HOW A PSYCHOMOTRICITY/RESILIENCE PROGRAM HELPS BRAZILIAN AND PORTUGUESE STUDENTS TO DEAL WITH ADVERSITY AND PROMOTE A BETTER QUALITY OF LIFE AND A BETTER LEARNING PROCESS: A COMPARATIVE STUDY

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Abstract

The aim of this paper is to study resilience and psychomotoricity in scholar brazilian and portuguese students, that faces personal and social adverse factores, that together, can contribute to increase stressors and risk factors, that are able to reduce or destroy the possibilities of a postive answer from the child in face of diary adversities and interferes in her self-steem and well being, and can result in scholar failure.

A Project is presented, quantitative and qualitative methodologies, following programs were used: Strong Start – to kids from 3 to 7 years old; Strong Kids- from 8 until 13 years old, and Strong Teens, from 14 to 18 years old. They will be evaluated by WeBest (Strong Start Program), SEARS-A, Strong Kids Unit Tests (Symptoms Test and Knowledge Test) to Strong Kids Program, SEARS-C, and Strong Teens Unit Tests (Symptoms Test and Knowledge Test) to Strong Teens Program, for Resilience and with Portage Inventory (from 3 to 6 years old) for Psychomotoricity. We intend with this comparative study evaluate the effectiveness of the early intervention programs to promote resilient personalities. The implications of these results will be discussed and will be suggested changes at learning-teaching process and also at its evaluations and interventions to get scholar success.

Key words: resilience, early intervention, learning and teaching, strategies

In adversity lies opportunity (Einstein). Emotional barriers, anxiety, fear, insecurity, anger, happiness, surprise and sadness are part of our daily lives, from infancy to adulthood. Knowing how to handle our emotions and see the world from different points of view helps us to achieve a better quality of life and wellbeing and may be learned from an early age.

UNESCO proposes, as a Model of Education, the learning to know, learning to do, learning to live together and the learning to be so that the person can formulate his or her own beliefs, decide by himself or herself what do in different circumstances of life in order to have healthy relationships and that there can exist the personal change towards citizenship.
In terms of education, programs which promote resilience in various phases of life, from infancy to adulthood, are already in evidence. In this article we intend to focus on a resilience and psychomotoricity programme for Brazilian and Portuguese pre-school children.

According to Pereira (2001), resilience, or an understanding of how to deal with difficult situations (coping), is acquired and developed over the different stages of the life cycle on the basis of the relationships a child establishes with its environment.

Tavares (2001) has shown that resilience is the individual or group ability to resist adverse situations without losing initial equilibrium. It may be strengthened by developing self-concept and self-esteem, in order to make the individual stronger, more effective and able to contribute towards creating a less violent society.

According to Barros (2008), Psychomotoricity is an educational action based on education, language and spontaneous and natural movements of the children, in an intentional and conscious way. Psychomotoricity can help rediscover the ways of communication with themselves and others, besides changing the world around.

The interoceptive, proprioceptive and exteroceptive reactions occur because of movement and through the education of movement (psychomotor education) in its organic, motor and psychological forms we can have the formation of character and the development of the capacity to do things every day. Psychomotoricity can also help to stimulate self-confidence; to reduce obstructions that can interfere in school learning, to increase will power, decision-making and perseverance and stimulate creativity, tolerance and the acceptance of challenges with responsibility.

Heinsius (2008) has stated that Psychomotoricity can also stimulate the links that children can develop with other persons and objects through their actions.

According to Pinto (2008), when children play with their peers, they give meaning to experiences lived since sensorial-motor and pre-operatory phases of child development.

Children develop psychomotoricity through playing and relate to their surrounding environment through the actions of their own bodies, establishing themselves in time and space and therefore improving their quality of life and wellbeing, besides elaborating and resolving conflicted situations that can happen every day. With an adult, in planned and registered actions, children learn to talk and adopt ideas, practices, values, concepts from persons as if they were them and to strengthen themselves as a person and fortify their lives while a social and human being.

Child-centred education, which is one of the presuppositions of the psychological development activation model, recommends that children can and should develop their potential through an intervention and methodology that takes their specific environmental and individual characteristics into consideration.

Development Activation Model suggests an educational intervention that can contribute to the development of the subjects in all their forms, where we can stand out the importance of psychomotoricity. This intervention will activate the development, enlarging the field that the subject can experiment in a determinate moment of his or her growth and overcoming stages
through the development of characteristic behaviours of a certain moment of his or her evolution. (Cró, 2001,2006). It is a Model that, in our point of view, can activates and develops competences (skills) of resilience in children, youth and adults.

Activating the development of preschool children means that the starting-point will be concrete psychomotor activities. These activities won’t be limited to physical and corporal development, but we intend with them and through them to get the whole development of the child in all their aspects – psychomotor, social, affective, cognitive and oral.

We therefore established a research plan where we try to connect psychomotoric and resilience, when we saw the approaches that have stated Pereira, Hensius and Cró to verify whether this intervention activates development by extending the field of knowledge that the subject can experience at a given point in their development, thus bypassing stages.

The activities are carried out in concrete situations, through psychomotor exercises and a resilience programme, with the aim of achieving the full development of all aspects of character: physical, intellectual, affective, empowering and communicational.

The aim of this work was to report on two comparative exploratory studies of pre-school children carried out in Brazil and Portugal.

The study covered 151 Brazilian and 76 Portuguese children of both sexes, aged 3 to 5 years from rural backgrounds, who were divided into an experimental group and a control group.

**Methodology**

This work is a quasi–experimental longitudinal pilot study undertaken in Portugal and Brazil, involving a experimental group (submitted to the Strong Start Pre K programme to assess resilience) and a control group (who were not involved in the programme), for which pre- and post-test measurements were taken for both groups in both countries. The groups were assessed before (pre-testing) and after (post-testing) manipulation of the independent variable. In terms of psychomotoricity, the Brazilian children in the experimental group were involved in psychomotoricity activities as part of a pre-planned programme, whilst those from the control group were not. Both were assessed using the Portage Inventory. It should be stressed that psychomotoricity is not a compulsory activity in Brazilian schools (but was implemented in Curitiba and the municipality of São Paulo). The Brazilian control group that was assessed had been following a psychomotoricity programme since 2000.

Psychomotoricity exercises are part of the Portuguese education programme, both for the experimental group and the control group.

**Tools**

1.**Resilience**

1.1-The Strong Start Pre-K programme

The purpose of this programme is to teach social and emotional skills, promote resilience, reinforce existing skills and enhance coping strategies in children. The objective is to provide an
early, preventive intervention that can be used effectively in various situations with children who are at risk or pupils considered to have behavioural and emotional problems. The programme has a curriculum structure that includes 10 sessions, each lasting approximately 25 to 40 minutes, that may be led by a pre-school or mental health care professional.

1.2-The WeBeST test
WeBeST measures symptoms of negative affect, emotional-social problems and resilience in pre-school and Year 1 and 2 primary schoolchildren. In this study, it was administered individually and directly by the researchers to preschool children only in the experimental and control groups before and after the Strong Start Pre-K programme was delivered.

It consists of 22 closed questions, each of which have three options (No, Kind of and Yes), which are scored using the Likert method. Marks are given on a scale of 0 to 2, leading to a maximum score of 44 and a minimum score of 0. As this is a negative scoring assessment test, the higher the total score obtained, the less resilience the child has, and vice-versa.

2. Psychomotricity
2.1. The Portage Inventory
This investigates five areas of development: motor, cognition, language, socialisation and self-care, distributed over the age range 0 to 6 years, together with a sixth area – infant stimulation – which is specifically designed for babies. In this study, it was developed from 3 years of age upwards, using games, balls and plastic toys.

After requesting and receiving authorisation from the bodies responsible, we began sending requests to parents and guardians for permission to allow the pupils to take part in the study.

The Psychomotor Activation Programme Used in Brazil
The aim of the programme is to activate cognitive, emotional-social, symbolic, psycholinguistic and motor development essential to the process of maturing and learning, through organised and integrated play activities delivered in 30 minute sessions over two periods, in which children are stimulated to observe and describe the movements they make. It includes standard exercises which are easy to reproduce and are designed to stimulate the notion of body awareness, laterality, spatial and temporal orientation and language. Techniques to stimulate language consist of rhythms and full movements (24 exercises), fine movements for pre-writing skills (56 exercises), hearing discrimination (37 exercises) visual discrimination (48 exercises) and expressive language (64 exercises). Balls, hoops, benches, beanbags and various other objects are used, according the different kinds of activities planned.

Programmes and Tools
The programmes were implemented in both countries during the second semester of 2008. In the case of the experimental group, after each session a brief report was produced containing
information on the learning contents and activities for the day so that the programme could be reinforced and encouraged at home and in order to obtain the support and collaboration of parents.

Data was collected using the tools previously described, through pre-testing (before the Strong Start Pre K programme was implemented) and post-testing (after the programme had been implemented) of resilience and the Portage Inventory (before the psychomotor stimulation programme for the experimental group), administered individually to all the children in the sample in both countries.

The statistics program SPSS, version 16.0 was used for statistical analysis of the data.

In order to evaluate group resilience between the pre-and post-test phases, the Wilcoxon test was used.

Both in the Portuguese and the Brazilian control group, no significant differences were found between the scores of the control groups. In the experimental groups, the post-test scores were higher than the pre-test scores in both groups. Given that the probability value is statistically significant, this indicates that the intervention programme had a positive effect on both the Portuguese pre-school children (p = 0.043) and the Brazilian pre-school children (p = 0.00).

These results show that when the experimental group and the control group from Portugal and Brazil are compared, resilience was successfully developed in the group which took part in the Strong Start Pre K programme in the two countries. The figures indicate that the children had improved their resilience skills, specifically in terms of controlling their emotions, dealing with problems and the emotions of others and in relation to empathy.

The psychomotricity results are still being analysed, but show visible and significant results for the children who took part in the psychomotor activation programme.

This comparative research work, which involved various professionals from different backgrounds ranging from teachers, psychologists, and nursery teachers to social workers, nurses and doctors was extremely exacting and tiring, both in personal and professional terms.

However, it was very rewarding to observe the positive results and progress made by the children and the way in which they developed their skills and improved their quality of life and wellbeing, in addition to improving their learning abilities.

As exploratory work, with all the limitations inherent in this type of study, the project involved an intervention programme focussing on resilience and psychomotricity that has been briefly described here and, as already mentioned, was a rewarding experience for us and one which we believe has proved very useful in terms of promoting resilience and psychomotricity in pre-school children.

The overall results of this direct intervention with the children enabled us to highlight the importance of the principles, objectives and suitability of the methodologies used, as well as to recommend the continuation of the intervention programme within a school context for pre-school and school-aged children with the aim of promoting the health and wellbeing of children and young people and their success in school.
REFERENCES


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