A movement- and body-oriented approach

Psychomotor interventions for mental health

Adults

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General introduction

Claudia Emck

A handbook of psychomotor interventions: what and for whom?

This is the first handbook of psychomotor interventions written for an international audience. It is written to meet the needs of psychomotor therapists, psychologists, psychotherapists, psychiatrists and other mental health specialist, as well as the needs of students in these fields of interest. It is the first textbook to include information about the historical, scientific and clinical background of psychomotor practices in The Netherlands and Flanders and provides up-to-date chapters on the main adult target groups for these interventions. Except for the first chapter, which provides a general introduction to psychomotor therapy (PMT), each chapter contains the scientific evidence, state-of-the-art practice and some case scenarios to illustrate the important concepts for clinical practice and treatment. Some chapters include figures to enrich the educational experience. We have also provided comprehensive references for further reading on specific topics.

Why this kind of handbook?

The plan to develop a new handbook arose from the notion that the Dutch book on PMT edited by De Lange (2010) urgently needed an update. During the last decade, the evidence for movement- and body-oriented interventions has increased and a diversity of new clinical practices have evolved. This led to the plan to gather the current expertise of researchers, lecturers and professors working at universities and involved in bachelor's and master's programmes dedicated to PMT in The Netherlands and Flanders. To cover the broad field of psychomotor practice, two books have been prepared: one regarding the treatment of adults (the current volume) and one regarding the treatment of developmental problems and disorders (the next volume, planned for 2020). Next, clinical experts were asked to contribute collaboratively to several chapters, ideally leading to a team of authors consisting of at least one author providing the scientific and theoretical perspective and another providing in-

put from actual clinical practice. As such, this handbook serves evidence-based clinical practice and is essential reading for well-informed practitioners and students in the field of mental health.

Terminology

The term psychomotor interventions is used to address a variety of movement- and body-oriented therapies for mental health as primarily developed and practised in The Netherlands and Flanders, as well as slightly different interventions provided in other European countries. By definition, the term 'intervention' refers to an act of interfering with the outcome or course especially of a condition or process, with the aim to prevent harm or improve functioning. That is, an action is taken to intentionally become involved in a difficult situation to improve it or prevent it from getting worse. On a broader level, all forms of therapy, training, prevention and education can be regarded as interventions; as such, PMT is also an intervention. However, the actions of a therapist within a therapy session, or using a specific method, activity or technique can also be regarded as an intervention (within an intervention). An invitation to join a game, touching a shoulder or verbalizing an observation are examples of specific psychomotor interventions.

The term intervention in its fullest sense is especially used in the literature devoted to psychotherapy (see Barth et al., 2013; Haddock & Slade, 1996; Ulberg et al., 2016). For the purpose of this book, the term intervention is used as an umbrella term, under which psychomotor therapies, exercises and techniques for specific populations are described. Movement activities and bodily exercises are part of these interventions, as are the therapeutic techniques used by a psychomotor therapist. Psychomotor interventions directly address the experiences of patients and aim to systematically influence behaviours, cognitions and emotions. Figure 1 outlines the components of psychomotor interventions and provides some examples.

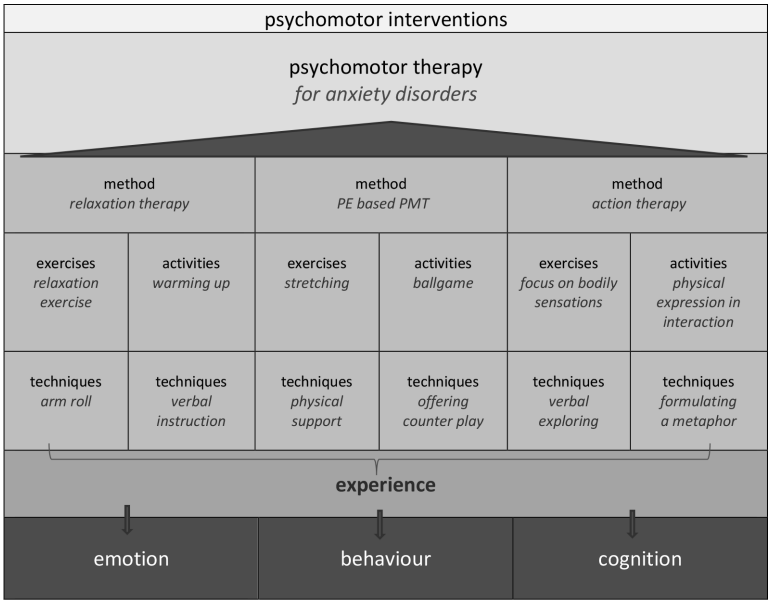

Figure 1 Psychomotor interventions and their components. The examples shown are anxiety disorders-specific (in italics).

What is in it?

The introductory chapter (Chapter 1) provides an overview of the field of psychomotor interventions, its roots and place in mental health, along with paradigms and theoretical principles, assessment methods and mono- and multimethod practices. The information provided in this introductory chapter concerns psychomotor assessment and therapy in general; it forms the basis for the therapies aimed at specific populations as described in the chapters that follow. Furthermore, the authors stress the importance of movement- and body-oriented psychomotor interventions for mental health in general, while also recognizing the need for further development and empirically oriented studies.

In the chapters that follow, psychomotor interventions for specific populations are discussed. Although psychomotor interventions are widely used in child/adolescent and adult populations and in people with intellectual disabilities, the focus of this book is on adults. A second book, specifically aimed at psychomotor interventions in people with developmental problems will be published in 2020. The chapters in the current book concern psychomotor in-

terventions for depressive disorders (Chapter 2), anxiety disorders (Chapter 3), somatic symptom and related disorders (Chapter 4), eating disorders (Chapter 5), post-traumatic stress disorder and dissociative disorders (Chapter 6), psychotic disorders (Chapter 7), acute psychiatric wards (Chapter 8), personality disorders (Chapter 9), disruptive, impulse-control and conduct disorders (Chapter 10), substance abuse disorders (Chapter 11) and older adults with dementia (Chapter 12). Reading these chapters, it will become clear how a broad spectrum of methods, exercises and techniques aimed at influencing movement behaviour and bodily experience are integrated in clinical practice and tailored to the specific needs and competencies of people with mental health problems.

Chapter 2 describes PMT for people with depressive disorders. A relatively large corpus of literature on psychomotor interventions in this population is available. It predominantly refers to running or endurance sport and aerobic exercise as means to influence depressive symptoms. The authors of this chapter, Van Busschbach, Bluming, and Scheewe, not only discuss well-known interventions, but also provide a broader perspective on psychomotor diagnostics and the treatment of people with depressive disorders. The clinical features of depression related to movement and body experience, such as negative body image, stooped posture and slow walking pace, and problems with emotion regulation are discussed in relation to current research and treatment options. The authors provide the reader with up-to-date material on this topic, illustrated with interesting case scenarios.

In people with anxiety disorders, the topic of Chapter 3, body experience can be negatively influenced by psychophysiological symptoms related to stress responses. Additionally, movement behaviour can be impaired as a result of a strong tendency to avoid situations associated with bodily feelings and reactions (such as sweating and a pounding heart) that are normal yet induce fear in people with anxiety disorders. Glas and Moeke-Murris discuss these phenomena by using Buytendijk's theory of goal-directed and expressive movements, as well as the three domains of body experience presented in Chapter 1. Psychomotor treatment for this population, based on the unified treatment model, is aimed at unhelpful cognitions and emotion-driven behaviour. A wide range of psychomotor techniques are used, such as relaxation, physical contact, and aerobic and anaerobic exercises. Moreover, preventing avoidance and providing insight can be an important part of PMT for people with anxiety disorders.

In Chapter 4, PMT for people with somatic symptom and related disorders is discussed. Since these disorders express themselves at a bodily level, psychomotor interventions are especially relevant. Van der Maas and Tijssen emphasize the variety of these disorders and the pitfalls of trying to reduce the disorder to either physical or mental causal factors. Instead, they propose the 'model of con-

sequences', which takes into consideration the interaction of biopsychosocial factors in the perception and maintenance of the somatic symptoms. Based on this model, psychomotor diagnostics and treatment can be offered. As such, the authors propose four main topics: (1) creating rest; (2) activation; (3) emotion regulation; and (4) social interaction. All four are combined with psycho-education. Since people with somatic symptom and related disorders experience physical symptoms, it can be reassuring for them to start from a physical perspective and gradually address other aspects of functioning.

Chapter 5, PMT for people with eating disorders, has been written by a team of four authors who specialize in these disorders. As Rekkers, Boerhout, Nieuwenhuijse, and Bonekamp demonstrate, all eating disorders are characterized by problems with bodily experience. Thus, this has long been a main target for psychomotor diagnostics and therapy in this population (see Probst, 1997). Furthermore, emotion recognition and regulation, which can also be problematic in eating disorders, can be addressed with specific movement- and body-oriented interventions. Hence, the authors discuss a recently developed, evidence-based psychomotor aggression regulation intervention aimed at practising anger-related body expression in an adaptive way. Besides problems with bodily experience and emotion regulation, the authors pay close attention to the maladaptive exercise behaviour that is often a component of the lifestyle of people with eating disorders. The use of exercise when treating such patients must therefore be carefully adapted to the phase of the therapy; moreover, it should be aimed at pleasure and enjoyment instead of burning calories or as 'blind' performance motivation. Thus, the psychomotor therapist can have a prominent role in helping patients to learn how to adopt a healthy lifestyle.

As evidenced by research, in people with post-traumatic stress disorder, the relationship of individuals with their body is often negatively influenced or damaged. The authors of Chapter 6, Van de Kamp and Hoven, first describe a variety of clinical features associated with post-traumatic stress disorder. They then describe several ways of measuring body experience and a procedure for observing body posture, movement behaviour and facial expression in this population of patients. The psychomotor characteristics of this disorder, as well as the rationale for psychomotor interventions, are linked to theoretical models regarding the development and persistence of defence reactions during threatening situations. These models are mainly anchored in psychophysiological knowledge about autonomic sensitivity and arousal. The authors emphasize that PMT can contribute to the process of healing since it provides a bottom-up approach to integrating physical, cognitive and emotional information. Several forms of PMT are then presented along with their evidence base.

The topic of Chapter 7 is psychomotor interventions for people with psy-

chotic disorders. Although psychoses often occur within the context of schizophrenia, psychotic symptoms can manifest themselves in a broad range of disorders. Historically, patients with psychotic disorders have been studied with regard to their psychomotor characteristics (Salomé-Finkelstein, 1963; Van Roozendaal, 1957). Several psychiatry textbooks have outlined abnormal posture and movements due to psychotic disorders and/or pharmacological interventions (Sadock et al., 2015). For this handbook, a team of authors (Scheewe, Deenik, De Vries, Van Vilsteren, and Vancampfort) highly experienced in psychomotor practice, who have researched this topic extensively, have collected their knowledge and experience and present it in an new and informative way. They describe several forms of PMT for this population of patients. The reader will find up-to-date information regarding research and practice, together with a nuanced argument for using psychomotor interventions during different phases of psychotic disorders.

Acute psychiatric wards provide time-limited care for people with a variety of diagnoses in acute states of disturbance and distress, combined with the danger these present for the patients and their environment. Literature about psychomotor interventions for people who are admitted to these wards is sparse. In Chapter 8, Van de Kamp, Haveman, and Emck base their views on this topic on literature about relevant psychopathologies, expert clinical experience and several pilot studies. The authors present a checklist for psychomotor assessment as a tool for clinical practice and describe the main targets, methods and activities for psychomotor interventions in people that are admitted to acute psychiatric wards. Thus, they fill a gap in the literature for clinicians and inspire researchers to perform more studies on the feasibility and effectiveness of psychomotor interventions for this patient population.

In Chapter 9, Drewes, Nijkamp, and Roemen-van Haaren discuss PMT for people with personality disorders. In these patients, a pervasive pattern of inner experiences and behaviours that deviate from a person's cultural norms cause troubles for individuals and/or their environment. The authors pay ample attention to the complex interaction of factors that constitute these disorders and the implication of these factors when designing therapeutic interventions. They describe psychotherapeutic models, especially cognitive behavioural ones, where psychomotor interventions can be embedded. Moreover, four main topics for PMT are presented: identity; self-direction; empathy; and intimacy. By discussing these topics, the importance of movement behaviour and body awareness becomes clear, both with regard to subjective experiences and intervention strategies.

The group of disruptive, impulse-control and conduct disorders includes oppositional defiant disorder, conduct disorder, intermittent explosive disor-

der, kleptomania and pyromania. The authors of Chapter 10, Nijkamp and De Pauw, describe aggression as a key feature of these disorders; treatment should be aimed at such aggression. Since in these cases a person's distress is focused outwards, it directly affects other people. As a result, many individuals with these disorders find themselves in a forensic psychiatric setting. Nijkamp and De Pauw use the general aggression model as the theoretical framework to describe the specific contribution made by PMT to the treatment of patients with aggression regulation problems. Recognizing emotions through interoceptive sensations is a core principle of PMT and represents the first step to experiencing, modulating and practising new behaviour in PMT. The authors of this chapter provide an abundance of information and convincingly illustrate the additive value of PMT for people with aggression regulation problems.

For people with substance abuse disorders, psychomotor interventions can contribute to recovery and abstinence. In Chapter 11, Stoffels, Van Busschbach, Van Berkel, De Lange, & De Haan discuss several options for using movement- and body-oriented interventions when treating this patient population. The (ab)use of substances, for example painkillers, hallucinogens or hypnotics, can have a great impact on body experience. Moreover, substance abuse is part of someone's lifestyle and is associated with sedentary behaviour. The authors present the impaired response inhibition and salience attribution model as a theoretical base for interventions. The model emphasizes that addiction is characterized by impaired response inhibition and salience attribution, where the motivation to procure drugs overpowers the drive to attain other goals. In this context, PMT is aimed at regaining control by methodically using movement behaviour and body awareness as important ways to become aware of habitual responses and behaviour.

Given that the number of older adults and the prevalence of dementia are ever increasing, the topic of Chapter 12 is highly relevant. Van 't Hooft, Bouman, and Faasen describe the general and specific characteristics of people with dementia with regard to the needs and possibilities for psychomotor interventions. The adaptation coping model and neuropsychological models of dementia are used to anchor movement- and body-oriented interventions, such as the recently developed Aquamentia programme. Although dementia cannot be cured, psychomotor interventions, if carefully designed and offered by skilful professionals, can contribute to the quality of life of these patients. Research on this topic is still lacking, yet clinical practice is constantly innovating. Thus, future studies are highly recommended.

Acknowledgements

This handbook would not have been published without the work of many contributors in the field of PMT in The Netherlands and Flanders. The authors of the chapters, either clinicians, researchers or both, have all spent much time and effort to make their knowledge and experience available to readers. Since much of the literature about PMT is published in Dutch, and the methods and concepts sometimes have inherent Dutch connotations, translation into English was not always easy. Therefore, we are especially thankful to Mrs. S. Cutler, the native speaking editor of this book. We want to mention Els Klijnsma for her translation of chapter 11. We also thank the Dutch and the Flemish Federation for Psychomotor Therapy for their financial back-up contributions.