

Through their cooperative work, both therapists were able to obtain deeper insights into the family climate.

This study has attempted to show that team work and close cooperation between therapist and co-therapist, each working with different members of the family - mother and child - was basic to therapeutic improvements.

THE ROLE OF DANCE THERAPY IN ADLERIAN PSYCHOLOGY

Abstract of a Paper Delivered by Miss Liljan Espenak at the
10th International Congress of Individual Psychology
Salzburg, Austria, September 1, 1966

The principles of Dance Therapy as a reliable basis for practical use in the treatment of emotionally disturbed children and adults was discussed. Miss Espenak outlined the early uses of Dance Therapy throughout history in describing the existing areas where-in it functions. She explained the applications of historical dance forms in Dance Therapy. The four basic emotions inherent in man--anger, gladness, calm and fear, or any subdivision of these feelings--are contained within four fundamental areas of Dance Therapy known in history:

1. Ecstatic dance of primitive man--expresses anger and aggression, exaltation and frenzy.
2. Greek dance--stimulates gladness.
3. Trance and Hypnotic Circular Dances of the Indian and Hindu--is conducive to calm.
4. Mimic Dances, as in the Mask Dances of the Commedia del Arte, Carnival and all Theatrical Dance--afford the possibility for hiding and an outlet for fear.

Thus, past history and experience offer the dance therapist a wealth of material to draw from, to aid in his treatment of an individual's situation.

The speaker described the advantage of demonstrating in physical terms, a "spineless" personality as against one with "backbone," and that these movement patterns correspond to a patient's psychological problems and thus reveal his life-style. She pointed to the sayings, "to be weak-kneed," "chin-up," "to be on the ball," as descriptive of physical expressions and that these and other similar sayings indicate that one's outer physical form goes parallel with the inner makings of the individual, either of his basic character or his emotional state. Mood and emotion find their expressions in movements and gestures. She cited Alfred Adler's, *Problems 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." Reading the meaning of these movements and gestures, then, has given the dance therapist a depend-

able basis for six major movement diagnosis tests. These tests reveal such things as confidence, self-assurance, emotional reactions, kinesthetic awareness, etc., and have become a standard help in classifying the patient and in selecting lines of approach for his treatment. Observed movement patterns are broken down into their components--the negative ones are dealt with and replaced by beneficial ones. Miss Espenak explained that in working actively on the physical problems as correlated to the emotional problems, the patient can learn to see the incorrectness of his means of handling his body as well as his goal directedness. Also, a program of self-discovery can be started, which, in time, will result in greater self realization and corresponding inner security. As coordination improves, balance becomes less of a problem and a feeling of grace develops. The new experience of flexibility can become enjoyment and carry over into life as adaptability. Through the unique combination of the emotional with the physical, said Miss Espenak, Dance Therapy approaches the whole human being--holistically, directly and dynamically.

In culminating her speech, Miss Espenak related a story which demonstrates the potency of dance movement in non-verbal communication. As a visitor and speaker at a Japanese School for Retarded Children, she was shown into a school-room where the teacher was playing a Japanese folk song without any reaction or participation from the children. Miss Espenak commenced to move her hands as if dancing to the music. The children responded to the rhythmical movement, and one by one they imitated her movement in the same rhythm with elated participation. Here, says Miss Espenak, was complete language barrier, yet complete human understanding and a perfect basis for therapeutic relationship.

The following section from Mr. Shoobs' prospective book on Direct Group Guidance of Children was first presented as a talk to the Convention of the International Association of Individual Psychology, Paris, 1963.

GROUP METHODS OF NON-INTERPRETIVE GUIDANCE OF SCHOOL CHILDREN by Nahum E. Shoobs

All schools of interpretive therapy have three elements in common: rapport, insight and reorientation. Non-interpretive therapy rests on the twin foundations of social interest and reorientation. I emphasize social interest rather than rapport. Social feeling refers to one person's attitude toward life. Rapport is an inter-personal relationship between two or more persons. A gang leader can have rapport with his followers for a bank robbery, but he has no true social interest.

The group leader through his own social feeling establishes a healthy rapport with the pupils, both singly and as a group. With them he develops a stimulating but not a threatening nor a competitive environment. He is always ready to protect children from excess stresses of group living. He evokes pupil efforts to mutual aid so necessary for cohesiveness and acceptance of responsibility. Pupils feel they can always turn to him.