

# Movement Diagnosis Tests and the Inherent Laws Governing Their Use in Treatment: An Aid in Detecting the Lifestyle\*

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In these days of mass production, mass organization, and mass orientation, the problem of the individuality of each personal life seems pushed so far to the background as to be threatened with extinction. And indeed it seems to point to the fact that one should not anymore demand this luxury of individuality. Many people believe this, forgetting that in order to fulfill life's demands fully, be it in relation to work, love or society, this one human being must be a complete human being, must be fully himself, his own unique self. (As the danger of losing oneself in the enormous volume of the masses increases, the need to find and confirm one's own personality for inner strength becomes apparent.) It is not astounding then that so many seek help in psychotherapy.

Adler emphasizes the unity of personality both from a subjective and objective standpoint. We need to perceive and feel ourselves as a unit. We need it for our self-acceptance and our sense of personal value; we need this sense of oneness. This unified personality, this oneness embraces all psychological processes, working in interaction with each other while making their own demands.

Psychomotor therapy tries to satisfy some of these demands by approaching the treatment from the physiological angle, provoking the parallel psychological reactions in the interweaving of the two forces. In this article I shall report specifically on the development and use of Movement Diagnosis Tests as applied in psychomotor therapy, working with the emotionally disturbed and mentally retarded.

Psychomotor Therapy is derived from the so called "Dance" therapy, Understanding "Dance" in its deeper meaning of expressive movement, whether this movement be a threatening gesture of anger or a loving pat on the head of a child (Espenak, 1966).

Adler was always much aware of these body expressions and included them in his own diagnosis. He writes, "I have found it of considerable value to conduct myself as during a pantomime, that is for a while not to pay attention to the words of the patient, but instead to read his deeper intentions from his bearing and his movements within a situation" (Ansbacher, 1956). And another time, "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, has a style of life that prohibits direct action,

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and something of a detour appears in every move”; and “We can always detect by the way in which an individual gives his hand whether he has social feeling and likes to be connected with others. A perfect normal handshake is rather rare. It is usually overdone, and betrays a pushing-off, or pulling-to tendency. It is noticeable in a bus that some people lean sideways, they wish to be supported and are quite oblivious of others convenience. . . . Some on 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 attitude that individuals assume towards life” (Ansbacher and Ansbacher, 1956).

This was written by Adler and published in 1930. It has taken something like 30-35 years before the theories here voiced were developed and formulated into an applicable ancillary therapy. In the last three years, however, the use of psychomotor therapy or dance therapy, as it is still often called, has grown together with the opportunities for research and the documentation of its positive effect.

My own contribution to this field is built on the diversified experience in working with emotionally disturbed adults and children, released mental hospital patients in aftercare, and the mentally retarded. These variously affected patient-groups naturally require different approaches. However, the difference lies in the **application of the therapy**, not in the underlying principles of psychomotor therapy itself, which is based on the deeper dynamic processes, existing in all manifestations of expression. They contain a common denominator in every individual case where body functioning with emotional content appears; namely in personal rhythm, tempo, form and space relations. These dynamics are the material the patients have available as their contribution to the therapy, presupposing the recognition that the therapeutic situation is built on emotional interaction between therapist and patient as separate from a subject-teaching situation. This emphasizes the importance and the need for true information about the particular patient’s contribution. During my years of clinical experience I was fortunate to have the opportunity of doing research in this area, and have been able to develop a system and working-method for ascertaining the above mentioned dynamic possibilities inherent in each patient.

How specifically the seat of the disturbance can be pinpointed is clearly demonstrated by our colloquial sayings, living on in popular understanding of nonverbal communication. Note the precise physical description of the different states of mind. “Be on your toes,” “He has no backbone,” “He is weak-kneed,” “Stiffnecked,” “Tightfisted.” It gives clear indication where the seat of these specific characteristics is located in the body. The emotional expression of “chin-up” is very different from a “droopy head,” yet both are describing the position of the head while denoting the state of taking courage and of being discouraged. To receive with open arms describes a different degree of communication than the withholding gesture of both hands in the pocket, or even behind the back.

As the Movement Diagnosis Tests are described in detail, we shall elaborate on some further aspects of their value.

They are grouped into six basic areas probing into the positive and negative components of the patient's personality. They contain information of the following nature:

- I. Emotional Response
  - A. Self-Assertion (Body Image)
  - B. Improvisations (Emotional State)
- II. Degree of Dynamic Drive (Energy)
- III. Control of Dynamic Drive (Rhythm)
- IV. Co-ordination (Animal Function)
- V. Endurance (Frustration Tolerance)
- VI. Physical Courage or Fear.

**TEST IA - BODY IMAGE** This contains an introductory muscular test which in its performance reveals the ego strength and self-assertion of the patient. The posture adopted while asked to walk on the toes from one end of the room to the other, will immediately supply the needed information. A person who walks slouched over, with chest caved in, head lowered and weak-kneed, does not have the self-confidence and security of one who walks with head high, open chest and arms reaching out to the side.

**TEST IB - EMOTIONAL STATE** (Spatial Relationships) Improvisation plays an important role in the therapeutic procedure. By free interpretation of music the "dancer" is sometimes swept along and can lose himself in the improvisation. There may be resentment and anger released, or there may be complete resistance to any demonstration of feeling. The patient will show a marked personal choice of movement pattern, which will be used repetitiously. It is a crystalization of his personality in movement. He may use mostly his arms, or perhaps only his legs, his back or his feet. In each case the therapist will be able to draw preliminary conclusions as to the life style and emotional climate of the patient. Other themes than musical ones may also be used: images, symbols, and (for children) subjects in the environment or phantasy. For the retarded, the subjects must be within their scope of understanding, so as to protect them against further frustrations.

**TEST II - DEGREE OF DYNAMIC DRIVE** (Force adjustment) This will demonstrate the physical and motivational energy applied in performance of a task. By pushing a heavy object, table or trunk, etc., requiring a strong application of energy, the therapist will obtain the useful information as to how far to challenge the patient. In the performance of this task some may apply themselves with their whole body to make use of the strength from the floor, while others may uselessly imitate a movement with arms alone, some may turn and use their back to push, and others refuse to exert themselves altogether.

There are innumerable varieties of initiative and energy display in this simple performance. All of the responses will demonstrate the drive available for our challenges.

### **TEST III - CONTROL OF DYNAMIC DRIVE (Rhythm, Time Concepts)**

Dynamics is here used in the sense of time as compared to energy in the previous test. Control and organization of time reveals both the individual's inherent personal rhythm (as a sum total of his personality) as well as his ability to adjust to any given organization from outside (i.e. to cooperate), whether or not this has as yet been carried out in everyday life. For example: a ballroom dancer who learns the step, but never learns to adjust to the music nor his partner, clearly demonstrates inner rigidity. He may be able to organize, but reveals a problem in cooperation.

I have mentioned personality rhythm above. This rhythm originates in inner feelings and is inaudible until it has become expression. When formulated it becomes an indication of the patient's personality and takes its place as a part of the diagnosis. In order to observe the aspects of this life rhythm we have to regard man as a physiological being as well as an emotional and spiritual one. When we understand the laws of the human organism we discover that rhythm is attribute to man's nature. Rhythmic processes in the body make its experience an inborn potential, because both man's physiological and emotional functioning obey the laws of life's rhythm. Space does not permit me to elaborate on this fact. I will mention the importance of breathing as the most apparent rhythmic process in our lives. Breathing is our lifeline; breathing is living; breathing is feeling. In the closest interconnections it reacts to all changes within the body, whether physiological or emotional. We pant - staccato; or sigh - off beat; or moan - sustained; or breathe calmly - legato. Its emotional value is beautifully described by Mary Wigman, the great dancer; "Breath is the mysterious great master—who silently commands the function of the muscles and joints, who knows how to fire with passion and relax; who puts the breaks in the rhythmic structure and dictates the phrasing of the flowing passage." In emotional equilibrium the regular and even breathing will demonstrate our relaxed state (as it can also induce it). As a test it is an invaluable instrument.

### **TEST IV - COORDINATION (Body-Awareness and Locomotion)**

One of the dynamic forces behind all human activity is, according to Adler, "The striving towards totality." The physical expression of totality is the perfection of animal coordination. It is the sum total of emotional and mental control transformed into physical actions. It is a result and extension of the training process we all individually are exposed to in our earliest years while we were learning to walk. Through trial and error and, unfortunately, by additions of emotional blocks, the natural freedom of movement-flow becomes disturbed, impeding its development and growth, and our coordination becomes distorted from its potential perfection. This movement flow is tested first on an animalistic level, as instinctual control. In order to measure it we start out by walking on all fours.

We progress into walking erect which, mastered naturally progresses smoothly and evenly, bringing into play by each step the greater part of our muscles, in an ordered succession.

In normal locomotion, the sacrum performs a small wheel-like movement which allows a smooth and relaxed change of weight from one foot to another. In case of disturbance this wheel-like action will be hampered and the execution will be jerky or rigidly inactive. Since this wheel-like motion is very subtle it has been analyzed and then exaggerated into a magnified version. This magnified version of the movement performed by the sacrum clearly shows the particular area of disturbance in the movement sequence, and, is a valid test for the natural coordination in walking. It has long been observed that a man's walk is indicative of his character. The movement of walking therefore is the best natural demonstration of the different parts in the interaction of body and mind. No special technique is needed, only a place for walking.

**TEST V - ENDURANCE (Constancy)** In this test we are measuring kinesthetic drive combined with mind control, endurance. This includes both attention span, frustration threshold, and stress reactions. Can the patient endure prolonged activity? Does he finish his activity or drop it before completion? Can he sustain his effort under strain? Does his mind wander? This information is especially important in the case of mentally retarded, where an impossible demand can cause traumatic frustrations. The testing situations must be handled with great caution and sensitivity by the therapist.

We use repetitions of certain movements as a tool for rating the degree of attention span, capacity for tolerating constant changes and contrasts, a narrowing and widening of focus and similar tolerance tests. It gives information as to the person's persistence, frustration tolerance, and ability to concentrate.

**TEST VI - PHYSICAL COURAGE (Anxiety States)** Fear is a chief component in inhibiting the free expression of feeling and movement; fear of the dark, of new experiences, fear of running downstairs, of any physical exertion, etc. In most cases of the test VI, the movements are so constructed as to obscure seeing and the ability to control the situation, posing a threat to the freedom of the head, although perfect security is given the body by resting on the floor. There will be walking backwards, walking a spiral, leaning more and more towards the center (experiencing force of gravity), and several floor exercises, rocking and rolling backwards. Between unreasonable fear of falling or anxiety over limiting freedom of the head, and the fears the patient exhibits in everyday life, there exists a close relationship.

The tests have several gradations: excellent, very good, good, fair, poor, very poor, and yes or no. The whole battery of tests is repeated periodically. The comparative results reveal the progress as well as indicate new directions for treatment. Andrew S. Halpern (1968) wrote about giving psychotherapy to the retarded, and quotes W. I. Gardner as considering it useless. However, other authorities, Sternlicht (1966) for example, takes a more positive view. He

emphasizes the effective use of the creative therapies, of which dance therapy, perhaps mostly, embraces the whole personality. As Dr. Alexandra Adler says, (1963) "Man finds himself by losing himself in pursuit of a goal," which could explain the therapeutic effect of such complete involvement in creative activity. The fact that the mentally retarded are inaccessible to the verbal approaches, leaves the body movement as the new and sometimes only channel for emotional rehabilitation.

Psychomotor therapy has now developed to a level where treatment is planned for the physical approach in which attention is focused on developing weak, inactive or overemphasized parts of the structure. Improvements made here carry over into the emotional area. The physical regime can have the full aspects of dancing, removing the tediousness of dull and purposeful exercises. The body becomes a means of communication which can be handled and mastered, while the patient simultaneously becomes engaged in the process of therapy.

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