



Psychomotor assessment

Psychomotor Assessment

In psychomotricity, the diagnosis is made by means of a psychomotor assessment. A reading of the body in static or dynamic situation is carried out. That assessment synthesizes the life of a person, of her psychomotor capabilities and difficulties at a given moment: according to the result of the synthesis, a psychomotor undertaking is envisaged or not and if that is so, it will be based on a therapeutic project.

Psychomotor Observation

At first the person is observed in free action in space, following its own rhythms and desires. The subject is observed in its globalist, considering objective body aspects (skills, competences), but also subjective potential aspects (evident in action and interaction). The always present, careful, participating and nonjudgmental look of the psychomotrician who is immediately involved in the relationship, detects aspects otherwise difficult to perceive.

Observation

One of the professional skills of a psychomotrician is the skill to observe the development of the pupils or patients. The qualification includes the competence to describe motor, perceptual, psychosocial and communicational difficulties and resources of them. The observation is not deficit-oriented or just aimed to describe the quantitative or qualitative variables of movement. Observation is resource-oriented to support the acquisition of competences. A profound and differentiated observation under a period time is a pre-requisite for all further development diagnostics and intervention planning.

Clarification

Clarification means the diagnostical process to decide the need of psychomotor intervention in general and to define the specific intervention targets. In general it takes place before or after an assessment meeting with teachers and parents. Content are standardized tests (like e.g. MABC-2, MOT4-6,) and "classical" psychomotor games and actions. The aim is to combine quantitative data with qualitative observation to plan the intervention.



Therapeutic project and diagnostic

Therapeutic Project (in para medical project)

The therapeutic project is what the psychomotrician intends to do with the patient. It is built on the conclusions of the psychomotor assessment and lays down the purposes to reach. It allows the patient to start a personal process with a structured and realist method. His demand is taken into account, concerning his desires, fantasies, personal capabilities as well as his difficulties, handicap, and limits (which are not denied). The purpose of the therapeutic undertaking is defined according to a purely quantitative evolution of the efficiency.

The therapeutic project is also useful for the therapist because it is used as a base frame for estimating the progress including the difficulties of the patient. It also specifies the main directions of the process, the key steps and the limits of the intervention. The therapeutic project is evaluative and adaptable. It must be re-adjusted permanently according to the possibilities of the patient, the progress, the control assessments and the conclusions of the synthesis meetings.

Diagnostics (in Germany)

The diagnostic focus of German Psychomotricity is foremost on perception and movement of a child or adult in relation to his or her development and way of acting. There are two main approaches: motoscopic and motometric. Historically diagnostics from the 1960s to the 1980s was deficit oriented, later mostly strength- or resource-oriented. Lately a system oriented perspective, that takes into account the context, has been added. The central purpose of diagnostics is to provide starting points for supportive and therapeutic interventions. Diagnostic aspects have been integrated into the various approaches, with each approach having its own diagnostic view. The Masters in Motology also focuses on diagnostic skills and in the ability to write a case report.

Developmental Support (the central paradigm of Psychomotricity in Germany)

The DS aims to assist and accompany people in their personal development by offering movement- and body-oriented situations for exploration. In order to discover a person's developmental stage, development theories of the entire life span are being translated into diagnostics. Guiding questions are: What is this person's issue, what does she need for her development, what could the next developmental step be? Appearing issues can stem from the past, the present or the future. DS always implies help to develop yourself, meaning that everybo-



dy is the key player in his own development. DS chooses an approach through movement and body while regarding the whole person and his identity. DS is one of four major paradigms of body and movement work in Germany. The other three are: Education, Therapy and Health Support.

Relation with the pupils or the patients

Body

Instrument of action, communication and knowledge. Considered as the first object used by children to develop his knowledge about himself, others and external world. It is from the body that emerges consciousness and language.

Therapeutic Look (Expression in one's Eye)

The visual contact is emphasized in the therapeutic relation, which often an intense moment of exchange in assuring a certain receptiveness of the patient in the therapeutic undertaking and his participation in the relation.

The look provides an insight into the mood and the psychic state of the latter, and this favors the empathy by transmitting the emotions. Consequently, it allows to feel the other through non-verbal communication. The look can mean approval or disapproval, desire, pleasure or suffering.

Partner Symbolic

The psychometrician uses his empathic listening and the tonico-emotional dialog in his positioning in the here and now during a Play with his patient. The intersubjective relation provides sense to his Play and introduces it in the body language and the symbolic system.

Psychomotor Expressivity

It's the way the unconscious body manifests itself by movement. More broadly, we can say that is a way of the child, original and exclusive in the world that updates a distant experience (living history) whose meaning can be understood by all variations of tone and emotional relationship.



Developmental Tasks

German Psychomotricity and Motology are mostly geared towards developmental support, which puts the concept of developmental tasks in a central one. It goes back to the US-American psychologist Havighurst and implies tasks, which are delegated by society and accepted by the individual, like the transition from kindergarten to elementary school. In that way it is a construct that links society and individual development. There is a distinction between normative (meaning: predictable) and not-normative developmental tasks. Tasks can be descriptive (“Starting your own family”) or can be of structural nature like “Capacity for intimacy, bonding and responsibility”. Solving developmental tasks raises the individual’s content and encourages solving the next developmental task. The de-standardization of human biographies makes it more and more difficult though to experience developmental tasks as binding. Psychomotor support aims at helping people to solve developmental tasks, so as to “take the next step”.

Psycho-Body Receptiveness

The psycho-body receptiveness is the fact of being free, in both psychic and body levels, of welcoming the others. Here are the elements on which the psycho-body receptiveness depends: At the body level:

The therapist’s attitude, his posture, his tonic relaxation, the expression of his face, his breathing, his way of moving the non verbal elements of his speech and his way of listening (voice, tone, rhythm), the expression of his eye, his body presence, the way he manages the physical distance between him and his patient, the quality of the contact.

For example: in relaxation, whatever the position of the therapist, it has to inspire stability and relaxation. The therapist himself has to be relaxed. It is possible to speak of a tonic-emotional dialogue: If the therapist is not receptive, this may translate to the patient.

At the psychic level:

With regard to his feelings, emotions and actual experience (what he has lived), the therapist must endeavor to be the most neutral possible, to adopt a non-judgmental view which requires a certain distance from his patient. Emotions and actual experiences influence his tonic state, which the therapist must learn to master. For the psychomotricist, not to dissociate body and mind is important: he must consider the patient as a whole. The psycho-body receptiveness of the psychomotricist, is a pre-requisite to the establishing of the therapeutic frame and relationship. That allows him to understand the patient. Moreover, the relation between the thera-



pist and the patient depends on the psycho-body receptiveness of the therapist, but also on that of the patient. Indeed, the latter may either hamper or favour the therapeutic relation.

Tonic-Emotional Dialogue

1: It's the communicative competence that is established between the mother and the child from the first day of life, and which is manifested by slight tonic modulations. These small modulations bring meanings and mental contents related to emotional needs, expressed through the tension (hypertonia) and their response expressed in the relaxation (hypotonia). Its correct structure forms the basis for the subsequent mode of verbal and nonverbal communication and is the basis of identity construction.

2: It is an intersubjective dialogue taking place between two subjects in interaction, in connection with the corporal, motor and emotional signs borne through their relation. Tonicity is directly related to the affect via the feeling and of sensori-motricity. During the period of the psychomotor development, the tonico-emotional dialogue appears through the tonic relation "mother-child".

Tonic-Emotional Resonance

Tonic-Emotional Resonances refer to the minimal transformations that occur in an adult on the niveau of both body (tone) and emotional (affect) and to the interaction with the child and the adults ability to empathize with it or not. The resonances are usually reciprocal and participate in the transference relationship that develops between them. The education of psychomotricians is primarily focusing on listening and self-awareness to prevent as much as possible projections of the psychomotrician on the child.

Self-Activity

The psychomotrician tries to encourage people to be self-active. Not the psychomotrician knows the solution for a (motional or motor) problem, but the person himself should find out how to deal with the situation. Self-activity is very important for independence and ego. "I do - I can - I am" - whatever a person does and can do makes somebody being self aware and improves self esteem.



Mediators in relation with our work in psychomotricity

Mediator

The mediator is the intermediary between one or several patients and the therapist. It aims at facilitating the relation and is of use as base to the therapeutic work. The mediator can be a sport, a game, an animal, an art and objects. We thus differentiate two types of mediators:

The mediator-object and the mediator-activity: horse, water versus sports, arts ... It is included in the relation and it plays a great role in therapy. In psychomotricity, we should not forget that the body of the psychomotor therapist is the main mediator.

Approaches

Within German Psychomotricity several approaches exist, clearly distinguishable from one another through their image of man, model of movement, treatment goal and reflected practice. Several authors have offered different ways of categorization. A differentiation into the following four main streams seems reasonable: An action- and competence-oriented, a psychodynamic-insight-oriented, a functional-neurological-oriented and a system-ecological stream. These approaches serve four purposes: They build links to established scientific theories, solve the problem of a client specific treatment suitable for the client, develop a reflected practice and offer a base for evaluation.

Sense of Touch in Psychomotricity

In psychomotricity the therapeutic touch is a technique different from the massages of the physiotherapist.

The aims:

The (re) establishing of a containing envelope: the psychomotricist helps the patient in the (re) building of his ego-skin. While he is becoming aware of his tonic state and his body limits, thanks to the tonic dialogue and the verbalizations, the patient is regaining his psychobody unity. A body re-investissement and a narcissistic reassertion: the touch can favor a re-discovery of his body schema and also an investment of his body as an object of desire. It is a matter of replacing displeasure pleasure and relaxation.



Contact (Danish)

Contact is a keyword that covers most of the work in Danish psychomotricity. It covers inner contact (sensory presence, body awareness, grounding, centering etc) and outer contact (touch, social relation and sensing the world).

Grafomotor Intervention

Grafomotor Intervention is a specialty of the Swiss psychomotor approach. It was initiated by Suzanne Naville and it helped to establish the psychomotor work in Swiss schools from the 1960s. Grafomotor intervention in the psychomotorical, holistic sense is defined as an individual expression through psychologically and socially regulated action to develop writing competences based on gross-, fine motor and sensorial skills.

Rehabilitation

Rehabilitation or rehab comes from the Latin re - meaning again, and habitas - meaning aptitude. Rehabilitation is a process to restore the patient back to his/her normal self prior to the illness from the perspectives of health or social and legal status. In Czech Republic the rehabilitation is considered to be a stand-alone medical domain addressing the remedies to remove the physical pain, to reduce the muscular tension/tedium and to improve the musculoskeletal system as a whole. Psychomotricity understands this concept similarly focusing on restoring the mental balance and adjusting biological, psychological, social and spiritual well-being. The concept of psychomotor therapy is also closely related to this term, meaning the psychomotor used as a means of rehabilitation of people of different ages and interests.

Body – Soma

At the core of German Psychomotricity / Motology is the movement. The body was integrated into this concept only in the 1990s. In contrast to other languages, German allows a traditionally embedded distinction between the terms Körper – Leib and Body – Soma. Body describes the outer, visible and tangible body, which is the subject of nature sciences and medicine. Soma on the other hand is the inhabited body and stands for a state-of-being in and around the body, meaning that the physical borders of the soma are not identical with those of the body. Man has a body and is his soma at the same time, meaning that “having a body” and “being the soma” always coexist and that one always needs to find his place between those poles. Too much of “having a body” estranges man from his soma. Too much of “being the soma” makes man vulnerable and unfit for many areas of work and life. Applied Psychomo-



tricity aims to support states of “being the soma”. The client is encouraged to enter into an inner dialogue and discover his “soma as a partner”. What does my soma need, how much relaxation or movement? How does my soma perceives the stress of work life? These questions intend to invite soma to enter into a subtle inner dialogue and “speak”.

Concentration in Rest

Concentration in rest is a tool for relaxation, body awareness and visualization. The client or group is placed in a resting position (sitting or lying down) and is guided to awareness of the body for example noticing the foot, the lower leg, the thigh etc. The focus can be directed to just being aware and in contact with the body part; the sense of weight; the tension/relaxation or the skin surrounding the body part etc. Visualization is using the imagination of the person to induce certain experiences in the body and mind. It can be the visualization of the warmth of an inner sun, spreading from the stomach out to all parts of the body or letting the person find rest in an imagined spot where no disturbances can reach and so on.

Sensoriomotricity

Sensoriomotricity refers to the capacity of utilization of the senses to apprehend the environment in an active form. Related to Piaget's sensorimotor stage, as well as from the first moment the child uses the exercise of reflexes where the child's reactions are intimately linked to instinctive survival activities such as nutrition. In this stage the sensations, perceptions and movements of the child are organized in schemes of action giving place to the appearance of the first habits.

Senso-Motor Pleasure

Positive emotion felt in contact of oneself with the own body and with the outside world, based on integration of senses and movement is a key concept in psychomotricity. This is an experience that rediscovers the pleasure of moving, acting, perceiving and experiencing, moving own body in spacetime. In its dynamic, the pleasure passes from the sensory level to its internalization and mental representation. The memory of experiences of pleasure enrolled in memory traces, implying an evolutionary thrust, aimed to find a new opportunity to relive it. Living the personal experiences of satisfaction, pleasure and sense of possibility, it makes a narcissistic investment of its own (self love), which will contribute to the construction of a restored, positive self-image.



Tonic-Emotional Disorders

These are the expressions of a poor (lacking) and/or uncontrollable emotional flow, unconscious reaction to a situation that generates anxiety in the subject. Examples of these disorders are: containment reaction (related to a performance) implying postural, mimicry or gestures expression of discomfort lived in the relation and look of another person, perceived as a stranger and judgmental someone. This reaction being normal up to three years of age, these are expressions of an experience difficult to manage and that undermines the identity and the relational competence. They can appear or disappear in the interview and during the psychomotor examination. Stiffening of body axis, blocking of breath, continuous gesticulation, restrained gestures, tensional mimicry are signs of a present tonic-emotional disorder. States of tension: the subject is in an alert, hypervigilance, and a state of “Who goes there”. Signs: postural stiffening, clenched fists, breathing rhythm blocked or altered, high paratonia in spontaneous and in action level, hyperreflexia, clumsy movements, massive sincinesie, dysgraphia, neurovegetative aspects... Emotional reactions: are observable when the person feels uncomfortable and can be added to more persistent anxiety state. The reactions can be manifested by mannerisms, incessant movements of the feet, disorganized gestures, shifty eyes and neurovegetative manifestations, leading to a real crisis. Within tonico-emotional disorders we can also include: states of dehiscence, tics, stutter, vasomotor disorders.

Words linked to psychomotricity but not specific

Attachment

Referring to an emotional bond to another person: attachment is not just a connection between two people but also a bond that involves a desire for regular contact with that person and the experience of distress during separation from that person.

Attitude

The physical and psychological 'bearing' that someone takes on in a certain situation. This is about the internal orientation of a person in his world, which explains his behaviour. A therapeutic attitude is a consciously chosen, assumed bearing that serves the client's process.

Attunement

Initiating contact with the other, where the person who is actively attuning to the other takes on verbal, paraverbal as well as non-verbal (physical signs, bearing and gestures/movements)



cues of the other in order to get his message across. This makes the other (more) responsive, and enables adequate communication between the two.

Behaviour

In regular language use, behaviour means the outward, perceivable, observable actions. In psychology, we understand behaviour to be: A significant reaction to a meaningful situation. Behaviour can be seen as consisting of the triad external actions, the internal process connected to these actions and the internal state. External actions are understood to mean the externally perceptible actual behaviour someone displays. Internal process is the series of connected experiences or thoughts (giving meaning to something) of the individual. The internal state includes the disposition of the person, his fundamental state of mind. These three basic components are in constant interaction and have a direct connection to the context in which the behaviour takes place.

Bonding

The first mother-child relation, especially the need of the baby to have a privileged relationship, ensures to survive and subsequently becomes enriched by the exchange of mutual affection. Based on these first links later relationships will be established and the child will realize its fragility, in psychomotor games with its peers and by its ability to (or not) establish healthy relationships with the environment.

Competence to Act

The aim of psychomotricity is to increase a person's competence to act. Competence to act means body competence, competence in dealing and using different things and materials and the competence in social activities. In order to be able to handle and to be competent people (of all ages) have to make many different experiences in all these fields.

Consciousness

Consciousness refers to our individual awareness of our unique thoughts, memories, feelings, sensations and environment. Our conscious experiences are constantly shifting and changing according to the connections we make. This constant shifting stream of thoughts can change dramatically from one moment to the next, but our experience of it seems smooth and effortless.



Corporality

The corporality means the existential character of the body constitution of the Man; the concept of corporality, unlike that of body, puts in relation the body and the heart of the Man, to emphasize the character of the body like the whole of the Man and to recognize human subjectivity. To Live its body more than to have a body. The body image rather than the body diagram.

Dependence

Dependence is closely related to the affective immaturity, on one hand considered as a biological phenomenon as it represents a state of the individual development, and on the other hand seen as a social phenomenon because a child's development depends on environmental influences. The dependence appears when there is a disagreement between the achieved intellectual development and the not achieved emotional development. This awakes some emotional weakness, insecurity and over-dependence, which represents a significant emotional attachment to the mother, father or other persons provided with authority. In psychomotor way of understanding it is possible to observe the impossible autonomy during movement activities.

Developmental Theme/Task

During lifetime everybody has to deal with individual and general themes of development. For example a 1-year old child has to learn how to walk, or we all have to learn how to deal with frustration. A personal/individual theme would be to learn to move again after an accident. The psychomotrician tries to work on these themes of development and his/her offer has to fit to these themes of development.

Equipment

Each material means an appeal to the playing child and thus opens the opportunity to be effective in all facets of development. Psychomotoric equipment such as different kinds of balls, material to stimulate the balance, ropes, swings and material to build movement parcours, are all very important contents in a psychomotor lesson. The purpose of the material is among other to encourage the child and to support creativity.



Flexibility

The easiest way to define flexibility is to describe the opposite. That means flexibility is a non-rigorous way of leadership to train pupils to achieve better, jump higher or be stronger. A psychomotor leadership is determined by flexibility with the goal to open up for the own ideas of the pupils. The leader's flexibility allows changes in the lessons and intermissions to discuss different opinions if necessary. The aim is to develop interpersonal relationship skills and values such as solidarity, tolerance, dialogue.

Giving Meaning

Finding a connection between matters of consciousness, psychological processes and behaviour of the client(s) in a certain context. This gives hidden and/or new insights into one's own functioning, relationships with others as well as past and present events which are then at the conscious disposal of the client and can make change happen.

Habitus

The concept of habitus has gained meaning in German Psychomotricity in recent time. It was essentially developed by the French sociologist Bourdieu. A person's habitus is being shaped palpably by society. It is society's most effective tool in imprinting onto people's soma. Habitus is not only a way of imprinting society onto individuals, it also works vice versa: people shape society with their habitus. One's own habitus can best be recognized in contrast and comparison to other people's, culture's or sub-culture's. Habitus shapes bodily signals (e.g. mannerisms of gaze), conduct in space / expansiveness, characteristics and speed of movement etc. Psychomotricity has started working with the habitus, aiming at increasing awareness about it and subsequently altering it. This is especially important when working with disadvantaged groups in a social setting, where it can help people to let go of suppressive patterns.

Inclusion

Activities are based on an individual's capability, resources and strengths and everyone has a possibility to participate, learn and succeed, without any pressure of performance. In the common activities the individual goals and needs are taken into account and the activities are adapted according to the individual requirements. Inclusion takes place mainly in the daily activities of the day care and school groups.



Intentionality

With regard to human development, intentionality refers to the ability to act with purpose. In other words, intentionality means developing a behavior with a goal in mind and taking deliberate actions to reach that goal. An intentional individual wants to make a difference in their environment in some way, shape or form, and has the self-control to take persistent action toward that desire.

Movement Score (or Movement Arrangement)

An action situation that is supplied and directed by the therapist which is aimed towards the treatment goal, in order to provide the client with insight in a hands-on way, to give an opportunity to practice and promote new integration.

Movement Oriented Therapeutic Approach

Treatment strategy that emphasises on movement of the client in his interventions; this causes the focus to be on the physical (bodily) interaction with the world and bringing out emotions and thoughts through these interactions.

Multiprofessional Collaboration

In Finland the psychomotoric approach is used for individual and group activities by professionals in education, therapy and rehabilitation. The multi-professional collaboration is common. The specialized studies of Psychomotricity (30 credits) are intended for the professionals of education, therapy and rehabilitation. The multi-professional studies are organized for example in Helsinki Metropolia University of Applied Sciences. The Finnish Association of Psychomotricity arranges courses and seminars independently and in cooperation with other organizations. The Association is for example cooperating with The Finnish Association of Persons with Disabilities, The Finnish Association of Mental Health and Ruskis, Centre for Learning and Training. One of the aims of the courses and seminars is to encourage the multi-professional collaboration.

Participation

Participation gives a feeling and experience of belonging to a group and supports the collaboration, social skills, own initiative, discretion, self-determination and interaction skills. The



joy of movement and the opportunity to succeed motivate and encourage also persons with special needs to participate.

Play / Game

Game is a structured activity usually undertaken for enjoyment and sometimes used as an educational tool. Play is distinct from work which is usually done for remuneration and distinct from art, which is more concerned with the expression of ideas. Key components of play (games) are goals, rules, challenge and interaction and often they have no obvious aim. Play (Games) generally involve mental or physical stimulation, and often both. Play (many games) help develop practical skills, serve as a form of exercise, or otherwise perform an educational simulational or psychological role.

Play

The primary objective is to support the whole personality in the interaction of movement, perception, experiences, thoughts and emotions. Positive and diverse experiences of play and movement promote and support the individual's comprehensive development, human functioning, learning and health. Sensomotoric exercises and using different kinds of materials support creativity, imagination, self-direction, and give the opportunities to co-operate. The activities can be implemented in different kinds of environments, for example in the water and in nature.

Psyche

It is a set of psychological features from an individual, or set of mental processes, conscious or unconscious.

Psychomotor Supervision

Tool with which psychomotricians can review and question particularly important or difficult to interpret passages of their work. Supervision will be done during the formation and during the exercise of his practice. His own work is proposed to an expert supervisor, in a technical point of view and also from the point of view of personal experience. This comparison can be done in individual or group meetings facilitated by an expert. Explanation and reflection helps to clarify relationship dynamics in action, with the possibility to acquire new keys of interpretations and maybe new operational ideas.



Reflected Practice

Reflected practice is the teaching of practice. It is generated and shaped by the various approaches. The actual practice is different from the reflected practice in that many moment-to-moment aspects come to play, like the time of day at which a session takes place, the interior design of the session room, the momentary well-being of the individual participants etc. In actual practice, decisions have to be made in real time, while reflected practice is a theoretical concept and therefore is not ruled by time. The purpose of a reflected practice is to deal with issues and subject-matters like goals of and reasons for various kinds of practical interventions, types of situations, modes of conducting a session etc.

Resource Based Approach

A psychomotor therapist supports the client or groups in getting acquainted with and being supported by what already functions well or where the experience of the body is positive. This prevents the person from being overly attentive to problems or concerns, promoting mastery and self-esteem.

Self-Image

Activity supports the individual's positive self-image and self-esteem, and gives an opportunity to influence independently and actively in their own action. Through movement the individual learns to observe and know her/his own body and emotions. Throughout life the body has an important role in the expressing of emotions, needs and experiences. Muscle tone is bonding of actin and myosin in the muscle cell, directed by the nervous system orchestration posture and movement in the physical active body. A person can have various patterns of hyper- and hypotonic responses. Elasticity is the property of the connective tissues collagen and elastic bands. Well-functioning connective tissue is elastic when palpating a body in rest and there is no muscle tone (understood as no activity in EMG-measurement). Imbalanced connective tissue responds with either hardness or looseness. Thixotropy is the property of the extracellular matrix which can turn from a gel-like structure to a fluid structure. .

Stress

Exercise always contributes to the harmonious development of human beings. However the attitude of some people towards regular physical activities is often not very positive. Due to the rapid life pace diets declines and this may lead to a situation triggering stress.



Stress can manifest itself and nevertheless socially pathological reactions do not appear just with adolescents, but also in behavior of adults. Adult people often acquire this kind of behavior during their childhood or it may be caused by various external reasons connected with the current life of the individual (eg. loss of home, employment, loss of someone very close, some serious illness etc.). Children's exposures to groups linked with socially pathological behavior – in relation to normal social standards – tend to appear as striking. Problem solving strategies chosen by these children seem different than other children. They express themselves spontaneously and are not governed by casual norms of behavior, as they often didn't have the chance to acquire them. (Vágnerová, 1999). Stress represents health risks, which appears not only in the sphere of physical health, but often in a very negative way affecting psychic and social development – especially in children and young people. Effective stress prevention consists of several elements: a well-balanced lifestyle and healthy hobbies, proper family environment, first-rate values and examples, keeping oneself in a good company and bad company defence, self-confidence. One of the most important factors is a suitable family environment and an ideal manner of education (sufficient love and attention). Balancing the Function and State of the Tissue: muscle tone, elasticity, and thixo-trophy of the tissue.

Self Concept

The self-concept is understood in the sense of Renate Zimmer (1999) as a part of the "self". Self and Identity are used synonymously: the Self-concept of a human being is in that sense a subjective, theoretical construction with highly personal relevance. It is built upon cognitive, descriptive representations (self-image) and evaluated feelings of the own self (self-esteem). The self-concept is grounded on conscious and unconscious experiences in individual life history and includes also the personal expectations orientated to the future.

Self-Esteem

The development of self-esteem seems connected to the perceptual ability and confidence of a person. It is the basis for the development of the person's ability to perceive oneself and one's environment, to be able to trust in one's own competence to deal with problems and to handle different kind of situations. The support provided by teachers and/or therapists strengthens the children's self-esteem and motivates them for new challenges.