Let’s Get Physical!:
Using Physical Movement to Enhance Adlerian Principles in Therapy Sessions

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Abstract

This paper is part of a two hour, interactive workshop that explores the theoretic foundation of Alfred Adler’s holism of body and psyche, as well as a brief historical background in overlooked Adlerians Blanche Evan and Liljan Espenak, who used their Adlerian training and dance background in their therapeutic process to pioneer what would become Dance/Movement Therapy. Additionally, the workshop will give the participants some basic physical movement techniques to utilize in their practice with individuals, couples, and groups to enhance Adlerian principles such as trust, encouragement, and social interest. The target community for this presentation is mental health students and practicing counselors, psychotherapists, and others in the mental health field. The fundamental goals of this workshop and paper are to address an aspect of Adler's holistic approach to therapy—using the body—with which psychotherapists may not be familiar and to teach participants a unique piece of Adlerian history.

Keywords: Alfred Adler, Adlerian theory, Adlerian technique, body movement, Dance/Movement therapy, Blanche Evan, Liljan Espenak, women in Adlerian history
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Let’s Get Physical!

Using Physical Movement to Enhance Adlerian Principles in Therapy Sessions

Human beings are on the move from the moment of conception. The zygote tumbles through the fallopian tubes and into the uterus where it creates a home in the uterine lining and begins multiplying cells that eventually become a human being. While in the womb, we move to the rhythm of our mother’s movement—her heart beating, blood pumping, walking, jumping, and resting. Our bodies are given information about the wider world through our mothers—what they eat, what they fear, voices and music they hear, their stressors, what they smell, and what they feel. We receive this information and continue to process it in our bodies when we are outside the womb (Paul, 2011).

We are born into a culture where body movement becomes both expressive and practical (Blom & Chaplin, 1988; Boris, 2001). We use “reflexes, gestures, accommodating maneuvers, posturings, precise complex articulations, random actions, and practical and aesthetic patterns” (Blom & Chaplin, 1988, p. 3) to live, move, and have our being. Some movements are utilitarian, while others express an emotion or idea without words. External movements can be seen by the world, whereas internal movements are felt only by an individual and not seen. We do individual movements in our posture and our walking gait that reveal how we may be feeling at the moment. We do group movements to express worship in religious rites as well as when we dance to celebrate a wedding. We even refer to therapeutic interactions as a form of dance at times (Mosak & Rasmussen, 2002).

All movement carries some type of meaning. In the field of psychotherapy, where the focus is on mental and sometimes spiritual process, the body is often not attended to unless there is a medical issue that affects the client’s mood. Expressive therapies that glean clues from the
body in order to heal, such as Dance/Movement Therapy (DMT), are viewed as a specialist niche and not something for the everyday practitioner (Capen, 2006). DMT “differs from most verbal therapies, in that at the outset it places the person in direct contact with her implicit bodily-felt experiencing rather than in verbalization” (Aplerson, 1979, p. 211). While DMT therapists are rigorously trained in their skill set, the average therapist can certainly observe a client’s body movements to gain additional information to help the client (Panhofer, 2011; Parviainen, 2003; Sommer-Flanagan, 2007). This application of observation would be considered part of Alfred Adler’s understanding of empathy, which he defined as being “‘able to see with his [the client’s] eyes and listen with his [the client’s] ears’ (1931a, p.72)” (Ansbacher & Ansbacher, 1964, p. 14).

**Alfred Adler, Individual Psychology, and Body Movement**

Early in the twentieth century, Alfred Adler developed what came to be called Individual Psychology or Adlerian Psychotherapy. Adler was born in 1870 in a village that is now encompassed by Vienna, to a middle-class Jewish family, and suffered from rickets and pneumonia as a child. He became a doctor and later a psychotherapist, breaking from Sigmund Freud, and founding the Individual Psychology therapeutic approach and child guidance psychoeducation (Ansbacher & Ansbacher, 1979; Ansbacher, 1992).

Adler’s medical studies brought him into contact with Hermann Nothnagel, a famous internist, who emphasized to his students that a physician must always look at the whole patient—not just isolated symptoms or organs—and remember the emotional influence that a doctor had on his patients (Ansbacher & Ansbacher, 1979). He told his students, “‘If you want to be a good doctor, you have to be a kind person’” (Ansbacher & Ansbacher, 1979, p. 332).

Those elements from Nothnagel describe Alfred Adler’s Individual Psychology approach: use of empathy, authentic regard for others in the form of social interest,
encouragement, understanding that each behavior has a purpose, and holism. Holism is defined as looking at the whole person—body, mind, and spirit—and the understanding that human beings’ thoughts, feelings, and actions are affected by being socially embedded (Ansbacher & Ansbacher, 1964; Kopp, 1989; Overholser, 2010; Vande Kemp, 2000).

Modern practitioners of Adlerian psychotherapy hold to this approach. However, in the focus of easing a person’s psychological pain and encouraging his or her spirit, it is sometimes forgotten that Adler was a physician of the body, before he became a psychotherapist. The basis of his psychological theories comes from his observations of the human body—its ailments, conditions, and tie to the psyche (Ansbacher & Ansbacher, 1964; Gyllensten, Skär, Miller & Gard, 2010). This is highlighted by Ansbacher (1982) quoting Adler: “Very early in my work I found man to be a unity. The foremost task of Individual Psychology is to prove this unity in each individual—in his thinking, feeling, acting, in his so-called conscious and unconscious, in every expression of his personality” (p. 175)” (p. 32).

Adler trusted movement in a person’s life to reveal the distinctive fictional, final goal he or she was striving for, as he wrote, “Each individual always manifests himself as unique, be it in thinking, feeling, speaking, or acting. We are always dealing with individual nuances and variations…Everything can also be different” (Ansbacher & Ansbacher, 1964, p. 194). This is what Adler called the “law of movement” that underpinned a person’s style of life or lifestyle (Ansbacher & Ansbacher, 1964; Clark & Butler, 2012). Thus, an adherent of Adlerian psychotherapy would assign, as Adler himself did, “only limited value to general rules and instead lay strong emphasis on flexibility and on empathy into nuances” (Ansbacher & Ansbacher, 1964). If an individual shows his or her lifestyle through “thinking, feeling, speaking, or acting” (Ansbacher & Ansbacher, 1964, p. 194), then clearly, the body is a main player in this
unfolding drama of life and should not be neglected in the therapeutic setting (Fennel & Segal, 2011; Guttenberg & Gordon-Rosen, 2013; Leseho & Maxwell, 2010; Lichtman, 2010; Tremain, 2013).

**Organ Inferiority and Organ Dialect**

The study of psychosomatic issues—the interaction between the body and mind as one unit—was the concern for Adler in his work *Study of Organ Inferiority* (Adler, 1917; Ansbacher & Ansbacher, 1964; Obuchowski, 1988; Sperry, 2011). Ansbacher and Ansbacher (1964) note of his later work:

In his subsequent shift of emphasis from the primacy of bodily processes to the primacy of psychological processes, the organ inferiority lost its causal position and assumed two new functions. First, it became one of the important objective factors which provide certain probabilities for the individual’s development (see pp. 368-369), such factors being ultimately subject to the individual’s own interpretation. Second, the inferior organ, as the point of least resistance, became the preferred means by which the psyche expressed itself through the body (p. 223).

Adler acknowledges that the “body is also subject to the law of movement” and that “[t]o a certain degree, every emotion finds some bodily expression” (Ansbacher & Ansbacher, 1964, p. 223). He reflects that

> [t]he emotions and their physical expressions tell us how the mind is acting and reacting in a situation which it interprets as favorable or unfavorable… [Furthermore,] [t]he body, through the autonomic nervous system, the vagus nerve, and endocrine variations, is set into movement which can manifest itself in alterations of the blood circulation, of the secretions, the muscle tonus, and of almost all the organs. As temporary phenomena the
changes are natural and only show themselves differently according to the style of life or the person concerned (Ansbacher & Ansbacher, 1964, pp. 223-224).

Organ inferiority becomes part of a person’s conceptual world and each person’s body speaks a language of its own (Ansbacher & Ansbacher, 1964; Coleman & Croake, 1987; Nash & Nash, 2010; Stone, 2014). Adler studied neuroses effect on the body (Adler, 1932/1996; Kradin, 2011) and believed that “[in] the neurotic symptoms this relationship becomes concretized” (Ansbacher & Ansbacher, 1964, p. 224). For example, a person suffering from constipation, may be expressing their desire to hold things in or a person with stooped shoulders may be expressing discouragement and lack of self-esteem (Ansbacher & Ansbacher, 1964; Bagby, 1923; Mozdzierz, 1996; Sperry, 1996). As therapists, we must look for the “inner slogan” also known as “organ jargon” that the body is expressing (Ansbacher & Ansbacher, 1964, p. 225).

Adler took the observation of the body-psyche connection further in suggesting that certain types of body responses to emotion could be inherited. He surmised that “[p]hysical expressions of this kind will often give us hints of the weaknesses and peculiarities of the family tree. Other members of the family may make a very similar body response” (Ansbacher & Ansbacher, 1964, p. 225). This idea may be useful in the therapeutic process when doing a genogram to understand the family constellation, especially if a client has developed psychosomatic issues (Chvála, Trapková, & Skorunka, 2012).

The body’s physical development as a form of psychic expression continued Adler’s thoughts on the body being subjected to the law of movement. He hypothesized that “[a] courageous individual will show the effects of his attitude in his physique. His body will be differently build up” and “[w]e can often observe bodily expressions which are plainly the end results of mental failings, where the right way to compensate for a difficulty has not been
discovered” (Ansbacher & Ansbacher, 1964, p. 226). In Individual Psychology, “[i]t is always necessary to look for these reciprocal actions of the mind on the body, and of the body on the mind, for both of them are parts of the whole with which we are concerned” (Ansbacher & Ansbacher, 1964, p. 225).

Movements of the body, as well as psychological movement were clearly observed together by Adler to treat the whole person. As a physician, Adler possessed specialized knowledge of the human body, but encouraged the powers of physical observation when with a client, whether a therapist had medical knowledge or not. If a therapist aligns his or her self within an Adlerian theoretical orientation, then this tenet of holism should be practiced.

After Adler’s death in 1937, Individual Psychology continued to spread worldwide and became the springboard for others to integrate their own theories into Adler’s foundation. The use of expressive arts fits well within the Adlerian approach (Degges-White & Davis, 2011; Dushman & Sutherland, 1997; Ernst, Rand & Stevinson, 1998; L’Abate, 2013). Blanche Evan and Liljan Espenak, two pioneers of the Dance/Movement Therapy (DMT) movement, successfully integrated their Adlerian training with dance. Both brought the understanding of holism in mind and body that continues to flourish in the continually developing field of DMT.

**Blanche Evan and Liljan Espenak: Adlerian Psychotherapy and Dance/Movement Therapy**

**Blanche Evan**

Blanche Evan (1909-1982) was a dancer, choreographer, and performer who began using dance as a “creative, educational emphasis [and later] to a psychotherapeutic emphasis” (Levy, 2005, p. 29) with her approach integrating her original teachings in later years. She was influenced in her study of dance by Bird Larson, who was one of the early adapters of what was
called natural dance and expressive improvisational dance, as well as the work of Dalcroze, Noverre, Stanislovski, Mesnsendieck, and Veola and La Meri (Levy, 2005).

Evan’s “major interest was dance improvisation as a medium through which one’s creative and emotional potential could be drawn out and actualized (Evan, personal communication, 1980)” (Levy, 2005, p. 29). By the late 1940s and early 50s, she was specializing in creative dance with children (Evan, 1964). However, by the late 1950s until her death in 1982, Evan focused on the population of adults that she labeled the “normal, functioning neurotic” (Levy, 2005, p. 29). She was concerned that the use of dance as therapy was being emphasized for helping the psychotic individual, overlooking its helpfulness for the neurotic person and dedicated herself to this cause (Levy, 2005; Benov, 1991). In response to Adler’s connection of the movement of the psyche and the body, especially regarding neurosis, Evan adds, “Yes, ‘the life of man is the life of a moving being’ but the typical urban body in the United States has ceased moving…The no-outlet energy for some becomes active-destructive violence, outwardly to the world and/or inwardly to one’s self” (Benov, 1991, p. 142).

By 1956, Evan was calling her pioneering work “creative dance as therapy” and in 1958, after studying at the Alfred Adler Institute of Individual Psychology and the New School for Social Research, she began to train professionals and students in her approach (Levy, 2005). As the field of dance therapy expanded, Evan never accepted the word “movement” as an accurate substitute for the word “dance” (personal communication, 1980). She saw too much of dance therapy as being “antidance” and aspiring either to the verbal therapies, hence losing the inherent power of dance or to the “body/mind” therapies, which too often ignored the individual’s emotions and diagnoses (Levy, 2005, p. 30).
Evan’s Adlerian influence is clear in her emphasis of working with the whole person. Specifically, she “emphasized the person in his or her world” (Levy, 2005, p. 32). In her work with the neurotic urban adult, she interpreted issues of fatigue as “manifestations of inner drives toward repression, fear, and dependency, causing clients to resist using their full physical potential” (Levy, 2005, p. 32). Furthermore, “[i]n accordance with Adlerian psychology, Evan believed that repressed aggression and anger were the major maladies of the neurotic. Because the neurotic’s anger was repressed, so was his or her assertiveness and commitment to growing up. This was reflected clearly in the body musculature” (Levy, 2005, p. 32). Her commitment in creative dance therapy was to “re-educate individuals to accept their bodily responses and needs which, she believed, existed prior to the repressive influences of family and society” (Levy, 2005, p. 32).

**Evan’s modes of intervention.** Evan developed four major modes of intervention: the warm-up, the Evan System of Functional Technique, improvisation/enactment, and verbalization of thoughts and feelings (Levy, 2005; Bernstein, 2005; Najarian, 2008). While there is much to describe in each form of intervention, the Adlerian influences are clear in the following places:

1. **Physical Warm-up:** The basis of the warm-up was to bring individuals “into contact with the reality of their psychophysical selves” (Levy, 2005, p. 33) with the therapist addressing the whole person. When in a group, social interest and encouragement were practiced by having members take turns at leading the warm-up also giving the chance for psychosomatic issues to be affected positively by group interaction (Levy, 2005; Ávila, 2010).

2. **The Evan System of Functional Technique:** This technique “included postural work, coordination, placement of body parts and rhythmicity. This style of work was
individualized, varied, adapting to the individual’s unique anatomical needs. In Evan’s words, functional techniques ‘…respects nature’s plan of the body in action…Changing the body tonus from destructive tension to resilience is vital’ (Rifkin-Gainer, et al., 1984, p. 14)” (Levy, 2005, p. 34). This exemplifies the psychological theory of the law of movement in the most holistic and fundamental way, remembering Adler’s approach to each person being unique and that “Everything can also be different” (Ansbacher & Ansbacher, 1964, p. 194).

3. Improvisation/Enactment: Evan’s definition of improvisation was “…the spontaneous creation of form” (Levy, 2005, p. 34). She used three types of approaches: projective techniques (having clients take on the form of an animal, color, or texture), sensitization to and mobilization of potential body action (use of props, words in opposition—gather/scatter/, morning/night, etc.), and in-depth and/or complex improvisation (expressing the client’s own thoughts and feelings in structured movement) (Levy, 2005; Nemetz, 1995). These approaches echo Adler’s creativity in the use of hunches, metaphor, humor, and empathy in understanding the client where he or she is to bring the client’s mistaken beliefs to awareness (Mosak & Maniaci, 1999).

4. Verbalization of thoughts and feelings: This is the process of traditional psychotherapy during and after the dance sessions—talk therapy integrated with the body. “Evan emphasized the importance of knowing why the therapist was asking an individual to do a specific movement exploration” (Levy, 2005, p. 37). Like Adler, she also would assign homework and encourage the process of putting “‘insight into action’ between sessions” (Bernstein, 2005, p. 3).
Evan was known for interrupting clients when they were discussing their issues by saying, “Stop talking and move” (1945-1978, n.p.)…This later became a theme in Evan’s training of dance therapists…bringing the expression back to its somatic reality (or source in the body) as opposed to encouraging verbal exploration and intellectualization” (Levy, 2005, p. 40). Like Adler, she trusted only movement—both psychologically and physically.

Evan trained in psychotherapy at the Alfred Adler Institute of Individual Psychology, was also a member of its faculty, and was clearly influenced by Adler, she regarded herself as a dancer and choreographer first, not Adlerian. Her contemporary, Liljan Espenak, however, was known for her integration of Adlerian psychological concepts into dance therapy.

**Liljan Espenak**

Born in Bergen, Norway, Liljan Espenak (1905-1988) studied dance in Dresden, Germany with Mary Wigman at the Wigman Conservatory and was a dance teacher there until 1934. Espenak also studied physiology, Dalcroze eurhythmics—a system of training through physical movement to music to develop grace and musical understanding—gymnastic techniques, and developed her own school of movement that was accredited by the Prussian Board of Education (Levy, 2005).

Espenak fled Germany during World War II, first to England and finally immigrating to the United States in 1941. She taught dance in the 1940s at the YWCA and the Wright Oral School for the Deaf and studied psychotherapy for three years in the 1950s at the Alfred Adler Institute. During this time, she purposefully integrated her psychotherapy training with her understanding of the therapeutic nature of dance (Levy, 2005).

Eventually, she became the Director of the Division of Creative Therapies, Institute for Mental Retardation at New York Medical College in 1961, and later a “dance therapist at the
Alfred Adler Mental Hygiene Clinic (Espenak, personal communication, 1980)” (Levy, 2005). She influenced second-generation dance therapists through her course—the first of its kind for postgraduates—in dance therapy at New York Medical College from 1961-1981.

As a pioneer, she never intended to become a dance therapist and “[h]er original goal was to be an ‘ideal teacher,’ but she said, ‘…when groups became emotional later on…the process became dance therapy and I, a dance therapist’ (1981, p. 10)” (Levy, 2005). Her work was influenced by Marian Chace (another pioneering dance therapist) and Rudolf Laban’s Movement Analysis. She applied “Laban’s holistic view that movement is a process that is always part of behavior involving body…In therapy, sudden critical changes, as well as gradual changes, can be understood at their various levels as part of the reintegration process of the patient, even while there may be no verbal acknowledgement by the patient” (Bartenieff, 1983, p. 148).

Espenak developed what she called “psychomotor therapy” which was a combination of the psychoanalytic theory of Alfred Adler with the mind/body theories (bioenergetic analysis) of Alexander Lowen (Levy, 2005). Her definition of psychomotor therapy was “an ‘extension of dance therapy through application of diagnostic tools for treatment on the medical model of observation, diagnosis, treatment’ (Espenak, personal communication, 1985)” (Levy, 2005, p. 43).

**Espenak’s application of Adlerian theory.** Espenak highlighted that Adler began his career as a medical doctor and that this training informed his holistic approach to psychology. She describes the Adlerian influence in her psychomotor therapy as follows:

We have indicated how certain psychological constructs, such as those of body image development and its effect upon physical behaviors, have provided a formal basis for one aspect of psychomotor therapy; we have also indicated how the organization of the
expressive and communicative aspects of movement, in terms of its universality of
applications in time and space form another aspect of this therapy…The salient concepts
derived from Adlerian theory are the following: (1) aggression drive, (2) social feeling,
(3) inferiority feelings (and related organ inferiority), (4) life-style (early recollections,
first memory). This theory offers itself, almost naturally in its linking of organic
functioning to mind and body, as a useful point of departure for relating psychological
thinking with bodily function and especially expressive movement, i.e. dance (Espenak,

Integration of Freud’s pleasure principle and Adler’s aggression and inferiority theories
became key in Espenak’s work. As she stated,

Without the biological aggression drive and the pleasure principle, the inferiority feelings
would not result in striving for superiority, but be accepted as unchangeable…Inferiority
feelings then remain together with the developing recognition of the powerful
surroundings and acceptance of their interaction. The aggressive drive, however, will lead
to nonacceptance of this position and result in striving for superiority as a means of
obtaining the pleasure principle (Espenak, 1979, p. 76) (Levy, 2005, p. 44).

The results of “working directly on the body, developing physical strength, grounding and an
expressive movement vocabulary could counteract the original feelings of inferiority and
dependency” (Levy, 2005, p. 44). For Espenak, the “conceptualization of dance therapy was
formalized by the Adlerian view that emotions motivate, the mind organizes, and the body
performs the action” (Rossberg-Gempton & Poole, 1992, p. 43).

Espenak agreed with Adler’s encouraging social feeling (social interest) and integrated it
in her work. “She noted that Adler began using verbal groups for their therapeutic value with
children in Europe in the early 1900s [and] it was Espenak’s belief that ‘dancing together and interrelating singly with a group, is an ideal form for discovering and developing social feeling’ (Espenak, 1979, p. 77)” (Levy, 2005, p. 44).

Espenak’s approach to dance therapy had common characteristics to Lowen’s bioenergetic work and also her fellow Adlerian-influenced dance therapist Blanche Evan’s functional technique. She created her own movement diagnostic tests that were given at the start of treatment and at three-month intervals in order to identify strengths and weaknesses in a patient’s psychophysical integration, and based a treatment plan on these diagnostic findings (Levy, 2005).

**Espenak’s movement diagnostic tests.** The Movement Diagnostic Tests as applied are similar to an Adlerian lifestyle assessment through observation of the mind and body. There are six categories that present information regarding “‘the positive and negative components of the patient’s personality’ (1970, p. 10)” (Levy, 2005, p. 46), briefly described as follows:

1. Test 1A—Body Image: “is a muscular test in which the patient is asked to walk on his or her toes. The patient’s posture during this activity reveals information about his or her ego strength and self-assertion” (Levy, 2005, p. 46).


2. Test II—Degree of Dynamic Drive (Force Adjustment): “demonstrates ‘the physical and motivational energy applied in performance of a task’ (1970, p. 10)…Espenak found that the degree of energy displayed by the patient could indicate the degree to which he can be challenged by the therapist” (Levy, 2005, p. 47).
3. Test III—Control of Dynamic Drive (Rhythm, Time Concepts): observes the patient’s sense of time as Espenak relates, “‘Control and organization of time reveals both the individual’s inherent personal rhythm (as a sum total of his personality) as well as his ability to adjust to any given organization from the outside (i.e. to cooperate). (Espenak, 1970, p. 11)” (Levy, 2005, p. 47). Interestingly, this test focuses on breathing as the natural rhythm of a person’s life and an indication of inner feelings being entwined with both physiological and emotional changes in the body (Levy, 2005).

4. Test IV—Coordination (Body-Awareness and Locomotion): tests “the patient’s movement-flow as indicated in walking…Espenak saw coordination as the physical expression of the individual’s mental and emotional control. ‘The movement of walking is…the best natural demonstration of…the interaction of body and mind’ (1970, p. 12)” (Levy, 2005, p. 47).


6. Test VI—Physical Courage (Anxiety States): “measures the patient’s ability to perform movements that may seem somewhat threatening” (Levy, 2005, p. 47) such as walking backwards, floor exercises, changing the center of gravity, and rocking backwards. “Anxieties relating to movement, such as fear of falling or running downstairs, are closely linked to the fears the patient experiences in everyday life” (Levy, 2005, p. 47).

**Liljan Espenak’s legacy.** Espenak’s work continues to influence new generations of therapists. She connected her modern work of therapeutic healing through dance experience and
Adlerian theory integration with the ancient practices of human society “stating that, historically, it was common to heal the body, mind, and spirit through dance in religious or tribal ceremonies” (Rossberg-Gempton & Poole, 1992, p. 43). Therapists need to recognize the long-understood connection of body, mind, and spirit in order to help their clients in the therapeutic process and it is to this integration that we now turn.

**Using Movement in Therapy Sessions**

Current research has proven that what we do with our bodies changes our psychological perception as well as our chemistry (Jun, Roh & Kim, 2013; Kluge, 2014; Lopez, Falconer & Mast, 2013; Milliken, 2008; Morgan, Irwin, Chung & Wang, 2014; Strassel, 2011; Waller, Carlson & Englar-Carlson, 2006). Social scientists Amy Cuddy (Harvard Business School) and Dana Carney (University of California, Berkeley) studied the questions “Do our nonverbals govern how we think and feel about ourselves?” and “Do our bodies change our minds?” In her TED Talk (2012), Cuddy reveals the answer is yes to both. Specifically looking at confidence, Cuddy and Carney had participants do a high-power posture or a low-power posture for two minutes before doing various tasks. They compared testosterone and cortisol (stress hormone) levels, as well as risk taking and the participant’s and others’ perception of his or her confidence. The results were as follows:

Risk tolerance, which is the gambling, what we find is that when you're in the high-power pose condition, 86 percent of you will gamble. When you're in the low-power pose condition, only 60 percent, and that's a pretty whopping significant difference. Here's what we find on testosterone. From their baseline when they come in, high-power people experience about a 20-percent increase, and low-power people experience about a 10-percent decrease. So again, two minutes, and you get these changes. Here's what you get
on cortisol. High-power people experience about a 25-percent decrease, and the low-power people experience about a 15-percent increase. So two minutes lead to these hormonal changes that configure your brain to basically be either assertive, confident and comfortable, or really stress-reactive, and, you know, feeling sort of shut down (Cuddy, 2012).

This research and other studies (Cuddy, 2012; Jeong, Hong, Lee, Park, Kim & Sue, 2005; Johnson & Råheim, 2010; Van Dyck, Vansteenkiste, Lenoir, Lesaffre, & Leman, 2014; Wilkins, 1995) prove what Adler and others like Evan and Espenak already knew: we must look at the body as well as the mind if we are to be able to heal the whole person. If this is important, the next question is: How can a therapist who is not trained in DMT be able to connect the mind and body of his/her clients safely and with relative comfort? Adler believed in baby steps and herein lies the answer to our question. A commonality between therapist and client is that we all have bodies and can practice with them. The techniques that I am suggesting are simple and can be done during a regular therapy session. They techniques are not equivalent to DMT, although there are some elements akin to it. The techniques are to give the therapist and the client more information and awareness about healing the whole self.

I strongly encourage therapists who are going to try the techniques to be especially discerning with whom you want to try the techniques. There are some clients, like those with whom you do not have an established relationship or one who has been through severe trauma and needs an expert DMT therapist, which may not respond well to these techniques. Please use discretion and ethical judgment when trying them out. A client’s well-being is always the priority.
Individual Techniques

“The try on”: Empathy breathing and body patterns. Empathy is one of Adler’s core tenets. Espenak noted how important breathing is in understanding a person’s inner state of being through the Movement Diagnostic Test III: Control of Dynamic Drive (Rhythm, Time Concepts) (Levy, 2005). Sometimes a client will come to a therapy session in an agitated state with shallow, rapid breathing and fidgeting indicating a turbulent psyche. A therapist’s inclination may be to have the client take slow, deep breaths in order to slow down the fight, flight or freeze response and restore equilibrium so that he/she can verbalize what is going on.

An alternative to this would be to join with the client in his or her breath and movement pattern in order to really enter into his or her world. Trying on the client’s breathing and body patterns aids in understanding more deeply what it is like to be in his or her body in the situation he or she is in (B. Nordstrom-Loeb & P. Sevett, personal communication, March 28, 2014). Janet Adler’s (no relation to Alfred) work with autistic children in her video “Follow Me” (Expressive Media, Inc., 2010) especially demonstrates how effective this technique can be in establishing empathy, unconditional positive regard, and acceptance of a client where he or she is.

Amy Cuddy’s “power poses” (2012): Confidence in self. This technique is what Ms. Cuddy described in her TED Talk (2012). It is especially useful for clients who are struggling with self-confidence or are anxious about an upcoming situation such as a job interview or social event.

In order for the client to feel the connection of body and psyche, observe his or her current posture as he or she describes the anxiety-producing scenario to you. If he or she is holding a low-power posture such as shoulders stooped inward, slouching, legs crossed, hand holding or stroking the neck, gently point out this posture to them. Then, ask he or she to try on a
high-power posture such as both feet on the ground, straightened spine, relaxed arms—with one draped over another chair or back of couch. Have the client talk about the upcoming situation from this position for at least two minutes and observe if there is a change in his or her attitude. Encourage the client to enlist this posture for two minutes in private before he or she enters the event and then continue the posture while the event happens.

To aid in encouragement and unconditional positive regard for self, an Adlerian twist on this technique would be to ask the client, “What is a pose that expresses the feelings of significance, safety, and belonging for you?” (S. Brokaw, personal communication, October 29, 2014).

Doing Power Poses aids not only in bolstering the Adlerian tenet of honoring the intrinsic value of a person, but also influences a person’s inclination for social interest. Even if a person feels at first like he or she is “faking it”, eventually, the conditioned confidence can turn into true confidence and “acting as if” shifts from inferiority or overcompensation in appearing superior to a healthy balance (Cuddy, 2012; Mosak & Maniacci, 1999). Furthermore, a person with healthier self-confidence is more inclined to contribute socially.

A variation of this could be used with Early Recollections (ERs). The therapist could examine the feeling of the most vivid moment through using an action. If the therapist would like to work with the ER therapeutically, then the therapist can ask the client to change the action into the feeling he or she would like to have had (Disque & Bitter, 2004).

**Couple Techniques**

**“Living teeter-totter”: Understanding power differentials.** This technique helps couples to understand what power differentials feel like in the body. It could be done in conjunction with the explanation of the “Teeter-Totter” of a relationship, a visual technique
taught to me by Susan Pye Brokaw (personal communication, October 29, 2014): draw a picture of a teeter-totter, explaining that the person on the higher end of the teeter-totter acts superior through criticism and other means to the person on the lower end, resulting in the partnership being unequal. The goal is to have an equal partnership in the relationship.

For the “Living Teeter-Totter” technique, have one person sit in a chair while the other person sits on the floor. Then have them switch. Next, have them sit side-by-side and then switch to sitting across from each other. The final step is to have the couple reflect on what it felt like in each position, examining what felt the most like a partnership for them. Have them talk about ways they can bring that into their everyday life together.

The Adlerian tenets of empathy and inferiority/superiority feelings are addressed in a tangible way through this technique.

“Follow me”: Understanding the other. Couples in crisis often come to therapy in pain because each partner feels that the other misunderstands them and talking seems to get nowhere. This technique is about empathy—embodying the others’ feeling. This should be done carefully and should not be used at all if domestic violence or self-harm is suspected or anticipated by either partner.

In this technique, the therapist observes and directs nearby, much like Blanche Evan, Liljan Espenak, or an authentic movement witness would (Wyman-McGinty, 1998). Ask the couple to sit or stand and face one another about three or four feet apart—so they cannot touch if they reach toward the other—as if they are on either side of a mirror. Ask each partner what emotion they are feeling when they are in conflict. When that is clear, have the first partner create a movement that represents how that emotion feels in their body. Have them do it several times and as they do so, have the other partner mirror them.
Next, have them pause for a moment and verbalize how that felt. Then, have the second partner respond with a movement that represents how he or she feels when the first partner did the initial movement. Again, have the second partner do this several times and have the other partner mirror them. Pause and reflect verbally. Take a break or stop at any point if the intensity gets too high.

The next step is to aid in shifting the stagnant dance the couple has been doing around the issue. Ask the first partner to create a movement of what he or she would like to feel when talking about the conflict issue. Again, have the second partner mirror this movement as they do it together several times. Have them pause for a moment to verbalize how it felt. Then repeat the process with the second partner taking the lead.

After reflection, ask the couple to create a movement that would express finding a joint solution. It could be a movement that had elements of the previous movements or a brand new one. The couple needs to do this while mirroring each other with minimum verbal communication and no physical contact.

If the couple does not find a rhythm or movement that the therapist can tell is working after a few minutes, it is fine to stop and reflect on what was not working. This will give the therapist insight into the root of the conflict. If the couple does find a rhythm or movement that works, the therapist may ask how that movement could be translated into resolution of the conflict.

The couple benefits from embodying each other’s emotions to develop empathy. Mirroring, as used in this technique, connects the couple in overt and covert ways, building new channels of communication that get the couple physically and emotionally turning toward each other instead of away (Gottman, 2000).
Group Technique

“Remember me”: Movement and naming. This technique is reminiscent of camp and youth group icebreakers, but it has a therapeutic twist. It is simple and promotes the Adlerian tenets of self-expression, social interest, encouragement, humor, and empathy, as well as gives insight for the therapist into the group he or she is working with.

As the group gathers, have people stand and form a large circle facing inward. Use a small, soft ball or other object as a talking stick, and if you do not have one then you can pantomime throwing a ball to the next person. Whoever holds the ball (real or imagined), holds the floor. It is most helpful if the therapist demonstrates what he or she wants done.

This is an introduction game. The therapist starts by saying his or her own name (or what he or she would like to be called in this setting), creating a movement that represents him or her and then answers any other introductory questions he or she wants others to answer before closing with repeating his or her name and doing his or her movement again. When the therapist is done, he or she gently tosses (or pretend to toss) the ball to a person at random (no need to go to the right or the left unless one wishes to) to go next.

The next person says the previous person’s name and does his or her movement. Then he or she repeats the process the previous person did by saying his or her own name with a movement, answering questions, repeating the name and movement, and then closing with the previous person’s name and movement. He or she gently tosses the ball to the next person and the process repeats itself.

The expectation is to only name the person previous to you and try on his or her movement. There is no need to name every person and movement who has gone before, although it could be a fun quiz when everyone is finished. Keeping it to one person does two things: it
makes an immediate connection with at least two people in the group (the one previous and after) and it allows for a person to succeed in remembering at least one name.

The therapist observes the type of group he or she is working with. The verbal answers give cues, but the movement a person chooses also gives something away about their lifestyle. For example, X says her name and puts her hands on her head like ears while saying, “Meow”; Y says his name and beats his chest like Tarzan; and Z says her name and merely raises an ironic eyebrow. What might each of these movements say about his or her lifestyle? There could be several hunches for each. Movement never lies and can give a therapist an immediate clue to what might be in store for the session.

A final benefit to this technique is the humor that it brings. Everyone is in the same awkward position and there will no doubt be at least one or two people who create an amusing movement. This adds levity to the group, releases nervous energy, and begins to build trust for the rest of the session.

Implementation and Summary of Outcome for the Project

Description of Project Implemented

A two-hour, interactive workshop was implemented on Friday, November 7, 2014, 7:30-9:30 pm, for the Puget Sound Adlerian Society’s First Friday Forum, held at St. Stephen’s Episcopal Church, Seattle, Washington. It was filmed for educational purposes and open to the community, although the target population was for others going to school for or working in a mental health field. All participants signed a waiver giving permission to be recorded.

The workshop explored the historic background of overlooked Adlerians, Blanche Evan and Liljan Espenak, who used their Adlerian training and dance background in their therapeutic
processes that pioneered what became Dance/Movement Therapy. The presentation also explained Adler’s thoughts on how the body affected the psyche as well as psychosomatic issues. Additionally, the workshop gave participants some basic physical movement techniques to utilize in their practice with individuals, couples, and groups to enhance Adlerian principles such as trust, encouragement, holism, and social interest. The participants had ample opportunity to try these techniques out with a partner and discuss them.

The workshop included a PowerPoint presentation, handouts, and a reference list. The film of the presentation is one hour, thirty-eight minutes long, as we did not film all of the time where participants were trying out the techniques.

**Summary of Outcome**

**Personal evaluation.** I felt supported by the local Adlerian community in agreeing to host my Master’s Project presentation as one of their educational First Friday Forums. I spent almost every minute of free time for over a month researching, writing, organizing, advertising for, and creating this two-hour presentation. As a result, I felt that I knew the material well and felt confident in my presentation.

I was fortunate to have a group that was eager to learn and wanted to participate. I was aware that a few people were out of their comfort zone and I made efforts to put them at ease. The opening group introduction exercise helped everyone relax some and feel connected as a group, including myself.

The atmosphere of the First Friday Forums is typically informal, relaxed, conversational, as well as educational, so I was aiming to hold that space. My pacing through the slides felt good. I do not normally read slides when I present, but in this case I read some of them because a few participants could not see them clearly from where they were sitting.
I tend to be bubbly and energetic and know that sometimes if I laugh too much or am too casual, that this can be perceived that I should not be taken seriously. There were a few times when I slipped up in holding that tension, but I went right back into the space I was trying to attain. It was useful to watch the video afterward to become more aware of when this happened and remember what I was feeling or thinking in that moment. I discovered that those were the times I was trying too hard to connect and make the information more interesting delivery-wise or I was starting to get tired.

The times when I felt most comfortable and engaged were when I was teaching the techniques. I really enjoyed sharing the techniques, coaching the participants as they tried them, and hearing their reflections on how they felt doing them as well as how they saw themselves applying them to their own practices. The interactive teaching was the most rewarding part of the whole project—sharing my knowledge and knowing it was helping others was energizing. I felt my personal outcomes were achieved.

**Participants’ evaluation.** There were eleven participants, in addition to my husband who was filming. Ten out of the eleven filled out the “Adler Graduate School Evaluation of Master’s Project Presentation” form anonymously and I received an email from one of the participants later with further reflection. The general results of the evaluation were extremely positive. Specifically, the feedback for each of the seven elements evaluated were as follows:

1. Was well prepared for the presentation: eight marked “Strongly Agree” and two marked one box to the right of “Strongly Agree.”

2. Presented information in a clear and organized manner: six marked “Strongly Agree” and four marked one box to the right of “Strongly Agree.”
3. Demonstrated a thorough knowledge and understanding of content: eight marked “Strongly Agree” and two marked one box to the right of “Strongly Agree.”

4. Encouraged discussions and questions: nine marked “Strongly Agree” and one marked one box to the right of “Strongly Agree.”

5. Brought new knowledge useful in work and personal life: eight marked “Strongly Agree” and two marked one box to the right of “Strongly Agree.”

6. Shared/demonstrated skills that can be used with a target population or target issue: seven marked “strongly agree,” two marked one box to the right of “strongly agree,” and one marked two boxes to the right of “Strongly Agree.”

7. Overall, demonstrated master’s level quality of work: eight marked “Strongly Agree” and two marked one box to the right of “Strongly Agree.”

8. Additional Comments: “Well done and interesting.” “So wonderful—thank you!” “Very illuminating! I had no idea there even was dance therapy, movement therapy or that these were associated with Adler Studies. Wow! Excellent presentation with very comfortable exercises to get us out of our comfort zones! Opened my eyes to some new ways to get clients out of their heads and into their hearts!” “Amazing work. You are clearly dedicated to movement/Adlerian therapy.” “Loved the enthusiasm!”

**Improvements based on outcome.** The energy from the participants was positive, open, and engaged. It was energizing presenting to them and practicing the techniques with them. Based on the feedback, the learning objectives for this workshop were realized by the participants. However, there is always room for improvement. Now that I have been through presenting a couple of times, there are places where I could relax and not try as hard to be
engaging, trusting the process of teaching and the participant’s willingness to learn. I could also add a few slides to highlight some of the verbal information I was teaching.

Future Plans for Use of the Project

This Master’s Project has a little something for everyone: intellectual information presented verbally, visually, and interactively, as well as concrete techniques that can be used in every day practice. I would like to share this at a North American Society of Adlerian Psychology (NASAP) gathering, as well as any regional Adlerian societies or schools that are interested in learning about the Adlerian connections to DMT.

Conclusion

Adler’s law of movement has been at work throughout this Project. Delving deeply into the subject matter engaged me on both personal and professional levels—challenging me and moving me to grow as a person and a therapist. The unique legacies of Blanche Evan and Liljan Espenak and their contributions to Adlerian theory and DMT continue to intrigue me and I look forward to learning more about the importance of movement in therapy in the future. Alfred Adler’s legacy continues on into the 21st century and I am glad to be part of it.
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