Treating Depression in Adults:
Dance Therapy through an Adlerian Lens
An Experiential Project
Presented to
The Faculty of the Adler Graduate School

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Abstract
Depression affects 350 million people worldwide, impacting quality of life, work relationships, and physical health (Meekums, Karkou & Nelson, 2012). Dance Movement Therapy (DMT) can help heal and provide a healthy environment for adults suffering from depression. Medication and talk therapy are not always appropriate and available for clients (World Health Organization, 2012). DMT uses bodily movements to explore and express emotions of a group or in individuals (Meekums et al., 2012). By integrating dance therapy through the lens of Adlerian Theory, people with depression can work on increasing social interest and sense of belonging, and become more in tune with their body and symptoms. This paper will review the literature on depression in adults, Adlerian concepts, expressive arts, and dance movement therapy. A presentation to the community will be done by using the information learned in this paper to educate others on the uses and benefits of using dance therapy to treat depression in adults.

Keywords: Adlerian Psychology, dance movement therapy, line of movement, holism, organ jargon, sense of belonging
DANCE THERAPY AND DEPRESSION

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Treating Depression in Adults: Dance Therapy Through an Adlerian Lens

Depression is a common mental disorder in adults (Centers for Disease Control [CDC], 2010). The demands of work, traumatic events, loss, family, finances, and loneliness, are some of the factors contributing to the increase diagnosis of depression among adults (American Psychiatric Association, 2013). In addition to medication and talk therapy, some doctors include physical activity as part of the treatment plan to help with improving one's mood (Sherman, & Hickner, 2007). An adult presenting with depression may exhibit depressed mood, loss of interest, feelings of guilt, low self-worth, disturbed sleep, lack of appetite, and little energy (American Psychiatric Association, 2013). “These symptoms can become chronic or recurrent and lead to substantial impairments in an individual’s ability to take care of his or her everyday responsibilities” (Marcus, Yasamy, van Ommeren, Chisholm, & Saxena, 2012, p. 6). According to Alfred Adler, founder of Individual Psychology, life is all about movement, and all movement has direction. Integrating dance movement therapy (DMT) with essential Adlerian concepts can provide a unique theory driven therapeutic intervention for adults with depression. The Adlerian concepts of holism, lifestyle, striving for superiority, sense of belonging, and social interest will be reviewed in the context of treating adults for depression. There is research that suggests talk therapy that is combined with physical exercise helps depression (Sherman, & Hickner, 2007); therefore, it is important to consider DMT as a therapeutic tool for depression. DMT has not been adequately researched and should be a considered treatment in helping adults with depression.

Depression

According to the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) depression is a challenging mood disorder that can be
debilitating. It occurs when there is an imbalance of the chemical serotonin in the brain. Serotonin is a neurotransmitter, which performs as a go-between to convey communication from one area of the brain to another (American Psychiatric Association, 2013). The link between negative thought processes leading to feelings of depression is well-researched. For example, a survey from the Harvard School of Public Health (Kessler et al., 2009) announced that almost 50% of all Americans would eventually build up a maladjustment, apparently from a substance irregularity, with 29% building up a nervousness issue and 20% a mood disorder. When there is an imbalance of chemicals in the brain, depression or other mood disorders may occur (American Psychiatric Association, 2013). Triggering events that may cause the chemical imbalance or onset of depression can include loss of a friend, family member or a pet, injury, physical abuse, emotional abuse, conflict in personal and work relationships, and job loss (American Psychiatric Association, 2013). There may also be organic factors that contribute to symptoms of depression, such as genetics, acute illness, chronic pain, medication use, hormonal imbalance, and substance abuse (American Psychiatric Association, 2013). Depression can also be a symptom of a biological issue, so a complete medical exam by a physician is crucial when treating depressed clients.

According to the DSM-5 (American Psychiatric Association, 2013) symptoms of depression include the loss of interest in activities previously enjoyed, lack of energy, abnormal appetite, difficulty sleeping, out-of-proportion feelings of guilt about one’s medical condition, feelings of worthlessness, loss of self-esteem, irritability throughout the day, excessive fatigue, and a loss in the interest of intimacy. In addition, thoughts of death or suicide can be present. According to the DSM-5, major depressive disorder is characterized by the presence of one or more depressive episodes during a person’s lifetime. A depressive episode can last anywhere
from months to years (American Psychiatric Association, 2013). One form of treatment that can be used to treat these symptoms includes the addition of physical activity to one’s daily routine (McIntosh, 2008). Walking 35 minutes a day 3 times a week or 60 minutes for 3 days a week can have a great impact in relation to decreasing mental health symptoms (Kubesch et al., 2009). This action-oriented idea of treatment can also be seen in Adlerian psychology.

**Adlerian Psychology**

Alfred Adler was a psychiatrist who believed in conceptualizing people holistically (Adler, 1930). Holism can be explained as “The whole is greater than the sum of its parts, and that unified, the components constitute a new and unique whole” (Griffith & Powers, 2007, p. 55). These parts are unified by the individual’s movement toward a life goal (Corey, 2009). Adler trusted that our movement is determined by a fictitious goal that is created in early youth (Oberst & Stewart, 2003). An individual's beliefs, thoughts, desires, viewpoints, feelings, and movements are illustrations of his or her goal. “People subsequently develop a way of living that is an example of their selected goals. Adler referred to this way of life as an individual’s *lifestyle*” (Ansbacher & Ansbacher, 1964, p. 173).

**Lifestyle**

*Law of Movement* is an Adlerian term that relates to a style of living that incorporates the knowledge, feeling, and action of an individual (Griffith, 1984). Adler stated that “movement is meant to include all thoughts, feelings, and physical activity; law of movement of the individual is, therefore, the basis of the style of living”. He viewed life through a series of movements and events, versus words, thus he often said “that one can only trust one’s movement” (Ansbacher & Ansbacher, 1964, p. 194). Through our movement in life, Adler believed that, “All things can also be different” (as cited in Ansbacher & Ansbacher, 1956, p. 194). Our behavior is an
expression of a person’s style of life or lifestyle (Ansbacher & Ansbacher, 1956; Clark & Butler, 2012).

**Striving for Superiority**

Alfred Adler's theory of psychological thought stated that individual behavior was a result of the mental effort to deal with a sense of inferiority (as cited in Watkins, 1984). He based his theoretical model on the hypothesis that individuals possess an innate striving for superiority and a social interest in the development of others’ well-being (as cited in Ansbacher & Ansbacher, 1956). Striving for perfection is the desire to fulfill our potential, to come closer and closer to reaching one’s goal. Adler often referred to this striving as a motivating force. We have issues, deficiencies, inferiorities of some sort. Our personalities are molded by the ways in which we do or do not compensate to overcome the problems in our lives (as cited in Ansbacher & Ansbacher, 1956).

**Belonging and Social Interest**

Social interest is one of the essential fundamental tenets in Adlerian psychology as (cited in Kern & Curlette, 2004). Adler’s concept of *Gemeinschaftsgefühl*, referred to as social interest or community feeling, became a crucial part of his theory (as cited in Ansbacher & Ansbacher, 1956; as cited in Kern & Curlette, 2004). Children are born with social interest qualities, but it is not until children are guided and taught which brings them into their full potential (Overholser, 2010). An individual’s style of life cannot be comprehended without considering others. Relationships with parents, other family members, and society affect an individual in his choice of a style of life. Understanding an individual is necessary to consider his attitude toward his fellow man and himself (Giordano, Clarke, & Furter, 2014).
Adler believed that an individual has the capacity for learning to live in harmony with society (as cited in Ansbacher & Ansbacher, 1956). A person develops a sense of safety and security when he or she feels a sense of belonging in society (as cited in Ansbacher & Ansbacher, 1956). Social interest first starts with a person feeling a sense of belonging and moves into a place of caring about the well-being of others, (as cited in Ansbacher & Ansbacher, 1956). Adler wrote, "To see with the eyes of another, to hear with the ears of another, to feel with the heart of another" is an example of the connection we have with others (as cited in Paul, 2008, p. 42). People who display social interest display teamwork, contribution, caring, involvement, courage, self-assurance, and capability tend to live a fulfilling life (Ansbacher & Ansbacher, 1964). The average person with well-developed social interest will adopt a useful style of life by contributing to the common welfare and thus overcome his or her feelings of inferiority. All natural weakness of single person comes through social interest. As one learns to contribute to the common welfare, he or she comes to have a sense of worth and value and begins to feel at home in life (Ansbacher & Ansbacher, 1964). Social interest gives meaning and purpose to life and “reflects both the attitudes and behaviors of caring, concern, and compassion for fellow humans” (Oberst & Stewart, 2003, p. 201).

**Adlerian Theory and Depression**

In Adler's view of human nature, individuals are the result of something other than hereditary qualities and their condition; instead they are a result of their comprehension of their capacities and the life decisions that they make (Corey, 2009). Clients are not viewed as victims of their symptoms; instead, symptoms are purposeful and chosen relative to some unconscious goal (as cited in Pancner, 1985). Adlerians would treat depression by placing importance on motivation, purpose of symptoms, and degree of social interest (as cited in Pancner, 1985).
Adler stressed the idea that people are shaped by their perceptions and the goals that they strive to achieve (Corey, 2009). When dealing with a client with depression, Adler places importance on the person’s feelings, and how their feelings trigger interactions from the past (as cited in Pancner, 1985). Beginning early in life, one imagines an ideal self and tries to accomplish meeting this goal (as cited in Pancner, 1985). The individual's lifestyle and unique goals determine the type of emotion that will serve the person’s purposes (Corey, 2009).

**Expressive Arts**

The therapeutic impact of expressive arts therapy is focused on four major areas (a) Expression, (b) Imagination, (c) Active Participation, and (d) Mind-body (National Coalition of Creative Arts Therapies Associations [NCCATA], 2004). The expressive therapies are defined as the use of art, music, dance movement, drama, poetry, creative writing, and play within a mental health setting. Many of the expressive therapies are also considered “creative arts therapies” specifically art, music, dance movement, drama, poetry, and creative writing. While all expressive therapies involve action each one is different and unique. For example, art therapy is an expression of one’s unique world through painting, drawing, and modeling. Creating art can be cathartic while working through one’s private feelings. Music therapy uses music, sound, and instruments to elicit feelings (NCCATA, 2004). Music therapy lends itself to socialization when people collaborate in song or in simultaneously playing of instruments. Dance Movement uses one’s body as a therapeutic tool (Kleinman, 2004). Dance movement serves as a catalyst to move, interact, and form relationships. Expressive therapy is dependent on how it is used in a session, the methods used, the client to practioner relationship, the setting, and purpose (Kleinman, 2004).
In the late 1900s, the introduction of the use of expressive arts as therapy with patients started, although the use of the expressive arts themselves date to ancient times (Malchiodi, 2013). In the past, natives from Africa stimulated individuals with mental illness by having them participate in creative movement. The Greeks started theatre and used songs for their private rituals. In the Bible, King Saul called music “peaceful” and “calming”. During the Renaissance, Robert Burton, a writer and English physician, speculated about the effects of invisible role play in well-being. Coughlin De Fetre, an Italian philosopher, concluded dance and theatre were essential to health and growth (Malchiodi, 2013). Next is a description of using dance as a therapeutic intervention in therapy.

**Dance Movement Therapy (DMT)**

DMT is a kind of expressive arts that utilizes movement to advance the social, subjective, enthusiastic, and physical improvement of the person (Cruz & Hervey, 2001). These authors reported dance move therapy is the psychotherapeutic utilization of development to advance enthusiastic, social, psychological and physical coordination of the person. Dance therapists work with individuals or groups of people who may have mental health problems, emotional problems, intellectual deficits, or life-threatening illnesses (Mueller, 2015). Their goal is to try to help individuals develop communication skills, increase self-esteem, and create emotional stability through the expression of dance (Chaiklin, 2009). They can be employed in psychiatric hospitals, day care centers, mental health clinics, prisons, creative arts schools, and private practices (Chaiklin, 2009).

**History**

The practice of DMT as a formal treatment began in the United States in the 1940s (Barnett, Shale, Elkins & Fisher, 2014). While psychoanalysts were encouraging the expression
of the unconscious through verbalization, dancers began to use body movement as the vehicle for similar forms of expression (Levy, 1992). Mary Whitehouse and Marian Chace, both professional dancers, were so moved by the interaction of psyche and soma through dance movement they left the performance and choreography aspects of dance and focused exclusively on the psycho therapeutic aspect of dance (Levy, 1992). They began practicing dance therapy in their private studios as a way for people to integrate self-expression and dance. This self-expression through the dance as a therapeutic tool came to be known as “Dance Therapy” (Levy, 1992).

**Theoretical Principles**

Shainess (1993) stated dance movement therapy is focused on nonverbal and unwritten conversation which does not rely on language skills. Dance movement places emphasis on the body and what is happening to the body during movement. In addition, the body is used as a means of transportation to express and connect in a preverbal and creative fashion. Dance movement therapy along with exercise, music, and sensory motivation, provide a non-pharmacological treatment for depression (Jeong et al., 2005).

DMT is founded on a belief that a person’s body and mind are inseparable (Adler, 2002). The body moves towards and with the mind and they are unchangeable (Adler, 2002). DMT speaks to a person’s soul, like a soulful heartfelt song that flows through the pathways of heaven (Adler, 2002). Sandel, Chaikline and Lohn (as cited by Dance & Foguel, 2014) stated dance forms a type of communication. A person’s soul communicates inward then outward through the dance speaking through the movement (Rosen & Atkins, 2014). DMT can be used in group or individual therapy. A dance therapist uses many approaches towards movement, which can vary from therapist to therapist (Snyder-Sowers & Kariuki, 1997).
**Stages and Techniques**

DMT is based in the theory and practice of the integration of psychology and dance movement. From a psychological perspective, the framework integrates group counselling, person-centred therapy, cognitive behavioural therapy, object relations theory, attachment theory, and self-in-relation theory. From a dance movement therapy perspective, the framework draws on the methods of the pioneers in the field as well as modern dance movement therapists.

Typically, during the first phase, the group opens with a verbal check-in, and a dance movement practice, (which is a chance to express the skill of the dance movement). In the second phase, the therapist and classmates have a movement debriefing, and in the third and final phase, a closing reflection is expressed from the clients.

The connection, or feeling of belonging is crucial to the DMT process (Farah, 2016). Mary Starks Whitehouse, a former dancer, was the founder of the ‘*Authentic Movement*’ process (AMP), which focused on awareness (Farah, 2016). AMP sessions provide the grounds and exploration of the contents of consciousness. AMP happens with ‘Incubation’ stage, which is open-ended imagery which provides the opportunity to create private messages to the self (e.g. clients walking into the center of the circle with their eyes closed, and the leader may say “Picture yourself on the beach, what is the texture under your feet?”). AMP allows the clients to create their own private experience which offers more room for the creative self (Samuels, 2004). One technique used in DMT includes mirroring. This refers to two client’s facing one another and matching each others movements. This demonstrates compassion and empathy on behalf of a person while confirming their experience (Aragón, Sharer, Bargh, & Pineda, 2013).

There are many pioneers in the development of therapeutic stages and techniques in DMT. Marion Chace’s (Chace & White, 2014 as cited by Anderson, Kennedy, DeWitt,
Anderson, & Wamboldt, 2016 methods are used to set the stage for establishing the therapeutic movement relationship. This is based on empathetic attunement through visual and kinesthetic perception (Chace & White, 2014 as cited by Anderson et al., 2016. Chace’s practice of developing shared group rhythms and facilitating the emergence of the symbolic provide structure to the dance/movement experientials. Blanche Evans created ‘Functional Technique’, which is the practice of dance self re-organization, body and change. Evans an former dance therapist who believed in the true, progressive and non verbal style of movement, (Rubin, 2016). Evans, dance therapist, felt that the fundamental use of ‘action in the world’ guides the practice of opening the group with each person’s reflection of her own weekly integration of her experiences with dance/movement and art in her daily life. Learning to attune to the body’s authentic movement expressions brings in the methods and orientation of Mary Whitehouse. Similarly, Whitehouse’s awareness of the leader’s need to suspend interpretation, judgement and analysis in the process, instead relying on her intuition, shaped the therapist’s role in this group.

Jo Ann Hammond-Meiers, a dance and art movement therapist, uses an integration of the methods of dance movement therapy and art therapy to guide the structure of group. The evolution of the visual art from the movement and, conversely, the movement from the visual art, allows the individual and group processes to deepen, to become more fully embodied, and to be recognized in the conscious level of awareness (Rubin, 2016). Danielle Fraenkel’s (Fraenkel & Mehr, 2007), use of pulse rhythm to promote self-efficacy and support the development of a more internal locus of control influenced the process and content of the second phase of this group. Susan Kleinman’s use of group movement sculptures, based on poignant written phrases, and also shaped the process and content of the second phase. Through these exercises, the
women gained a direct and immediate experience of the profound symbolic meanings in the movements of their bodies (Kleinman & Hall-Clifford, 2003).

“Dance movement therapy has four stages” (Mills & Danliuk, 2002, p. 77). According to Su and Salazar-López (2016) clients start therapy with a check-in, during this stage the client expresses how they are feeling with words, movement, or imagery. This is known as the first stage of therapy, the ‘Expression of physical and emotional pain linked to loss of self’ (Su & Salazar-López, 2016). The second stage is the ‘Expression of physical and emotional pain linked to loss of self’, and is where the journey starts with the therapist leading the client through awareness around integrating the body movement. This is also the stage when music is selected by the clients (Su & Salazar-López, 2016). The next stage, is called the ‘Safety and condition stage of therapy supporting self-expression’, better known as the theme stage and is where clients select a prop (e.g. a flag or scarf). At this stage the client is expressing soft movements of how they feel, being able to let go of negative thoughts, feeling, and coming to a place of rest (Chace & White, 2014 as cited by Anderson et al., 2016; Su & Salazar-Lopez, 2016). When the music stops and DMT ends, which is known as the ‘Major Theme: relaxation stage’, the therapist meets with clients individually to receive feedback about the client’s experiences and feelings, and this can be completed with words, images, or movements (Su & Salazar-Lopez, 2016).

**Benefits of Dance Movement Therapy (DMT)**

DMT is a form of psychoanalysis in which the therapeutic relationship is a key agent for change (Karkou & Meekums, 2014). According to Pollaro, Becker and Lucchi (2007) a person who aggressively participates in dance movement therapy as a treatment develops successful coping skills and would be more likely to develop the most positive and effective outcomes (e.g., improved quality of life). Other benefits includes a decrease in self-harming behavior, suicidal
DMT is strongly influenced by somatic experiences, individual history, culture, social values regarding health and dysfunction, gender, and cultural identities (Caldwell & Johnson, 2012; Chang et al., 2006; Knapp & Hall, 1997 as cited in Hertenstein, Holmes, McCullough, & Keltner, 2009; Tepayayone, 2004 as cited in Cuccaro, 2012). Some physical benefits include an increase in endorphins in the brain, which increase when a client experiences the feeling of healthy living (Blank, 2009). The complete body movement engages with the whole body and its functions (e.g., skeletal, respiratory, muscular systems and circulatory; Blank, 2009). Recent clinical research (Blank, 2009) showed DMT to be helpful in developing a client’s positive body image and self-esteem; it also increases communication skills, while decreasing isolation, depression and anxiety. Kaski, Allum, Bronstein and Dominguez (2014) analyzed five previously published clinical trials comparing dance to no intervention or exercise in people with Parkinson's disease. Dance therapy was found to help improve balance, endurance, and posture function in people with Parkinson's disease (Kaski et al., 2014).

DMT has been found to have an impact on social changes and attunement of children with Autism Spectrum Disorder (ASD; Brondino et al., 2015). In one study, Brondino et al. (2015), using DMT with children with ASD, DMT resulted in an overall increase in movement. The study concluded that transformations occurred during dance movement in combination of spatial, weight, and continuous movement. There is a lack of research in the DMT literature evaluating children with depression (Watanabe, Hunot, Omori, Churchill, & Furukawa, 2007). Jeong et al. (2005) evaluated the summaries of changes in brain activity of children with depression. It consisted of forty adolescents. These adolescents were randomly assigned to a
controlled group or a dance therapy group. There were positive results for adolescents with mild depression after 12 weeks of DMT. They found that DMT can improve emotional responses and modulate neurohormones in adolescents with mild depression (Jeong et al., 2005).

Pylvänäinen, Muotka, and Lappalainen (2015) examined the effect of DMT in treatment of psychiatric outpatients’ diagnosis of depression. Compared to the “treatment as usual “(TAU), adding DMT seemed to improve clients the effect of the treatment. The DMT group intervention consisted of 12 dance movement therapy sessions (one session a week for 12 weeks). The self-evaluation measures used in the study and reported in this paper were: Beck Depression Inventory (BDI-II), Hospital Anxiety and Depression Scale (HADS), Symptom Checklist-90-R (SCL-90), and Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM). BDI-II and HADS measure mood (Pylvänäinen et al., 2015). CORE-OM shows the patient's experience of his or her mood and interactions with others and the environment. It addresses the patient's global distress and portrays the dimensions of well-being, problems, life functioning, and risk for aggressive or suicidal behavior. The self-evaluation measurements were presented to the participants at the start (pre-assessment), after 3 months (post assessment), and 3 months after the end of the intervention (follow-up assessment; Pylvänäinen et al., 2015). There was a tendency for the effect of DMT to be marginally better with patients who were not taking anti-depressive medication. The study (Pylvänäinen et al., 2015) showed positive effects of DMT on quality of life and on depression and anxiety. One focus in DMT is engaging with movement activity in the here and now. A pilot study by Alpert et al. (2009), which purpose was to show positive effects of jazz move and class guideline on movement and how its relates to depression in a group of 13 healthy English women with a mean age of 68. Information was gathered utilizing self-report polls (Folstein Mini Mental Status Examination [MMSE] and Geriatric
Depression Scale [GDS]), and the tangible association test (SOT) for adjust estimations (utilizing the NeuroCom Smart Balance Master) was performed several times throughout the treatment. The study showed that jazz movement had an positive affect on older ladies experiencing depression (Alpert et al., 2009).

**Conclusion**

“Individual Psychology does not concentrate on the individual mind to the exclusion of the environment which stimulates the mind nor upon the environment to the exclusion of its significance to particular minds” (Adler, 1930, p. 190). The integration of psychology and counseling emerged for a reason. A growing number of mental health professionals are recognizing why expressive therapies enhance work with clients in ways strictly verbal therapies cannot. Additionally, there is a growing movement in mental health to utilize “creative methods” in therapy and medicine (Gladding, 1992). By integrating DMT through the lens of Adlerian Psychology clinicians can help clients become more attune to their feelings, increase motivation, gain insight on the purpose of symptoms, and increase social interest (as cited in Pancner, 1985).
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Appendix

Community Presentation
TREATING DEPRESSION IN ADULTS:
DANCE THERAPY THROUGH AN ADLERIAN LENS
A MASTER’S PROJECT

PRESENTED TO
THE FACULTY OF ADLER GRADUATE SCHOOL
BY TANYA EUBANKS

WHAT IS DEPRESSION?

• Chemical imbalance in brain
• Isolation
• Loss of interest

ADLER’S INDIVIDUAL PSYCHOLOGY

• Born 1870
• Former member of Freud’s inner circle
• Broke away because focus on inner being
• Adler external influences (e.g., environment) vs Freud internal libidinal drive


LIFESTYLE

• Behavior as an expression of a style of life
• People strive for superiority toward a perceived goal
  • Driving force or motivation

(Ansbacher & Ansbacher, 1964; Clark & Butler, 2012)
Adler believed, “All things can be different”

(Ansbacher & Ansbacher, 1964, p. 194)

BELONGING AND SOCIAL INTEREST

• A sense of safety and security
• A sense of belonging that moves to caring about the well-being of others
• Adler wrote, "To see with the eyes of another, to hear with the ears of another, to feel with the heart of another" is an example of the connection we have with others (Paul, 2008, p. 42)
Social Interest

- Contribution
- Teamwork
- Caring
- Involvement
- Courage
- Self-assurance
- Capability

Bitter, (1993)

“The average person with a well-developed social interest will adopt a useful style of life by contributing to the common welfare and thus overcome his or her feelings of inferiority. Social interest is the genuine and inevitable compensation for all the natural weaknesses of individual human beings” (Adler, 1946)
ADLERIAN THEORY AND DEPRESSION

“Individuals are the result of something other than hereditary qualities and their condition, and rather they are a result of their comprehension of their capacities and the life decisions that they make” (Corey, 2009)
EXPRESSIVE ARTS

The therapeutic impact of expressive arts therapy

- Expression
- Imagination
- Active Participation
- Mind-body connection

(National Coalition of Creative Arts Therapies Associations, 2004)

DANCE MOVEMENT THERAPY

“Movement to promote emotional social, cognitive, and physical integration of the individual” (The American Dance Therapy Association (ADTA) n.d., para. 1)
THEORETICAL PRINCIPLE

A person’s body and mind are inseparable


DANCE MOVEMENT FOUR STAGES

- 1st warm up stage – Stretch
- 2nd incubation - Letting Go
- 3rd Improvisation - Create
- 4 Evaluation – Ending

(Mills & Danliuk, 2002, p. 77)
LET'S DANCE

TECHNIQUES

• Authentic Movement Process (AMP) is a technique that starts with everyone walking into the center of the circle with their eyes closed, listening and observing their bodies as they move.

• Mirroring techniques mirror Adler's idea of being socially engaged in life. When someone is socially engaged in a healthy way they typically are healthy and their striving is toward social interest.

Mills & Daniluk, 2002
WHAT QUESTIONS DO YOU HAVE?

BENEFITS OF DANCE MOVEMENT THERAPY

- Positive body image and self-esteem
- Increases communication skills
- Decreases depression and isolation
- Decreases anxiety
- Improves balance & endurance
- Improves posture function in people with Parkinson's disease
- Improves social engagement with children with Autism

(Blanks, 2009)
DANCE MOVEMENT THERAPY IS FOUND WHERE?

- Psychiatric hospitals
- Day care centers
- Mental health clinics
- Prisons
- Creative arts schools,
- Private practices

"To see with the eyes of another, to hear with the ears of another, to feel with the heart of another" is an example of the connection we have with others (Paul, 2008, p. 42)
References


REFERENCES


