

Position Statement

“GROUP PSYCHOMOTOR THERAPY” IN CHILDREN

Kambas A.,¹ Venetsanou F.²

¹School of Physical Education and Sport Science, Democritus University of Thrace

²School of Physical Education and Sport Science, National and Kapodistrian University of Athens

akampas@phyed.duth.gr

Psychomotor Therapy (PMT) (Bellemans et al., 2018; Boerhout, van Busschbach, Wiersma, & Hoek, 2013), often called Psychomotor Intervention Program (PIP) (Da Silva et al., 2017; ElGarhy & Liu, 2016; Fernandes, Ciasca, Capelatto, Salgado-Azoni, 2019), is a holistic therapeutic approach focusing on body awareness and physical activities (Probst, Knapen, Poot, & Vancampfort, 2010). PMT can be implemented both in youth and adults; whereas, it has been integrated into the psychiatric care and mental health system of many European countries (Probst et al., 2010). According to Kiphard (1989), the implementation of PMT in children aims at supporting the development of all their personality traits with a focus on positive self-confidence. PMT is a supplementary therapy that can be integrated into several psychotherapeutic approaches, such as behavioural, cognitive or psychodynamic, and includes medical, psychological, pedagogic, kinesiological, and rehabilitation parameters (Probst et al., 2010).

An important aspect of PMT is children's belief in the “I can do it” motto that ultimately leads them to be aware of their abilities (Zimmer, 2019). Self-confidence and positive self-image are based on children's “body” experiences and movement challenges and not on verbal encouragement. Those “body” experiences appear to be more easily understood by children, who remember them for a long time (Zimmer, 2019).

As far as the content of sessions is concerned, PMT focuses on all categories of fundamental motor skills (locomotor; stability; object control), mainly at a gross motor level (Kiphard, 1994; 1995). It emphasizes body awareness (Sherborne, 1990), as well as the dimensions of perceptual-motor development (body-, space-, directional-, and temporal awareness) (Goodway, Ozmun, Gallahue, 2021). Nevertheless, in PMT, motor contents constitute the “vehicle”, not the purpose of the session, since what is targeted is children's self-perception change and self-esteem enhancement; not the improvement of motor parameters (Zimmer, 2019). In order to use the most suitable PMT method for their patients, psychomotor therapists select between two therapeutic models: the action-oriented and the experience-oriented model (Probst et al., 2010). According to Probst et al. (2010), in the action-oriented approach more emphasis is given to the development of (a) personality, and (b) cognitive and physical proficiencies. Activities focus on learning, development, training and practical implementation

Abstract

Group Psychomotor Therapy (GPT) is a therapeutic approach that can be implemented autonomously or as a support in children with socialization difficulties and poor self-concept. Moreover, our 20-year experience in GPT supports its implementation in children with other neurodevelopmental disorders as well. In this paper, the key-features of Psychomotor Therapy are first discussed and then, the principles that the GPT follows are demonstrated; whereas, a roadmap for its implementation is provided. Moreover, the objectives of each GPT session are discussed; the sections of which the GPT session consists (awakening; therapeutic core; relaxation rituals) are described, and the benefits that the use of a group-approach offers are analysed. Finally, taking into account the quite limited research evidence regarding the effects of PMT and GPT, the need for further research is underlined.

Keywords: Psychomotor Therapy, children, ADHD, ASD, DCD

of psycho-motor, sensory-motor, perceptual, cognitive, social and emotional proficiencies. In the experience-oriented approach, patients actively participate in a broad range of physical activities and movement challenges. During this procedure, they experience many emotions and cognitive processes; whereas, they deal with their behaviours and symptoms.

The PMT version that has been applied in Greece for the last 20 years, is par excellence experience-oriented and exclusively focuses on group dynamics; that is why it is called Group Psychomotor Therapy (GPT) (Foulds & Hannigan, 1974). In addition to the aforementioned references, GPT uses the theoretical background of Play Therapy (Axline, 1974), Cognitive Behavioral Play Therapy (Knell, 1998), and Group Psychotherapy (Yalom & Lesczec, 2005). Moreover, the PMT model proposed by Hammer (1992) and Seewald (1992) is used, according to which, movement has meaning-content, because children express themselves through motor behaviour. Consequently, symbolic play, during which children play roles, constitutes an integral part of GPT design.

GPT design is based on individual developmental characteristics of each participant (Zimmer & Cicurs, 1993; Zimmer, 2019) and follows six principles: 1) participation is a personal decision; 2) stimuli for action are provided by children; 3) only few necessary rules are adopted; 4) self-action is promoted, whereas evaluative feedback on participants' performance is avoided; 5) limits are set in agreement with children; 6) "bridges" are employed in order to approach situations/children (Zimmer, 2007).

The objectives of each therapy session in the GPT are based on the three categories of experiences identified by Zimmer (2006): body experiences, social experiences, and material experiences that promote the personal competence, social competence, material competence (Hanne-Behnke, 2001). Each GPT therapy session consists of three separate, but interconnected, sections. The session starts with the **awakening** (AW) that aims at connecting members of the group, firstly through exchanging information and ideas and then through targeted interaction. AW focuses at (a) the cohesion of the group that is re-defined in each meeting and (b) the mitigation of tensions that each group member brings with them from their daily life. This process consists of three stages: *getting to know* with the other members of the group, *self-determination*, and *reconnection*. At the first stage, the participants attempt to get to know each other by exchanging information about themselves (preferences, specificities, disabilities, etc.). At the second stage, the attempt involves "making one's mark" in the group; the "I want/I do not want"; "I can/I cannot"; "I like/I do not like"; the roles and the dynamics that are expected to be developed around each member's identity. At the third stage, the group has developed a basic interaction and its members have been self-determined. Consequently, for every therapeutic session, the re-connection of the group through already known practices is required.

The second section of a GPT therapeutic session is called **therapeutic core** (TC). TC is the basic part of the therapeutic session and consists of activities through which the main objectives of the therapeutic session are pursued. Thus, goal-directed physical activities aiming at not only the development of children's motor skills but also at cognitive and socio-emotional aspects of their behaviour are included. Those activities often use dramatization to reflect real life situations and provide the participants with opportunities to obtain a realistic picture of their competencies and to set limits. Participants of therapeutic sessions are committed; that commitment requires discipline, responsibility, and perseverance. TC objectives can be either to have fun and/or to meet specific challenges. It takes most of the TS time; however, it does not exceed 30 minutes and may include a single activity with variations or 2-3 activities of the same philosophy. The structure of TC is based on the principle of progressiveness (i.e., from the known to the unknown; from easy to difficult; from simple to complex). Accepting the group's desire to stay in an activity until the end of the section and "building" on this desire independently of therapist's initial plans is an important rule in order for the TC and the therapeutic session to be successful.

The last therapeutic section is **relaxation rituals** (RR). They are relaxing activities that re-occur in each TS and their maximum duration is 10 minutes. The activity(s) aim(s) at progressive muscle and emotional relaxation and they may be accompanied by kinesthetic and tactile stimuli, using therapy balls, primitive sounds and relaxing music.

During the first sessions of a therapeutic year, individualized treatment is mainly provided within the group, depending on the symptoms of the participants. Those individualized activities focus on body experiences and provide differentiated degrees of difficulty, so that each child can participate doing whatever they can do, without feeling uncomfortable about their abilities.

After few sessions and a period of observation aiming at assessing the level of motor, emotional, and social competence of each child, group and interactive activities are provided. The main goal of those activities is to further enhance children's self-image and personal well-being in a context of balanced social interaction.

The aims of the group in GPT are to lead its members to (a) develop a sense of independence, responsibility for both themselves and other members, and (b) acquire social skills and awareness of their choices. Additional co-goals are (a) the expansion of motor repertoire and the development of motor skills, mainly for the enhancement of children's self-esteem, (b) the enhancement of awareness about peers' needs and feelings, (c) trust among members, (d) the promotion of self-awareness, and (e) the development of self-respect and self-acceptance.

The group offers the therapist "access" to each child that is easier and more discreet. Moreover, in the GPT context the therapist becomes "invisible"; thus, children "tolerate" and integrate him/her into their play more easily. The psychomotor group, due to the relaxed atmosphere that it achieves, enables the child to perceive himself as a member of the group, but also to be aware that their peers have the same attribute. After all, the group constitutes a natural environment for socializing, since the child interacts with other children, faces challenges regarding his/her respect to the rules of cohabitation and learns to deal with others. Many children have difficulties with these issues and the psychomotor group acts as the solution to these difficulties, since social interaction rules are co-decided with the children. In this way the team develops its own *dynamics* that affect each of the members of the group.

In this approach, the group is a "system", according to the systemic theory (Bertalanffy, 1951), that is obviously a reflection of the "system" of the society. In this context, the team has three attributes: hierarchy, self-regulation, and dynamics (Bateson, 1972).

In GPT, different types of groups are adopted, first in terms of their synthesis. Thus, there are guided groups, in which members have similar backgrounds (e.g., only children with ADHD) and not-guided, in which members probably have different backgrounds (i.e., participants can be children with- and without difficulties) but a common level of functionality. Regarding participation, two types of groups are usually met; closed groups (members enter in the second session at the latest) and the semi-open groups (new members can join the group at any time, provided that they have undergone a holistic developmental evaluation). Each group consists of 5 to 10 children and 1-2 therapists.

GPT approach has been implemented in Greece for 20 years and has been appeared to be effective in young children (Zimmer, Christoforidis, Xanthi, Aggeloussis, & Kambas, 2008) as well as in children with different cultural backgrounds (Kouli, Avloniti, Venetsanou, Giannakidou, Gazi, & Kambas, 2010). Moreover, it seems that it can have positive impact on children with specific disorders, such as ADHD, ASD (high functionality), and DCD; however, there is not research evidence supporting its effectiveness, so far.

Both PMT and GPT have a sound theoretical background and have been implemented around the world for many years so far. Nevertheless, research findings that support their effectiveness are quite limited. Studies providing research evidence regarding the effect of PMT and GPT on various aspects of participants' personality are needed if PMT and GPT are to be included among the well-known therapeutic approaches. The Editorial Board of the European Psychomotricity Journal will be very glad to publish such studies, provided that they are scientifically sound.

References

- Axline, V., M. (1974). *Play therapy*. New York: Ballantine Books.
- Bateson, G. (1972). *Steps to an ecology of mind: Collected essays in anthropology, psychiatry, evolution, and epistemology*. Chicago, IL: University of Chicago Press.

- Bellemans, T., Didden, R., Visser, R., Schaafsma, D., Totsika V., & van Busschbach J. T. (2018). Psychomotor therapy for anger and aggression in mild intellectual disability or borderline intellectual functioning: an Intervention Mapping approach. *Body, Movement and Dance in Psychotherapy*, 13,4, 1-17. DOI: <https://doi.org/10.1080/17432979.2018.1471006>
- Bertalanffy, L., v. (1951). General system theory – A new approach to unity of science (Symposium). *Human Biology*, 23, 303-361.
- Boerhout, C., van Busschbach, J., T., Wiersma, D., & Hoek, H., W. (2013). Psychomotor therapy and aggression regulation in eating disorders, *Body, Movement and Dance in Psychotherapy*, 8, 4, 241-253, DOI://doi.org/10.1080/17432979.2013.833134
- Da Silva, A., Z., Pereira, F., L., H., Mincewicz, G., de Araujo, L., B., Guimarães, A., T., B., & Israel, V., L. (2017). Psychomotor intervention to stimulate motor development in 8-10-year-old schoolchildren. *Revista Brasileira de Cineantropometria & Desempenho Humano*, 19(2), DOI: <https://doi.org/10.1590/1980-0037.2017v19n2p150>
- ElGarhy, S., Liu, T. (2016). Effects of psychomotor intervention program on students with autism spectrum disorder *School Psychology Quarterly*, 31(4), 491-506. DOI: [10.1037/spq0000164](https://doi.org/10.1037/spq0000164)
- Fernandes, M., C., C., Ciasca, S., M., Capelatto, I., V., & Salgado-Azoni, C., A. (2019). Effect of a psychomotor intervention program for children with ADHD. *Estudos de Psicologia*, 24(1), 1-11. DOI: [10.22491/1678-4669.20190001](https://doi.org/10.22491/1678-4669.20190001)
- Foulds, M., L. & Hannigan, P., S. (1974). Effects of psychomotor group Therapy on ratings of self and others. *Psychotherapy: theory, Research and Practice*, 11, 4, 351-353.
- Goodway, J., D., Ozmun, J., C., & Gallahue, D., L. (2021). *Understanding motor development. Infants, children, adolescents, adults*. Burlington: Jones & Bartlett Learning.
- Hammer, R. (1992). Das Ungeheuer von Loch Ness-Fallbeschreibung eines aggressiven Kindes. *Motorik*, 15, 241-248.
- Hanne-Behnke, G. (2001). *Klinisch Orientierte Psychomotorik*. Muenchen-Bad Kissingen-Berlin-Duesseldorf-Heidelberg: Richard Pflaum Verlag.
- Kiphard, E. J. (1989). *Psychomotorik in Praxis und Theorie. Ausgewählte Themen der Mototherapie*. Gütersloh: Flöttmann Verlag.
- Kiphard, E., J. (1994). *Mototherapie 2*. Dortmund: Verlag Modernes Lernen.
- Kiphard, E., J. (1995). *Mototherapie 1*. Dortmund: Verlag Modernes Lernen.
- Knell, S. M. (2011). Cognitive-behavioral play therapy. In C.E. Schaefer (Ed.), *Foundations of play therapy* (2nd ed., pp. 313-328) New York, NY: John Wiley & Sons.
- Seewald, J. (1992). Vorläufiges zu einer „Verstehenden Motologie“. *Motorik*, 15, 204-221.
- Kouli, O., Avloniti, A., Venetsanou, F., Giannakidou, D., Gazi, S., Kambas, A. (2010). The effect of a psychomotor training program on the motor proficiency of preschool children in a multicultural environment. *European Psychomotricity Journal*, 3(1), 31-36.
- Probst, M., Knapen, J., Poot, G., Vancampfort, D. (2010). Psychomotor Therapy and Psychiatry: What's in a name? *The Open Complementary Medicine Journal*, 2, 105-113.
- Sherborne, V. (1990). *Developmental Movement for Children*. Cambridge: Cambridge University Press.
- Yalom, D. Irvin, & Lesczc, M. (2005). *The theory and practice of group psychotherapy*. New York, NY: Basic Books
- Zimmer, R. (2020). *Handbuch Bewegungserziehung. Grundlagen für Ausbildung und pädagogische Praxis*. Freiburg: Verlag Herder.
- Zimmer, R. (2019). *Handbuch Psychomotorik. Theorie und Praxis der psychomotorischen Förderung von Kindern*. Freiburg: Verlag Herder.
- Zimmer, R. (2019). *Handbuch Psychomotorik, Theorie und Praxis der psychomotorischen Förderung von Kindern*. Freiburg im Breisgau: Verlag Herder
- Zimmer R., Christoforidis Ch., Xanthi P., Aggelousis N., Kambas A. (2008). The effects of a psychomotor training program on motor proficiency of Greek preschoolers. *European Psychomotricity Journal*, 1(2), 3-9.
- Zimmer, R. & Cicurs, H. (1993). *Psychomotorik: neue Ansätze im Sportförderunterricht und Sonderturnen*. Schorndorf: Hofmann Verlag