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## We Are Super - Building a Strengths-Based Superhero Suit: Development of a Method

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We Are Super – Building a Strengths-Based Superhero Suit: Development of a Method

Capstone Thesis

Lesley University

5 May 2020

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Specialization: Dance/Movement Therapy

Thesis Instructor: Donna Owens, PhD

### **Abstract**

This paper presents an original method for young adults with autism spectrum disorders to discover and validate their own strengths. Using the monomyth, participants break down harmful personal mythologies and place themselves on a defined and empowering path towards their goals. Then, using meditation and body-mapping, explore and express their strengths. In designing this method, I wanted to explore more empowering ways of serving the population that was not focused on deficits. It was important to me to bring things that the participants do well into the awareness of the participants so that they had a strong, positive base while moving forward on their new monomyth. The students were able to connect the monomyth to the stories they are familiar with, and then connect it to where they felt they were in their own lives. They were also able, through guided meditation, to recognize their strengths and identify where in the body they felt those strengths. Participants reported having more direction in their lives and therapeutic journeys because they had the monomyth to look to, as well as being having more confidence in using their strengths in their daily lives after having them reframed as superpowers. The research for people with autism spectrum disorders, primarily focuses on targeting deficits at a younger age, there is more research needed in how to support young adults with autism spectrum disorders in recognizing their strengths as they move into higher education and the work force.

*Keywords:* dance/movement therapy, autism spectrum disorders, monomyth, personal mythology, body-mapping

## We Are Super – Building a Strengths-Based Superhero Suit: Development of a Method

### Introduction

We're all stories in the end. Just make it a good one, eh?

–The Doctor, “*Doctor Who*”

Across history and across time, humans have used the power of storytelling and myth as a template for how to construct their lives. After myths, came fairy tales, and now we have a society saturated with stories of superheroes and action heroes. While the settings and times of these stories are varied, many of them can be broken down into a single, familiar plot – the monomyth, or hero's journey. This structure, carved out by Joseph Campbell in 1949, can be found in myths and religious texts from the ancient world, as well as contemporary fairy tales and superhero stories. This monomyth, or hero's journey, consists of three separate stages, further divided into smaller subdivisions. Each of these stages and subdivisions offer something to the hero, be it a newfound confidence in themselves, or a physical prize for their efforts. These steps are part of the journey that a hero takes in order to vanquish the evils they face, but it is as much of an internal journey as it is an external one (Campbell, 1949).

The monomyth, while being a storytelling guide, has also been used as a therapeutic guide. Using the monomyth in therapy has been found to be a useful clinical intervention in working through dilemmas and conflict. Reframing a client's personal narrative as a monomyth gives the client a sense of direction and control over their destiny (Rubin, 2009). Utilizing the monomyth can be a useful tool in deconstructing harmful personal mythologies that can make clients feel stuck and doomed to repeat harmful patterns (Feinstein, 1979). Bringing the monomyth into a therapeutic setting allows clients to see themselves as heroes, and those past failures as heroic efforts, and makes their stories epic tales, still unfolding, as opposed to separate

and unrelated events (Rubin, 2009). Clients are given the ability to rewrite their stories with the clinician as guide. This reframe also offers an opportunity for the clinician to work with the client to turn traumas and conflicts into teachable trials (Rubin, 2009).

As defined by the American Dance Therapy Association (n.d.), dance/movement therapy (DMT) is a psychotherapeutic approach that utilizes movement to promote an integrated and holistic human experience. This integration includes the emotional, social, cognitive, and physical aspects of an individual. DMT focuses on movement behaviors that emerge in therapeutic relationship and uses body movement as both intervention and assessment within group and individual treatment settings. These treatment settings appear in a multitude of organizations including mental health and education and serve populations of varied diagnoses and varied backgrounds. The tenets of DMT requires clinicians to think about clients in an integrated way and focuses on promoting a connection between the body and the mind and to use this connection bring people into an integrated existence.

Autism spectrum disorder (ASD) is a developmental condition that involves a varied set of challenges to clients. These challenges are persistent and present themselves in the social interaction, speech/nonverbal communication, and restricted/repetitive behaviors of clients, however, they do differ in severity on a client-to-client and can change over time (Copeland, 2018). The challenges in social interactions are often seen as struggling to have reciprocal conversation, a disinclination to sharing interests or emotions, and an inability to follow social cues, which can make it difficult to form and maintain relationships. The restricted and repetitive patterns appear in the way people with ASD physically interact with and move through the world and can affect the way a person experiences it. These patterns appear in the way a person walks, talks, uses common objects, or adheres to structure. It is common for people with ASD to show

interest in subjects and activities not typical to people of similar age and background. ASD typically appears in the early stages of life when children are first learning to interact with the world, although there are some cases that do not present until late toddlerhood. It is a lifelong condition, however, with appropriate supports, many people with ASD live independent and fulfilling lives (Copeland, 2018).

In this thesis I am proposing a method that brings together the key elements of storytelling, the monomyth, and DMT. By bringing these elements together, I hope to utilize a strengths-based approach that helps clients to envision themselves as the hero of their own stories. The proposed method seeks to use the monomyth and DMT to facilitate an integrated human experience in college students with ASD. Through an embodied experience, it is the hope of this inquiry that by identifying strengths, embodying them, and mapping them on the body, students will be able to build a new journey for themselves with themselves at the center as the triumphant hero.

## **Literature Review**

### **Personal Mythologies**

There are stories that we, humans, tell ourselves about ourselves that are fed by the information we receive from the world around us and how it reacts to us. We begin the construction of this story, this myth, from the moment we enter the world, and we call it our personal mythology (Feinstein, 1979). A personal mythology provides for the individual what myths provide for the collective society (Feinstein & Krippner, 1994). For society, myths guide people while they search for answers to life's deeper questions. They also provide models for how members of a society are expected to behave within a society; myths are instructional (Feinstein, 1979). These personal mythologies guide actions, behaviors, and thought patterns.

Personal myths are cognitive structures that work outside of a client's awareness. When the personal mythologies are brought into awareness for the client, the client is then able to take a more participatory role in their healing journey (Feinstein, 1979). Personal mythologies can lead clients to believe that they are capable of anything or tell them that they will never achieve anything. While personal mythologies can act to keep individuals safe, they can also become the biggest barrier between them and their goals, dreams, and ambitions. However, personal mythologies can also obstruct an individual's path to psychological healing. Personal mythologies that do not meet the needs of a person can be at the root of psychological distress (Feinstein, 1997). When clients relinquish their lives to the mythologies they have created from the forces external to them, they also release themselves of the opportunity to define and author their own lives and shape their own experience (Duffy, 2010). Therefore, in order to engage effectively in psychotherapy, dismantling personal mythologies in clients is necessary.

### **The Monomyth/Hero's Journey**

As with other behaviors and habits broken down in therapy, it is important to replace the old personal mythology with something new. For the purpose of this inquiry and proposed method, the personal mythology will be replaced with something borrowed. Joseph Campbell's (1949) *monomyth* or *hero's journey*, as shown in Figure 1, has been used as an empowering psychotherapeutic tool (Rubin, 2009). The hero's journey is a singular, narrative outline that has appeared in the myths and folklore of civilizations past and present. It comprises a series of tasks for a protagonist to complete in order to complete their quest. These quests vary from physical to mental to emotional ends and often require entrance into a magical realm.

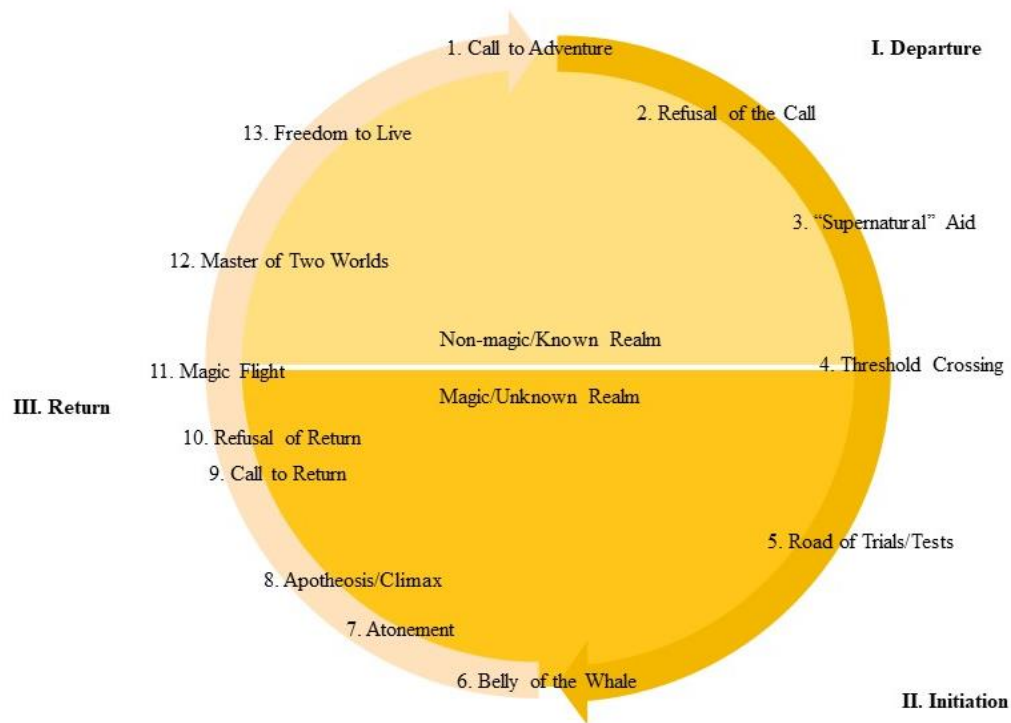


Figure 1. Hero's Journey. Adapted from Campbell, J. (1949, 2008). *The hero with a thousand faces*. New World Library.

The journey is separated into three parts with subdivisions within each stage. At the start is the departure stage. It begins with a “call to adventure” (Campbell, 1949, p. 41). The hero is called by an external force to start a journey. Oftentimes, the hero is comfortable and does not want to take a journey, does not want to enter a realm of the unknown, here many stories feature what Campbell (1949) named the “refusal of the call” (p. 49). It is at this moment that a guide from the magical realm appears. It is the job of the guide to bring the hero to a mental place where they can accept their call and then bring them to physical place where they will enter the new, unknown, magical realm. This step, called the “threshold crossing” (p. 64) is the acceptance and entrance of the hero to their journey.

The next stage of the hero's journey is the initiation. It includes a “road of trials” (Campbell, 1949, p. 85) in which the hero partakes in a series of tasks designed to challenge, test,



and ultimately provide the hero with a new skill or deeper understanding of the world around them. These trials introduce the hero to new characters that can assist with or detract from the quest they are on. Here also lie two important tests for the hero to pass. One, called “belly of the whale” (p. 74) is the lowest point that a hero will come to on their journey. It is a point where there is no hope left for the hero and where they might choose to give up. If they can overcome this obstacle, then they are able to move on to “apotheosis” (pp. 127-147). This is one of the last moments of the journey, where there is deep conflict for the hero to overcome, but now armed with all they have gained on the road of trials, it does not seem impossible.

After this final battle, the hero is free to return to their life with all the new skills they have acquired on the journey (Campbell, 1949). This stage of the journey is the return, it includes another refusal and another threshold crossing. A hero, at this point may choose not to return to the life they had before or find that they cannot return to that way of life after all they have learned on their journey. This return stage grants the hero the freedom to pass between the magical and non-magical realms. They are now the master of two worlds, and they may return and take what they have learned to the non-magical realm or stay and continue to battle in the magical realm.

Utilizing the hero’s journey allows clients to take control of their destinies, the personal mythologies keeping them stuck (Rubin, 2009). The hero’s journey is embedded with choices for the client to make, where they can check-in with and re-commit to the psychotherapeutic journey they have decided to take. The hero’s journey takes the important moments of a client’s life and restructures them from unconnected events to the trials of a monomyth unfolding. The hero’s journey takes conflicts, symptoms, and traumas and transforms them into conquerable trials (Rubin, 2009). These conquerable trials can be framed as helping a client to become their true

self, their most authentic self (Hartman & Zimmeroff, 2009). Providing clients with the hero's journey structure can also provide for them a concrete path to follow through their healing. It can make therapy less intimidating to know and understand what is to come. The hero's journey also places the therapist in a more partnered role in the therapeutic journey. While Rubin (2009) situates the clinician as an editor to the client's story, for the intentions of this inquiry and method development, and for future uses of the monomyth in therapy, it strengthens the relationship between client and clinician to treat the clinician as a potential guide for the journey, not as an active participant, but as a support for the trials to come.

There is a large amount of literature concerning the use of narrative and stories in psychotherapy (Frelik, 2013; Feinstein, 1990; Rubin, 2009), but not many studies featuring the use of the monomyth. There is a gap in the literature and in the cultural relevance of myth-like stories in the current zeitgeist. Rubin (2009) specifically states a lack of superhero presence in the media and popular culture. It would be beneficial to revisit the use of monomyth in therapy since the growing success and cultural permeation of the Marvel Cinematic Universe, which in turn ignited the DC Universe. It is my belief that the growth of both franchises since 2009, may alter and bolster the efficacy of this psychotherapeutic practice.

### **Autism Spectrum Disorders**

Autism spectrum disorders (ASD), as classified by the *Diagnostic and Statistical Manual, 5<sup>th</sup> Edition* (DSM-5, APA, 2013), is a neurodevelopmental disorder. It is often diagnosed around a time of early development that sees children at the beginning of their socialization with each other, typically around 2-3 years old. ASD is characterized by deficits in the social, personal, occupational, or academic functioning as well as excess in other areas. These excesses can present themselves as repetitive behaviors, niche or uncommon interests,

and/or a need for sameness. The combination of these excesses and deficits create other characteristics of ASD, such as a difficulty to relate to other people and other experiences, lack of eye contact, and having a difficult time deciphering the facial expressions of other people (APA, 2013).

These same deficits and excesses contribute to the experience a person with ASD has with the world and with themselves. It has been found (Bertilsson et al., 2018) that young adults with ASD have a difficult time interpreting the signals they receive from their bodies. They are not consciously aware of what is happening in their bodies; they do not understand their own bodies and therefore struggle to empathize with the bodily experiences of others. People with ASD can also struggle with coordinating their bodies and feeling in control of them. This phenomenon is one of the targets of the proposed method.

### **Dance/Movement Therapy**

According to the American Dance Therapy Association (ADTA, n.d.), DMT is a form of psychotherapy that utilizes dance and movement to create a cognitively, socially, emotionally, and physically integrated human. It focuses on the movement of the body and how behavior in movement presents in a therapeutic relationship. These behaviors, which can be adaptive, expressive, and communicative, are observed and assessed in individual and group therapeutic treatment where the intervention and assessment are both based in body movement. DMT has been found effective for individuals with impairments in developmental, social, and psychological realms. It, therefore, can be utilized as an intervention with the ASD population since the population includes deficits in the same areas as DMT can target (Hildebrandt, Koch, & Fuchs, 2016, Koch et al., 2015).

Past studies (Koch et al., 2015; Hildebrandt, Koch, & Fuchs, 2016) have promoted and found strong efficacy in the utilization of DMT interventions with the ASD population. The most effective intervention, as noted in contemporary literature, has been a process called *mirroring*, an approach that asks participants to follow the movements of partner and to allow their movements to be mirrored back to them in return (Koch et al., 2015; Hildebrandt, Koch, & Fuchs, 2016). This intervention, when utilized effectively, can lead to increased empathy, body awareness, self-other awareness, and overall psychological well-being (Koch et al., 2015).

There is a call for more research in using DMT with an ASD specific population because there is an absence of literature regarding the use of other DMT interventions with the population and the sample sizes of contemporary studies have not yet been large enough to yield statistically significant results (Koch et al., 2015; Hildebrandt, Koch, & Fuchs, 2016). The proposed method will use mirroring as part of its practice; however, it does not feature as the primary intervention as it does in current and contemporary DMT-intervention models for the ASD population.

### **Body-Mapping**

Body mapping is an expressive therapies intervention that includes tracing the body to create an outline and filling that outline through artistic means after a period of reflection (de Jager et al., 2016). The body is aimed to represent the client's embodied experience. This practice can be framed around different ideas and themes to help a client with understanding and expressing their embodied experience. Utilizing a body map in a therapeutic setting can encourage a client to remain with their emotions and the embodied experience of those emotions as opposed to dissociating from them to create a better and more open opportunity for the communication of those emotional experiences with the clinician (de Jager et al., 2016).

More research is needed to promote the efficacy of body-mapping in therapeutic settings. In initial and more advanced searches for the use of body maps in a therapeutic setting, it is almost only stated to promote a weight-based or eating disorder-based intervention (de Jager et al., 2016).

## **Method**

### **Participants**

The participants for this method are students at a university where I have been placed for my clinical internship. The program they are enrolled in serves students with varying levels of learning and cognitive differences including, but not limited to ASD. The program provides them with manageable coursework, academic supports, and on-site counseling. The research group was offered to students on a bi-weekly basis before moving to the online format and advertised through the site's blog for the students, with flyers hung in the dorms, and through an announcement made at the weekly community meeting for the students. The group was self-selected and they were not required to attend every meeting. All participants who signed up for the research group had a prior knowledge and appreciation for the science fiction and fantasy genres of entertainment.

### **Intervention**

The intervention proposed here is focused on the body-mapping of participants' strengths and turning those strengths into superpowers that participants can use in their daily lives outside of the group. By teaching the monomyth and placing the participants in a new story, connecting the participants to their internal experience, and then cementing that work in an external visual, this intervention, as supported by the research (Rubin, 2009; de Jager et al., 2016; Feinstein, 1979, 1997; Feinstein & Krippner, 1994; Duffy, 2010; Koch et al., 2015; Hildebrandt, Koch, &

Fuchs, 2016), allows participants to envision new futures and instill hope and empowerment moving forward. The proposed intervention primarily takes place during the third session of the group described above. I included it as a part of a long-term group to support other treatment goals of the site and used those additional weeks to support the intervention.

### **Project Design**

The method designed took place over the course of the semester in a group that I formed at my current internship placement. This group was brought together through a shared love and appreciation for the science fiction and fantasy genres of entertainment. We met bi-weekly over the course of the semester and in sessions leading up to the developed method the group discussed the paths, journeys, and adventures of their favorite fictional characters. Each session started with a movement-based opening where I stood with the students in a circle and were asked to represent an aspect of science fiction or fantasy through movement, the group then mirrored the movement back to the student. This continued around the circle until each participant was given the opportunity to be represented in the circle. This activity stayed the same week-to-week even though the prompt changed in order to promote imagination and flexibility in the group.

In the first session, an outline of the monomyth was drawn on a whiteboard in the room and labeled in front of the students to ensure their understanding of the monomyth; a necessary step as presented by Rubin (2009). While doing so, I prompted the students by asking if they could identify any of the steps of the monomyth within their favorite stories and franchises to make sure they were able to connect one to the other. After learning the monomyth, the students were asked to reflect on their own lives and their own goals and place themselves on the monomyth based on that reflection. This was important to help the students recognize past paths

and their current positions. It was useful as well in demonstrating the cyclical quality of the monomyth as students were able to recognize the ending of one journey as it leads to the beginning of another.

The closing remained the same every session. Students were once again asked to gather in a circle with me. In this circle they were asked to “Pass the LLAP.” Each student in the circle was shown how to make the Vulcan greeting sign and learned the meaning behind “live long and prosper” as taken from the *Star Trek* franchise. I also led the group in a discussion about why it was important to myself and to them to offer this parting statement at the end of our time together. The students were able to talk about what it meant to each of them as members of this group and I explained that while we were in a space of sharing and vulnerability, we needed to part with each other by demonstrating respect for other group members by wishing them a long and prosperous life. Each group member then took turns moving the symbol to the person standing next to them to wish each other well before leaving the group for the week. It was important to have this message presented at the end of each session in order to promote a sense of connection and community to the participants as they went out into the larger community.

In the second session, the opening and closing remained as stated above. The participants also reviewed the monomyth and were once again asked to reflect on their own journeys during this review. I then asked the participants to find a spot on the floor to lay down and close their eyes, after which I led the participants through a strengths-based meditation. I began this meditation by asking participants to focus on their breath and breathing and finding a rhythm that worked for them and their bodies that they could sustain throughout the rest of the meditation. Next, I prompted participants to think about strengths, skills, and talents that they believe they have, I also prompted the participants to think about anything they believe they do well. The

participants were then asked to focus on any part of the body that became activated while they were thinking about their strengths and to visualize that strength; I asked them about the color, the shape, the texture, the size, anything they could see of this strength in their body. After the meditation, the participants were asked to journal about their experiences and write down what they saw to be their strengths, what the strength looked like, and where the strength was seated in their bodies. I asked the participants to hold onto these journals and bring them to the following session and the session closed with “Pass the LLAP.”

In between this second session and the subsequent sessions, the world was met with the COVID-19 pandemic and the participants were not allowed to return the site. The internship site spent several weeks preparing online learning environments and the group was stalled. When the group was able to reconvene, it needed to be in an online format. The third session took place using a video conferencing platform. The opening was modified to include having each participant name out loud who they would like to pass the movement to since there was no longer the structure of the circle to allow this to take place non-verbally. The same was done with the closing. The development section of this session was spent in assessing the participants states and needs at this time and addressing more basic needs before entering into a deeper therapeutic intervention. I also wanted to ensure that the participants had access to any art materials they would need for the next part of the intervention and creating modifications based on what materials were available to the participants while they were practicing social distancing.

Once I had assessed each of the clients and gleaned information about materials available to them, I led a discussion on how the participants had been leaning on the genres of science fiction and fantasy during the pandemic and what they found the most useful or comforting in this new period of transition, change, and many questions without answers. The



session concluded with a modified “Pass the LLAP” where the participants once again needed to state out loud who they wanted to pass the movement to next.

The fourth session was once again held in the online format. It opened with the same modified movement opening with the participants calling out the name of the person they were sending the movement to after their turn. Based on the research (de Jager et al., 2016), it was my initial aim to utilize body-mapping as the main component of the intervention. However, due to the new circumstances, I made the necessary modification of creating a small-scale supersuit. Instead of a large, full-sized suit, the participants were sent an outline through email for them to print onto 8”x11” paper. They were to have the outline, along with other art supplies available to them. Before working with the outline, the participants were led once more through the same strengths-based meditation from the second session. This was done for two reasons; the first being that not each session was made up of the same set of participants, and second being that since the participants were not permitted to return to the site after their spring break, any notes from the first meditation are no longer with the participants. It was my goal to allow a more present and appropriate self-scan now that the environment of the participants had changed drastically. After the meditation, the participants were asked to reflect on how their strengths appeared to them and where the strength was seated in the body.

The participants were asked to translate that strength, its location, and the qualities ascribed to it onto the outline I provided through art. This strength and the image that goes with it then became the main symbol of the supersuit that the participants created and their superpower. The participants were given the opportunity to either continue to design a supersuit based on the strength they had explored that day or leave it open to add more strengths and symbols later. Finally, the participants were asked to return to the circle to share their

superpowers. To do this, the participants were asked to tell the group what their superpower was, if they were comfortable, and then to share a movement that represents their superpower that could also use as a way to activate the superpower. They were also given the opportunity to share about how they would like to use this superpower in the future or time where they could have used this superpower in the past. After each group member shared, the group then moved into the modified “Pass the LLAP.”

The final session of this intervention once again opened with the modified opening “circle.” The group was led through a meditation focused on finding those strengths, now called superpowers, and reflecting on times throughout the week that the group members felt that they had been able to use their superpowers and to also reflect on how it felt to know they had something special to provide to a situation. Once the meditation was concluded, group members were given the time and opportunity to process the meditation individually before bringing what they experienced to the large group. The group once again concluded with a modified “Pass the LLAP.”

## **Results**

This method sought to provide a strengths-based DMT intervention for young adults with ASD. It also aimed to replace harmful personal mythologies with the more uplifting and empowering monomyth. I set out to learn if a strengths-based approach for this population would be beneficial in empowering the students and helping them to overcome past narratives that are mostly centered on the things that they are unable to do. The intent was to work with the personal mythologies and to rewrite them with the monomyth. It was pertinent during the current COVID-19 pandemic, as it allowed the participants to look forward to life after this time and to set goals for now and for after.

The participants are students at a university and were notified over their spring break that they would not be allowed to return to campus and that their classes and activities would be moved to an online format. Many of the students reported feeling higher levels of anxiety during this time, as well as having a more difficult time regulating their emotions. The students that participated did not typically experience either of these phenomena prior to the sudden changes to the remainder of the semester and the uncertainty of the future. Due to these changes the intervention took place online through a video meeting.

In the first week of the intervention, the students were able to follow the monomyth and connect it to the stories, franchises, and characters that they know. The students were also able to interact with the monomyth and connect pieces of it to their own lives. Most of the session was spent in making sure that students understood the monomyth, its steps, where it appears, and how they can use it to help and encourage themselves, and how it can help them to shape their lives. The first step to this realization was helping the students to identify that this is a pattern that they can see in their lives and a structure they can use to move themselves forward. The students that attended the first session had varied connections to the monomyth; some students found the connection in Disney movies and others were connecting the monomyth to the *Lord of the Rings* film series. By the end of this session all students present were able to talk about the monomyth in relation to their own lives and were able to talk and think about moving forward on their own journeys.

In the second session the group was comprised of students that had attended the first session and those that had not. I once again described the monomyth and the students that had been at the first session were able to help introduce the monomyth to the new students. From the introduction of the monomyth, I led the students through the strengths-based meditation. Half the

students were able to maintain attention and focus throughout the meditation and were able to translate their discovered strength into a superpower and journal about it. However, the other half of the group was not able to maintain focus for the meditation and could not report back whether they felt they had identified a strength and thus could not write about it.

Only one student showed up for the third session as the students transitioned into the online format. I was able to assess the needs of the student and process and feelings the student had about the abrupt changes to their daily life. In keeping with the theme of the group, I asked the student about which stories, franchises, or characters they had found themselves leaning on during the current COVID-19 pandemic and if there was anything that they could connect to in any of those characters or stories that they could draw from to help support themselves during this time. The student identified two Disney movies with themes celebrating family.

During the fourth session there was once again a mix of students that had attended the group before and students that had never attended the group before. I decided to once again go over the monomyth in depth for the new participants. The students of this session were also able to follow the monomyth and connect it to the stories that they are familiar with. Both the returning students and the new students were also able to connect the monomyth to where they felt they were in their lives and on their paths. The participants also noted that it felt like, on a global scale, the world was in a “belly of the whale” (Campbell, 1949, p. 74) moment. Here, the students were also able to make comments on the shape of the monomyth and hold a conversation about the shape of the monomyth and how they hoped the state of the world would get better in time. During the meditation portion of the intervention the students were able to follow the directives given and focus on strengths that they had. Some students talked about their physical abilities, others identified a skill they had that has helped them in the past, and others

identified a strength that allowed them to help others. The students were also able to translate those superpowers into symbols for their supersuits. All participants also took the symbols and made them into gestures to be used to “activate” these superpowers when they start to feel like they need them.

The following week, the students were led through a meditation where they were asked once again to connect to their superpower and reflect on how they used that superpower in theirs throughout the week. All group members for this week had participated in the group the previous week. They also held a discussion reflecting on the intervention and how they felt they can use it in the future. The students reported that they found it helpful to focus on their strengths as opposed to their deficits, they liked finding strength in their own bodies and integrating it with their mind, and they appreciated that the superpowers originated from within themselves instead of focusing on the superpowers that appear in comics and action movies.

### **Discussion**

Across the course of human history storytelling and narrative have been integral to the human experience. Not only do humans tell stories to each other to entertain, educate, and connect, but these stories and myths have shaped the lives of humans. As this happens on the community level, this shaping also appears in the brain. Information is gathered in the brain and creates a narrative for an individual that can help this to exist in their environment. These narratives are called personal mythologies, and they do not always serve an individual (Feinstein, 1979). In order to promote a more integrated lived experience for clients, it is important to help them break through harmful personal mythologies so they can open themselves to new possibilities and opportunities. These harmful personal mythologies do not simply need to be broken through; they need to be replaced. This replacement can come in the form of the

monomyth (Rubin, 2009; Campbell, 1949). The monomyth, as used in this intervention, comes from the writing of Joseph Campbell (1949); according to his writings, the monomyth is a singular, archetypal structure present in mythologies, folklore, and religious texts from around the world. This structure is also present in modern day storytelling. It can be seen in today's science-fiction and fantasy heroes, both in literature and on-screen.

A human phenomenon that has been present for as long as storytelling is dance. It has also served to communicate, connect, and teach. It is now also used as a means of healing. DMT is a form of psychotherapy that focuses on the mind-body connection as a means of supporting an integrated human experience (ADTA, n.d.). DMT focuses on the movement patterns that emerge from the client(s) in session and utilizes those patterns in assessment and intervention. It can also be utilized with other expressive therapies, as appropriate to the client and setting, to support this integrated existence.

One of the intermodal interventions is body-mapping, a body-based visual intervention. During a body-mapping intervention a client has their body traced onto a blank sheet (this sheet could be made of any materials that allow art to be made on top of it). After being traced, the clients are asked to fill in the body map according to a specific set of parameters, as they pertain to the treatment goal, after a time of reflection (de Jager et al., 2016). The body map can be helpful to clients by allowing a reconnection to the body, a visualization of the internal experience, and better communication between the client and therapist. It can also be useful in encouraging clients to remain with an emotional experience instead of retreating from it.

ASD is a developmental neurological condition that affects clients and their social interactions, verbal/nonverbal communication, and with restricted/repetitive behaviors. It appears in the early stages of life, typically when children begin to interact with the world in a larger

way. The specific set of challenges remains varied from client to client, but they do appear in similar ways. Clients with ASD may struggle with reciprocal conversations, have a disinclination to share interests or emotions, and have an inability to follow social cues, all of which can make it difficult to create and cultivate meaningful social relationships. It is also common for clients with ASD to develop interests outside of what is typical or expected of people of the same age and background. The restricted or repetitive behavior patterns of a client with ASD appear in the way the client interacts with and experiences the world. It can be observed through their movement, how they utilize common objects, and how they adhere themselves to structure (Copeland, 2018).

This thesis sought to combine the information above to create a DMT method to serve a community of young adults living with ASD on a college campus. I wanted to focus on a strengths-based approach that addressed all the above, and it was well-received. The students appreciated the ability to have time dedicated to the things they do well instead of spending time thinking about the deficits that come with ASD. By focusing on the strengths of the students, it opens them up to new possibilities that were not previously thought possible and allowed for the replacement of old, harmful personal mythologies with a monomyth with themselves at the center, which can give them agency and control over their futures (Rubin, 2009). The method also sought to connect the students' strengths to their bodies. To do this the students were asked to follow a body-focused meditation and locate the strength in the body and then illustrate that strength on a small outline of a human figure.

This method, while effective, did face limitations. Due to the current global COVID-19 pandemic, it was not possible to run the method as originally proposed. Modifications needed to be made in order to accommodate the social distancing measures currently being taken. The

group was moved to an online, teletherapeutic setting; this limited what I was able to see and observe in the bodies of the participants. It also became impossible to continue with the body-map premise of the method. It is my belief that the method would have been more effective with the full body-map. What makes the body-map so effective as an intervention is the fact that it is the outline of a client's body. A stronger connection would have been made to the strength in the body if the students had been able to see its true size on their own body and not a much smaller, more generic, and less personal image of a body. The research was also limited by the inconsistency of group attendance. It would be beneficial to see how the intervention worked with a consistent set of returning participants.

It also is more apparent to me now, that a lot of the support that the students have received in navigating the world with ASD has been focused on their deficits. While it is important to close the gap on their deficits, it is also important to remind people with ASD of the things they can accomplish. This is especially important for students of this age (18-25 years old) who are being supported by the internship site to enter the workforce and apply for jobs, fill out resumés, and go on interviews. How can they promote themselves as candidates for these jobs if they have never taken the time to celebrate their abilities? It becomes more important than before at this stage of life for young adults with ASD to balance their interventions so they are continuing to work on their deficits while also beginning to take time to promote skills and strengths.

## **Conclusion**

The students of this project reported feeling more confident and creative, as well as having a more positive outlook on the future. They also reported feeling more positive about themselves and their abilities after being asked to focus on the abilities that they have. This



project found the proposed method to be an effective intervention for young adults with ASD.

The method achieved what it set out to accomplish. The students were able to envision new and positive futures for themselves, find something within themselves that they considered a strength, and transform that skill into a superpower to provide empowerment as they move through their daily lives.

### **Further Research**

To continue the work in empowering young adults with ASD it is important to investigate more DMT interventions that support empowerment. The literature reviewed for this thesis (Hildebrandt, Koch, & Fuchs, 2016, Koch et al., 2015) mainly utilized mirroring in their methods, this intervention targets the social deficits of ASD, and has been proven effective. However, there is a lack of research investigating other DMT methods with this population. It would also be pertinent to investigate the long-term affects of how so many years of deficit-focused therapy and treatment with ASD can affect the personal mythologies of this population. The stories people tell themselves guide them day to day. As described by Feinstein (1979) personal mythologies are fed by the external information people receive from their environments. Without infusing empowerment and strengths-based practices into the work done with people with ASD, it is impossible to truly set them up to be and feel “super.”

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***THESIS APPROVAL FORM***

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Expressive Therapies Division  
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**Student's Name:** Gabrielle Kosta

**Type of Project:** Thesis

**Title:** We Are Super – Building a Strengths-Based Superhero Suit: Development of a Method

**Date of Graduation:** May 16, 2020

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

**Thesis Advisor:** Donna C. Owens