Kinesthetic Metaphors in Adventure Therapy

Michael A. Gass, PhD
mgass@unh.edu
H.L. “Lee” Gillis, PhD
lee.gillis@gcsu.edu

Define: “Kinesthetic” + “Metaphor”

- **kin·es·thet·ic = adjective**
  - Etymology: from Greek kinein + aisthēsis perception
  - Date: 1880:
  - Our sense of reality mediated by bodily receptors and stimulated by movements and tensions

- **met·a·phor = noun**
  - Etymology: from Greek, from metapherein to transfer
  - Date: 15th century
  - A figure of speech literally denoting one kind of object or idea is figuratively used to create a likeness or analogy with another object or idea - often providing new insight/interpretation or understanding
Kinesthetic Metaphors are…

- ...intentional actions with isomorphic links to clients’ affect, behavior or cognitions that aid in transfer of learning through the clients’ perception of their similarity.
- Therapeutic kinesthetic metaphors mirror client’s previous actions up to a point where the client’s choice in the current action will lead to new learning and/or a break in dysfunctional behavior patterns.
- Successful resolution of the kinesthetic experience provides insight/pathways/clue to successful resolution of the client issue

“Golden Questions” on whether a Therapeutic approach works…

- It depends…
- Which client?
- With whom?
- Doing what?
- For how long?
- With what assistance?
- How it is done?
- In what manner?
FIGURE 1. Survival functions over 3 years for BMtA, OTP, and YDC.

Unfamiliarity of Experience

Gathering of perspective through contrast
- On old behaviors in new unique settings
- On new behaviors in a supportive setting
- Physical and Social contrast
- “Stand up and take notice” that resonates deeply
Intentional Use of “Eustress”

(1) Proper use of Stress – more and less
(2) Proper “dosage”

Change Process that is “Action-Oriented”

(1) Walk the Talk,” not just “talk the talk”
(2) Getting out of the chair
Change in Therapeutic Stance

“Stance” with kinesthetic metaphors
  a. Circular (positive escalations)
  b. Curious (multiple hypotheses)
  c. Mobile (ethical positions of alignment)

“I am responsible to, not for you”
“Can you work yourself out of the job?”
“Can you change lives but be forgotten?”

Solution-oriented perspective

• In both words and action
• Water bottle
Problem-focused approach

- centers on reducing the “problem”
- looks at what the clients are doing “wrong”
- emphasizes what clients don’t want
- highlights what could be done better
- seeks to eliminate negative client weaknesses
- interested in “why” the problem happens (e.g., what causes and maintains the problem)

Solution-focused approach

- centers on enhancing the “solution”
- looks at what the clients are doing “right”
- emphasizes what clients do want
- highlights what is already being done well
- seeks to accentuate positive client strengths
- interested in when the problem doesn’t happen (e.g., exceptions to the problem)
Structured Group Size

Therapeutic group size of 8-15
- Reciprocity
- Resolvable Conflict
- Modeling

- Couples/Individuals/Families
- 235 Corporate Managers
ATTENTION DEFICIT HYPERACTIVITY DISORDER

Behaviors
- difficulty paying attention to details and tendency to make careless mistakes in school or other activities; producing work that is often messy and careless
- easily distracted by irrelevant stimuli and frequently interrupting ongoing tasks to attend to trivial noises or events that are usually ignored by others
- inability to sustain attention on tasks or activities

- difficulty finishing schoolwork or paperwork or performing tasks that require concentration
- frequent shifts from one uncompleted activity to another
- forgetfulness in daily activities (for example, missing appointments, forgetting to bring lunch)
- frequent shifts in conversation, not listening to others, not keeping one's mind on conversations, and not following details or rules of activities in social situations
TREATMENT RECOMMENDATIONS

- Behavioral treatments, drug treatments, and a combination of the two all have solid evidence for efficacy.
- Behavioral treatments have the most favorable risk:benefit ratio, suggesting they be first line interventions.

EXPERIENTIAL OPTIONS

- Focus on activities that promote:
  - Focused attention
  - Remembering
  - Listening
OPPOSITIONAL DEFIANT DISORDER (ODD)

- Behaviors associated with ODD: A pattern of negativistic, hostile, and defiant behavior: Often...
  - loses temper
  - argues with adults
  - actively defies or refuses to comply with adults' requests or rules
  - deliberately annoys people
  - blames others for his or her mistakes or misbehavior
  - Is touchy or easily annoyed by others
  - Is angry and resentful
  - Is spiteful or vindictive

CONDUCT DISORDER (CD)

- Behaviors associated with CD: A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated
  - Aggression to people and animals
    - often bullies, threatens, or intimidates others
    - often initiates physical fights
    - has been physically cruel to people or animals
    - has stolen while confronting a victim
    - has forced someone into sexual activity
TREATMENT RECOMMENDATIONS

- Treatment of Oppositional Defiant Disorder
  - primarily contingency management (consequences for actions) at home and school
- Conduct Disorder
  - contingency management, Cognitive Behavioral Therapy, and possibly, residential treatment

EXPERIENTIAL OPTIONS

- Focus on activities that promote
  - Managing anger
  - Taking responsibility
  - Empathizing
  - Respecting other’s rights
SUBSTANCE USE DISORDERS

- A maladaptive pattern of substance use leading to clinically significant impairment or distress:
  - recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
  - recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)

- continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance
TREATMENT RECOMMENDATIONS

Treatment of Substance Use

- In treatment, adolescents must be approached differently than adults because of:
  - their unique developmental issues,
  - differences in their values and belief systems, and
  - environmental considerations (e.g., strong peer influences);
- Using adult programs for treating youth is ill-advised.

- Persons with substance use disorders are individuals who share a common problem; they have unique and separate needs.
- When substance-using adolescents are educated about addiction in an understandable way, they are able to help others, with some guidance.
- Use of group therapy is well suited to adolescents, due to peer examples and approval.
EXPERIENTIAL OPTIONS

- Focus on activities that promote
  - Success
  - Decision Making
  - Interpersonal communication skills

REFERENCES
