectiveness and limitations in relation to a number of areas. These are discussed under the following sub-headings:

Addressing the Physical Symptoms of Service Users

Referring to the tactile nature of the therapies, therapists outlined how clients enjoy the physical contact (i.e. human touch) and have reported benefits from this

approach. Overall, it was felt that service users benefit from relaxation which has a knock-on-affect on the emotional wellbeing of service users.

Other benefits therapists put forward include:

- Regulate breathing;
- Improvement blood pressure;
- Boost immune system;
- Relief from muscle tension;
- Reduction in headaches;
- Sleep improvements

However, the limited nature of sessions due to funding is a problem as Victims/Survivors would benefit even further if they could avail of treatments on a more continuous basis as it takes time for full benefits of therapies to become apparent. Also outlined, was the lack understanding of some therapists of in terms of how each therapy works & benefits the body and mind. Moreover, relating to expectations, one respondent highlighted how therapies do not ‘solve’ the problem but alleviates symptoms.

“The healing process takes time and should not be rushed”

Addressing the Psychological Symptoms of Service Users

Respondents highlighted the effectiveness of complementary therapies on trauma related illnesses.

Consultation with therapist also outlined how they (if the wish of clients) during treatment sessions provide a listening ear, which can often help unburden their stress that they may have stored up for a long period of time. The sessions provide a relaxed environment to release build of mental pressure.

“I can already see improvements within my clients and it is a joy to help people”

Relating to the client centered approach, feedback illustrated, clients are asked before and after treatment how they are feeling.

However, it was disclosed through the research, a limitation may be in relation to therapists not being in a position to diagnose psychological problems. However, it was assured, they can refer to appropriate support such as GP or Support Groups.

Other limitation identified included;

- People may not be totally truthful;
- Inhibited by medication;

Addressing the Emotional Symptoms of Service Users

Feedback illustrated how therapies can provide an effective 'comfort blanket' to many emotional problems especially bereavement, sense of loss, lack of confidence, anguish and isolation.

Despite advantages, therapists outlined how they cannot get too attached to the problems personally but provide a professional attitude and service to the clients. Some also felt, there is a danger as some therapists do not realise how little they know yet give diagnosis. Therefore, illustrating the importance of training and regulation, specifically significant for those individuals affected by trauma.

The Overall Expertise/Training/Qualifications of Therapists

Therapists were asked to report their views in relation to the overall expertise of therapists. Personally respondents feel confident that they have appropriate training and knowledge, and caring attitude to practice a service that brings life changing benefits to many traumatised victims of past conflict in Northern Ireland.

However, in some cases therapists feel limited to what they can provide with some outlining how they would like to further their training to extend services to other complementary therapies. It was further reported, the expense of courses needs to be positively outweighed in terms of a steady flow of work providing an income on a regular basis.

Therapists are not qualified counselors

SWOT Analysis

Therapists were invited to outline what they believed were the key strengths, weaknesses, opportunities and threats facing the participation in complementary therapies. The responses are listed as follows:

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Provide a service to local communities; • Holistic approach; • None-invasive treatment; • Promotion of wellness; • Empowerment of client • Choice of therapies service users can avail of; • Realisation clients can relax and feel tranquil without use of medication/alcohol and no side effects; • Pain relief; • Enhance feeling of wellbeing; • Confidence boosting; • Complements existing conventional medicine treatments; • Providing an effective service for local communities; • Long term benefits; • Improves quality of life of service users; • Treats body, mind and spirit, overall empowering the individual; • Helps change old patterns of behaviour and belief; • No side effects; • Safe to use alongside conventional medicine; • Treats core issue rather than treating symptom; • Pain management; • Reduction in dependence for medication; • Relieve anxiety and depression associated with trauma; • Balance of body's internal energies – restoration of health; • Personal and confidential experience; • One to one interaction 	<ul style="list-style-type: none"> • Lack of knowledge; • Lack of training; • Incorrect Diagnosis; • Not all therapies are suited to all people; • Treatment can be short-lived and brief; • Funding barriers; • Client expectations that therapist will heal/balance their energies while they do nothing about changing patterns, behaviours, attitudes, life styles etc; • Fears people have because of religious beliefs; • 'no quick fix'; • Fear of the unknown that something may happen them; • People who feel they can never get well can block the healing, so it can take longer to reap results; • Clients may feel disappointed if they do not experience immediate results; • Not funded through NHS; • Exclusive to people who can afford them; • Financial constraints; • Balancing medical treatment with complementary therapies e.g. not seeking medical intervention when necessary; • Fear of what might transpire after treatment for the client and how they might deal with it e.g. if emotional issues surface, will they receive the appropriate and professional treatment; • Set yourself boundaries as to what you can and cannot do; • Client expectations

<ul style="list-style-type: none"> • Empathy practitioners have for clients; • Professional service; • Obvious results; • Enjoyed by each client; • Healing works at all levels: mental, physical, emotional and spiritual; • Allows client to experience relaxation at a deep level without medication; • Produces a greater sense of wellbeing; • Allows clients to let go of issues and gives other strategies/skills to deal with problems; • Appreciation of the natural world; • Trusting relationship client and therapist build up; • Escapism; • Mood support; • Treatments tailored to client; • 	
OPPORTUNITIES	THREATS/SIGNIFICANT ISSUES
<ul style="list-style-type: none"> • Trauma leads eventually to physical, emotional and very often psychiatric illness. Medicine treats the illness and not the client. Complementary therapies go deeper and help resolve imbalance and enhance possibility for self healing. Clients are encouraged to participate in the healing process, given tools to help themselves; • Were the medical profession more open, to the use of complementary therapies, there would be less GP visits and drug therapy; • Client opposition to medicine; • Waiting times for procedures and consultations; • Awareness for relaxation and depression • Relatively new service; • People are discovering benefits on a daily basis; • Greater public acceptance; • Therapies being more widely accepted by 	<ul style="list-style-type: none"> • Medical profession not fully supporting complementary therapies or rejection /opposition by conventional health professionals; • Current economic climate; • People have less money to spend; • Funding barriers; • Some therapists not properly trained , giving complementary therapies a ‘bad name’; • Demand by scientific establishment to use more scientific tools to measure effectiveness. These tools do not fit energetic therapies. Although those who work in field know of benefits, lack of research to prove to ‘skeptics’; • Expense of therapies if not granted aid, especially with the current economic climate; • People having too high expectations how therapy may ‘cure’ certain conditions; • If doctors/clergy not in favour of therapies,

<p>conventional medicine;</p> <ul style="list-style-type: none"> • People becoming more aware they are responsible for their own health and wellbeing and they have the ability to heal themselves • Realization of power of appropriate touch from another human being; • Emotional pain relief; • Safe to use during pregnancy; • Cost effective in the long run; • Greater understanding of own body an encourages clients to take responsibility of own health; • Gives clients opportunities to try new treatments; • Helps reintegration into society; • Create greater public awareness; • Raised level of awareness; • Increase of energy provided; • Enhanced confidence of clients; • Committed support to those in need; • Improved relaxation and empowerment; • Improvement in moods and emotions; • Inclusive of marginalized people, those in poverty and those traumatized by the Northern Ireland 'Troubles'; • Getting people to take responsibility changing bad habits ; • Client centered approach; • Experience different type of treatment; • Reduced dependency on medication; • Emphasis on educating the general public; • Greater availability in the work place, reducing stress and more productivity; • GP Referrals have been excellent; • Complementary therapies are beginning to become a really valued service; • Therapists could benefit from support – important to assess their mental health also and should be able to access counselling if needed; 	<p>their clients/congregation could be influenced by their opinion;</p> <ul style="list-style-type: none"> • Lack of understanding by the medical profession; • Convincing people as to the benefits; • Client may not disclose full medical history; • Accessibility especially with rural clients; • Lack of information on benefits; • Traditional gender perceptions i.e. not perceived to be for males (i.e. macho culture); • Government awareness – more research needed into the benefits of complementary therapies e.g. in reducing drug intake – cheaper/side affects; • Need to be professional at all times an adhere to guidelines to ensure this professionalism; • Taking the clients problems 'on board'
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Suggestions for Improvement

Therapists were invited to comment on any suggestions for improvement which they felt could help the deliverance and practice of complementary therapies and their answers are outlined as follows:

The findings illustrated a general perception that there needs to be an increase in Government and EU funding to encourage Victims/Survivors of the Northern Ireland 'Troubles' to take up therapies and in doing so, it could also help ease the burden on health services.

It was felt by many of the therapists consulted, that for improvements in relation to complementary therapies, to be evident, there needs to be a focus on public awareness in terms of educating around the benefits of participation in complementary therapies. Additionally, it was felt, that a change in attitudes from health professionals and religious organisations could help greatly, as the general public can be influence by their opinions.

"I have no issue with CT coming into line with medicine as we know it... But we need to stop some 'natural gifted therapists' from operating, if they do not have the level of qualifications needed"

Some therapists put forward the view; more male therapists would encourage more men to avail for therapies. Also, information days or taster sessions to different community groups would help raise awareness of the benefits of complementary therapies.

Continued training, wider marketing, injection of capital or complementary therapy to be viewed by the general public as an empowering tool and medium to aid and enhance mainstream healthcare, as it is non-evasive, can be accessed by all age groups, gender and social background. Also, the suggestion was out forward in relation to therapists benefiting from medical based courses.

Collaborating with service user feedback, it was recommended that follow up treatments (every 4-6 weeks) would keep the progress on a continued basis.

7. CONSULTATIONS WITH STAKEHOLDERS

The information documented in this section outlines data gathered from stakeholders who have a vested interest in the provision of complementary therapies in the victims/survivors sector in Northern Ireland. Stakeholders in this instance included funding body representative (Community Relations Council), health representatives, lead partner organisation of the research (South East Fermanagh Foundation) and the TARA Centre.

Role Interest in Relation to Complementary Therapy Provision

From the funding perspective (CRC), it was deemed important that the usefulness of therapies are determined in relation to the treatment of therapies. As director of the Tara Centre (Omagh), it was reported, their role as a voluntary/community sector organisation, is to offer a dedicated service of healing and peace. Adding to this, the Tara Centre representatives have firsthand experience of the power of complementary therapies in relation to the healing process for Victims/Survivors of Northern Ireland 'Troubles'. The Tara centre was described as a purpose built centre, where the highest of standards are maintained. From a mental health background, one role is to provide Hypnotherapy, Drama Therapy and Emotional Freedom Techniques (i.e. tapping).

Perceived link between Complementary Therapy and Trauma

Based on existing literature and feedback from service users from Victims/Survivors groups throughout Northern Ireland, respondents believe there is a definite link between complementary therapy usage and the relief of trauma related illnesses, specifically in relation to the Northern Ireland 'Troubles'. It was expressed further, this research will be valuable in determining the benefits of each therapy on the health of service users.

"We have an abundance of documental evidence which shows the link between trauma and complementary therapy"

Understanding of the Benefits for Complementary Therapies

Stakeholders illustrated awareness of the benefits of therapies in the treatment of psychological difficulties with regards the reduction of Post Traumatic Stress Disorder, anxiety, stress and release of guilt. Adding to this, respondents highlighted the benefits involved for relieving the physical symptoms of Victims/Survivors. For respondents, this was

"Complementary therapies relieve physical, emotional and psychological pain, the raising of self-esteem, a marked reduction in the relief of symptoms of stress, anxiety, grief and physical exhaustion experienced Victims/Survivors and their carers"

based on victim/survivor feedback as well as existing literature on the topic. In saying this, one stakeholder expressed the significance of this research, in relation to specific evidence regarding the Victims/Survivors Sector in Northern Ireland.

"The ability of gaining knowledge for the survivor to enable them to self help in a given situation by using the various techniques, learned is paramount to survivors road towards recovery"

Effectiveness/Limitations of Complementary Therapy Provision

Addressing the Needs of Victims/Survivors

Respondents highlighted how complementary therapies relieve physical, emotional and psychological pain, the raising of self esteem, a marked reduction in the relief of symptoms of stress, anxiety, grief and physical exhaustion experienced Victims/Survivors and their carers. Additionally, the anticipation was evident with regards the outcomes of this research.

Effectiveness, it was suggested, depends on the providers' ability to deliver in a professional capacity, the service user input into the therapy by being open, honest and routine to provider and belief in the therapy.

However, within the context of Northern Ireland, there is a range of therapies with little evidence regarding effectiveness. This was reported as a limitation, but with this research, this can be overcome. With regards terminology of 'complementary', it was felt, it implies this form of therapeutic intervention is suited to supporting a range of other therapies which are more specifically designed for trauma treatment e.g. counseling and psychotherapy.

Also, outlined as a weakness of current service provision, is people's unwillingness to partake in therapies due to lack of awareness, knowledge and understanding of the potential benefits. Moreover, there may be 'bad publicity' in terms of those who solely use pharmaceutical interventions which only deal with the physical effects of the 'here and now'.

The Level of Professionalism and Standard of Therapies

Responses were of the opinion; the effectiveness of the service depends to a large extent on the level of professional qualification, ethical standards and experience of the therapist as well as the openness of the client to cooperate in their own healing and

"Provided therapists are qualified and part of a regulating body, the standard should be satisfactory"

recovery process. In addition, the privacy of clients, the hygiene conditions in which therapy is offered and adherence to strict data protection were all demonstrated as important elements in the delivery of a professional service. Limitations would reflect failure in the areas previously identified. It was also suggested, due to insufficient evidence into the

effectiveness, in comparison to counseling provision.

Enhancing the Physical Health of Victims/Survivors

One stakeholder illustrated the importance of raising awareness in terms of the service being a complementary intervention which respects contraindications which remain in the domain of mainstream medicine. Furthermore, the view was expressed, if used in this context, it is proven to be extremely effective. Despite the benefits, it was reported, disregard for the complementary nature of the service on the part of the therapist, can have serious

"Research will advise and if this research shows benefits, it needs to be confirmed"

consequences. With physical health benefits, it was reported, this has a positive knock-on effect on the psychological wellbeing of service users.

Enhancing the Psychological Health of Victims/Survivors

Responses emphasised complementary therapies make a very significant contribution to the psychological health of Victims/Survivors, when practiced from high ethical and professional standards. Responses highlighted further, that complementary therapy participation can help Victims/Survivors of the Northern Ireland 'Troubles', on their personal road to healing and recovery.

"Well documented data shows that the psychological wellbeing is paramount to the road to recovery, ignoring this will have a detrimental impact on client and the gains in therapy will be

However, in the hands of practitioners who do not maintain strong professional boundaries and/or who operate from dubious ethical standards, clients can be seriously at risk.

Strengths & Limitations of Complementary Therapy Provision

Key strengths were identified as follows:

- ◆ ***Relief of symptoms of physical, emotional and/or psychological pain;***
- ◆ ***Restoration of sense of self worth and general wellbeing;***
- ◆ ***Prevention of the downward spiral into depression, isolation and even suicide ideation;***
- ◆ ***Feedback from groups is extremely positive*** in relation to an effective service

The weaknesses are summarised as:

- ◆ ***Too many providers without reference to effectiveness;***
- ◆ ***In the hands of incompetent practitioners, an unhealthy disposition in the part of the client*** to believe that some outside agent could/should carry responsibility for the quality of their recovery;

Opportunities & Threats of Complementary Therapy Provision

Key opportunities were identified as follows:

- ◆ ***It may be an effective way to treat trauma.*** Research can guide on what is effective;
- ◆ ***A growing number of practitioners seeking higher standards of professional qualification;***

- ◆ **Government commitment of funds in voluntary organisations supporting the service**

However, the threats of the group, are summarised as:

- ◆ **Insufficient funding to pay a just wage to highly qualified professionals** whose professionalism is essential to acquiring the benefits and avoiding the limitations of service provision;
- ◆ **Too many providers without reference to effectiveness;**
- ◆ **In the hands of incompetent practitioners, an unhealthy disposition in the part of the client** to believe that some outside agent could/should carry responsibility for the quality of their recovery;

Suggestions for Improvement

Respondents were asked to outline suggestions for improvement with regards the current provision of complementary therapies in the Northern Ireland Victims/Survivors Sector. One stakeholder outlined, setting higher, professional, ethical standards as well as providing sufficiently high remuneration to make this possible would further enhance the current service.

“Funding to allow more in-depth assessment of need and follow where it is proven that a therapy is effective in the treatment of trauma”

Adding to this, there was a suggestion put forward in relation to more internal research examining assessment of need and effectiveness of therapies.

Furthermore, in relation to awareness raising, the view was expressed, a PR strategy would ensure the general public are aware of the availability to complementary therapies and the benefits to health. It was suggested, this could be achieved through information days allowing clients to meet providers and gain an understanding of what is involved.

As one of the stakeholders is a provider of drama therapy, the perceived benefits were highlighted in terms of service users being able to freely express their feelings non-verbally, through play, painting, drawing and gestalt work. In saying this, it was reported, that more training made available to drama therapists would offer Victims/Survivors an alternative way of experiencing healing and recovery.

8. CONCLUSIONS AND RECOMMENDATIONS

The research study has been a positive and beneficial tool in developing a clear analysis of complementary therapy provision within the Victim/Survivor sector in Northern Ireland and assessing the impact on health, specifically trauma related illnesses.

Recommendations

The following recommendations are directly based on the research findings have been set out as follows:

1. **Ensuring service users carry out pre and post detailed questionnaires** when embarking on a set of therapies to assist in future research and to ensure value for money;
2. **Incorporate Drama Therapy and Art Therapy in the Victims/Survivors Sector in Northern Ireland**, as research as well as stakeholder feedback, highlights positive impacts on health and offers individuals a creative way of expressing themselves through play and painting. As, some individuals find it difficult to express themselves verbally, it was felt this is an effective

means for many victims/survivors to relive emotional strain, towards the path to healing;

3. **Funding procedures to adopt more in-depth assessment of need** and follow where it is proven that a therapy is effective in the treatment of trauma;
4. **Introduce the provision of ‘top up sessions’;**
5. **Further research carried out with a sample of individuals with similar illnesses**, some in receipt of therapies and some not. Comparisons could be made in relation to blood pressure levels, heart rate, breathing in each group. This evidence could be used to promote the efficiency of complementary therapy usage;
6. **Awareness raising strategy** ensuring Victims/Survivors of Northern Ireland ‘Troubles’ are aware in terms of availability of service provision as well as the benefits involved;
7. **Monitoring systems in place to ensure all therapists are practicing at a similar level of standard and expertise;**

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APPENDICES



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10/06/2009

Dear Professor Elizabeth Ettore,

Full title of study: **AN EVALUATION OF THE EFFECTIVENESS OF
COMPLEMENTARY THERAPIES ON TRAUMA
RELATED ILLNESSES**

**SSSPREC reference
number:** **MA/9/2008-9**

Thank you for your application for ethical review, which was reviewed by
SSSPREC.

Ethical opinion

The reviewers gave a favourable ethical opinion of the above research
proposal.

Conditions of approval

Your study has ethical approval provided that you comply with the University
Policy on Research Ethics involving Human Participation which can be found
on <http://www.liv.ac.uk/researchethics/localpolicy.htm>.

With the Committee's best wishes for the success of your project

Yours sincerely

Dr. Matthew David
Vice Chair of SSSPREC
Email: M.David@liverpool.ac.uk
Sent by email on Wednesday, 10 June 2009