

Kysymykset Arnoudille ja Sallylle ja niihin saamani vastaukset harjoitusryhmäjaksos alussa:

Aluksi Sally tarttui työnohjauksellisesti siihen, että kysymykset nousivat juuri psykoterapeuteista kootusta ryhmästä:

"And the particular group you have gathered are asking some typical questions. You've gathered that group for a specific purpose, and I hope these thoughts help you try to stay grounded in that purpose and connected in yourself to that purpose. In the "Handbook of Therapeutic Exercises" which was sent to you by Arnoud some time ago, I suggest you reread the first article – "Structured Exercises as therapeutic tools". Then you will feel confident to remind yourself and the group, whatever their questions, of the purpose purpose for which this group was convened.

You have convened a group, as you told them, specifically for something they are not expert in (I imagine, from their questions), which is to return to the body as a source of information. And they sound as if they are not comfortable "not knowing"...

Maybe you feel responsible to answer those questions and perhaps you can relieve yourself of that responsibility by letting them know that over time you and they will find out all the answers together. You will be one step ahead of them because you are on the training. And many of the answers can be found out by themselves as curious learners who are posing the most interesting questions!"

Kysyin lähteistä ja tutkimuksista, koska suomennetun, koulutuksen alussa jaetun artikkelin lähdeluettelo (=Alan Pessoa), ei herättänyt minussa luottamusta ja harjoitusryhmäkin halusi tietää, missä määrin menetelmää ja sen vaikuttavuutta on tutkittu/testattu.

1) Majority of the PBSP-articles I have seen for now seem to be experiencebased and written by Pessos, but have you any science- and evidencebased articles and what are they?

Arnoud: "It is right that most articles about PBSP are about the qualitative aspects of the method. It is sure not true that most is written by the Pessoa's. There is a vast amount of articles by other professionals and researchers about PBSP. Part of them are in Dutch or in German, most in English.

I do not know what you mean by evidence based articles. For instance there is some research done after the neurobiological aspects after PBSP.

When you mean RCT's, so comparing the effect of the method with others or controls there is indeed no research done. This is true for many body-oriented therapies that are not based on a strict protocol of working, which would counteract with what we call the possibility sphere. But also because it is very hard to make a design for proper comparing these kind of therapies.

At the international PBSP-congress last week in Prague some little research was shown about the effect of physical accommodation next to a control group which showed clear effect. Also one of the leading researchers in neurobiology prof. Tottenham from Columbia University New York accentuated the role of early experience and emotional brain development and the need for making new memories as we do in PBSP.

So there is a interesting and thrilling development in neurobiology that show that the fundamentals of PBSP are very right and accurate."

Sally: "In Bessel van der Kolk's book, "The Body Keeps the Score" (=suom. Jäljet kehossa) in the chapter on PBSP and elsewhere, he emphasises what we are now all pretty clear about – that approaches to trauma, regardless of RCTs or evidenced-based psychotherapies have prevailed widely up to now, need to take what he calls "bottom up" approaches – i.e. start with the body, the limbic system, the so-called "right brain." The writings of Daniel Siegel are also very helpful regarding these types of questions. (Itse lisäisin tähän listaan myös Ogden jne. Sensorimotorisen psykoterapian lähteitä.) Siegel also emphasises the importance of the bottom-up approach rather than "top-down" approaches such as CBT, which I mention precisely because it is one of the most evidence based approaches going. CBT can be helpful in many cases, and as we know it is extremely limited in its efficacy with preverbal issues or very early attachment issues, which are rooted and located in the body rather than in anything that can be accessed with language or logic.

Secondly, you can refer your group members specifically to Petra Winnette's book, which I believe you have, and delegate their questions to her book and your group members' own resources. Many of the questions about how PBSP relates to neuroscience are answered somewhat in that book – some explicitly, others by inference."

Lisäksi Sally lähetti myös Perquin neurobiologiaan liittyvän artikkelin, jota en nyt löydä mistään (jos Riitalta löytyy, liittänyt sen koulutusryhmän nettiaineistoon).

Kysyin, missä määrin menetelmää on hyväksytty ns. käypään hoitoon ja mille kohderyhmälle Euroopassa ja muualla.

2) Has PBSP been accepted as evidence-based psychotherapymethod anywhere in Europe or in somewhere? If so where and to what kind of psychic disorders?

Arnoud: "PBSP can be used for many developmental disorders and diagnoses. In general you could say that disorders that can heal within good caring reflexive psychotherapies also can be treated with PBSP. Especially when the problems are pretty manifested in the body. ...

The question if it is anywhere accepted as an 'evidence based therapy', is also depending on the question by who ?

In Germany, England and Holland it has been and is one of the methods that is used not only in private practice but also in institutions.

We will go deeper into detail about indications and contraindications later on during the training and maybe Sally can add already to some of this in the next training."

Kysyin tiettyjen kohderyhmien hoidon mahdollisuuksia Pbsp:lla ja mahdollisia kontraindikaatioita:

3) Have you or anyone else treated with Pessomethod the patients with severe anorexis,
or dissosiation disorders (DD),
or patient with dysmorfic bodyimage,

or with multiple personality disorders (DID),
or with BPD (especially EUPD)?

If so, what kind of experiences have been figured and has any documentation been written and what facts are found to be important to keep mind with these groups are mentioned above?

Arnoud: "About treating borderline (=rajatilahäiriö) and body dysmorphic disorders (=häiriintynyt kehon kuva) articles have been written, treated with PBSP. DIS (=tarkoittanee multipersoonaa eli rakenteellista dissosiaatiota?) is another question, the same is true for psychotic disorders (=tarkoittanee varsinaisia psykoosisairauksia?).

Sally: "Who PBSP is not suitable for – this is a larger question, but the short answer is people who have significant psychosis, and anyone who is not capable of distinguishing between the literal and symbolic. Lowijs worked with many people with so-called BDP and suggested not having more than one such individual in your group at any one time. This is because of the potential emotional volatility, particularly in a group context."