MAKE SENSE, NOT PATIENTS: FROM INDIVIDUAL THERAPEUTIC SETTING TO COLLECTIVE SHARED SPACE

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The challenge

- ❑ The confluence of multiple crises has led to increased demand for mental health services;
- ❑ Crises uncover the influence of structural determinants (e.g. poverty, social exclusion, the 'performance society') on (mental) health;
- ❑ Ongoing conceptual confusion between mental health and mental illness is a barrier to improving effective ways to address the demand for services.
- ❑ Individualized (and biomedical) approaches still dominate practice.
- ❑ In high income countries, therapists are sought more and more for mild, human emotional disturbances, and clients stay in treatment for a relatively long time.
- ❑ in low- and middle-income countries resources for mental health are often scarce, while social determinants get worse: climate change, conflict, migration etc.

The idea

We present results of a practical approach that combines the use of neurological informed body-oriented approaches, somatic experiencing (SE) and group work based on experience with sociotherapy. Central in this approach is a sound understanding of local culture and collective elements of social suffering. Careful selection and composition of groups is an important first step, and once groups are formed, the interventions are developed together with the participants.

We build on the experience in both low and high-income countries, where we found that creating shared meaning, strengthening social efficacy and a sense of coherence are efficient in promoting alternative ways to address the challenges of life - that are not helped by mental health care based on the traditional western psychiatric concepts and diagnoses.

Methods

We offered people in Burundi and Belgium who were looking for individual help participation in a group with others who had similar complaints. Once groups were formed, interventions were designed together with the group members. In all group sessions, notes were taken of what was said and what stood out (observations) by the two supervising facilitators. All participants were interviewed between group sessions. We informed all stakeholders about the purpose of this study, and they all agreed to participate on condition that confidentiality and anonymity could be ensured.

Results

Participants in both countries reported durable positive change. The body-oriented approach helped people find much needed tranquility to participate in the group sessions.
An important condition proved to be limited heterogeneity in terms of problems experienced by group members, and less so in terms of socioeconomic background and gender.
We found that **creating shared meaning**, **strengthening social efficacy and a shared sense of coherence** are efficient in stimulating behavioral change and promoting alternative ways to address the challenges of life.
Study findings contribute to the evidence base of the beneficial effect of our approach on a **micro-level** of the individual (e.g., health condition, wellbeing), the **meso-level** of the household (e.g., social functioning) and **macro-level** of the community.

Discussion

The synergy in linking individual problems directly with challenges at the family and community level was highly appreciated and triggered group activities aimed at practical solutions – from tackling domestic violence to improving socioeconomic conditions. Implementing this type of group work leads to logical embedding in more comprehensive programs – people turn from passive 'clients' to active agents of change. The groups develop into dynamic sources for community initiatives to deal effectively with a range of problems on both the individual and community levels.

Conclusions

This study provides evidence that group sessions that are modelled by participants, use the somatic experiencing techniques and are well informed about local sources of distress can lead to promising community intervention that effectively addresses a wide range of problems on individual and community levels – in both high and low-income countries. A recommendation based on this finding is that the effectiveness, efficiency, and applicability of the intervention will increase when there is sufficient homogeneity between participants. Different 'thematic' groups can be organized for different groups of people. People create a shared space from which to take action to improve their condition – without being labelled according to external concepts.

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