

Dance as Metaphor of the Psychotherapeutic Encounter

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Abstract

In this paper psychopathology and the process of psychotherapy are described using the metaphor of dance. The process of therapy is explained in a way that allows the reader to understand the ebb and flow of therapy, the role of the therapist, and the unique style of the client's movement. The authors emphasize the role of the therapist as one who functions to teach the client a harmonious and cooperative style of interaction with the social world.

In discussing the skills and activities of the psychotherapist, Bugental (1987) suggested that psychotherapy is not a set of techniques cloaked in a relationship with a therapist but is an art, characterized by common methods but individual therapeutic style. Millon (1999) suggested that a good therapist is like a jazz musician, well skilled in the techniques of the craft but able to flow in sync with the movement of the melody. Both argued that the skills and personality of the therapist are as important, if not more important, than the specific techniques employed. Recent and previous outcome research has substantiated their claims (e.g., Bergin & Lambert, 1978). We agree that psychotherapy is art but argue that it is not a singular or static production; rather, as we view it, psychotherapy is a dynamic, interactive dance involving sights and sounds and movements.

In this paper, we describe the process of therapy through the metaphor of dance. We believe the metaphor to illustrate the process of therapy in a way that will allow the reader to understand the ebb and flow of therapy, the role of the therapist, and the unique style of the client. Clients bring with them to therapy their developed styles of movement, derived from their histories of living and moving among others. Those movements that have proved effective in the past are implemented anew as the perceived best way to bring about positive outcomes in the present. As Beecher and Beecher (1966) pointed out, Adler was "aware that life happens at the level of events, not of words" (p. 128). It is what we do and how we move that is more important than what we say.

Indeed, McNeill (1995), a noted historian, devoted an entire text to describing the defining role of dance and drill in creating a person's sense of belonging and in establishing individual and communal purpose. From military drills to religious ceremony, by moving in synchrony with others, cultures

and communities have emerged, defined not just by geographical local but by the unique forms of communal movement. To be sure, throughout our personal and ancestral histories, how we have moved, how we have danced, has defined who we are as individuals and societies. When the style of movement is out of step with the needs and rights of others, or when one has not developed his or her own unique and adaptive style, the manner of one's dance is destined to be awkward and disharmonious.

A client of one of the authors reported an early recollection that involved being alone in a room and trying desperately, without success, to master the steps to a dance she was to learn for an upcoming recital in which her parents expected her to participate. She recognized a common theme in the recollection and her current circumstance. She had worked her entire life to dance the steps that others wanted her to dance and had repeatedly tripped herself up all along the way. In therapy, she gave up trying to dance the old dance and developed a new style of movement, a courageous and cooperative style more in step with her own music.

The Changing Dances of Life

Dance to the music.—Sly Stone

Humans behave in accordance with their beliefs about how best to secure desired outcomes. In our metaphor, these beliefs constitute the lyrics of the music to which one dances. Like the lyrics of popular tunes, the words are often not well understood or remembered and it is primarily the rhythm or melody of the music that is replayed in the listener's mind. The rhythm, melody, and volume of the music create the emotions that compel the dance. Throughout their lives, people dance to the music that they hear and feel.

Even newborn infants dance. They wiggle and squirm in rhythm with their wants and needs, and caretakers step to the cadence of the infant's beat. Children dance in a broader world. They struggle to learn new steps as the demands of their world increase and they maintain those practiced steps that have worked well thus far in eliciting their desired outcomes. Adolescents dance more wildly. They try new steps, reject the old, and dance with new crowds, often while caregivers urge them to maintain the old dance. Adults learn to settle into their life's dance. Sometimes the steps that adults have developed are egocentric and their dance is out of step with others. Often, social and emotional stumbles and falls characterize these adult dances.

Some people grow with adaptive flexibility and can adjust their dance to be in harmony with others. Some dance only their own steps and insist that others dance them as well. When one's dance is in step with those of others, interactions can be characterized by mutual give and take and flowing

intimacy. The music may be calm and the dance smooth, such as in a slow, quiet dance, or a peaceful walk on a warm summer evening. Other times, while still in step, the music and the dance are livelier. A waltz or Southern shag moves like the give and take of stimulating conversation. Other times, the dance is frenetic and energized like a heated discussion or passionate seduction. Those whose music is not in harmony with others repeatedly step on someone's toes or get stepped on themselves. Their dance does not flow cooperatively. These are the dancers who can most benefit by adjusting the music they listen to and by learning the steps of a new dance.

Effective and Ineffective Lines of Movement

Dance is the hidden language of the soul.—Martha Graham

Dancers move in rhythm with one another. In a practiced dance, each dancer understands the other and they flow in a rhythmic pattern of give and take. In a harmonious dance, the dancers share an intimacy with one another. When the opportunity for the dance ends, each finds the notion of future interludes appealing (Dreikurs, 1933/1989).

In Individual Psychology, effective dances are performed in line with life tasks. Effective dancers are able to sustain themselves in a socially invested and responsible fashion. Effective dancers foster relationships with others, expect no more than other people can give, and give as much as they can spare of themselves. Effective life dancers are able to share intimacies, both as providers and receivers of those intimacies. They take care of themselves physically, emotionally, and spiritually. Effective movements allow people to get along with the self and others. Ineffective dances create conflicts and disappointments.

Mosak and Shulman in their Clinical Assessment Syllabus (Mosak & Shulman, 1977) described common dance steps, many of which can be observed in people presenting for therapy. These steps describe "lines of movement." Some lines of movement are more effective than other lines in their abilities to foster cooperation.

Straightforward vs. safeguarding movements. Some people dance a very straightforward dance. They are bold and assertive and never hesitate to express their style. Others live like wallflowers and engage in safeguarding movements in order to remain apart from the activities of life. Wallflowers find reasons not to dance, even when asked to step onto the floor. Adler referred to this style as "distancing" (Ansbacher & Ansbacher, 1956).

Detours (oblique movements). Some may dance in a style that gets others to think one thing while moving them somewhere else. For instance, the husband who directs his wife into movements with the children in order that

he may be free to follow his own interests apart from the family engages in oblique movements. Beecher (1949) described a similar process in his discussion of oblique hostility.

Yes-but (the hesitating attitude). Some create the pretense of wanting to dance but would rather "talk the talk" than "dance the dance." Such individuals subtly refuse to dance. This dancer may promise to dance, thereby saying "yes," but create obstacles to the actual dance, the "but." The wife who expresses interest in a romantic evening but who finds herself confronted with "more pressing" demands may be dancing this particular dance. The employee who talks of wanting more responsibility but who finds reasons to turn down the promotion may be afraid that she doesn't know the steps required of the new job. Adler (as cited in Ansbacher & Ansbacher, 1964) located this movement at the core of neurosis. Berne (1964) similarly has named one of his games, "Why don't you? Yes, but." The directive, advice-giving therapist can easily be seduced into playing this game.

Flitting (careful noncommitment). Some may flirt with dancing and drop in for a brief interactive dance now and then; these dancers don't want to commit to any particular dance or dancer. They may fear that they cannot sustain the dance or meet the expectations of their partners. They may dance one dance, but then leave the dance floor. People fearful of the requirements of commitment in a relationship may dance this dance. Such dancers want to "eat their cake and have it, too." Stated differently, they want to dance the dance and have their "freedom," too. Pleasers (Mosak, 1971) may not wish to dance or dance very much because they fear being judged harshly by their partners or other dancers. They frequently give excuses of the "yes-but" variety or they flit.

The ostrich. Some would rather avoid the dance. They know the dance goes on and that they have steps to perform. They see the dance and the dancers but look away and avoid any contact with others that would create in them a felt obligation to dance. Such a nondance is observed in people who sequester themselves in safe, homogeneous groups or who hide away and avoid contacts with others. They try to become wallflowers so that no one will invite them to dance. Their fear of being rejected or looking bad compels them to avoid the risk.

The schizoid maneuver. ("Ignore it until it goes away.") Similar to the ostrich, the schizoid dancer sees the dance but pretends it does not occur. This dancer will look another person right in the eye and do nothing. Such partners frustrate those who desire their cooperation.

Declaration of bankruptcy. ("I can't dance, so why try.") These dancers have decided that they cannot dance. They remain at home while others go to the dance. But, unlike the schizoid dancer, they understand that the dance is going on without them. These dancers wish that someone would come to

be with them, without making them dance. Depressed and dependent people and those described as agoraphobic often dance this nondance.

Resignation, the half-hearted attempt. The half-hearted dancer says, "OK, I'll try but don't expect me to succeed," and people who don't expect to succeed usually make their expectations come true (i.e., the self-fulfilling prophecy). The statement, "I'll try," as Dreikurs explained, is often merely a statement of good intentions (Mosak & Gushurst, 1971). This dancer wants his partner to dance to his music, wants to dance with someone else, or wants to be encouraged. For these dancers, their partners may try for a while to prompt, cajole or encourage, but without positive reactions from the dancer, they will sooner or later give up trying and move on to a new partner, leaving the person to feel abandoned and victimized.

Penelope the unraveler. The unraveler dances to the tune of "and we all fall down." By being the worst dancer, who trips over his own feet, the unraveler keeps the attention of his partner and the audience—never the partner, always the student. This dancer strives to keep others dancing his nondance.

Showing off. ("I am the lord of the dance, said he."—Sydney Carter, *Lord of the Dance*.) This dancer dances for the world to see. Attention is on her dance and her partner had better keep up; if they can't, there are others who can. These dancers want to dance in the limelight.

Passivity, becoming the immovable object. This dance is performed away from the dance floor. By standing as the immovable object, this dancer is able to maintain the attention and investment of those who are prodding her onto the dance floor. While she may know the steps of a more cooperative dance, she is willing only to invest others in her passive nondance.

Construction of Obstacles

Arranging to be defeated. Some dancers do not want to or fear to dance with others. In order to avoid a cooperative dance, these dancers are able to construct obstacles that keep them from joining with others in a cooperative dance. Like the maiden who does not have a dress, these dancers avoid the ball but keep others invested via their unfortunate plight.

Cleaning the Augean stables—choosing the big job. Some dancers won't dance because they see the dance as too hard, either because the standards are too high or their skill too low. Just as exercise does not necessitate joining a spa or running a marathon, dancing doesn't have to mean a formal waltz or mambo. It might just mean getting out and moving with a partner. Through exaggeration of the demands of the task and/or underestimation of their abilities, they spare themselves any anticipated failure or humiliation.

Making monsters. "Oh, but people will laugh!" They might! But if this dancer worries about monsters that may or may not exist, he misses the dance and the joy that goes with it. Ellis (1988) referred to such anticipations as "catastrophizing" and "awfulizing." Those who, in their pessimism, believe as some children do, that "there is a bogey man in the closet" develop these anticipations.

Creating hurdles. "I'm hurt, and if I weren't, I'd be the best dance partner you ever had." For this dancer it is preferable to talk a big game while being certain that he is never required to back up his boasting. This is Berne's (1964) game of "wooden leg." It may even elicit sympathy from potential partners. Some Adlerians refer to this game as "poor me!"

Buying insurance. "I really can't dance." "I'm a horrible dancer." These statements create an insurance policy for the person with little faith in his ability to dance. Just in case her steps are not judged favorably, it's good to have insurance: "See, I told you that I wasn't any good." This is a dancer concerned only with his appearance on the dance floor, who has little courage to be imperfect, and who works to protect the self and does not enjoy the pleasures that dancing brings.

People dance their dances, and some dance steps work better than others. Elegant dancers move with cooperative steps. Those who do not cooperate find themselves feeling discouraged about their place among the other dancers.

Dance Instruction

On with the dance!—Lord Byron

People seek therapy for a variety of reasons. Many enter therapy with hopes of learning how to get along better with others and how to take more control over their lives. Others present with somewhat less noble goals. Some clients enter therapy in order to prove that no one can make them change or to prove that their dance is the only dance worth dancing, that their dance is the "right" dance. Some enter therapy to prompt a change in the dance of an existing partner (in marital therapy, the game is alluded to as "fix him/her") or to prove that they can't dance and therefore require the constant assistance of others. Others pursue therapy to have a partner, and the therapist is a partner (cf. Schofield, 1964). These individuals are often socially isolated people with affect hunger. One of the authors (Mosak) tells the story of a person with a stuttering problem who attended a group therapy session he was leading. This individual almost never ventured a word because he did not want the group to observe him stuttering. Group members confronted him inquiring why he continued attending faithfully if he was not receiving anything from the group. He explained, "There are some men who can't have

their sexual needs met, so they go to a sexual whorehouse, pay their money, and get their sexual needs satisfied. Because I stutter, I can't get my social needs met. So this is my social whorehouse where I pay my money to have my social needs met." In some circumstances, the client is mandated by external agencies to change. Often these clients want only to prove that they do not need to change their dance. In all these cases, it is the task of the therapist to market and sell an adaptive and cooperative style of movement. As in any marketing strategy, how well the product sells depends on how well it is displayed, thus the qualities of the therapist often become the best marketing tool for the cooperative dance.

The Different Dances of Therapy

Light quirks of music, broken and uneven
Make the soul dance upon a jig of heaven.—Alexander Pope

Who is going to lead? In some schools of therapy, the therapist always leads. In behavioral therapies, the therapist observes the dance and determines the treatment plan. It is the task of the client to dance the new steps regardless of the music he hears. In some behavioral interventions, continuation of the dance is dependent upon precisely following the lead of the therapist. When the client fails to meet the contingencies of treatment, treatment is terminated: The dance ends. The strength of behavioral intervention lies in the emphasis on behaviors, the steps of the dance. The shortcoming of those that advocate strict behavioral interventions is their failure to understand the music and goals motivating the movement.

In cognitive interventions, the therapist typically leads and focuses his or her attention on the lyrics of the client's music, often ignoring both the melody and the line of movement. The cognitive therapist identifies the distortions in the lyrics and directs the client in how to change those lyrics. It is assumed that if the lyrics change, so too will the melody and the dance.

In nondirective modes of therapy, it is the task of the therapist to follow the lead of the client as she attempts to interpret her own lyrics. In this model, it is assumed that the client will figure out his own dance if someone will simply support and accept him as he reconsiders the music he hears and the steps of his dance. Often, however, clients require more assistance in considering the rationality of their music and the effectiveness of their dance. Nonetheless, the importance of an accepting and validating, unconditional positive regard, in Rogerian terms (Rogers, 1957), environment is critical to successful therapeutic interludes.

In other modes of treatment, clients are assisted through the introduction of medications. The assumption is that changing the hardware will change

the music and thus affect the dance. While medications may decrease the volume of the music and allow the client to listen to different music, which may already be playing in the backgrounds of their minds, there are no drugs that will introduce music the client has never heard or teach steps that have never been seen. Even if we alter the hardware of a stereo, it still only plays (if it plays at all) the music inserted or programmed into it. Certainly medications may be helpful and even necessary, yet it is important not to overstate the effectiveness and appropriateness of chemical interventions: The dancer must dance a cooperative dance.

The Dance of Individual Psychology

Sway me smooth.—Dean Martin

In Adlerian therapy, the dance is dynamic. The therapist leads at times, and the client leads at other times. Together the therapist and client create a cooperative interaction that allows the client to adjust his music and alter his steps. In all cases, the effectiveness of the interaction is dependent upon the skill of the therapist and the willingness of the client to learn and adjust.

An effective Adlerian client is one who is willing to confront her music and willing to adjust his steps. Like other modes of therapy, treatment is less effective when the dancer is unwilling to consider his own contribution to the disharmony and insists that others dance to his music. The effective Adlerian therapist is one who is able to hear the client's music and is committed to understanding the client's dance. The Adlerian therapist is inquisitive, cooperative, encouraging, equal, and respectful. He or she helps the client to understand how their particular dance developed, how it is both effective and ineffective, and what alternative steps could be more adaptive.

The Therapeutic Dance

Shall we dance!—Rogers and Hammerstein

Choosing a partner. The first step in therapy is choosing a partner. What might bring the client and therapist together is variable. It may be the reputation of the therapist, the network of care available to the dancer, or mere coincidence. Whatever the source of the union, the relationship is tested. Each partner determines whether or not he or she can dance, or wants to dance, with the other. The client may pick a teacher who will coddle him, cajole him, inspire or nurture him. She may seek a therapist who will understand her and who can pace the lessons to maximize learning. The client

will evaluate the qualities of the therapist in terms of gender, personality, warmth, and reputation.

The therapist picks a partner who is willing to learn, who has the courage to try new steps, and who is willing to accept responsibility for his own movement. On occasion, the therapist encounters a client with whom she cannot connect. In such cases, a referral may be in the best interest of the client.

The goal of therapy is for the client to dance in concert with others. The therapeutic dance is one in which the client and therapist care about the relationship, the process, and the outcome. The therapist and client work to understand the dancer's music and steps. Lifestyle analysis (Powers & Griffith, 1987; Shulman & Mosak, 1988) serves to help the therapist and client understand the music the client hears and to recognize the steps that have defined the individual's dance. Like partners in a waltz, therapist and client work with each other to maintain a rhythm of movement and cooperation that best creates a synchronous interaction.

Dance lessons. The initial task of therapy is listening to the client's music and watching the client's style of movement. The therapist must be able to hear with the client's ears and ascertain his or her private logic (Dreikurs, 1933/1989) and hidden goals, being constantly attentive to the interference of the therapist's own music in the understanding of the client, what psychoanalytically oriented therapists term "the counter-transference." By listening and observing, the therapist is able to help the client to understand the music he hears and feels and the dance he performs. The client gains insights when she understands personal goals and sees the self-defeating aspects of her assumptions and behaviors. After the pair has understood the music, the task of therapy is learning new steps, reorienting the client to a new style of movement. The therapist cooperates with the client to reconsider the music and to choreograph new steps that fit the new music and that lead to more rhythmic and socially concerned movement.

As the therapist offers observations and suggestions, the initially smooth phase of therapy may be replaced by hesitancy on the part of the client. This occurs when the client finds it difficult to abandon old steps and to commit to effective and cooperative behaviors, usually out of fear that superiority wants will not be met. Some clients may determine during the course of therapy that they prefer the old dance. They may resist treatment out of tradition (e.g., it's the way their family has always acted), out of fear of ridicule or rejection, or because they do not think they should behave cooperatively; they may simply decide that others should dance to their music (cf. Mosak & Shulman, 1963). Others may not like the work of learning the new steps and will revert to old, practiced steps, regardless of the social disharmony. Other clients may never have wanted to learn new steps in the first place and simply wanted a new partner or wanted the pretense of therapy. In all of these

cases, clients will display resistance and stall therapy. Initial efforts by the therapist to dance each client's dance and to validate a client's desire for an appreciative audience can keep that person invested in the process of therapy. The therapist must stay attentive to the tricks and traps (Kopp & Kivel, 1990) set by the client as he attempts to cheat the cooperative process and return to tried and practiced, albeit maladaptive, steps.

Clients may resist learning new steps when they believe that the therapist has not understood or appreciated the nature and intensity of the music they hear. This may be the case with an overly enthusiastic teacher who has tried to teach before understanding. The therapist may dance too fast, dance too slow, dance too close, or be too distant. Understanding each client's goals allows the therapist to pace the instruction. It is important for the therapist to dance the dance he or she is most comfortable with. Yet, it is also important that the therapist be sensitive to the reactant movements of each dance partner. The effective therapist teaches a dance that the client is willing and able to learn. The effective therapist also leads in a way that is easy to follow, at a pace that is comfortable, and at a distance that is supportive without being intrusive or stifling. The effective therapist is teacher, consultant, coach and cheerleader.

During the dance of therapy, the nature of the instruction can change. The effective teacher knows when to dance slowly and when to dance fast. At times, it is best to let the dancer move slowly, thus mastering one step at a time. At other times, the teacher can encourage the dancer to pick up the step. The teacher can teach the dancer to structure her steps and to move to the music more spontaneously. The teacher helps to pace the lessons, allowing the dancer to master simpler steps before moving on to newer, more challenging steps, moving ahead when possible and backing off when necessary. At times, the dancers need a break, and treatment can be interrupted for a specific or nonspecific period of time. This may be particularly beneficial when the goals of the client are stalling therapy. Therapy may be interrupted to provide an opportunity for the patient to try out his new steps, so-called reality testing. They are encouraged to try out the new steps outside the therapeutic office. For some resistant clients, efforts to dance uncooperatively with others may be the very incentive they need to commit to treatment. Having a cooperative alternative in mind as they struggle in their interactions with others can compel these resistant clients to learn and implement new steps.

To learn a new dance, one must be prepared to stumble, to step on feet and get stepped on, and to look the fool. Learning anything new requires a willingness to make mistakes, a willingness to be imperfect. An encouraging teacher creates an environment in which the student finds it easier to risk embarrassment and deal with the inevitable errors and failures that come with learning a new dance.

Enjoying the dance. People often remain in situations because they enjoy what they are doing. When the enjoyment ends, people will seek alternatives. For this reason it is desirable to keep the therapy light and humorous (cf. Mosak, 1987). When both parties understand that each desires enjoyable encounters, efforts can be made to maximize the healthful enjoyment of the therapeutic dance and the dances out of therapy. Therapists who are encouraging and enthusiastic, while appreciating the frequent difficulties of the therapeutic process, promote commitment in their clients. It is the task of the therapist to find the cooperative balance between "light" and superficial.

Ending the dance. When is it time to end the dance? When the dance is cooperative, both teacher and student enjoy and benefit from the time together. While neither client nor therapist may want to end the dance, a time arrives when ongoing lessons must end. Many factors may signal the best time to end therapy. When the client understands her mistaken lyrics, appreciates cooperative goals and has developed a repertoire of cooperative steps, it is time for her to focus her dance outside of therapy. This can often be a difficult time in therapy. If the therapist has created an encouraging and positive environment, the client may not want to cease regular dance encounters with the therapist. In such a situation, the client may turn on old music with renewed intensity or forget developed steps (e.g., Penelope the unraveler), thereby necessitating a return to earlier phases of therapy. Such behaviors can be understood in light of the constant encouragement offered by the therapist throughout the course of therapy.

There are a few things that therapists can do in order to ease the process of termination. Gradually increasing the time between sessions as soon as the client gains insights into old and new lines of movement can foster increasing self-confidence. Therapists can also establish periodic treatment agreements. For instance, it may be useful to agree to an initial 6 or 8 sessions while lifestyle information is collected and discussed. Mosak and Shulman (1963) named this game, "take a little taste." At the end of the agreed upon number of sessions, the therapist and client can end their time together, as agreed. If necessary, the therapist and client can agree to an additional number of sessions corresponding to therapeutic goals yet to be met or pursued. The advantage of such agreements is that they invite both the client and therapist to make the most out of their time together and thus avoid therapy stalls that occur in unfocused therapy (Shlien, Mosak, & Dreikurs, 1962). Agreements also provide both parties the opportunity to reflect on the quality of the therapeutic dance and to end the encounter in a nonjudgmental fashion when it appears that therapy is not proving effective. Following the completion of the agreed upon number of sessions, periodic follow-up appointments can be useful by providing opportunities for clients to discuss difficulties encountered and ways to refine the new dance. Occasional follow-up

appointments may also serve to provide a greater sense of confidence in the client as he dances on with new partners and on new stages.

Summary

Look who's dancing now.—Ziggy Marley

People move in line with the assumptions and goals that they have composed for themselves. Often, the ways that people move in the social world are awkward, disjointed, or misguided, resulting in feelings of discouragement. Understanding the therapeutic process through the metaphor of dance allows the therapist to appreciate the ebb and flow of therapy, the intimacy of therapy, and the function of a cooperative style of movement. In Adlerian therapy the task is educational. The client enters a relationship in which she is encouraged to alter the music she hears and to dance a new dance.

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