PSYCHOMOTOR THERAPY AT EARLY AGE

(overview essay)

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Abstract: *The paper deals with the possibilities of psychomotor therapy for children in early age. It concerns with the child's family as a very important part of the therapeutic process through psychomotor therapy, from prenatal development of the child until the first years of age. It offers excerpts of research observations from conducted psychomotor therapy interventions with parents.*

Keywords: *child at early age, developmental psychomotor therapy, research in psychomotor therapy*

1 Birth of a child with problems in development

Childbirth is an important event for partners or spouses. If a child is born with handicaps or disabilities, it is a completely new situation for the family and a challenge they have never met with before. This situation puts them to a test and certain phases of coping naturally occur. According to Vágnerová (2004), after informing the family, parental identity crisis is common, which is accompanied by mutual accusations of parents. After receiving the information, feelings of inferiority may occur. It takes a longer time for parents without professional accompaniment to overcome these phases. The phases of emotional reactions were described by Říčan and Krejčířová (1997) as shock, denial, grief period, anger, anxiety and guilt stage of balance, and stage of reorganization or realistic attitude. According to Říčan (1990), the birth of a child represents a change in former life of partners or spouses. The arrival of a child with disabilities forces them to form the new roles as parents, often in a different way than they had imagined.

During this period, the provision of intervention or accompanying the family with appropriate form of assistance of therapeutic pedagogue can help rationalize the family situation, focus on strengths, and promote parent – parent, parents – child relationships. The neighbouring countries provide early intervention courses. In our conditions, this form of treatment is still in its infancy. After the birth of a child with a disability or disturbance, parents usually gain necessary information, assistance and support based on their own pro-activity; it is not provided by institutions or professionals. Even in the case of terminated pregnancy, few surgeons address the mental conditions or provide future parent families with information on 'the way forward'. In the health sector in our country, professionals in the medical care often do not explain what the diagnosis means, families are left with medical reports that are hard to understand. The medical care is on a high level, but communication with the families lacks a family orientated language. Parents are not able to become 'partners' in support of the child's development right from the birth of the child. Belgium might be able to serve as an example of good practice. Detraux and Thirion (2010 cited by Pretis, 2010) described that families are immediately informed about possible support through neonatologist, and the family is immediately directed towards early intervention services. According to Klein, Meinertz and Kausen (2009) early intervention is a prerequisite for the success of further therapeutic interventions.

After coping with the situation, it is necessary to define new roles for the parents, and to specify new family needs. Suddenly, the focus should be in addition to the basic functions of the family needs, specific to a new-born child and his or her problem. Goldenberg and Goldenberg (2013, p. 1) identifies specific characteristics and formulates suggestions for these families:

- develop your own rules,
- a number of specific, family roles allocated to each member of the family,
- organizational structure unique to each family,
- typical family forms of communication clear and unapparent,
- create many effective ways to solve common problems in the family.

In addition to the specific functions of families with a child with developmental complications, according Pešová and Šmalík (2006, p. 34) the daily lives of families include these specific tasks:

- securing regular provision of medical, educational and rehabilitation services;
- protection of human beings with disabilities;
- treatment regimen; and
- rapid, effective help in life-threatening situations.

The importance of early intervention is high. If it is possible to start cooperation with prospective parents who are expecting a child with a risk, disruption or impairment in prenatal development, there is a high probability of prevention of secondary damages.

2 Developmental psychomotor therapy

Basic theory of psychomotor therapy is generally characterized as a close link between mental and motor skills. This term appeared before the end of the 19th century for the first time, when it indicated the area of psychology that studied perception (Zimmer, 2006). Psychomotor area indicates a pedagogical and a therapeutic concept, which uses the interconnection and influence of mental and motor processes. The aim is to move through a relationship with the client, to positively influence the mental processes and promote the overall development (Zimmer, 2006).

Already from birth, children learn to explore their surroundings through movement. Regarding this fact, it is necessary, especially for children with restricted movement, to convey stimuli so that they can develop on their current developmental level. Szabová (1996) argued that people with disabilities strive for overall improvement of their situation and she suggested applying play to develop undamaged components.

During infancy period, according to Szabová (1999), psychomotor therapy focuses mainly on the socio-motor area, building relationships, improving coordination, improving posture, and motor skills. Our goal in psychomotor therapy was to help clients create relationships to their own bodies, learn to perceive and use their own motion and creative potential to develop life skills.

Szabová (1996, p. 28) argued that psychomotor therapy in Slovakia is defined as *"a therapeutic educational method that through influencing the motor area of expression therapeutically effects mental human activity."* Zimmer and Vahle (2005) showed that in younger children the importance of psychomotor therapy is great, as it is expressed by more of a body language than verbal messages. Nonverbal expression is truer, and more honest. It is possible to strengthen family relationships and make contacts through this form of interaction.

Providing therapeutic intervention is an appropriate form of assistance for the whole family. Depending on what suits the family needs, the therapist performs intervention in the form of mobile services by visits in the family, in their home environment. Müller (2001) set out the objectives of intervention differentiated into three categories, namely:

– considering the needs of clients; removing of internal and external frustrations, conflicts, or stressful factors; relaxation; strengthening the dynamics of personality and group dynamics; strengthening the ability to create meaningful communication, networking 'normal' relations;

– providing services with respect to the orientation and skills of the therapist;
– considering the focus of the institution where the therapy takes place.

In the development of children Zimmer (2005) described important functions that movement fulfils:
– personal function – to move means getting to know the body, getting to know its physical abilities and it develops an image of itself;
– social function – movement allows to do something together with other people, it is a mutual play, it teaches to agree, and adapt to succeed; it is a means of socialization;
– productive function – allows people to move in order to prove something, be constructive, make something out of their bodies, to produce something;
– expressive function – through movement, people can express physically, illustrate, survive and transform feelings;
– impressive feature – movement serves to sense and feel emotions such as joy, happiness, exhaustion, or energy;
– exploratory function – allows movement to uncover and explore the world, and its properties; adapt to the demands of the environment;
– comparative function – movement enables comparisons and competitions with other people; through movement people learn to handle victory and to cope with defeat,
– adaptive function – movement allows people to learn to cope with burdens, to explore their own boundaries, increase efficiency, adapt to their own demands and the requirements of the external environment.

There is space for psychomotor therapy already in intrauterine child development. It is necessary to begin to build a relationship with the child, even though it is not born yet. During this period, it is appropriate to apply various mutual massages for the partner or parents-child, to strengthen their mutual relationship.

Research observations 1:
Future parents were instructed to find a comfortable place to hug the partner over the abdomen (as it was comfortable for both partners), and together they gently moved sideways, first slowly, then stronger. They looked at each other, they smelled each other; they were in physical proximity and experienced pleasant feelings. The therapist instructed them to try to observe breathing of each other and to try to align it. The entire exercise took place without words, the partners focused only on each other.

Mutual awakening of bodily perception establishes a good prognosis for the parent – child relationship after child's birth. Suitable exercises include also various spoken

massages to the pregnant partner, joint dance, or common relaxation with imagination as a preparation for the childbirth.

In the therapeutic work, it is important to use the potential of the family and the young child. It is necessary to promote mutual physical contact and proximity, and the creation of relational links in the family. As Zimmer (2006) stated, movement is an appropriate medium for a child because of several reasons:

- It creates a link between a person and the environment. Movement mirrors in the child's relationship to the environment. It provides examples of how the child may affect the environment and change it.
- It is a playful and physical activity that mediates the situation building, and building relationships of adults and children.
- Children connect movement and play, which allows them to direct expression of emotions.
- Materials, working tools, and physical situation invite children to activity. The boundaries are determined primarily by intrinsic properties of the group material and by a mutual agreement.

Successes and failures are induced by children directly, allowing them to experience themselves as the originators of the processes.

According to Szabová (2010), movement and psychomotor therapy represent the most extensive area of assistance, support, and companionship to children with development with disadvantages, in respect of activation, stimulation, and support. Inspirational psychomotor programs or exercises are focused on finding the best prospects for the child as a subject, involving families in the intervention. Professionals in early intervention support the positive aspects and build on them. They are based on what children know, what they like, strategies that tend never to act violently.

Pešová and Šmalík (2006) argued that having a person with a disability often influences career choice of their siblings or their next family life. Therefore, it is necessary to deal with the support of the sibling relationships. In the context of psychomotor therapy that is incorporated into the activities for siblings of the child at risk.

Szabová (1996) argued that movement is a key condition for healthy child development. For this reason, it is necessary to use movement games and play in early childhood despite the restrictions. An essential requirement is the presence of parents in order to support the relationship. We used basic techniques of psychomotor therapy as motion games adapted to the child's conditions – chase, hide and seek, or play with objects.

Research observation 2:
Parents were instructed to follow a hide and seek game with certain rules. One parent acted as a partner of the child in the game. The other parent used various tools and materials for 'hiding'. A parent with the child turned away, and after the other parent is hidden, together with the child they were looking for him. After finding the parent, the child had the possibility to encounter the material in which the parent was hidden, examine it through all senses – feeling it, observing it, smelling it, and listening to the noise it made.

The aim of psychomotor therapy in early childhood is to promote posture, movement coordination, eye-hand coordination, perception of one's own body and its limits. After birth, baby massage is suitable, not only for helping digestion but also abdominal pain or other health problems of the child can be prevented. In Slovakia, training courses were implemented to acquire skills of child massages for parents. These courses take place in several centres (e.g.: maserskaskola.sk, unicare.sk, zorka.sk). Within a period of three months, children can be offered simple stimuli in their eye sight (e.g.: a baby crib mobile) that they can observe or utilize in the play with parents in order to strengthen their mutual interactions and relationship. This also supports the function of sensory integration, especially the connection of visual and vestibular systems (Lištiaková, 2011). In the period up to six months, it is important to continue to provide incentives in the play that are placed within children's reach. Play must be accompanied by constant encouragement from the child's reference person. Incentives must be interesting for the child; it is appropriate if some of them make sounds.

It is very important that in learning about temperature, changes are introduced by several sensory channels, e.g.: in the addition to the examination by hands, exploring by mouth may be used. It is suggested that children are presented with objects of different quality, size and shape in order to provide opportunities for the body with diverse perceptions of body temperature. Within a period of nine months, a significant change will happen in the child's life – incentives may be examined in a seated position, they may be rotated to enable exploration by mouth, or different body parts. Experiences with the various features of different objects are provided. It is also useful to offer more than one stimulus, for example clapping on body parts. Children may physically feel the different perceptions of various qualities of incentives, and explore various applications of the object. During this period, music and movement games or body ritual play are also suitable. Parents can play out fairy tales on the child's body, using various materials for stimulation. Kováčová (2008) mentioned the importance of everyday objects used as puppets in play of parents with children. Within a period of one year, play still maintains a great importance in child's development. If in addition to play, psychomotor development of children

is stimulated, it is a natural way for the child, and development can take place. Stimulation should happen within the rituals of daily activities in the child's family.

Research observation 3:
Child is playing with parents lying down in bed. The parent tells a story about a magical forest, where different animals appear: wolves, a deer, a rabbit, a bear, and a fish in the pond. Each animal is re-enacted on the child's body – the wolf slowly crawls and growls, the doe lightly jumps in the woods – on the body of the child, and here and there a hoof stamped, the rabbit easily jumps over all the obstacles, the bear screams loudly and heavily – parent's hands pressed firmly on child's body, and the fish is wet from the water (parent soaks his hand), and when he flees to the woods, it is all wet…

3 Conclusions

We described the possibilities of psychomotor therapy for children at early age in the period of the first year and for their parents during prenatal development. We emphasized the importance of contact, contact with each other, not only verbal, but mainly verbal – through touch, massage, and physical stimulation using music. The importance of early intervention in the period up to one year is very high, because the child needs to be provided with specialized intervention immediately, and the infant with the natural environment.

References

[1] BANMEN, J., GERBEROVÁ, J., GOMORINOVÁ, M., SATIROVÁ, V. 2005. *Model růstu*. Brno : Cesta. 2012. s. 303.
[2] GOLDENBERG, H., GOLDENBERG, I. 2013. *Family Therapy. An overview*. MPS Limited: Macmilan company. 2013.
[3] GJURIČOVÁ, Š., KUBIČKA, J. 2009. *Rodinná terapie. Systemické* a *narativní prístupy*. Praha: Grada Publishing. 2009.
[4] HERMOVÁ, S. 1994. *Psychomotorické hry.* Praha: Portál, 1994.
[5] KLEIN, F., MEINERTZ, F., KAUSEN, R. 2009. *Liečebná pedagogika*. Bratislava: Sapientia. 2009.
[6] KOPŘIVA, K. 1997. *Lidský vztah jako součást profese*. Praha: Portál. 1997.
[7] KOVÁČOVÁ, B. 2008. Podoby a premeny terapeutickej bábky v intervenčnom priestore. In *Speciální pedagogika*, roč. 18, č. 1 (2008), s. 10–18.
[8] LIŠTIAKOVÁ, I. 2011. *Snoezelen terapia a terapia senzorickej integrácie u detí s poruchou autistického spektra*. In Kováčová, B. (Ed.) 2011. *Výchova verzus terapia – možnosti, hranice a riziká*. Zborník z medzinárodnej vedeckej liečebnopedagogickej konferencie. Bratislava : Univerzita Komenského. 158 s. s. 32–37.
[9] MÜLLER, O. et al. 2001. *Dítě se speciálnymi vzdělávacími potřebami v běžné* škole. Olomouc: Univerzita Palackého v Olomouci, 2001. s. 289.
[10] RETIS, M. 2010. *Early childhood intervention across Europe*. Ankara: Maya Akademi. 2010.

[11] PREVENDÁROVÁ, J. 1998. *Rodina s postihnutým dieťaťom.* Nové Zámky: Vydavateľstvo Psychoprof, spol. s r. o. 1998. s. 132.
[12] ŘÍČAN, P., KREJČÍŘOVÁ, D. et al. 1997. *Dětská klinická psychologie.* 3. vyd. Praha: Grada, 1997. s. 450.
[13] SZABOVÁ, M. 1998. *Náčrt psychomotorickej terapie.* Bratislava: Pedagogická fakulta Univerzity Komenského, 1998.
[14] SZABOVÁ, M. 1999. *Cvičení pro rozvoj psychomotoriky.* 1. vyd. Praha : Portál. 1999.
[15] SZABOVÁ, M. 2003. *Pohybom proti astme.* 1. vyd. Bratislava : LIEČREH GÚTH, 2003.
[16] SZABOVÁ, M. 2008. *Psychomotorická terapia – (*špeciálna*) výchova pohybom*. In Horňáková, M. et al. 2008. *Obsahová integrácia a diverzifikácia neučiteľských* študijných *odborov na Pedagogickej Fakulte Univerzity Komenského.* Bratislava: Univerzita Komenského. 2008.
[17] PEŠOVÁ, I., ŠMALÍK, M. 2006. *Poradenská psychologie pro děti a mládež*. Praha: Grada Publishing. 2006.
[18] VÁGNEROVÁ, M. 2004. *Psychopatologie pro pomáhající profese.* 3. vyd. Praha Portál, 2004.
[19] VÝROST, J., a kol. 2008. *Sociální psychologie*. Praha : Grada Publishing. 2008.
[20] ZIMMER, R. 2005. *Handbuch der Bewegungserziehung*. Freiburg im Breisgau: Herder, 2005.
[21] ZIMMER, R. / VAHLE, F. 2005. *Kinder-Körper-Sprache*. Freiburg im Breisgau: Herder, 2005.
[22] ZIMMER, R. 2006. *Handbuch der Psychomotorik*. 8. vyd. Freiburg im Breisgau: Herder. 2006.

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