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CONTRIBUTION OF CZECH SCIENCE FOR THE DEVELOPMENT PSYCHOMOTOR THERAPY IN THE EUROPEAN CONTEXT

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SUMMARY

The term "psychomotor" has its origin in Germany. Wilhelm Griesinger, one of the founders of neuropsychiatry, used the term for the first time in 1844. Over the years in different countries have developed different concepts psychomotor therapy as a therapeutic agent. The basis of focus is the same.The progress is determined by the level of development. Each and every new movement has its grounding in developmentally earlier movement. Move to try to create a predefined change in perception and behavior appropriate to predefined change can be induced by the knowledge of stimulate brain function.

However, it is necessary to allow for different levels of motivation for this change and varying levels of previous experience. The observation that the implementation of an active patient movement, with awareness of its progress and effects, has a considerably higher efficiency than the movement performed with passive patient therapist, led to increased interest in movement therapy performed in this way – psychomotor therapy.

The aim of this study is to highlight the ideas of which draws current psychomotor therapy.

Key words: psychomotor therapy, neuropsychology, motivation

INTRODUCTION

The use of movement activities for psychiatric patients was derived from the so-called active therapies (termed occupational therapy in some countries) that were organised in psychiatric hospitals. Initially, movement therapy for psychiatric patients was provided and further developed by teachers in physical education settings. The philosophy behind the initial attempts at movement therapy was "mens sana in corpore sano". At the end of the 1960s, the term "movement therapy" was replaced by "psychomotor therapy" (Probst and Bosscher, 2001).

Psychomotor therapy is based on a holistic view of the human being. This view is drawn from the unity of body and mind. The notion integrates the cognitive, emotional,

and physical aspects and the capacity of being and acting in a psychosocial context. The main idea behind psychomotor therapy is the interaction between physical activity and the mind (Probst 2001).

Psychomotor therapy is strongly underpinned by empirical findings, and the field is supposed to:

– enhance somatic and mental health,
– educate a person through self-reflection and self-cognition,
– provide a person with effective feedback from somatic, mental, social sphere,
– enrich a treatment procedure.

Psychomotor therapy is defined as a method of treatment that uses body awareness and physical activities as cornerstones of its approach. Psychomotor therapy is imbedded in different treatment programmes for different diagnosis related patient settings

PURPOSE

The aim of this study is to highlight the ideas that have influenced the development of psychomotor therapy. This paper presents the contribution to Czech kinesiology, neuropsychology, psychotherapy and occupational therapy in psychiatry for psychomotor therapy in the European context.

THEORETICAL ASSUMPTIONS

Historical assumptions

Most importantly influenced the development of psychiatry with a focus on the influence of physical exercise in the treatment of psychiatric patients had neuropsychological oriented neurologists and psychologists, body oriented psychotherapists. They had contributed to development psychomotor therapy.

For the development of therapies with emphasis on the influence of physical exercise in the treatment of psychiatric patients had neuropsychological oriented neurologists, psychiatrists and psychologists and body-oriented psychotherapists.

A motion therapies was developed by German doctors in mainly neurologists and psychiatrists. Psychiatrists had a mandatory attestation of neurology and their investigation into the mid-20th century started neurological examination.

In parallel with the foundation to develop similar support movement therapy in France with an emphasis on knowledge of psychoanalysis.

Wilhelm Griesinger (1817–1868)
The term “psychomotor” has its origin in Germany. Wilhelm Griesinger, one of the founders of neuropsychiatry, used the term for the first time in 1844. Griesinger is remembered for his reforms concerning the mentally ill and the asylum system. He

believed in integration of the mentally ill into society, and proposed that short-term hospitalization be combined with close cooperation of natural support systems including physical exercise (Griesinger, 1868).

Hermann Simon (1867–1947)
Hermann Simon on practical experience developed the concept of the "more active therapy". Simon perceived patients in a holistic way, regarding them not so much as sick people but as fellow men. He believed in the ability of a healthy personality to practice responsible and "well ordered self determination" (Simon, 1929).

Jean Piaget (1896–1980)
Piget interested, especially in the development of thinking. He called it genetic epistemology, meaning the study of the development of knowledge. Skills he called schemas. The child learns easily transfer your schema to the new object. This Piaget called assimilation, specifically assimilating a new object into an old schema. It is characeristic of knowledge within 2 years of age.

Piaget points out that the motion patterns, mostly based on early pre-verbal experiences as a tool for coping with life changes. If we change the body movement, we can expect a corresponding change in the psyche.

The basis of the understanding own "I" of integration of its, boundaries and to define the environment.

The "practical" is based on perceptions of the movement, uses sensorimotor coordination without the intervention of ideas or thinking (Piaget, 1952).

Julian de Ajuriaguerra (1911–1993)
He enabled psychiatry in Geneva to develop and become a reference. Psychoanalysts worked together with neurologists in spirit of emulation and collaboration rarely attained in this domain. He also perfected his technique of relaxation, the "Ajuriaguerra method" (Ajuriaguerra, 1980, 1989; Siguán, 1994).

Paul Schilder (1886–1940)
Schilder in his book "Das Körperbild und die Sozialpsychologie" points out the fact that Social psychology has not paid sufficient attention to the fact that people are not the only entities, psychic, but that also have bodies. Previous experience help to make our bodies, and their final forms as maps of our instinctive urge (Schilder, 1923) talks about development of inner body concept. Through awakening we perceive parts of our body, possibilities of movement in space and time. Body is gradually perceived as functional whole. When performing a movement, an individual receives kinestitic, rhythmical and social stimulations and reacts to them. If the process of movement is satisfying and if repetition of this movement is perceived positively, individual's self-confidence rises. Change of approach, self-apprehension and self-perception can only occur when working with biological and emotional parts simultaneously. Movement and emotions are mutually inseparable. We are the way we move (Schilder, 1933).

Ivory Franz Shepherd (1874–1933)
Franz's view about mental re-education had arisen earlier in his basic animal research. Not only did this influence Franz's views about rehabilitation in humans following brain damage, it also contributed to his theoretical view that brain functions are not localized (Franz 1905, 1932).

Karl H. Pribram (*1919)
Pribram did pioneering work on the definition of the limbic system, the relationship of the frontal cortex to the limbic system, the sensory-specific "association" cortex of the parietal and temporal lobes, and the classical motor cortex of the human brain. To the general public, Pribram is best known for his development of the holonomic brain model of cognitive function and his contribution to ongoing neurological research into memory, emotion, motivation and consciousness (Pribram 1969, 1971, 1991).

What intrigues us is to what extend our Body-Image determines overall Self-concept. Interesting points to this question shall be found in the following works: James (1890); Schilder (1933); Gendlin (1962); Gendlin (1996); Feldenkrais (1978); Steiner (1993) in Nejedlo (2010); Fox and Corbin (1989); Fox (1990, 1997); Vašina (1999); Hájek (2002). The earliest and basic theory was developed by William James.

William James (1842–1910)
W. James, an early behaviourist, distinguished two aspects of self: "I" that denotes feelings of personal uniqueness and individuality. "Me" is a sum of everything a person considers himself. It's equally important constituents are: material, social, and spiritual components.

James classified "Body image" to material self – a ground floor of hierarchy. Close to James' concept is Rogers' (1954) and Feldenkrais' (1978) differentiation between client's perception of "Actual Self", and "Ideal Self". These thoughts inspired some psychotherapies; also Czech psychologists were highly influenced by them.

Moshe Feldenkrais (1904–1984)
Feldenkrais (1978) in his book "Bewustheit durch Bewegung" agrees with conviction that men act according to their own perception of themselves. The perception of "I" is made up from four components: movement, sensual perception, feeling (emotion) and thinking.

The perception of "I" is constant evolves in connection with our behaviour. It is necessary to adapt to the changing perception. Inadaptability stands for rigid, schematic behaviour. Changing of behaviour means changing of self-perception. Change in behavioural dynamics is identical with the change of one's own "I". It produces changes in movement and activates all body parts.

Rudolf Laban (1879–1958)
Laban created a way to interpret, describing, visualizing and notating human movement. He significantly influenced the development of dance. Laban's analysis and categorization of movement contributed to nonverbal communication studies. The description of

movement is used as a diagnostic aspect. Therapy views dance as movement, the esthetical and performance aspects are not judged, but its substance is interpreted from psychological, social and historical points of view. The interconnection of movement and emotions is the focal principle.

Carl Ransom Rogers (1902–1987)
C. R. Rogers was American psychologist, the founder of the humanistic approach to psychology. He emphasises the importance of motivation for learning, including learning of movement. Learning does not depend on knowing the answers but on our willingness to know. Behaviour can significantly be influenced only when individual's learning is based on their own experience. Such an experience is also represented by movement. Parts of movement are feeling and self-recognition. The way of taking part in movement depends mainly on individuals' inner motivation (Vymětal, 1996).

Eugene T. Gendlin (*1926)
Gendlin's concept of body/mind processes. Mental phenomena (thoughts, representations) are specific in their bearing of independent meanings. He suggests that body sensations are crucial for understanding of particular life occasions. Bodily grounded experience may be an important factor for change. This change is determined by the modified bodily grounded experience first. In accordance with the experience, new behaviour is elicited (Gendlin, 1962, 1981, 1996).

Czech contribution of neurology and kinesiology

The education Czech neurologists had come from Austro-Hungarian conception, and its influence can be spotted there after (Vojta, Lewit, Véle, Janda, Kolář, Kučera, Obrda, Pfeifer, in Kolář, 2009).

In terms of neural excitability, the centre motor cortex is primarily stimulated. It belongs to the phylogenetically oldest part of the cortex and the most genetically transmitted programs are stored there.

Motor cortex, as the oldest part of the cortex, is stored in the deep layers of the cortex and is strongly linked to the limbic part.

In children, there is a high connectivity between the midbrain and cortex (that is the cause of all the high emotion experience and behaviour). Strong links with the limbic motor cortex of the brain are likely to be associated with high emotion accompanying the most physical activity in early childhood and to 6 years which form the neural network than in adults who learn more in the form of concepts.

Thus, neurology has naturally played its part in ergo therapy, movement therapy, etc. These motor oriented neurologists have well contributed to psychomotor therapy development. Its principals were Vojta and Vélé.

Václav Vojta (1917–2000)
Václav Vojta was a prominent children neurologist. He had been working on motor complexes theory during 1961–1972. He came to realize that the complexes are interconnected, and its groundings are inherited. Upon these findings, he had built a

diagnostic and therapeutic method – later on called Vojta's method. The method of reflex locomotion was mainly used for cerebral palsy treatment.

Vojta has proven that timely diagnostic and therapy in first weeks of age may greatly influence prospective motor development of a kid. His method comprises of neuro-kinesiological examination, reactions on various positions, and reflex checking. It is structured to uncover disorders in early motor development. If the results indicate a disorder, the therapy can start early in new-born age or in infancy even though clinical manifestations are not apparent yet. Thus, neuron network, rapidly evolving in this age, can be influenced for good of a child.

Vojta has published in Czechoslovakia and Germany, where he emigrated in 1968, more than 100 scientific papers. His text book *Mozkové hybné poruchy v kojeneckém věku* ("Brain motor disorders in infancy") firstly published in Germany in 1974, was translated into many languages (except anglish), and its 6th revised edition was released in 2000. The book summarized the diagnostic and therapeutic system, and results of his scientific work. The book *Vojtův princip*, was firstly published 1992 and was translated into many languages too.

František Véle (*1921)

František Véle had been working in the psychiatric clinic in Pilsen after his graduation in 1949. Due to a communist persecution, he had subsequently served as a manual work-force. He had been employed in the rehabilitation centre in Jánské Lázně (Jánské Spa) since 1953, and cooperated with neurophysiologic department in Hradec Králové. Recently, he teaches at the Department of Physiology of Faculty of Physical Education and Sport of Charles University. He postulates that:

Ontogenetic development is genetically determined by pre-formed motor programs in primary neuron networks. Movement development runs automatically, and is a continuation of intrauterine development. Therefore, also motor skills are genetically pre-coded, and shaped afterwards by external stimuli and motivation factors.

Motivation drives motor ontogenesis of a child. A child wishes to express themself through movement, so muscles interplay is triggered in order to fulfil the wish "to touch something". The progress is determined by level of development. Each and every new movement has its grounding in developmentally earlier movement. Therefore, quality of basic movements influences all further stages of development (Véle, 1995).

Evolutionary neuroplasticity mechanisms are involved in motor learning, and in reparatory processes. Motor plasticity is still significant after 6th year of age, and there after. Reparatory ability of motor skills is considerable if at least elementary spinal functions remain intact. So, even ostensibly lost movements can be rebuilt. This assumption was examined by Véle in neurological adult patients, and also in psychiatric patients. He suggests that stimulus for reaction does not have to necessarily be tactile but can also be visual, auditory or even emotional. Its only determinant is an ability to bring change.

Motor system operates as a whole. Both, Central Nervous System and psyche greatly influence motor skills. Simultaneously, external and internal sensor stimuli play its part. Further, motivation must be taken to account. Motivation initiates and drives motor behaviour; it regulates intensity and nature of motor actions. New motor patterns must be created, learned, and prioritized in order to amend particular motor behaviour. Both,

cortical (rational) and subcortical (emotional, limbic system) areas must be activated for successful fixation of motor behaviour. Nevertheless, it also works other way round (Véle, 1997).

Pavel Kolář
Kolář suggests in his therapeutical approach that stimuli (tactile, visual, auditory, emotional) modify nerve structure and can repair previously damaged brain areas. Structural base for reparatory processes are:

– synaptic rebuilding,
– dendrite and axon creation,
– local neuron network rebuilding,
– function brain areas rebuilding.

We still look for new ways to augment regeneration ability of nerve system by either medicaments or trans-cranial magnetic resonance (Kolář, 2009).

Czech contribution of Psychology

Motor skills are realized via body. Our self-judgements and self-perception influence our behaviour and experience.

Self-concept is conscious self-reflexion mirrored in current knowledge. Self-concept is examined in Personality Psychology / Developmental Psychology / Cognitive-social Psychology / Psychotherapy. That is what makes the term rather confused.

Deliberate movements can influence psyche

Differentiation between outcomes of passive and actively performed motor therapy has greatly impacted further development of psychomotor therapy in the Czech Republic. Psychology has treated motivation as an important treatment factor already. Motivation strengthening was based upon social psychology principles (Miller, 1983; Miller, Rollnick, 1991; Sauders, Wilkinson, Towers in Rotgers, 1996).

Lubomír Vašina
Vašina emphasizes body in psychotherapy. Client's relationship to self, and body/psyche relationship are stressed out. He builds upon Moscovici's thoughts (1984).

What we perceive and experience as our identity are inter-related relatively stable emotional and cognitive structures of our personality. Body is an instrument for the relationship elaboration. Body is always here; it is rooted in life reality. Mere thought is ephemeral; it is not time/space bound. Only a thought grounded in body opens the world with meanings for a man's existence (Vašina, 1995, 1999, 2007).

Karel Hájek
Hájek further elaborates Gendlin's concept of body/mind processes. Mental phenomena (thoughts, representations) are specific in their bearing of independent meanings. He

suggests that body sensations are crucial for understanding of particular life occasions. Bodily grounded experience may be an important factor for change. This change is determined by the modified bodily grounded experience first. In accordance with the experience, new behaviour is elicited (Hájek, 1993, 2002, 2006).

Czech contribution of Psychotherapy

Psychotherapy focused on the body is currently being organized in the association European Association for Body Psychotherapy (EABP) with over 700 accredited members, including 50 Training Organizations and Professional Associations throughout Europe. It is legally registered in Switzerland and its Secretariat is in Amsterdam.

From the 2006 exists The Czech Association for Body Psychotherapy (ČAPZT). Body-Psychotherapy involves an explicit theory of mind-body functioning, which takes into account the complexity of the intersections and interactions between body and mind. The common underlying assumption is that the body reflects the whole person and there is a functional unity between mind and body. The body does not merely mean the "soma" and that this is separate from the mind, the "psyche". There is not a hierarchical relationship between mind and body, between psyche and soma. They are both functioning and interactive aspects of the whole human being. Where other approaches in psychotherapy touch on this area, body-psychotherapy considers this as fundamental.

Body-Psychotherapy involves a developmental model, a theory of personality, hypotheses as to the origins of disturbances and alterations, as well as a rich variety of diagnostic and therapeutic techniques used within the framework of the therapeutic relationship. There are many different and sometimes quite separate approaches within body-psychotherapy, as indeed there are in the other branches of psychotherapy.

Czech contribution of Psychiatry

Czech psychiatry in the period between World War I and World War II was based on the knowledge of neurology research in medicine. Of key importance for the development of work and movement therapy in the facilities for mentally ill people was the work by Prof. MUDr. Karol Matulay (1906–1998), who promoted and introduced work therapies, as well as other activity therapies, among others also the therapeutic practising of medical physical movement and sports.

Exercising and particularly sports exercise rose after World War II. Professor Matulay was already admired by a number of psychiatrists between the wars, especially by those who tried to foster treatment with alternative (activation) therapies, even at a time when pharmacotherapy started to be used more and more frequently. Their efforts are documented by the arising of the sports facilities used and even built within the framework of work therapy by patiens (Cupák, 2006).

Among the ergo-therapeutically oriented psychiatrists who introduced sports activities in their departments as a support of their main treatment, it is necessary to mention MUDr. Zdeněk Bašný (1920–), who worked in the largest Czech psychiatric medical treatment facilities in Dobřany and in Prague, Bohnice. In the departments led by him, he organised body exercises with activation or relaxation effects. On a gradual basis, simple

yoga positions were included in the exercise. The exercise was selected with regard to the diagnosis, the seriousness of the illness, the patient's current psychosomatic condition and the special focus of the treatment. On the basis of his empiric experience it was possible to create foundations for a form of psychomotor therapy which was known in the Czech Republic as kinesiotherapy.

Psychomotor therapeutical assumptions in Czech Republic

We (Hátlová, 2003a, 2003b, 2010), drawing from Piaget, Pribram, Moscovic, Velé, Probst, suggest that deliberate movement directly impacts psychological functioning. Motor system operates as a whole. Both, Central Nervous System and psyche greatly influence motor skills. Simultaneously, external and internal sensor stimuli play its part. Further, motivation must be taken to account. Motivation initiates and drives motor behaviour; it regulates intensity and nature of motor actions. New motor patterns must be created, learned, and prioritized in order to amend particular motor behaviour. Both, cortical (rational) and subcortical (emotional, limbic system) areas must be activated for successful fixation of motor behaviour. Nevertheless, it also works other way round. Deliberate movements can influence psyche. Psychomotor therapy contributes greatly to non-verbal communication.

Psychomotor therapy contributes greatly to resocialization through non-verbal communication (Adámková, 2011).

Research carried out in the context of the verification methods kinesiotherapy are mentioned in the trade press (Faulkner, 1999, 2006).

Kinesiotherapy in the development of psychomotor therapy appointed as "Therapy in Regard to Similar Therapies in other European Countries" (Probst et al., 2010),

The conclusions of his thesis focusing on the psychomotor therapy published

Špůrková (2010 in Hátlová & Kirchner, eds), Kirchner (2009, 2011) Adámková Ségard (2010a, 2010b, 2011) Kynštová (2010 in Hátlová & Kirchner, eds),

DISCUSSION

Psychomotor therapeutical assumptions in Europe

In recent years body-orientated concepts have gained more and more importance in the therapy of mental disorders. But there is still a widespread skepticism about the effectiveness of movement-therapeutic measures says Gerd Hölter (1993, 2011).

Psychomotor therapy is defined as a method of treatment that uses body awareness and physical activities as cornerstones of its approach. In Flemish psychiatric hospitals, psychomotor therapy is imbedded in different treatment programmes for different diagnosis related patient settings. Psychomotor therapy is based on a holistic view of the human being. This view is drawn from the unity of body and mind. The notion integrates the cognitive, emotional, and physical aspects and the capacity of being and acting in a psychosocial context. Physical activity in all its forms and corporeality are the central themes. Although physical activities have somatic effects (on morphological, muscular,

cardiorespiratory, metabolic, and motor levels), psychomotor therapy is still mainly considered to be a psychological treatment. The experiences during PMT and the responses that arise through these experiences function as a dynamic power of change.

Psychomotor therapy is considered as a complementary therapies and can be embedded in several psychotherapeutic approaches (behaviour, cognitive, or psychodynamic therapy). It incorporates medical, psychological, agogic, kinesiological, and rehabilitative components (Probst in Adámková, 2010a, 2010b).

What tasks solved psychomotor therapist

Psychomotor therapist must be aware of the above principles to select those which will follow the patient's positive experience and specifically choose those that will improve his mental condition. These are tasks for psychomotor therapist in terms of neuroplasticity:

- How to eliminate unsatisfactory efficiency switching circuit (lower efficiency of inappropriate neural connections).
- How to activate the original functional circuit, which still dormant (there are existing but non-stimulated, subdued memory traces).
- How to avoid negative feelings in the patient.
- He has to know how to evaluate the efficiency in therapy (Knapen, 2005, 2011).

He must be aware that:

- Every problem stimulates the patient's neural network.
- A positive therapeutic relationship and nonthreatening environment are crucial components for success of the therapy.
- A positive experience and collaboration will occur very slowly, probably after sometime (the role of trust).
- Building of new and strengthening of current fading synapses requires continuous regular stimulation preferably at least 3 times a week for 12 weeks.

CONCLUSION

The term "psychomotor therapy" in contrast to its acceptance in most European countries, has not found its way into the Anglo-Saxon literature.

Evidence of this is non-existent English publication prof. Vojta. European Forum of psychomotricty (EFP) based 1996 in Marburg, Germany, which is 15 active members of the association of European countries. European Association for Body Psychotherapy (EABP) with over 700 accredited members, Including 50 Training Organizations and Professional Associations Throughout Europe.

Psychomotor therapy has its distinctive place in the prevention and treatment of people throughout the period of his life.

Psychomotor therapy raises the question:

– What are the scientific basis for specific psychomotor therapy?
– What recommendations should be respected in the implementation of psycho-therapy?

To search for new procedures in psychomotor therapy we have decided to prepare a field for this by summarizing historical development of motor therapy. We are going to focus on neurological, neuropsychological, psychiatrical and psychotherapeutical approach to movement therapy. Its applications are viable in: physiotherapy, movement therapy, sport therapy. We excluded the direction of body psychotherapy, which is not depends on the neurological approach.

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PŘÍSPĚVEK ČESKÉ VĚDY K VÝVOJI PSYCHOMOTORICKÉ TERAPIE V EVROPSKÉM KONTEXTU

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SOUHRN

Termín „psychomotorické“ má svůj původ v Německu. Wilhelm Griesinger, jeden ze zakladatelů neuropsychiatrie, použil termín poprvé v roce 1844. V průběhu let se v jednotlivých zemích vyvinuly odlišné koncepce psychomotoriky jako terapeutického prostředku. Základ zaměření je stejný. Pohybem se snažíme vyvolat předem definovanou změnu prožívání a na něm odpovídajícího chování. Předem definovanou změnu je možno navodit pomocí znalostí stimulace funkcí mozku. Je však nutno počítat s různou úrovní motivace k této změně a různou úrovní předchozí zkušenosti. Zjištění, že aktivní pohyb pacienta s uvědomováním si jeho průběhu a účinků má vyšší účinnost, než pohyb prováděný terapeutem s pasivním pacientem, vedl ke zvýšení zájmu o takto prováděné pohybovou terapii – psychomotorickou terapii. Cílem této studie je upozornit na myšlenky z nichž současná psychomotorická terapie čerpá.

Klíčová slova: psychomotorika, terapie, neuropsychologie, motivace

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