Exploring Dance/Movement Therapy Concepts Relate to Classical Adlerian Psychotherapy

A Research Paper

Presented to

The Faculty of the Adler Graduate School

In Partial Fulfillment of the Requirements for

The Degree of Master of Art in

Adlerian Counseling and Psychotherapy

By:

Nai-Li Lin

October 2011
Abstract

Individual Psychology is also known as Adlerian Psychology that founded by Alfred Adler. The reason Adler chose the term “Individual” is because in German, the term Individualpsychologie means the psychology of unique, indivisible, and undivided person, which fully present Adler viewed individual as a whole and inseparable. Contemporary, the idea of holistic/holism has become more and more popular in health care field. Research also shows that Adler’s view of interconnectedness of human beings and their natural proclivities toward cooperation has gradually been proved by anthropologists and biologists. According to Adler, life is all about movement and all movements have direction. Concepts in Adlerian Psychology are very applicable in Dance/Movement Therapy. In this paper, a classical Adlerian Psychotherapy will be used as a basic structure to integrate Adlerian concepts with Dance/Movement Therapy.
What is Adlerian Psychology

Alfred Adler’s Psychology was often called the “depth” psychology, due to the psychology that discovers deeply buried unconscious phenomena (Ansbacher & Ansbacher, 1956). Contemporary, Adlerian Psychology is also known as Individual Psychology. Individual Psychology is a cognitive, goal-oriented, social psychology interested in a person’s beliefs and perceptions, as well as the effects that person’s behavior had on others (Milliren, Evans, & Newbauer, 2006). However, the literal meaning of the word *individual* might mislead people’s understanding of the definition of Individual Psychology. Individual Psychology is not about individualism, it is about holism and inseparability. Adler (1926) stated that: “Individual Psychology regards and examines the individual as socially embedded”. He added, “We refuse to recognize and examine an isolated human being” (Ansbacher & Ansbacher, 1956).

Sigmund Freud, Alfred Adler, and Carl G. Jung were often been mentioned as the three leading figures in the history of modern psychology. According to Ansbacher and Ansbacher (1956), Adler and Jung were associated with Freud at first but later separated from Freud’s psychoanalytic circle when the theoretical differences developed, Adler in 1911 and Jung in 1913. After separated from Freudian circle, Adler decided to name his theory and method Individual Psychology. The reason Adler chose the term “Individual” is because in German, the term *Individualpsychologie* means the psychology of unique, indivisible, and undivided person, which fully present Adler viewed human being as a whole and inseparable. The three most fundamental principles are: (1) behavior is goal oriented; (2) humans are fundamentally social, with a desire to belong and have a place of value as an equal human being; and (3) the individual is indivisible and functions with unity of personality (Ferguson, 1984).
More recently, the idea of holistic/holism has become more and more popular in health care field. According to Crawford and Thornton (2010), who have been actively involved in American Holistic Nurses Association, holistic care involves caring for patients as a whole, with an awareness of physical, mental, emotional, and spiritual dimensions and needs. Holistic care also involves a specific body of knowledge and a way of being. It is not only about using various complementary modalities, but also values caring, therapeutic presence, patient empowerment, and healing as foundations when delivering care. Then, valuing the past and the present can also be seen as a measure of holism verse the present as a separate and the past as a separate dimension. Research (Stein and Edwards 1998) also shows that Adler’s view of interconnectedness of human beings and their natural proclivities toward cooperation has gradually been proved by anthropologists (Ho 1993; Kim and Berry 1993; MayburyLewis 1992) and biologists (Augros and Stancui 1988; Hamilton 1964; Simon 1990; Trivers 1971; Wilson 1975).

According to Adler, life is all about movement and all movements have direction or purpose. The direct quote from Adler for this idea is “Trust only movement. Life happened at the level of events, not of words. Trust movement.” When the person’s action or movement is contrary to what is spoken, trust only movement is the key Adlerian method in dealing with client. Adler (1937) sees that human being expresses oneself in movement; the direction of movement is toward a successful solution of outer and inner confrontations. Adler further addressed his point by stating that:

The direction, in using all human qualities, is characterized by subjectively expected goal of perfect achievement and by the degree of social interest. As in physics we cannot measure any movement without relating it toward another space, so in Individual
Psychology this other space is the social organization of mankind and its supposedly eternal demands. Different degrees and varieties of actively are also inherent in the structure of this striving individual life (Adler, 1937, p. 776).

In Individual Psychology, there is one basic dynamic force behind all human activity, a striving from a felt minus situation towards a perceived plus situation, from a feeling of inferiority toward superiority (Ansbacher & Ansbacher, 1956). People might not even pay attention when the individual is switching the crossing legs. However, a simple movement like that is all about striving from felt minus situation (the leg is getting numb) toward a perceived plus situation (a better circulation for the leg and more comfortable).

Espenak (1981), a Dance Movement Therapist who studied Adlerian Psychology in Adler Institute New York in 1960’s, states that life is an organism in interaction with the environment that offers its possibilities for survival through movement. In Mandarin, there is a phrase: “要活就要動”, which means to live one has to move. A simple movement like breathing or stretching is all driven by human being’s most basic survival needs.

Adlerian Psychology and Dance/Movement Therapy shared similar perspectives. In this paper, the Twelve Stages of Classical Adlerian Psychotherapy will be discussed as a basic structure for integrating Individual Psychology with Dance/Movement Therapy. More Adlerian concepts will be addressed in the following content.

**What is Dance/Movement Therapy**

Movement is a sign of life. It occurred when a baby is still in the womb. It precedes thoughts and expressive language. Gesture immediately emerges as the means for expressing the human need for communication (Chaiklin, 2009) Movement is the native language of everyone.
The most original way to express self and communicate with the world is by movement. However, as the verbal, visual, and other communication skills develop, people tend to overlook the primal communication skill and the needs of body expression. Research (Pallier, Dehaene, Poline, LeBihan, Argenti, Dupoux, & Mehler, 2003) showed that second language cannot completely replace the first language. To a second language learner, the mother tongue can always describe appropriately the deep touching feeling most of the time. Therefore, using the “universal native language” --- movement can be even powerful and touching for the individual.

In communication theory, people communicate with both non-verbal and verbal information, but the non-verbal contributes over half of the meaning (Nordstrom-Loeb, 2011). People express their true feelings through body language, voice and tone, and words. Within these three elements, body language account for 70% of the message that the person really felt; voice and tone account for 23%; the words only account for 7% (Swets, 1987). From those examples, we could see the power of movement.

Certain smell or taste of food may trigger certain memories to certain individual. Memories not only store in the brain but also in the body. Certain movement or posture might be able to trigger a certain memory or emotion. Sometimes, the individual might not even aware of the trigger from the body and experience the changing of emotion without knowing why. Researchers have noted that ever since people’s responses to overwhelming experiences have been systematically explored and stored in somatic memory and expressed as changes in the biological stress response (Kolk, 1994).

With all the mystery and study about unconscious for psychotherapy, more and more researchers start to use movement or increase body awareness as the key to explore the unconscious. According to Plato (360BC), the cure of the part should not be attempted without
treatment of the whole (Cho, 1909). Holistic approach starts to evolve in psychotherapy in order to bring more effective result in health care field. It is not just about what’s going on or what went wrong with the brain, but the whole body.

Freud’s Psychoanalytic Therapy does not really focus on treating the whole. However, Freud’s theory of personality provides the image that associate with the importance to go beyond what has been seen. Freud’s concept about personality is the psychical apparatus, which contain id, ego, and superego. The Iceberg Metaphor (Figure 1) is the typical topographical model for describing Freud’s conception of human psyche.

Figure 1. The Iceberg Metaphor for describing Sigmund Freud’s Theory of Personality

The reason for using the iceberg as the metaphor is because that eight to nine of the iceberg’s mass is beneath water, which similar to Freud’s belief about people’s life experiences, the beliefs, true drives, underlying emotions and feelings being mostly buried in nonconscious level. The conscious is just the tip of the iceberg, which only represents less than 20% of the whole.

Using the iceberg metaphor and likened to a fully developed human body (Figure 2). The majority of the body mass is below the head. The head symbolizes the conscious, which Freud
used the tip of iceberg as the symbol for conscious; the rest of the body symbolizes the unconscious, which Freud used the other 80%-90% of iceberg to represent the subconscious and unconscious. The image shows how important it is for mental health professionals to pay attention to the nearly 90% of the whole instead of only focusing on what is going on in the head.

Figure 2. The Human Body Mass/ The Whole

Much research is now been done by neurophysiologists and other scientists to examine those interrelationships (Chaiklin, 2009). According to Chaiklin (2009), the interrelationships are not only about the functional aspects of movement, but how the psyche and emotions are affected by the thoughts and how movement effects change within them. Often, the movement
structures lead to trance states that enabled the individual to feel powerful and perform extraordinary feats of endurance and strength (de Mille, 1963).

Due to the human development and culture change, mental health professionals tend to overlook the majority of the physical self and only focus on the extraordinary brain/head functions. Recently, more and more people realize that a successful therapy normally involves the integration of body, mind and spirit. According to Whitehouse (1987), a major pioneer in Dance/Movement Therapy, “the human body is the physical aspect of the personality, the movement is the personality made visible” (Whitehouse, 1987).

In describing dance/movement therapy as an inactive approach, Fischman, American Dance Therapist (ADTR), noted that:

Classical cognitive science conceived that an inner mind represents an outer world using symbols. In its development, cognitive science arrived at a newer concept that views mental processes as embodied in the sensor motor activity of the organism and embedded in the environment (Fischman, 2009, p. 35).

Fischman’s approach has been known as enactive or embodied cognitive science (Varela et al., 1997). The enactive approach reinforces the value of treating the individual as a whole. The basic propositions of the enactive approach include the following: (1) “the mind is not located in the head, but is embodied in the whole organism embedded in its environment”; (2) “embodied cognition is constituted by emergent and self-organized processes that span and interconnect the brain, the body, and the environment”; (3) “in social creatures, embodied cognition emerges from the dynamic co-determination of self and other” (Thompson, 2001, pp. 1-32).
American Dance Therapy Association defines Dance/Movement Therapy (DMT) as the psychotherapeutic use of movement to further emotional, cognitive, physical, and social integration of individuals. DMT use movement to integrate the whole individual and further discover the individual self. DMT is able to help individuals to improve and enhance the emotional, mental, physical wellbeing of all ages.

According to Chaiklin (2009), an American Dance/Movement Therapist, dance/movement therapy sees dance as naturally therapeutic due to its physical, emotional, and spiritual components. People share a sense of community while dancing, which shows the correlation with Adler’s concept of social interest.

Social interest is one of the fundamental tenets in Adlerian Psychology. Adlerian Psychology is a relational psychology, and the cardinal tenet of Adler’s theory is *Genmeinschaftsgefühl*, which is translated as “social interest” or “community feeling” (Carlson et al., 2005).

Liljian Espenak is a Dance/Movement therapist who studied Adlerian Psychology and applied Adlerian Psychology concepts into her psychotherapy practice. At the 10th International Congress of Individual Psychology in 1966, Liljian Espenak cited Alfred Adler’s *Problem of Neurosis*: “The bodily postures and attitudes always indicate the manner in which an individual approaches his goal. A person who goes straight on shows courage, whereas an adult who is anxious usually moves so as to prohibit direct action, and something of a detour appears in every action. We can detect by the way in which an individual gives his hand whether he has social feeling and likes to be connected with others.”
Liljian Espenak sees the person’s life style by analyzing the movement. In her book *Dance Therapy: Theory and Application*, Espenak discusses that Adlerian concepts are the major influences of her therapy work:

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, from another aspect of this therapy. Binding the two together is the understanding of unconscious dynamics, as formulated by significant conceptualizations in psychology and psychiatry. In this context the major is derived from the Adlerian concept of treating the triune existence of the individual: (1) the *emotion* being the motivating force; (2) the *mind* organizing the action; and (3) the *body* performing it. 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, 1981, p. 38).

The life style that Espenak mentioned in her book is one of the basic principles in Adlerian Psychology. Adlerian have their way of understanding the meaning-making and value-making that operates in people (Adler, 1931, 1933/1941). In Adlerian Psychology, life style is a shortened phrase for style of life that creates meaning and value for the individual. Carlson, Watts, and Michael Maniacci (2005) stated that Adlerians believe that biased apperceptions, self-
reinforcement, and arrangement are the three main operations that life style takes place. Perhaps the most pervasive mechanism of the life style is biased apperception, which means that humans are biased in what they perceive (Carlson, Watts, and Maniacci, 2005). People tend to only see what they believed and not notice the movements that disapprove their beliefs unless unexpected changes happened. Self-reinforcement is like the strengthen version of biased apperceptions. People not only see what their beliefs want them to see, but also tend to look for or even create an incident to prove their beliefs, which lead to the last operation of life style. In arrangement, the person creates the experience to confirm his or her beliefs. People will consciously or unconsciously instigate others to behave in the ways that will prove the beliefs. These personal beliefs are also known as private logic in Adlerian Psychology. By knowing client’s life style, therapist can see how movements are used to serve the client’s core beliefs.

Sharon Chaiklin (2009), a founding member of the American Dance Therapy Association, has similar approach to understanding the meaning of client’s life:

Dance/movement therapy attends to the body and its posture and how it influences perception, tensions held within the body that might inhibit action or feeling, the awareness of the breath as it is used or withheld, and the sensory use of touch. What is significant is that it is related to the art form of dance, which supports and encourages creativity through use of time and space using the body, oneself, in an active way. Improvising movements and gestures that emerge from inner impulses and that connect to rhythms natural to the dancer lead to self-expression that may or may not be cognitively understand but that nevertheless have meaning in his or her life. Improvisations are mostly self-directed and come from the unconscious or preconscious. In this way, the movement of the dance takes on symbolic meaning. Patterns may be
repeated, new ways of moving may emerge, and connections to behaviors and relationships be uncovered. This material becomes part of the process through which change may occur. (Chaiklin & Wengrower ed., 2009, p. 10)

Again, it shows some of the Dance/Movement Therapy perspectives are parallel to Adlerian concepts. To further verify the practicability of combining Adlerian Psychology and dance/movement therapy, the twelve stages of Classical Adlerian Psychotherapy would be used as the basic structure to integrate with dance/movement therapy in this paper.

**Integrating the Classical Adlerian Psychotherapy with Dance Movement Therapy**

Adler valued movement and integration of physical body and psychological mind just like the Dance/Movement therapists do. Adler called the language of the body an organ dialect, “which usually more expressive and discloses the individual’s opinion more clearly than words are able to do” (Adler, 1933, p. 50). Ansbacher & Ansbacher (1956) summarize Adler’s writing about movements based on Adler’s writing on *Problems of Neurosis* (1929b) and organ dialect (1912c). They stated that:

The bodily posture and attitudes always indicate the manner in which an individual approaches one’s goal. A person who goes straight on shows courage, whereas an adult who is anxious and hesitant has a style of life that prohibits direct action, and something of a detour appears in every action. We can detect by the way in which an individual gives his hand whether he has social feeling and likes to be connected with others. A perfectly normal handshake is rather rare; it is usually overdone, underdone, or betrays a pushing-off or pulling-to tendency. It is noticeable in a streetcar that some people lean sideways, showing that they wish to be supported and are quite oblivious of the convenience of others. The same social insensitivity is seen is those who cough in front
of others, quite thoughtless of infecting them. Some, in entering a room, seem to keep instinctively at the greatest possible distance from everyone else. All these things reveal, more directly than their conversation, the attitudes that individuals assume towards life (Adler, 1929b, p. 151; Ansbacher & Ansbacher, 1956, p. 220).

In order to arrive at a more effective result, the psyche speaks an organ dialect. In mimic and physiognomy, in the expressive movements of the emotions, in rhythms of the dance and of religious ecstasy, in pantomime, in art, and most eloquently in music, this organ dialect renounces language as a means of communication in order to impress us the more. Such effects are easily permitted by the communality of a given culture and the similarity of the human sense organs. These effects do not render the unambiguity of the word, but rather the stronger resonance of pictorial language, and thus betray their tendency to prevail as special devices where the spoken word fails to gain dominance and superiority beyond the limits of the ordinary (Adler, 1912c, p.134; Ansbacher & Ansbacher, 1956, p. 221).

Dance movement therapists work directly with feelings using their whole bodies as empathic receptors and responders to clients (Harris, 2008). Responding to the client’s nonverbal signals, including tone of voice, facial expressions, eye gaze, and bodily motion, can reveal the otherwise hidden shifts in states of mind and body (Kleinman, 2009). Vega (1992), describes how Dance/Movement therapist work by stating that :“A Dance/Movement therapist works with layers - the first layer may be a physical awareness of tension or shallow breathing, then perhaps recognition of the emotion that is generating the physical response – maybe fear, or feelings of abandonment. Beneath this might be an understanding of what associations the movement triggered that might be generating the emotional response – perhaps something in the patient’s
present life or recent past that they are reminded of. Finally, deep down, there might be experiences from infancy or early childhood that are being accessed by motor memory, allowing the patient to feel in the present some of their unresolved early developmental issues. The Dance/Movement therapist can provide some of the missing interactions from that early period by mirroring, witnessing, and psychotherapist attempts to do as well – to provide a corrective experience in order to allow the client to become unstuck and continue their development” (Vega, 1992, p. 3).

Dance/Movement Therapy and Adlerian Psychology have a lot of overlapping focus and concepts. The purpose of this paper is to integrate Adlerian Psychology with Dance/Movement therapy and to explore the practicability of integrating Adlerian Psychology and Dance/Movement Therapy. By using Stein’s Twelve Stages of Classical Adlerian Psychotherapy as the basic structure, the practicality and feasibility on applying Adlerian concepts into Dance/Movement Therapy will be easier to understand.

**12 stages of classical Adlerian Psychotherapy**

Classical Adlerian Depth Psychotherapy requires therapist to be constantly creative, inventing new strategies to fit each client’s uniqueness (Stein, 2008). For teaching purposes, Stein (1990) divides the Adlerian psychotherapy into twelve stages. Within each stage, cognitive, affective, and behavioral changes are gradually promoted (Stein, 1990).

Adler identified three phases of the counseling/therapy process: understanding the client, explaining the client’s behavior to the client in a way that makes sense, and strengthening social interest, the “working through” part of therapy (Ansbacher & Ansbacher, 1956). Dreikurs (1956) expanded the three phases to four with the addition of building relationship as an initial step (Milliren, Evans, & Newbauer, 2006).
The twelve stages of classical Adlerian Psychotherapy were developed by Henry Stein, a classical Adlerian psychotherapist. According to Stein (1990), cognitive, affective, behavioral changes are gradually promoted within each stage. Nevertheless, the spiritual domain could be addressed in the last three stages. These stages are the result of analyzing the therapeutic techniques of Sophia de Vries, an Adlerian psychotherapist with more than 50 years of clinical practice, who was taught by Alfred Adler and studied with Adler, Alexander Mueller, and Lydia Sicher (Stein, 1988). Stein (1988) stated that his conception of twelve stages is a refinement of the four overlapping phases of psychotherapy described by Heinz Ansbacher in *Cooperation Between the Sexes*: establishing and maintaining a good relationship with the client; gathering information from the client for understanding the client’s life style; providing insight and interpreting the client to himself or herself; and reorientation and re-education (Alexandra Adler, 1949; Dreikurs, 1973). Stein’s twelve stages of Classical Adlerian Psychotherapy are: (1) Empathy-relationship, (2) information, (3) clarification, (4) encouragement, (5) interpretation and recognition, (6) knowing, (7) missing experience, (8) doing differently, (9) reinforcement, (10) community feeling, (11) goal-redirection, and (12) support and launching.

The actual therapy sessions normally vary from client to client. The stages might not happen in sequence. These stages provide therapist a clearer idea about the therapy structure and Adlerian techniques that are applicable in psychotherapy.

**Stage I: Empathy-Relationship Stage**

According to Sexton and Whiston (1994), research has consistently confirmed that client-therapist relationship is the best predictors of successful therapeutic outcomes. Approximately 30% of improvement is attributed to the client-therapist relationship (Asay & Lambert, 1999;
Empathy is one of the fundamental skills to establish a positive client-therapist relationship. Adler (1956) described his conception of social interest in terms of empathic understanding in a 1927 publication:

> By social interest or social feeling, we understand something different from that which other authors understand. When we say it is a feeling, we are certainly justified in doing so. But it is more than feeling; it is an evaluative attitude toward life. . . . We are not in a position to define unequivocally, but we have found in an English author a phase which clearly expresses what we could contribute to an explanation: “To see with the eyes of another, to hear with the ears of another, and to feel with the heart of another.” (p. 135)

Neurologists have validated empathy as a physical phenomenon (Fischman, 2009). According to Meltzoff (2002), the findings and explanations about the function of mirror neurons illustrate the neurological bases of individual’s ability to understand others. Kinesthetic empathy is one of the key concepts that underlie the process of Dance/Movement Therapy (DMT). Kinesthetic empathy is the ability to understand the other person’s physical feeling on a body level (Fischman, 2009), which could be related with Adler’s statement about empathy: “see with their eyes, hear with their ears, and feel with their heart” (Adler, 1927, p. 135).

Both Adlerian Psychotherapy and Dance/Movement Therapy are working with the client as a partner by joining where and how the client is. Partnership, trusting, and a safe environment help the client to let go the defense and to start exploring the self. The therapist-client relationship in dance movement therapy or any type of therapy is part of the reason in making the session therapeutic. Therefore, in the very beginning of the therapy session, therapist
provides client with a safe environment and offers empathy, respect, acceptance, and understanding.

Therapist needs to be able to feel the client’s feeling of grief or hopelessness without feeling sorry for the client or pulling him or herself into the situation. An over empathizing situation might lead to malpractice and harming both client and therapist. According to Fischman (2009), therapeutic process is an affective – cognitive – creative experience that implies a shared adventure. With “the therapist accepting shared intimacy and closeness and at the same time, abstaining from participating in the patients’ personal life” (Fischman, 2009).

Using kinesthetic empathy to feel the client’s body tension, physical signal or reaction to psychological stressor, the therapist might be sensing some strong impact or very uncomfortable emotion or tension. It is very important for the therapist to be aware of self while offering empathy to client. Therapist should be able to separate oneself from client, not get overwhelmed by the negative energy that presented by client, and not carried over the body tension after session and unable to let go the impact. The therapist needs to be able to step back and provide hope for the client to deal with the problem or change.

To build up a good therapist-client relationship, other than “see with their eyes, hear with their ears, and feel with their heart” and understand the client’s physical feelings, establishing therapy goals with the client is another important thing for therapist to keep in mind. “Therapeutic cooperation requires an alignment to goals. When the goals and interests of the patient and therapist clash, not satisfactory relationship can be established” (Dreikurs, 1967, p. 65).

**Stage II: Information Stage**
In this stage, therapist starts to gather client’s life style information such as movement preferences, family constellation, early memories, cultural influence, etc. The style of life in Adler’s late writings is based on the individual’s “law of movement” (Ansbacher & Ansbacher, 1956). In Adlerian Psychology, everyone has a belief about self, others, and life. The law of movement keeps fast hold of one without one’s understanding it or giving oneself an account of it; in mental life of a person, law of movement is the decisive factor for his individuality (Ansbacher & Ansbacher, 1956). In The Individual Psychology of Alfred Adler, Ansbacher & Ansbacher (1956) addressed the reason that knowing the client’s style of life can be significant in psychotherapy:

…The individual is hardly ever able to state clearly where his way leads without individual-psychological insight, and he often states the contrary. Only the recognition of his law of movement gives us the explanation.

We are interested not so much in the past as in the future. In order to understand a person’s future we must understand his style of life [which is based on his law of movement]. Because an individual has a style of life, it is sometimes possible to predict his future… It is like looking at the fifth act of a drama, where all the mysteries are solved. We can make predictions in this way because we know the phases, the difficulties, and the questions of life. Thus from experience and knowledge of a few facts we can tell [for example] what will happen to children who always separate themselves from others, who are looking for support, who are pampered, and who hesitate in approaching situations (Ansbacher & Ansbacher, 1956, p. 195).

In Adlerian Psychology, family constellation is one of the contributors to individual’s life style. Family constellation is the structure of the family and the qualities of the relationships
within family members, which including the information on birth order of siblings and the entry and exit of extended family members (Oberst & Stewart, 2003). The integration of family constellation and Dance/Movement Therapy will be asking the client to role-play or indicate the distance between his or her family members by using movement.

Early recollection is another key content in lifestyle assessment. Early recollections are the earliest memories that client can remember. The reason that early recollections are valuable in Adlerian Psychology is because how the client remembers and describes the early memories reveals the client’s contemporary concerns and perhaps some of the content of their personal life goals as these are projected on to material reconstructed from the past (Oberst & Stewart, 2003). It’s subjective and does not provide actual information about client’s past experiences. However, it reflects ongoing concerns and challenges in the client’s life. It reiterates that Adlerian are more interested in the present and future than past. Asking the client about their past memories is to help the therapist to understand what are the contributors for the client to form the unique beliefs about self, others, and life. Dance/Movement Therapists might say that extremely early memories cannot be verbalized but are held or remembered in the body so the body tells the memory not the verbal part of the brain (Nordstron-Loeb, 2011).

Besides verbal checking with client, therapist could also starts to pay attention on client’s nonverbal expression. Liljan Espenak(1981), designed a movement diagnosis test for dance/movement therapist to use as a tool to understand client’s physical condition and provide the therapist a base for further treatment planning. Espenak generalized seven categories in her movement diagnosis test, which are degree of dynamic drive, control of dynamic drive, coordination, attention span/endurance, physical courage, ego image, emotional state and
personality. By testing the client’s degree of dynamic drive, therapist can understand the energy level of the client.

The goal for testing client’s degree of dynamic drive is to understand the client’s current energy level and how the client uses the energy to accomplish physical task, such as pushing a chair, pushing a table, pushing against the wall. It not only helps the therapist to see the reflection of client’s motivation and energy in handling life tasks, but also helps the therapist to meet the client’s energy level and work with the client from where the client at.

Testing the client’s control of dynamic drive is to see the client’s rhythm and sense of time. This test will indicates patient problems in this area for treatment planning, along with whatever problems appear in the control and organization of dynamic drives (Espenak, 1981). Control and organization of time reveals both the individual’s inherent personal rhythm and ability to respond to given organization of movement within a time pattern, that is, the ability to “cooperate” with a rhythm pattern, alone or with a partner (Espenak, 1981). Control of changes in pace by changing the speed of jogging, organization of rhythmic patterns by changing the tempo of the music, and observing client’s breathing rhythm are the three methods that used for testing client’s control of dynamic drive. According to Espenak (1981), the rhythm of breathing indicates the emotional equilibrium and adjustment to energy requirements. The degree of emotional stability and the control of those rhythms are a technique for acquiring that stability and an awareness of the relationship of breathing to alternating experiences of tension and relaxation (Espenak, 1981).

The third test is to see the neuromuscular functions of the client. By coordination, it means the total of emotional, mental, and physical control, and inherent capability of the neuromuscular systems expressed in physical movement (Espenak, 1981). This test will also be
reflecting the client’s feeling of inferiority or organ inferiority. According to Oberst & Stewart (2003), organ inferiority is the concept that Adler develop earlier in his theorizing that psychological distress emanated from a weak or malfunctioning bodily organ. This idea later was transformed into an awareness or emotional experience of inferiority about the self in some respect that comprised the basis of people’s attempts to compensate or overcome (Oberst & Stewart, 2003). When a newborn baby came into a world of adults, the feeling of dependence and smallness is the normal feeling of inferiority. In order to compensate the feeling of inferiority, the individual will starts to seek out the way to fit-in to the adult world. For instance, babies mirroring adult’s facial expression or movement to understand and be part of the world of adult. In Adlerian Psychology, feeling of inferiority is the motivation of all improvements in the position of humankind (Ansbacher & Ansbacher, 1956). However, when the individual overcompensates the feeling of inferiority and strives for perfection, the degree of inferiority feeling become abnormal. The abnormal degree of inferiority feeling is called: “inferiority complex”. Unlike the normal inferiority feelings, inferiority complex deadlock the individual’s development in life. Alexandra Adler (1948) stated that: “We say that a person is suffering from an ‘inferiority complex’ when he reacts fatalistically to a crippling situation, real or fancied, without attempting to correct or improve it. This should not be confused with the ‘feeling of inferiority’ which is present in everyone in certain situations, particularly in every child- a feeling which normally incites an individual to achieve to achieve future successful development” (Adler, 1948, p. 15). Rudolf Dreikurs’ comments about inferiority complex are: “The term ‘inferiority complex’ applies to an entirely different psychological mechanism. A discouraged individual may use a real or assumed deficiency for the purpose of special benefit, generally as an excuse or an alibi for non-participation and withdrawal, or as a means to get special services
or considerations. This is the only type of inferiority of which the individual is fully aware, as he tries to impress others and his own conscience with the magnitude of his defect. The ‘inferiority complex’ does not lead to any compensation. It is a deadlock for any future development” (Dreikurs, 1948, p. 45).

In Adlerian Psychology, it is not about realizing the client’s inferiority feeling but the character and degree of the inferiority feeling. By gathering the information about the client’s degree and character of inferiority feeling, therapist will be able to know where the client’s self-concept currently at. Then, the therapist will be able to meet the client at his or her current position and get a better synchronization. In Dance/Movement Therapy, it is very important for the therapist to stay in the same rhythm with the client. The therapist’s ability to be in tune with self and client is called rhythmic synchrony in Dance/Movement Therapy. Failed to stay in the same rhythm with the client can cause detachment. It is because the client did not feel “seeing” by the therapist.

In the endurance test therapist use certain techniques for rating such factors as attention span, capacity for tolerating change, and continuity of effort (Espenak, 1981). Repetitions of movements and narrowing and widening of focus are the two methods to measure the capacity. From the measurement of performance in the test situation, therapist is able to evaluate client’s capacity for prolonged activity, client’s determination under strain, client’s concentration upon the task and similarly relevant characteristics if client’s personality and client’s current attitudes, all expressed in the area of movement in response to organized stimulation patterns (Espenak, 1981).

The physical confidence test is testing the client’s level of courage, reluctance, and fear. According to Espenak (1981), fear is the major component in inhibiting free expression of
feeling in movement. By creating some movement activities that expose physical vulnerability, such as walking backwards, somersault, falls, etc; therapist is looking for if there is any projected or outrageous degree of fear. According to Espenak (1981), when the fear that is not appropriate to the physical situation, the fear is mostly related to the individual’s fear of daily life.

According to Espenak (1981), body image test introduce a simple muscular performance that indicates the ego strength and self-assertive characteristics of the individual in response to the step by step instructions for walking forward on toes with an open arms and head up. Therapist can see the client’s self concept through analyzing the way that client lift the body parts and the level of confidence in the expression.

In the final test, by asking the client to improvise the dance movement based on different types of music or images provide by the therapist; therapist is trying to establish an understanding of the emotional stance of the client in terms of four basic emotional states: anger, gladness, calmness, or fear (Espenak, 1981). Espenak noted that:

This test, in effect, calls for a spontaneous creative expression in movement in response to specific stimulation; the patient is free to create his own response in movement. By free responsiveness to the music, the patient is sometime swept along and loses himself in his own improvisation, or he may show resentment and anger in abrupt and jerky movements, or these may be complete resistance to any demonstration of feeling or imagination. Each patient will show a marked personal choice of movement patterns, which will be employed repetitiously. He may use his arms only or his feet only. He may bend his body or hold it rigidly erect. In each case, the therapist will be able to elicit some preliminary manifestations of the emotional climate of the patient in terms of the four
basic emotions stated. We also elicit in this test some idea of spatial relationships, which is how the patient uses the space around him, minimally or generously.

The flexibility or the immobilization of the trunk is a significant point for observation, for rigidity of the trunk is indicative of rigidity of personality – and inhibition or unconscious refusal to experience movement in the very center of life. These initial improvisations are indeed our first view of the patient in responsive movement; it should be clear that he has not been asked literally to “interpret” the music or the verbalized symbol but rather to express whatever energy he wishes to bring to it, whatever movement he feels like making, whatever kind of space he wishes to explore. This test, then, becomes the initial invitation to the release of inner feeling. Obviously, what the patient does not do in his “dance” is as important as what he does. He may be halting, faltering, timidly moving back, virtually standing still, caught in an extreme of self-consciousness, or frozen with fear of movement, or he may move with excessive bravado and assertion, even aggression (Espenak, 1981, pp. 54-55).

Based on Stein (1990), the information always contains a degree of distortion and significant omissions. Other than life style, the cultural or religious influence on client’s perception about movement can provide significant information, too. After studying and analyzing the client’s patterns of past and present, therapist can develops preliminary hypotheses about the client’s private logic, life style, and fictional goal.

**Stage III: Clarification Stage**

In Adlerian psychology, symptoms may serve as client’s creative choice of dealing with problem, achieving the fictional goal, or avoiding something. In this stage, therapist will ask a series of questions to clarify the clients core beliefs about self, others, and life.
“The Question” would be one of the techniques for therapist to use in this stage. “The Question” is a question that asks the client to image the life without current symptom. Rudolf Dreikurs, who was influenced by Adler’s teaching and helped to promote and further develop Adlerian Psychology in late 1930’s and early 1940’s after he moved to United States. According to Terner and Pew (1978), Dreikurs suggests that using “The Question” is a quick technique for therapist to see whether a symptom is psychogenic or organic. Since Behavior is purposive, there is usually some payoff or outcome toward which the behavior is directed, even though the individual may be unaware of it (Milliren, Evans, & Newbauer, 2006). If the symptom has no function, or particular gain, the Adlerian counselor/therapist would then conclude that the problem had organic origins and would need to be treated by a physician (Dreikurs, 1956). However, this question would give the client a chance to review or explore the ideal life and the movement that the client took to achieve the ideal life.

To apply this technique in DMT, the question could be: “If you do not have the symptoms or problem at all, how would you move/dance?” It invites the client to explore the ideal movement for him or her and helps the therapist to see if there is any movement that the client was avoiding in the previous sessions. If the client who is used to move with a hunchback, then, after the therapist ask “The Question”, the client change the movement effort and stick out the chest as his or her ideal life movement. The therapist helps the client to notice the change and further clarifies possible issues behind the change.

This technique can also be related with the “polarity” technique that uses frequently in DMT activities. By inviting the client to image the situations (both problematic and perfect life) and express the feeling through movement. “Polarity” not only helps the client to explore the
other possibilities in life, but also provides therapist to be clearer about client’s both psychological and physical private logic.

**Stage IV: Encouragement Stage**

In Adlerian Psychotherapy, it is all about encouragement. Encouraging is a basic attitude that helps therapists to motivate their clients. Rudolf Dreikurs stated that human beings need encouragement like plants need water (Terner & Pew, 1978). Encouragement is a fundamental Adlerian Psychology concept for helping parents (Meredith & Evans, 1990) and teachers (Evans, 1995, 1996) improve relationships with which children and create an atmosphere of cooperation and democracy in the family and school (Milliren, Evans, & Newbauer, 2006). Adler stated that:

*In Individual Psychology treatment we have appreciable help [for building up courage] in that we are always able to draw attention to errors only and never to innate defects, to the possibilities of a cure and to equality with others, and also to the generally low level of social interest.*

Altogether, in every step of treatment, we must not deviate from the path of encouragement. This is in accordance with the conviction of Individual Psychology, by which so much untenable vanity feels offended, that “everybody can do everything” with the exception of amazingly high achievement, about the structure of which we cannot say very much anyway (Ansbacher & Ansbacher, 1956, p. 342).

In this stage, therapist provides client encouragements through acknowledging the small steps that client had already took. For example, therapist could acknowledge the client’s effort for coming to the therapy session or willing to explore some new movements. The goal for acknowledging all the baby steps that client took is to help the client to build up the courage to deal with the problems or changes in his or her life. By trying new behaviors or movements little
by little, client slowly develops a new concept of self and slowly gets ready to move forward differently. In Adlerian psychology, self-esteem or courage does not come from other’s approval or compliment, but the personal experience of conquering difficulties. Therapist cannot give clients courage; clients must find courage within themselves (Stein, 1998). Therefore, small progressive action steps, aimed at overcoming previously avoided difficulties, must be taken, one at the time (Stein & Edwards, 1998).

In this stage, the client who has low self-esteem or used to be discouraged might become more passive might tend to avoid trying the new behavior or movement in order to avoid failure. Another Adler’s quote could be introduced to the client in this situation:” What did you first do when you learn to swim? You make mistakes, do you not? And what happens? You make other mistakes, and when you have made all the mistakes you possibly can without drowning - and some of them many times over - what do you find? That you can swim? Well - life is just the same as learning to swim! Do not be afraid of making mistakes, for there is no other way of learning how to live”. Again, naturally acknowledge the effort that client had given by coming to the therapy and what the client had done throughout the sessions.

**Stage V: Interpretation and Recognition Stage**

The main reason that Adlerian Psychology could be very applicable in Dance/Movement Therapy is that according to Adler, life is all about movements. Movement of life included both physical and psychological. Psychological movements are the thinking, feeling, and behavioral motions that clients make in response to the external tasks facing them (Stein & Edwards, 1998; Stein, 1998). Stein further elaborates the value of movement by stating that:

In addition to listening to what the client says, the therapist must be attuned to what the client actually had done and currently does in relation to life tasks. Movements in therapy
are the most visible. Does the client come on time or late; get off the track; talk all the time and leave little opportunity for the therapist to say anything; agree with everything but “forget” to put it into practice between sessions? The therapist’s job is to describe these movements precisely and help the client identify the immediate goals or final goal to which they lead (Stein, 1998, pp. 215-216).

“Trust only Movement” will be the adequate direct quote from Alfred Adler to sum up Stein’s point about client’s confliction between words and movement. The therapist must attune to the movement that client did or is doing rather than just listening to what the client says. If a client says how much he or she found the therapy helps him or her but still comes late or leave early; if the client agree to do the homework but claiming that he or she forgot to do it; if the client says he or she really enjoy doing new movements and still sticks to old movements, the therapist needs to confront these movements and identify the hidden goal or the possible goal the movements could lead with the client.

**Stage VI: Knowing Stage**

After receiving the therapist’s interpretation about the client’s movements, life style, and goal; in this stage, the client needs to start interpreting his or her own situation and sharing insights. Many clients are tempted to terminate at this point, feeling that they know enough, even though they have not actually applied their insight and changed their main direction in life (Stein, 1998). Therapist could also use the “spit in the soup” technique to help client to notice their mistaken beliefs. Spitting in the soup is an Adlerian technique that therapist used to help the client to become aware of his or her privat logic or fictionnal life goal. Once the individual become aware of his or her privat logic and the motivation behind the movement, the movement
will never be the same to the individual. Just like a soup that has been spat in, one can continue
to eat it but it may not be as appetizing (Milliren, Evans, & Newbauer, 2006).

One of DMT’s main goals is to revitalize the body, reestablishing the connection that has
been blocked (Fischman, 2009; Chaiklin & Wengrower ed., 2009). Motherly care, physical
manipulation, the introduction and support of the world as an object, modulate the processes of
integration, personalization, and the sense of existential continuity in an infant (Winnicott, 1979).
According to Stern (1996), able to sense the core self leads to a healthy condition for the
individual. In this stage, client might starts to connect the psychological movement with her
physical movement and be able to share the impact or discover more. Explore the true self and be
more viewable and vulnerable.

**Stage VII: Missing Experience Stage**

After exploring the true self in the previous stage, clients in this stage might be hold to
strong negative feelings through allowing the psychological and physical movements to connect.
It is because the old cognitive self is trying to protect the self from remembering the missing
memories and re-experiencing those past memories. According to Adlerian Psychology, there are
three primary human drives: safety, belonging, and significance. Originally, in 1908, Adler wrote
about the aggression drive, which severed as the super ordinate force that provided the direction
for the confluence of drives (Milliren, Evans, & Newbauer, 2006). Adler stated that:

From the early childhood, we can say from the first day (first cry), we find a stand of the
child toward the environment which cannot be called anything but hostile. If one looks
for the cause of this position, one finds it determined by the difficulty of affording
satisfaction for the organ. This circumstance as well as the further relationships of the
hostile, belligerent position of the individual toward the environment indicates a drive
toward fighting for satisfaction which I shall call “aggression drive.”

This drive is to be understood not as clinging directly to the organ and its tendency to
gain pleasure, but as belonging to the total superstructure which represents a
superordinated psychological field connecting the drives (Ansbacher & Ansbacher, 1956,
p. 34).

The client might block the painful memories in order to feel safe, or distort the thoughts
in order to feel belong or significant in life. Dance/Movement Therapy provides an opportunity
for the client to record alternatives in the bodily emotional expression by inviting the client to
experience new combinations of muscular and respiratory activities within a supportive and safe
environment. Freud (1916) believes that reconnecting affect and meaning when they have been
separated is one of the aspects for therapeutic process. Focusing and working with the body and
movement enhance the integration of the psychosoma (Winnicott, 1979). By using movement,
the missing memories would be most likely to reappear. Dance/Movement therapists use their
skills and knowledge to work with people toward self-validation, resolution of past trauma, and
to learn how to better relate and have positive interactions with others (Chaiklin, 2009).

Stein’s explanations for this stage are:

Some clients cling to strong negative feelings through powerful images and memories
from childhood. These feelings may inhibit or poison their contact with people. Others
may lack a depth of positive feeling in their work and relationships. They try to do “the
right thing” but do not have a feeling of enjoyment or affection in the process. They may
have sufficient insight but not have enough positive emotional anticipation to take new
action. While it is possible with some clients to promote change through cognitive
interpretation, with others an emotional breakthrough is more effective. The therapist can use role-play, guided imagery, or eidetic imagery exercises to dissolve negative imprints from parents and siblings and replace them with new nurturing, encouraging experiences and images. Ongoing groups or one-day group marathons are preferable for role-playing techniques, utilizing group members for the parental or sibling figures. Longer individual sessions can also be effective (Stein, 1998, pp. 217-218).

This paper is focusing individual session; therefore, therapist can use puppets to help with the role-play technique with the client. Guided imagery or breathing exercises can also be use to dissolve client’s negative feelings. Besides provide the client a chance to replace the memories with new nurturing and positive image, these exercises will recreate a sense of safe environment for client.

**Stage VIII: Doing Differently Stage**

In Adlerian Psychotherapy, one of the major goals is to have the client recognize and change his or her mistaken beliefs. Dreikurs (1956) posited that insight was an important part of change, although it was not the only therapeutic agent. Dreikurs believed that change occurred as the client began to recognize the goals and intentions (Milliren, Evans, & Newbauer, 2006). As mentioned above, the behavior will never feels the same as before when one starts to be aware of one’s motivations and goals for the behavior. Dreikurs believed that it was not only making the person aware of goals and motivation that helped the person to change but of making the person aware of his or her own power, of the ability to make decisions, of freedom to choose directions (Milliren, Evans, & Newbauer, 2006). The actions of change produced creatively may be behavior of different orders such as mental, verbal, physiological, or movement (Bleger, 1971).
According to Stein (1998), insight and newly developed courage are mobilized to approach old difficulties and neglected responsibilities. Stein’s explanation for this stage is:

Small, experimental steps are ventured in the main arenas of life. Initially, this is going to be hard for clients because they will not expect a positive feeling as a result of taking steps in a new direction. However, it is possible to start with what the person is willing to attempt and gradually make it more socially useful. A very aggressive person who verbally attacks others might be encouraged to attack his problems vigorously and productively instead (Stein, 1998, p. 218).

In this stage, the client already knows enough about self. Therapist would encourage the client to apply his or her new insight and new movement to his or her life. Basically, all the movements that individual is encouraged to take in therapy are directed toward increasing the individual’s level of confidence and changing the life style (Stein, 1998). According to Schmais (1974), in DMT, the therapist-client relationship established through movement supports and enables behavioral change. With the courage that built in previous stages, the therapist could start to encourage the client to move or dance in a new style in the session. Significant changes occur on the movement level that can affect total functioning (Schmais, 1974). After seen the client tried new movements in session, the therapist would discuss the client’s work of movement with the client and further identify the client’s readiness for new goal or direction of life. Based on Stein (1998), a profound change occurs after the client and therapist have identified and discussed the client’s work to fictional goal and life style together. On the basis of new insights from knowing the fictional goal and life style, the client can work to change the main direction of movement and approach to the tasks of life (Stein, 1998).

**Stage IX: Reinforcement Stage**
As the client begins overcoming major difficulties that had been previously avoided, courageous efforts, good results, and feelings of pride and satisfaction are affirmed (Stein, 1998). Clients need courage to deal with the change that is happening in their life. Courage is like the fuel for life changing. In this stage, therapist continues to provide encouragement and support for client’s new positive movements. All movements toward change are supported, including thinking, deciding, and trying (Stein, 1988). Acknowledging those baby steps that the client took but does not even notice would reinforce the client to try more new movement in life.

Although individuals need encouragement like the trees need water, too much water might cause negative effect to trees. Therapist needs to be aware of the right moment and right amount of encouragement that his or she provides for the client. Only acknowledging the thoughts and movements that are causing positive impact on client’s life would help the client to notice what is working and what is not. Besides providing encouragement, Stein (1998) suggested that emotional coaching might be needed for the client to express and experience the new positive feelings. Likewise, relaxation and breathing techniques were often incorporated to facilitate sensory-motor awareness, augment body image, enhance concentration, and stimulate inner reflection (Berrol & Katz, 1985).

**Stage X: Community Feeling Stage**

The conquering of obstacles has generated courage, pride, and a better feeling of self, which now leads to greater cooperation and feeling of community with the therapist (Stein, 1998). According to Adler, psychotherapy is a practice and a test of cooperation. In the beginning of the therapy, the feeling of community has been continuously demonstrated by the therapist to the client, by accepting the client unconditionally as a fellow human being, expressing a deep interest through listening and concern for the client’s physical and
psychological distress, moving together with the client, and indicating a willingness to help (Stein, 1998). Adlerian therapists have one strategic goal in mind: to increase client’s social interest and community feeling by decreasing symptoms, increasing functioning, increasing the client’s sense of humor, and producing a change in client’s perspectives (Carlson et al., 2005).

After the client learns how to cooperate with self in previous stages, the next step is to work on cooperating with others. Following from his view of the human condition, Adler based his psychology on the central concept of (in German) Genmeinschaftsgefühl. It is a difficult concept to be adequately translated and has been translated to the phrases like social interest, social feeling, community feeling, social factor, fellow feeling, sense of solidarity, social sense, community interest, and communal intuition. Social interest seems to be the most adequate and it is also the one that Adler preferred to use (Ansbacher & Ansbacher, 1956).

In Adlerian Psychology, the socialization of the individual is not achieved at the cost of repression, but is afforded through an innate human ability, which, however, needs to be developed (Ansbacher & Ansbacher, 1956). According to Ansbacher & Ansbacher (1956), Human beings are embedded in a social situation and social interest becomes the crucial of one’s adjustment. All the life problems become social problems and all the values become social values (Ansbacher & Ansbacher, 1956).

As mentioned above, dance is not only about beautiful poses and steps, but also provides a sense of community. A positive therapeutic relationship provides client the feeling of community. Throughout the therapy sessions, a better cooperation and feeling of community with the therapist had been developed. The feeling needs to be extended to connect more with other people, cooperate with others, and contribute significantly to their welfare (Stein, 1998).
As the client’s new perspective of community feelings develops, the client would be able to cooperate and connect better with others in daily life.

**Stage XI: Goal-Redirection Stage**

In Adlerian Psychology, human beings are goal driven. Every movement the individual takes in life is to fulfill his or her personal goal. The goal that mentioned in Adlerian psychology is only “dimly envisaged” by the individual, which means that it is largely unknown to the individual and unaware by the individual (Ansbacher & Ansbacher, 1956). According to Adler, the unknown part of the goal can be defined as the unconscious. Movement holds the key to the unconscious. Through the exploration of the whole self and fictional goal in previous stages, the unconscious had become conscious. The client had become aware of the whole self and the fictional goal. The exposure of one’s fictional goal will change the individual’s behavior and decrease the desire for achieving the goal. It will be just like the soup will never be as appetizing as before it got spat in.

Sense of safety, sense of belonging, and sense of significant are the three fundamental human strives in Adlerian Psychology. The client had attached to the old survive mechanism for years without realizing the unrealistic part of it. After sessions of psychotherapy, client finally sees the unreasonable concepts of his or her beliefs.

Stein (1988) stated that:

The client is now challenged to let go of himself and his old rigid high goal of self-protection, self-enhancement, and personal superiority over other people. He is encouraged to set a new, conscious life goal that is flexible and socially useful. Abraham Maslow’s writings about self-actualization, creativity, and values are very relevant at this stage, as the client changes his goal from demanding specific successes and
compensations to a preference for generalized functioning, guided by values and the needs to see himself, others, difficulties, and life differently. The therapist helps the client compare his new gratification in functioning fully and conquering difficulties to his former behavior, which was largely narrowed to the compensatory relief of inferiority feelings. When this stage is fulfilled, the client adopts a new goal and gives up his old one because the new direction gives him a more positive feeling of self and more secure sense of real significance which is confirmed by the appreciation of others (Stein, 1988, p. 142).

According to Stein (1998), the client constantly observes the therapist’s movements and might use them as the models. How therapists behave is critical, as it may interfere with the therapy process if clients see that their therapist do not embody what they trying to teach the client (Stein, 1998).

After the client experiment the new movement in life and letting go of his or her mistaken beliefs, the client will be ready to adopt a new goal for life in this stage. With the therapist’s help, the client can reset a new goal that is socially useful and self actualizing.

**Stage XII: Support and Launching Stage**

According to Stein (1988), the support and lunching stage is:

As the client explores the new, wider psychological horizon, he is helped to achieve a more accurate self-evaluation. He learns to love the struggle of overcoming difficulties, prefer the unfamiliar, and look forward to the unexpected. The client now feels equal to the therapist, others, and life, and wants to develop and use himself fully, connect with others, and share what he has accomplished. Finally, the therapist encourages the client to promote and sustain his personal growth and the growth of others.
Each new client presents a creative challenge for the therapist. Not formula, procedure, or typology can meet the demands of understanding the uniqueness of each individual and the strategies that must be invented for him. The stages described earlier represent a map of the territory to be covered. The journey for each case will take different roads (Stein, 1988, p. 143).

In this stage, client is able to feel more confident and able to function better in daily life. Before the termination, client may need an aftercare plan or a self-selected challenge to stimulate the development of best self. The therapist may prompt the search for such a challenge and can help the client evaluate what would be a worthy, meaningful, stimulating, and a socially useful challenge – one that is neither too big nor too small for the client’s capabilities (Stein & Edwards, 1998).

The concluding portion of Dance/Movement Therapy typically comprised quiet time, a time for the client to refocus on the body, and a time to reflect on and recapitulate the entire treatment. Reviewing the shared experiences through recalling and sequencing the components of the session (either verbally or via movement) are important cognitive tools for bolstering memory (Berrol, 2009). After the quiet time and before the client leave, therapist can use the client’s mirror neuron to strengthen the client’s energy for launching. Therapist can initiate supportive movements like clapping, rubbing or patting limbs, hugging, holding, etc, to encourage the client one last time.

**Discussion**

Adlerian Psychology and Dance/Movement Therapy share the common use of empathy and value of movement, relationship, holism, and creativity. According to Adler, symptoms are the creative movements that client chose to take in order to avoid or to gain something. “The
science of Individual Psychology developed out of the effort to understand that mysterious creative power of life which expresses itself in the desire to develop, to strive, to achieve, and even to compensate for defeats in one direction by striving for success in another” (Ansbacher & Ansbacher, 1956, p. 92). By changing the movement, the individual’s ideal and real self could be reconnected and cooperate better as a whole.

Oberst and Stewart (2003) explain and compare the creative concept and holistic concept in Adlerian Psychology with other approaches by stating that:

Adler supposes that there is a creative force inborn to the child, which increases with activity; it enables people to make their own decisions and to develop their opinion on what happens to them. In this sense, individuals are not just the product of their circumstances – as assumed in classical Behaviorism (behavior as a result of specific stimuli) or as in classical Psychoanalysis (psychological problems as result of traumatic childhood experiences) – but are also the creators of their circumstances and of themselves. This creative force works throughout the whole personality. In the classical Freudian view, personality is seen as divided. In contrast, Adler proposes a holistic view of the personality: the individual acts as a whole, his or her feelings, beliefs and behaviors are guided by the same organizing principle: the fictional goal. This unifying principle can be seen as the individual’s unique way of responding to situations. It is not only the essential part of the personality; it also distinguishes him or her from other people and makes the individual unique and personal (Oberst & Stewart, 2003, pp. 12-13). Compared to the other creative art therapy, Dance/Movement Therapy involves full body movement that reflects the client’s personality or life style directly. Same as Adlerian
Psychotherapy, one of the goals in Dance/Movement Therapy is to help the client reconnected the physical and psychological self and to increase the awareness of the whole self.

Mary Whitehouse (1987), the creator of Authentic Movement, supported Adler’s goal driven concept by stating that:

For most people, the tempo and pattern of all physical movement is habit formed, automatic, unconscious and above all, organized toward a utilitarian end, toward an objective or goal. It is when the goal or the form of a purposeful action (reaching to get something, running to catch a bus, all the thousand and one acts packed into the day) is suspended in favor of movement as it happens, that one can perceive the movement as an actual substance and begin to ask questions about what is reveals, what it says to the person moving about himself. And the awakening of awareness of how one moves, in what manner, (slow or fast, heavy or light, restricted or easy) leads to a perception which carries over into recognition of the character, also, of daily or habitual body usage.

(Whitehouse, 1987, p. 17)

Dance/Movement Therapy is in fact, one of the psychotherapeutic approaches that can counterbalance some of the pain of dealing with unconscious conflict with the experience of physically oriented release and joy (Espenak, 1981). Dance/Movement Therapy focuses on the limitless creative capacities and aesthetic qualities of the moving body using force/time/space/flow as a unique and specific fundamental for therapeutic process (Capello, 2009). Hilda Wengrower (2009), who has published articles and chapters on the subjects that related to Dance/Movement Therapy and other art therapists, stated that:

There has been extensive writing about creativity in psychotherapy, psychology, and sociology, and about the task of continuous construction of the individual’s identity.
Some psychodynamic theorists, connecting philosophy and sociology, trust the possibility of evading the pitfall of the psychical determinism of personal history, and even the trap of trauma (Aulagnier, 1980; Castoriadis 1992; Cyrulnik, 2003; Fiorini, 1995; Strenger, 1998, 2003; Winnicott, 1979b).

Fiorini, begins his book about what he considers the creative psyche and drive, the drive to create, with a reflection about the fundamental modes of being according to the philosopher E. Trias. These modes are (1) what one wishes to be; (2) what one has to be; (3) what one is; and (4) what one can be (p.11). Forini affirms that psychology in all trends has been occupied with the first three phases. He proposes the construct he calls creative psyche as a central element in an epistemology where the present is not consolidated, but is one of many possibilities of becoming (Wengrower, 2009, p. 24).

Dr. Héctor Fiorini is a doctor of psychoanalysis and a professor of the School of Psychology at the University of Buenos Aires. Based on what has showed on Wengrower’s chapter, Fiorini’s idea about creative psyche and drive are related to Adler’s goal driven and social embedded concept. The four fundamental modes of being showed the individual’s creative psyche can be shaped by the environment and interaction with others. For example, the expectation from one’s family can affect the individual’s perspective about what one wish to be, what one has to be, and what one is. Fiorini advocates that knowing what one can be is as important as the other three phases that psychology used to be focus on. Both Adlerian Psychotherapy and Dance/Movement Therapy value the creativity in treatment and provide the space and encouragement for the client to discover what one can be.

According to Oberst & Stewart (2003), early memories are valuable in Adlerian Psychology due to how the client remembers and describes the early memories reveals the
client’s contemporary concerns and perhaps some of the content of their personal life goals as these are projected on to material reconstructed from the past (Oberst & Stewart, 2003). Stern (1996) addressed that the primordial self is shaped in the preverbal stage of human development, whereas the possibility of naming and telling the story of one’s experiences is added later on with the addition of the verbal domain (Stern, 1996). The exploration of different combinations and ranges of movements, sounds, and touch as intervention modes including words, make Dance/Movement Therapy the ideal approach to access non-integrated or undeveloped aspects of the non-verbal domains of the self that need to be restored (Fischman, 2009).

Dance/Movement Therapy even stretches the early memory to the mother-child relationship and early infancy experience. Fischman (2009) stated that:

The flaws in the constitution of the self are related to a deficit in early care. Winnicott describes holding as the mother’s ability to contain each and every one of the states (hunger, sleep, cold, tiredness, interest, excitement, calm, and attention) the body experiences during the day. Holding is related to the temporal process within which the infant develops and thereby permits it to experience existential continuity. Handling and contact refer to the ways in which the baby is touched, rocked, carried, and moved. The early relational patterns are influenced by the way these operations are performed and can be described according to time, space, intensity, degree of activation, and hedonic tone. The caregiver participates actively in the self-regulation of the dyad itself (Fischman, 2009, p. 37).

The heart of Individual Psychology is Adler’s belief about everything can be different: We are all unique and life is full of possibility. Like what has been mentioned earlier in this paper, the actual therapy sessions normally vary from client to client due to the individual’s
uniqueness. These stages provide therapist a clearer idea about the therapy structure and Adlerian techniques that are applicable in psychotherapy. Lenore Hervey, an American Dance/Movement therapist and the author of the book *Artistic inquiry in Dance/Movement* therapy, stated that “thinking outside of the familiar inquiry box can inspire not only the creation of new methods, but also the new audiences and venues as well” (Hervey, 2009). This can be another way to explain Adler’s theory about everything can be different and uniqueness in each individual.

Adler gives his views on the problem of nomothetic versus idiographic lawfulness by stating that:

Each individual always manifests himself as unique, be it in thinking, feeling, speaking, or acting. We care always dealing with individual nuances and variations. It is partly due to the abstractness and limitations of language that the speaker, reader, and listener must have discovered the realm between the words in order to gain a true understanding of and the proper contact with the partner. When two do the same, it is not the same; but also when two think, feel, or want the same, differences exist. Therefore we cannot do entirely without guessing if we want to understand another person correctly. Whether a person merely takes a stand or forms his view of the world, the individuality of the style of life always stands out clearly (Adler, 1933c, p. 59).

Adler (1933) believes that he is “not bound by any strict rule or prejudice but prefer to subscribe to the principle: Everything can also be different (*Alles kann auch anders sein*). The uniqueness of the individual cannot be expressed in a short formula, and general rules—even those laid down by Individual Psychology, of my own creation—should be regarded as nothing more than an aid to a preliminary illumination of the field of view in which the single individual can be found— or missed. Thus we assign only limited values to general rules and instead lay
strong emphasis on flexibility and on empathy into nuances” (Ansbacher & Ansbacher, 1956, pp. 194-195).

Of all of the personality and counseling theories, Alfred Adler’s Individual Psychology is probably among the least well-known but has had the greatest influence on current approaches to counseling and psychotherapy (Corey, 1996). Willingham (1986) quoted Wilder’s (1959) statement in his writing about the current situation of Individual Psychology: “most observations and ideas of Alfred Adler have subtly and quietly permeated modern psychological thinking to such a degree that the proper question is not one is Adlerian but how much of an Adlerian one is (p. xv)” (Willingham, 1986, p. 165).

“Individual Psychologists find themselves becoming agents of change for the community and culture. As community values change, Adlerian methods become easy to apply. Until such change in community beliefs occur, however, Adlerian methods and Individual Psychology will be ahead of their time” (Ferguson, 2000, p.19). Dance/Movement Therapy is facing the same situation. The culture-specific understanding of core concepts such as dance, science, health, illness, and healing is the major influence on research (Hervey, 2009).

Hervey (2009) further elucidate her viewpoint by stating that:

The implicit values placed on these ideas will influence attitudes toward theories and practices of DMT (Dance/Movement Therapy). For instance, how a culture perceives dance will influence how the practice of DMT will evolve. How that same culture understands healing determines how dance has been and will be used for healing. The idea of science-who does it, where, how and why- will determine what kind of research is considered valid and valuable. Understanding these cultural constructs will help
researchers present their projects to the public and to funding sources in ways that resonate with cultural values and beliefs (Hervey, 2009, p. 318).

Movement does not lie; this is one of the reasons that Adlerian concepts are adequately applicable in the practice of Dance/Movement Therapy. The movement concept in Adlerian Psychology is not only about external large body actions or behaviors, it also includes small postures and other movements that individual shows unconsciously. Adler even compared the sleep postures of patients in various hospitals with reports of patients’ daily life and concluded that mental attitude is consistently expressed in any modes of life (Ansbacher & Ansbacher, 1956).

Dance/Movement therapists were well-trained to use the specific knowledge or instrument to work with those large actions and subtle level of movements, which are often analyzed or discussed in Laban Movement Analysis (LMA) or Kestenberg Movement Profile (KMP) terms. LMA and KMP are the two most common and significant movement analysis method in Dance/Movement Therapy. These methods allow Dance/Movement therapist to go beyond the surface if the movement and work with the depth.

Adler study human movements through his patients and made the conclusion based on his experiences. He did not put too much writings and concepts discussing the subtle movements. Instead of develop an assessment for the sophisticated body movement and make the analysis statistical, Adler concluded that “all phenomena of neuroses back to organ inferiority” (Adler, 1917). Therefore, people might overlook the effort that Adler had spent on analyzing human body movements and misunderstanding the true meaning about movement in Adlerian Psychology. However, like stated earlier, Adlerian theory is neither analytic/dynamic nor
behavioral/scientific; it is a cognitive, goal-oriented, social psychology; it is a simplistic and common sense approach (Milliren, Evans, & Newbauer, 2006).

**Conclusion**

The purpose of this paper is to integrate Classical Adlerian Psychotherapy with Dance/Movement therapy concepts and techniques and to explore the practicability of integrating Adlerian Psychology and Dance/Movement Therapy. By exploring ways that Dance/Movement Therapy concepts can be used within an Adlerian framework and to highlight the similarity between Adlerian psychotherapy and Dance/Movement Therapy, one can conclude the practical usefulness of combining these two psychotherapies is thinkable. However, this paper is primarily focused on the discussion of an Adlerian psychotherapy structure and theorizing some Dance/Movement Therapy concepts and specific techniques parallel or can work with Adlerian approaches.

There are still a lot of Dance/Movement Therapy approaches that did not get explored in this paper. The Dance/Movement concepts that mentioned in this paper are considered foundational concepts in understanding Dance/Movement Therapy, but they do not fully represent current Dance/Movement Therapy. Further research would be needed, in order to show the significance of integrating Dance/Movement Therapy and Adlerian Psychotherapy.

Future researchers need to be aware that statistical methods tend to be more appropriate for group research (Milliren, Evans, & Newbauer, 2006), which were not considered particularly applicable for the idea that this paper proposed. It is because the focus of this paper is on individual psychotherapy. Nevertheless, Adlerian psychology rejects the notion of causality and focuses on intent and the social field in which behavior takes place (Milliren, Evans, & Newbauer, 2006). These concepts would make it harder for researchers to measure or test the
theory with statistics. Case study would be the method that is more applicable for testing the ideas that suggested in this paper.

Another challenge that researcher might be facing is that the facilitator for the therapy session must has proper training in Dance/Movement Therapy and Individual Psychology. Most schools or institutes that offer training programs for Dance/Movement Therapy or Individual Psychology in United States only offer Masters level training. Besides, different school offers different psychotherapeutic frameworks for Dance/Movement Therapy. Some are more Cognitive-behaviorally oriented, some Attachment, and some Jungian and some combine several (Nordstrom-Loeb, 2011). Adlerian Psychology is a rare psychotherapeutic approach in Dance/Movement Therapy. In order to be the facilitator for the study, the facilitator needs to spend at least two to four years to go through the basic training for both Dance/Movement Therapy and Adlerian Psychotherapy.

As one of the innovative treatment in mental health care field, Dance/Movement Therapy is facing the same problem as the Individual Psychology does: lack of research. Future research based on the practicability of integrating Dance/Movement Therapy and Adlerian Psychotherapy can make an important contribution.

Milliren, Evans, and Newbauer discussed about the limitation in Adlerian theory by stating that:

Many of the beliefs on Adlerian theory tend to run counter to the prevailing general thinking in the culture regarding human behavior and relationships. Adlerian theory is neither analytic/dynamic nor behavioral/scientific. It is a cognitive, goal-oriented, social psychology; it is a simplistic and common sense approach. Nonetheless, the growing body of research seems to indicate that Adlerian theoretical concepts are consistent with
contemporary scientific psychology. Studies of outcome effectiveness with this approach will help to expand this acceptance of Adler’s and Dreikurs’ ideas. Adlerian theory continues to be ahead of its time (Milliren, Evans, & Newbauer, 2006, p. 160).

Although Stein generalizes the Classical Adlerian Psychotherapy into twelve stages, the actual therapy session can be spontaneous and changeful. A good therapist needs to know that following the stage or not is not the only reason to determine the success of the therapy. Thinking outside of the familiar inquiry box can inspire not only the creation of new methods, but also the new audiences and venues as well (Hervey, 2009). Remember that the heart of Individual Psychology is Adler’s belief about everything can be different.

Adlerian Psychotherapy and Dance/Movement Therapy has the potential to complement each other and provides a better treatment for clients. Future research is highly encouraged. Other than statistical research, there are still many ways that one can share the findings. Also, knowing that there is always a chance for making mistake or wishing to do more for the session is normal. Based on Adler, people learn by making mistakes, therefore, moving to wrong direction can be necessary.
References


Biology, 7, 1-52.


