The Use and Function of Altered States of Consciousness

within Dance/Movement Therapy

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Amberlee Woods
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Dedications

This thesis is dedicated to my grandmother and grandfather-in-law, both of whom recently passed away. They each have blessed me with the values and optimism I carry with me today. They also taught me to continue in my journey with determination in order to achieve my goals, which ultimately helped me to complete this thesis.
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The purpose of the study was to research trance and altered states of consciousness (ASC), within dance, psychotherapy and anthropological literature, so that dance/movement therapists may practice with an informed understanding of the altered state experience, its potential therapeutic benefit, and methods for working with altered states in the practice of dance/movement therapy (DMT). The question guiding the study was: “How can different forms of ASC in DMT and dance therapeutically inform the practice of DMT?” The study aimed to answer this question through a literature based study utilizing grounded theory methodology. The study analyzed the identified literatures through open coding, axial coding, and selective coding. Eleven core themes were recovered through the process of open coding and axial coding and eventually related to one overarching theme relevant to the nature of ASC in DMT. These eleven themes were the following: community and group, healing potential, spirituality and religion, ritual, rhythm, experience of the self, body action and rapid motion, catharsis and abreaction, energy and revitalization, recovery of play and creativity and focus, attention and absorption. The overarching theme derived through these eleven themes answered the initial research question through the finding that different forms of ASC therapeutically inform DMT through providing healing qualities that are similar to the therapeutic processes and goals in DMT. While specific DMT approaches such as Authentic Movement and Experiencing cultivate and utilize ASC, ASC are also an integral part of the DMT process through their shared fundamental components of DMT.
such as breath, body action, imagery, ritual, and rhythm. The study also suggests that ASC can therapeutically inform DMT through providing a comprehensive multicultural lens. The themes of ritual and spirituality provided this multicultural lens through the suggestion that dance/movement therapists should support and facilitate these processes within DMT. The research implied that there was need for more research concerning the “grounding process” after ASC and how one may be brought out of the altered state. The study also suggested that there be further research into the physiological and neurological changes that occur during ASC and its implications regarding the physiological and neurological changes that occur during DMT.
CHAPTER 1: INTRODUCTION

Altered states of consciousness (ASC) and trance can be found in dance and techniques of dance/movement therapy. ASC can be defined as a change in consciousness brought about by physical or psychological means. The purpose of the study was to research trance and ASC, both in dance and psychotherapy literature, so that dance/movement therapists may practice with an informed understanding of the altered state experience, its potential therapeutic benefit, and methods for working with altered states in the practice of dance/movement therapy (DMT). The study served to offer recommendations to dance/movement therapists in the therapeutic utilization of ASC and trance.

In many healing traditions, dance is used to induce ASC. For example, dances such as the ancient Egyptian dance the Zar and the Tunisian dance the Stambali evoke trance and are believed to heal the afflicted person (El-Guindy & Schmais, 1994; Somer & Saadon, 2000). Imagery, visualization, and relaxation techniques, which are at times incorporated into DMT practice, are psychotherapy methods associated with altered states. However, DMT literature and education rarely address the presence or therapeutic utilization of altered states. Rossi (1993) states that without complete knowledge of “how to modulate an emotional crisis with a therapeutic dissociation…” or altered state, patients can “fall into self-destructive hysterias of ever worsening intensities” (p. 97). Dance/movement therapists may be practicing without an informed understanding of trance and altered states, their potential role in the DMT session, and methods for working with altered states for therapeutic benefit. This problem must be addressed in order that dance/movement therapists will have working knowledge of ASC. This study
aimed to address this problem through a literature-based study. The study used grounded theory as a method of data analysis in an effort to build a theory related to the existence of ASC in DMT practice as a dance based modality and through its use of imagery, relaxation, and visualization. The study developed theory regarding application of these methods through a study of trance dance forms and utilization of altered states in psychotherapy.

There are few authors who address the relationship between ASC and techniques of DMT. In recent literature, Goodill (2005) describes DMT techniques that involve what she terms as “state change” including hypnosis, imagery, GIM™ (guided imagery through music), and Authentic Movement™ (p. 51). There are also few authors who have investigated different trance dances and how elements of these dances may be incorporated into DMT. El-Guindy and Schmais (1994) provide the most recent research that investigates a specific cultural dance (the Egyptian trance dance Zar) and how components of this dance could be incorporated into DMT. In the most dated literature, Hanna (1978) investigates the use of catharsis, a DMT technique, in Nigerian Ubakala dance plays but does not make direct recommendations to dance/movement therapists. These authors present a wide range of valuable research that opened the door for this study to explore the use of trance and ASC in DMT.

The aforementioned authors present few conflicting ideas, because they appear to have different goals within their studies. The main argument concerning trance and ASC is whether or not these states are pathological. Dissociative trance disorder is defined as a pathological state in the DSM-IV as “a disturbance or alteration in the normally integrated functions of identity, memory or consciousness” (American Psychiatric
Association, DSM-IV, 2000). The *DSM-IV* (2000) describes possession trance as a state “that involves replacement of the customary identity by a new identity, attributed to the influence of a spirit, deity, or other person, and associated with stereotyped ‘involuntary’ movements.” Somer (2006) argues that possession trance is not a pathological state. This study was not concerned with whether or not trance and ASC are pathological. This study aimed to describe the healing properties of trance and ASC and therefore included authors who share this viewpoint.

This study strived to understand different forms of ASC and how they may be present or applied to serve therapeutic purposes in DMT. Toward this objective, the researcher reviewed literature that investigated dances that incorporate trance and ASC, current DMT theory and practice literature that refers to the evocation of ASC, and psychotherapy literature that address specific methods, such as meditation or hypnotism that are often utilized for therapeutic benefit. Literature that explored the evocation of altered states through dance and DMT techniques was most relevant to the study. Literature describing the therapeutic benefits and methods of altered states and how to apply them to DMT practice was limited. It was expected that through this study, dance/movement therapists may be informed concerning the therapeutic application of trance and ASC in the practice of DMT.

The main question guiding the study was: “How can different forms of ASC in DMT and dance therapeutically inform the practice of DMT?” The purpose of the study was to research different forms of ASC in DMT and dance within DMT, psychotherapy and anthropological literature so that dance/movement therapists may practice with an informed understanding of the altered state experience, its potential therapeutic benefit,
and methods for working with altered states in the practice of dance/movement therapy. It
was found that different forms of ASC therapeutically inform DMT through providing
healing qualities that are similar to the therapeutic processes and goals in DMT. These
goals include a cohesive group and community, healing potential (psychological,
emotional, cognitive, etc.), experience of the self, energy and revitalization, catharsis
and/or abreaction, recovery of play and creativity, and other therapeutic outcomes.
Practices that evoke ASC use techniques or practices that are similar to those used within
DMT including: ongoing and new rituals, body action and rapid motion, rhythm, focus,
attention, absorption, and spiritual or transcendent experiences through inner focused
movement practices.

The methodology of grounded theory was used to organize and analyze the
literature found. Grounded theory guided the study towards an overarching theory which
helped to answer the initial research question. A delimitation of the literature was the
inclusion of literature on dance and ASC that specifically referred to healing or
therapeutic qualities within the dance. As a literature based study the study drew only
from sources of existing knowledge. Further understanding of ASC might be derived
from a phenomenological study of participants in dance forms which evoke ASC, an
observational study, or a direct experience of the dance forms and heuristic study by the
researcher.
CHAPTER 2: LITERATURE REVIEW

Preface

The literature review is organized according to a priori areas related to altered states of consciousness (ASC). These areas include the following: Theories of Altered States and Trance, Therapeutic Features of Trance and Altered States, Psychobiology of Trance, Spirituality and Religion within Trance and Altered States, Liminality, and Trance within Psychotherapy and Dance/Movement Therapy. The dance references are integrated throughout these sections as pertinent to the subjects reviewed.

Theories of ASC and Trance

There are many theories regarding the nature of ASC and trance. The two main ideas concerning ASC are whether or not it is a state or a non-state. State theorists propose that practices like hypnosis and trance produce a specific state of consciousness or a physiological state. Conversely, non-state theorists propose that it is not a physiological state, but a social role that is being practiced during these rituals. Recently, these two camps have converged due to developing hypotheses which imply that ASC are a combination of social and physiological influences.

State Theory

Seligman and Kirmaver (2008) propose a psychiatric view of hypnotism through a state perspective. They describe an altered state as “a discrete psychophysiological or cognitive state of ‘trance’ that characterizes hypnosis” (Seligman & Kirmaver, 2008, p. 33). It is a state that is perceived as different from the waking state (Kirsch & Lynn, 1995, p. 848). The state theory parallels the psychiatric paradigm, which aims to describe ASC as a psychological and/or neurobiological function. This paradigm does not explore
the social meaning and implications within the rituals that produce these states. Traditional state theorists believe that the hypnotic state serves as a powerful adjunct to psychotherapy because it offers a state in which the person has better access to “hypersuggestibility, more vivid imagery, more primary process thinking, greater availability of childhood memories, and a tolerance of logical incongruities often referred to as trance logic” (Kirsch, Montgomery & Sapirstein, 1995, p. 214). This theory explains the therapeutic features of altered states, but does not give insight into the social and community benefits of these states.

**Non-State Theory**

The non-state camp, which can also be termed the “anthropological-discursive” or cognitive-behavioral camp, focuses on ASC as “a social or rhetorical phenomenon: dissociation is a way of creating social space or positioning for the performance and articulation of certain types of self-experiences in particular cultural contexts” (Seligman & Kirmaver, 2008, p. 32). This theory suggests that ASC and trance may be socially scripted. It is important to note that these socially scripted events “differ substantially across cultures and historical periods” (Spiegel, 1994, p. 93). For example, Spiegel (1994) suggests that in trance rituals like Thaipusam, a skin piercing ritual in Kuala Lumpur, there is pressure and high expectations from the community for the participants to perform well. The participants learn to “focus their attention” and to “become absorbed in their own bodily feelings and imaginings” so that they can endure the pain (p. 94). They may learn social cues, which help them to focus their attention internally. Similarly, stage hypnosis is considered to not “utilize the concept of ‘hypnotic state’ or ‘trance’” because it utilizes social cues like “stage whispers” and a “stage setting” which “has
unique expectancy characteristics which are very helpful in eliciting apparent hypnotic behaviors” (Meeker & Barber, 1971, p. 61).

Because of these social cues, individuals are able to find healing qualities within the trance. Like state theorists, non-state theorists find therapeutic features in methods such as hypnotism and trance through their abilities to change individuals’ beliefs and expectations (Kirsch, Montgomery & Sapirstein, p. 214). Both theories offer that therapeutic outcomes are derived from the experience of an altered state of consciousness.

Therapeutic Features of Trance and ASC

The therapeutic features of ASC demonstrate the mind/body connection. These features or psychological changes include the following: ideodynamics, emotional release, community and safety outside of oppressive structures, different levels of experiencing, individualized benefits, activation, self-awareness, distancing from problems, anxiety/stress relief, paradox mediation, and anticipatory psychic management.

The mind/body connection is an integral part of the lives of all human beings. Healers have been aware of the impact of mental images and words on the body since the beginning of time. Rossi (1993) explores the history of mind/body healing in Western tradition, which dates back to the Papyrus Ebers written in 1,500 B.C. (p. 3). These writings describe rituals that induced “altered states, belief, and expectancy” (p. 3). In recent literature, therapeutic features of mind/body healing have been highlighted through studies of healing practices like trance dances, ASC, and dance/movement therapy (DMT).
Ideodynamics

Within psychotherapy literature, trance is described as a state facilitated by the mind/body connection. This mind/body connection is termed as “ideodynamics” by therapists who utilize trance induction techniques. Gilligan (1987) defines ideodynamics in his research on therapeutic trances as a concept that “ideas can be transformed into dynamic expression (e.g., images, behaviors, sensations, cognitions, etc.) independently of, and sometimes unbeknownst to, volitional conscious process” (p. 47). Rossi (1988) outlines a similar concept of ideodynamics, stating that it creates a relationship between “ideas and the dynamic physiological responses of the body” (p. 3). In turn “ideas can evoke real, dynamic physiological responses” (p. 3). These ideodynamic processes appear to be more intense and seem to occur most often in trance (Gilligan, 1987). Within ideodynamics there are three different types of responses that may occur: 1) ideomotoric responses, such as lifting the hand due to the therapist’s communication; 2) ideoaffective responses, characterized as automatic emotional responses; and 3) ideosensory responses, which can be described as the “visualization of feelings” (Gilligan, 1987, p. 47). It is suggested by theorists such as Rossi and Erickson that these ideodynamic experiences help the individual to utilize mental processes outside of their normal range of ego strength.

Ideomotor responses can be used to deepen the trance state and to facilitate dissociation (Yapko, 1990). Yapko (1990) states that the ideomotor response can provide an exchange between the therapist and the patient and can facilitate techniques such as “automatic writing” or “automatic talking” which gives space for expression outside of conscious awareness (p. 295). Ideosensory responses are sensory experiences “associated
with the processing of suggestions” (Yapko, p. 295). These responses provide a place for the patient to re-experience sensations that the therapist may find helpful to the individual. Ideoaffective responses are the automatic emotional responses that the person has attached to different experiences. These responses prove to be helpful in the therapeutic setting, because the individual is able to feel “buried negative feelings” or “positive feelings of joy and pleasure” that they may have been unaware of (p. 296).

Different Levels of Experiencing

Clinicians in the psychotherapeutic and psychiatric paradigm employ trance states and ASC because they engender numerous therapeutic features. Gilligan (1987) states that individuals in trance states tend to be enveloped in the experiential and “are more able to experience ‘things as they are’” and show less need to comprehend or evaluate their experience (p. 49). This enhances their thought processes, which become less evaluative, verbal, critical, and abstract. This helps individuals to connect to their internal resources and present realities in a more profound way. This facet of the trance experience has proved valuable to therapy clients and has been described as “getting to know oneself at a different level of experience” (Gilligan, 1987, p. 49).

One of the most important therapeutic features of the trance experience is the newfound ability to experiment. It is common that an individual in the trance experience is more likely to “experiment with new perspectives” (p. 49). Often, the hypnotized individual feels an enhanced sense of choice (Gilligan, 1987). For instance, “a harried business man on vacation, the trance subject-temporarily free from domination by the worried and fixed point of view of normal conscious processes-is more willing and able
to experiment with creative and spontaneous behavior” (p. 50). The trance experience offers new and different experiences unique to the individual.

Somer (2006) also studies the different levels of experiencing within trance and proposes three components of ASC that are integral to the healing process. These three components are described as follows: 1) experiences that provide a feeling of depersonalization which help to relieve them of the anxiety and to examine it from a distance; 2) “joyful distancing” from the anxiety of their environment; and 3) hallucinatory experiences, which give them spiritual aid in solving their problems (p. 218). Gilligan, like Somer, identifies trance as providing the ability to be flexible in time/space relations. Gilligan (1987) states that the trance experience offers a place where one can dissociate and find “alternative time/space realities” (p. 51). The person may “age regress” or “age progress” or have an experience of time distortion where a minute may feel like an hour or vice versa. Gilligan (1987) states that these experiences give the individual the ability to manipulate time and space, as opposed to feeling that they are “constants to be limited by” (p. 51). In turn, the altered state or trance gives the individual a therapeutic practice in which they can sense new and different ways of existing.

Community/Safety Outside of Oppression

Anthropological literature specifically explores the therapeutic functions of trance dances for groups experiencing oppression within societal constructs. Jilek (1986) studies the Sioux Sun Dance and the Salish-region Spirit Dance and the communal benefits they offer to these populations. Due to the past injustices suffered by North American Indians, dances that induced ASC provided curative methods to the “sociocultural disorientation and deprivation” (p. 330). These ancient dances “were formalized by mythological
tradition and tribal convention and therefore varied from one indigenous culture to another” but there was a “universal recognition” that North American Indians would utilize these dances (Jilek, 1982, p. 329). Not only do these dances provide younger tribe members with the knowledge of how to reenter ASC when necessary, but they also provide the therapeutic features of a ritual that “combines occupational activity with physical activity, psychodrama with cathartic abreaction, direct suggestive ego support and logotherapeutic reaffirmation of the meaning of native existence” (1986, p. 331). The Sun Dance has specific therapeutic goals to achieve “a total change in the individuals, to promote spiritual, emotional, and physical health” which would in turn benefit the whole community (Jilek, 1986, p. 331). These dances serve as group therapy for this community.

Within dance/movement therapy (DMT) literature, Howaida El-Guindy and Claire Schmais (1992), study a trance dance that incorporates this same sense of safety outside of everyday oppression. They explore Zar, one of Egypt’s oldest dances, and its implications in the practice of DMT. The dance serves as a therapeutic function for women in the Islamic culture and as a safe place outside of the harsh structure of their society. The dance serves to expunge “jinn,” spirits that cause physical and mental harm, from the women who participate in this healing ritual (p. 109). El-Guindy and Schmais state that the Zar ritual is performed for women suffering from “emotional and/or mental disorders, especially neuroses, and some forms of psychosis” (p. 110) and it serves as a strong “abreactive emotional release” and a place for “emotional discharge” (pp.115-116). El-Guindy and Schmais compare the Zar to DMT and its offering of an ongoing membership which “de-stigmatizes emotional and psychological disturbance” (p. 117).
The Zar creates a sense of community through the “unity and closeness inherent in moving together” and lessens the feeling of isolation people may feel in society (p. 117).

Boddy (1988) performs an anthropological study similar to the study of El-Guindy and Schmais, focusing on the practice of the Zar in Hofriyat, a village of about 500 Arabic-speaking Muslim people in Northern Sudan. Boddy focuses on the freedom the dance offers to women living in a community that, because of specific concepts of idealized femininity, tends to make it particularly difficult for women to have a unique sense of identity. Within the dance the woman is able to forget “who she is, her village, and her family” and she is able to explore new ways of being (Boddy, 1988, p. 19). The ritual offers an experience outside of the communal constraints of womanhood; the Hofriyat woman can temporarily jettison the feeling of “otherness” that is imposed upon her by the male community. These trance dances are examples of the freedom that ASC can offer to those being oppressed within their community or by the dominant culture.

**Relief, Release, and Revitalization**

In studies of trance dances, therapeutic functions involving relief from anxiety and stress have been discovered. The research indicates that trance dances are utilized to relieve tension concerning life events like childbirth and marriage or repressed feelings and thoughts. Judith Lynn Hanna (1988), a dance anthropologist, explores trance dances of different cultures and their mediation of stress. Her research focuses on stress release within trance dances and shows a correlation between this specific therapeutic benefit and the female utilization of these dances.

Hanna (1988) studies different forms of dance and their effects on stress. She specifically explores the hadra dance, a trance or “ecstatic dance” performed by the
Moroccan Sufi brotherhood, the Hamadsha (p. 41). Hanna (1988) states that the dance “helps to relieve anxiety, physical tension, and emotional stress” (p. 41). Members are left with feelings of revitalization and a relief from the stress that they had been experiencing. Hanna also studies the Irgwe people of Nigeria and their tradition of men and women taking several spouses from various tribes. Hanna describes how this tradition forces women to move many times during their lives (p. 42). This consequently causes a great deal of stress for these women. The women participate in spirit cult dances, which result in them crying, speaking in tongues and entering dissociative states. Within these states they are able to “vent without castigation to their repressed feelings” and mourn their separation from loved ones (Sangree, 1969, p. 1055). These cult dances serve as an experience of relief for the Irgwe women and show the release that can be found through the use of ASC and trance.

Hanna (1978) also specifically investigates “catharsis,” a form of release, in her exploration of the Ubakala dance-plays and their therapeutic purpose for the people of this community. The Ubakala are one of the many different tribes in Nigeria, and are comprised of about 24,000 people. It is a patriarchal culture that relies mainly on agricultural work. In her research, Hanna found that the Ubakala dance-plays were the tools for the “expression of emotion or its symbolization” (p. 3). These dance-plays offer individuals an experience of catharsis, anticipatory psychic management, and paradox mediation.

Hanna compares the dance-plays to a form of group therapy, with a focus on the self-actualization and preventive medicine models of therapy. Within this group therapy, individuals are allowed to experience “anxiety or conflict through releasing energy and
frustrations” (Hanna, 1988, p. 6). This in turn, helps to prevent depression and the adding on of other psychic tensions. Hanna proposes that the rapid motion of the dance is intoxicating and can alter one’s state of consciousness. This altered state serves as a place for catharsis and release. Specific to the women of Ubakala, this catharsis helps them to mediate their stress concerning “a successful birth, sanctions for failure, and pain related to marriage and childbirth” (Hanna, 1988, p. 6). Hanna outlines the specific methods of the dance that help to release tension as follows: “continuous motion, full-throated song, and explosive yells and ululations” (1988, p. 7). Hanna (1988) also explores these states of release, specific to women, in her exploration of religion and dance. She finds that females in Korea enter ASC through a dance called the *mugam*. These women feel a sense of euphoria and a feeling of “cathartic release” or a “public letting-go” (p. 290).

Halperin (1995), a dance/movement therapist and anthropologist, performs a similar exploration of this sense of release in the Tambor de Mina, a possession dance ritual found within Afro-Brazilian culture. He states that after observing the Tambor de Mina, he witnessed “a half dozen of the aging women of the center, many of them ailing, suddenly appearing lighter” (p. 199). Halperin also states that “catharsis or ‘discharge’, takes place not only in the dance and through healing and other ‘working’ activities, but equally important in the joyful ‘play’ (brincadeira) of spirits” (p. 174). He states that “playing, like working, forms an integral part of the multi-faceted ‘meta-healing’ or ‘healing of the community’ engendered by the Mina ceremonies” (p. 178). Hanna and Halperin’s research of specific trance dances highlights the prevalence of emotional release found within rituals of ASC and trances dances.
Within psychotherapy literature, Keeney (2007) explores similar dances that involve this emotional release with a specific focus on the “shaking” element of the dances. He terms these dances “shaking medicine” which through the body experience of “tremble, shake, and quake” (2007, p. 27). Keeney (2007) closely examines African healing rituals like the Kalahari Bushman healing dance and the “heightened arousal and deep relaxation [that] are copresent” in this ceremony (p. 27). He also explores the Shakers started by Ann Lee who “came from Manchester England to America in 1774” (2007, p. 27). Heim (1970) states that this group of people “followed the example of the primitive apostolic church: men and women lived together in celibate purity, all goods were held in common, all work was handmade, their worship was joyful with singing and dancing” (pp. 27-28). Keeney (2007) states that Ann Lee’s “followers were called the Shakers because of their rituals of trembling, shouting, singing, speaking in tongues, and especially shaking their bodies” (p. 76). He goes on to state “they became famous for their swaying movements and dances brought about by the spirit” (2007, p. 76). Heim (1970) states that the “earliest function” of these dances “was to shake off doubts and to mortify any lusts of the flesh” (p. 30). The Shakers’ dances served to bring the individual in contact with the spirit and where “the urge to play, to love, and to create found release” (Heim, 1970, p. 28).

Keeney (2007) proposes that there is healing involved in these dances, stating that “[a]fter someone dances into ecstasy, a climax or plateau is attained, and thereafter the body falls to the ground, entering a deep state of relaxation” (p. 27). Keeney proposes that “this full cycle” of “arousal to relaxation . . . comprises a paradigm for the whole healing response” (p. 27). He proposes that within this cycle an altered state of
consciousness is reached and that “[w]hen the body dances and shakes itself out . . . [it] is a non-purposeful entry into the cycle of healing” (2007, p. 27). Keeney states that once the Bushman “dances into maximal ecstasy, the experience will most likely be followed by the deepest experience of meditative trance” (p. 28). Keeney’s exploration of “shaking medicine” offers insight into the healing cycles founding within these cultural dances.

Dr. Akstein (1974), a Brazilian psychiatrist, created a form of therapy aimed at tapping into these healing cycles utilizing the trance dances of the Umbanda cults of Brazil. He terms this form of therapy as *terpsichoretrancetherapy*, a non-verbal group psychotherapy. Terpsichore is derived from the name of the Greek goddess of dance and music (Akstein, 1974). Terpsichoretrancetherapy ultimately translates into “dancing trance therapy” (Akstein, 1974, p. 121). Akstein (1974) observed Afro-Brazilian spiritual rituals using kinetic trance, a form of inducing an altered state through movement, and saw that these dances provided a “beneficial escape from repressed emotional tensions” (p. 121). Impressed with the therapeutic benefits of these trance dances, he decided to use it with his own patients. Akstein (1974) states that this form of therapy allows for the individual to have “a beneficial emotional liberation of repressed emotions” and therefore feel a sense of “tranquility, which in turn provides them with means to better face and solve their problems” (p. 123). He states that the phenomenology of this form of therapy includes “emotional outbursts (crisis), distortion of time, disturbances of sensitivity (hypoesthesia and anesthesia), memorization, regression, spontaneous amnesia, exhibitionism, and progressive desensitization” (p. 127). He states that terpsichoretrancetherapy brings out ecstatic states that are experienced in “exalted
moments of joy” and that this form of therapy can act as an “important aid to the total psychiatric and psychosomatic treatment” (p. 123).

**Individualized Benefits**

Psychotherapy literature finds that trance dance and ASC can serve a therapeutic function based on the individual’s needs. Somer and Saadon (2000) study possession trance in a phenomenological study of Tunisian Jewish immigrants who participated in the trance dance called the Stambali. The study was performed through ethnographic interviews of three informants: a male chanter, a Stambali dancer, and a Stambali participant. Somer and Saadon sought to find the subjective experience of participants in this ritual and the possible therapeutic responses that these participants encounter during the experience.

Stambali dances can be done as an extension of family celebrations, like weddings or a bar mitzvah, to ward off the negative energy of guests’ envy. The dance can also be practiced as a simple exercise in “emotional aerobics in which they dance their problems away” (p. 585). The dance is performed by women in response to individual female issues. One of the informants within the study describes this experience of finding one’s own unique curative factors within the Stambali:

> When people hear a Stambali is being organized . . . they come for release . . . each one with her own issues . . . Nobody talks about what bothers her . . . each one is with herself . . . They don’t talk with each other . . . they are focused in their own heads . . . every participant knows what it is she wants to be released from . . . (Arifa, 2000, p. 585)
The Stambali is performed when women are experiencing hardship concerning their husbands or children, difficulty getting pregnant, and when the problems continue for extended periods of time. Members take it upon themselves to dance for the problems that are afflicting them.

Sommer and Saadon are not the only authors who recognize the experience of trance as an experience of the self. Fitzhenry (1985) describes several different cultural dances, which help the individual to experience him or herself holistically. Fitzhenry describes his own experience of observing a group of male dancers in Greece and seeing the “therapeutic yeast” at work as the Greek males have the experience “of perceiving themselves as extremely worthwhile” (p. 135). He goes on to describe his observations of the Yasawah group of the Fiji islands. The Yasawah would enter a hypnotic trance-state where they are “at one with nature, they were part of the surroundings, they lived and belonged again to their ancestors,” and most importantly they “perceived themselves as whole people” (Fitzhenry, 1985, p. 135). These experiences of the self help the individual to find his or her specific and unique needs and to find remedies for those needs within the trance dance.

Psychobiology of ASC and Trance

The therapeutic features of trance and ASC are not merely physical or mental, but a combination of the two. There are many changes that occur between the body and the mind during the trance-state or ASC. Changes are found in the neurological, cardiovascular, autonomic, endocrine, and immune systems. These physiological changes appear to create the feelings of euphoria and transcendence that occur within ASC.
Certain research also shows that these physiological changes are part of the healing and curative potentials of altered states.

**Neurological and Physiological Changes**

Psychotherapy literature finds that practices of ASC (including trance, imagery, and relaxation) produce physiological changes. These physiological changes vary from changes in the nervous system to changes in the musculoskeletal system. Achterberg (1985) summarizes the research findings on ASC (specifically imagery) and physiology through the following:

1.) Images [or altered states] relate to physiological states;

2.) Images [or altered states] may either precede or follow physiological changes, indicating both a causative and reactive role;

3.) Images [or altered states] can be induced by conscious, deliberate behaviors, as well as by subconscious acts (electrical stimulation of the brain, reverie, dreaming etc.);

4.) Images can be considered as the hypothetical bridge between conscious processing of information and physiological change; [and]

5.) Images [or altered states] can exhibit influence over the voluntary (peripheral) nervous system, as well as the involuntary (autonomic) nervous system (pp. 115-116)

Vaitle et al. (2005) describe the physiological changes that occur during different forms of trance in their research of altered states. The authors describe the cardiovascular changes that are induced by the rhythmic rocking of the body. Vaitle et al. (2005) state that body-rocking causes respiration to follow the rhythm, which induces heart rate
oscillations called respiratory sinus arrhythmia. Respiratory sinus arrhythmia stimulates the carotid baroreceptors, which slows the heart rate, reduces cortical arousal, increases theta activity, augments pain thresholds, and reduces muscle reflexivity. These cardiovascular changes may explain the healing aspects of the trance experience.

Vaitle et al. (2005) state that neurological changes within trance have become easier to study due to developments in multichannel electroencephalography (EEG) and magnetoencephalography (MEG), neuroelectric and neuromagnetic source imaging, positron emission tomography (PET), and functional magnetic resonance imaging (MRI). Neher (1962) performed the first studies of the effects of rhythmic drumming on the EEG. Neher gathered information through collecting reports of anthropologists and laboratory workers to see if there was a similarity between responses in drum ceremonies and rhythmic stimulation that was observed in laboratories. He found that laboratories used a flashing light for the rhythm, so he reconstructed the laboratory work to have a drum beat similar to the anthropological investigations. Neher (1961, 1962) found that drumbeats affect a large area of the brain due to having different frequencies, and that they “can transmit more energy to the brain,” create “unusual perceptions,” and affect the electrical activity of the brain (pp. 152-153). These specific effects of drumbeats may help to facilitate the trance state.

Maxfield (1990) furthered explored this phenomenon by experimenting with different drum beats, which included Shamanic drumbeats at approximately 4 to 4 ½ beats per second, Ching drumming at approximately 3 to 4 beats per second, and free drumming with no structured pattern (p. v). She found higher theta EEG activity when subjects where listening to rhythmical monotonous drumbeats (Shamanic Drumming and
Ching Drumming) than when listening to unstructured free drumbeats. Maxfield measured data through collecting theta, beta, and alpha frequencies with an EEG biofeedback instrument. She then had the participants write summaries of their experiences and participate in a tape-recorded interview. Subjects’ experiences in their altered states included loss of time continuum, movement sensations (pulsating, pressure, energy moving in waves, sensations of flying, spiraling, dancing, running etc.), being energized, experiences of hot and cold, out of body experiences, and vivid imagery (pp. 90-91).

Jilek (1982) also found a similar correlation between drumming and theta activity in his study of drum work with Salish Indians in their spirit dance ceremonial. Jilek analyzed the drumming of the Salish and found that the drumming was in the frequency range of from .8 to 5.0 cycles per second, with about one-third being above 3.0 cycles, which is very close to theta frequency.

Other studies show increases in the brain opiates, i.e. endorphins. Goodman (1990) found a temporary increase in adrenalin, noradrenalin and coritisol, and a high increase in beta-endorphin, “the brain’s own pain killer and opiate,” which remained high after the trance experience, explaining the sense of euphoria that individuals felt (p. 106). Frecska and Kulcsar (1989) propose that healing practices are aimed “at triggering the release of endogenous opioid peptides” (p. 72). Their research investigates the social ties involved in the trance and altered state experience. Frecska and Kulcsar state that social behavior lies in three cortical areas of the brain: the orbital frontal cortex, the temporal pole, and the amygdala. They infer that it is not a coincidence that these three sections have the highest density of opioid receptors and also process “multimodal sensory
information” like that of the trance experience (p. 76). Achterberg (1985) suggests that endorphins may assist the immune system in fighting disease. Price, Finniss, and Benedetti (2008) propose that endorphins may be part of the placebo response, stating “that those patients who responded to the placebo showed higher concentrations of endorphins . . . than those who did not respond” (p. 578). They state that endorphins may produce an “analgesic response” helping the individual to avoid the sensation of pain. Achterberg (1985) also proposes that there may be a relationship between endorphins and the imagination, “putting them in the position of being likely candidates for the healing chemicals of hope” and “joy” (p. 139).

Liminality

Liminality is the sense of in-between that is found within altered states. This term is used to describe a range of experiences from being in between two spiritual worlds to being in between two life stages. In anthropological literature, Turner (1987) defines the concept of liminality in reference to *rites de passage*, what we commonly refer to as rites of passage. He proposes that liminality is found in all cultures as a “transition between states” (p. 4). Turner refers to states as social positions but also allows for states to be that of a “physical, mental, or emotional condition in which a person or group may be found at a particular time” (p. 2). Turner describes the liminal phase as one of “ambiguity” and “paradox,” and specifically “a realm of pure possibility whence novel configurations of ideas and relations may arise” (p. 7). Turner defines the liminal phase as follows: “This coincidence of opposite processes and notions in a single representation characterizes the peculiar unity of the liminal . . . which is neither this nor that, and yet is both” (1987, p.
Turner defines this liminal space as a place of “pure possibility” where true changes can occur (1987, p. 9).

Siegel (1991) also gives an anthropological view of liminality through her exploration of Balinese dance. Siegel defines liminality as an altered state or a place between the spirit world and the human world in which dancers enter in traditional Balinese dance. She finds that liminality is a place of exploration, separation/individuation, illness and recovery, the recognition of spirits, and the transversal place between the here and now (p. 86). Liminality serves as a place where one can “replicate the dilemmas and conflicts of the community and propose resolutions, or offer cathartic if temporary victories over trouble” (p. 85). Siegel explores the details of the dance and the music that brings the dancers into the trance. She describes the intricate details of this dance and how it provides healing qualities to the community and the individual.

These healing qualities of liminality are also found in core theoretical concepts of DMT. Creative arts therapies, including dance/movement therapists, utilize Winnicot’s psychological theory of transitional space. Winnicott (1953) proposes that the transitional space begins as the space between mother and child, where they share inner and outer reality. This space transcends into the space where the arts and religion exist (p. 96). Transitional space serves as a psychic dimension that the dance/movement therapist is able to use through the expression of movement to share an alternate reality with the patient. This space holds a sense of in-between through its combination of inner and outer. Dance/movement therapists use this realm as a place of intervention.
Lewis (1993) states that DMT matron Marian Chace taught her how to intervene through this liminal realm using an embodied imaginal technique; the therapist would “pick up movement-based themes and employ metaphoric language to assist patients in transformative experiences” (p. 161). Lewis describes this space as a “liminal realm between ego consciousness and the unconscious” (1993, p. 161). She states that this is the place where we create “pretend” dance outside of awareness and where we are able to “heal wounds, bring us to balance, transform inner relationships and direct us on our unique life journeys” (1993, p. 161).

Spirituality and Religion within Altered States

Culturally, ASC are often understood within the spiritual and religious realm. Terms that describe the spiritual aspects of trance include possession trance and non-possession trance. Possession and non-possession trance appear to be the defining aspects of trance. When describing trance, researchers and authors appear to be concerned with whether or not a spiritual entity has entered the body and soul. Whether or not a spirit has entered the body, it is important to understand these two aspects of trance in order to have a cultural understanding of this phenomenon.

Possession Trance

Anthropological and psychotherapeutic literature come together to define possession trance. Stephen and Suryani (2000) define possession trance as an involuntary state in which a “spirit entity or force is believed to have entered or taken over the body of the human host” (p. 9). Winkelman (1986) describes possession trance as a state in which one’s personality is taken over by the personality “of another entity” (p. 194). In this state the person may experience “visions, hearing voices (pawisik), finding objects...
that possess special powers (*paica*), divination, meditation, and dreams” (Stephen & Suryani, 2000, p. 9). Bourguignon (1976) states possession “is a term which refers to belief of a group of people under study, or, perhaps, to the belief held by a given author” and is “an idea, a concept” (pp. 6-7).

Foley (1985) states that these beliefs or possession dances allow the individual to voyeur into the lives of “gods and demons, wild and mythical animals, and the dead,” in turn helping the individuals to manifest superhuman powers they would otherwise not be able to use (p. 28). Jilek (1986) states that the Native Americans of the Northwest Coast do not distinguish these states from a “waking vision, trance, or semi-conscious hallucination” (p. 31). He states that the Twana tribe assumed that the “seeker would have to lose consciousness” to come in contact with the spirit in “human form” (1986, p. 31). Jilek specifically studies the Salish spirit dances of the Northwest Coast. He states that these acts of spirit possession start between puberty and middle age and becomes a seasonal activity once one has acquired their spirit. Each person’s spirit comes back annually during the winter season when the Salish spirit dances occur and gradually one learns to “exercise some control over their spirits to determine to a certain extent the time of possession” (Jilek, 1986, p. 35).

Winkelman (1986) sought to have a better understanding of how possession trance differed from non-possession trance. Through a study of anthropological and psychophysiological literature, Winkelman conducted a correlational study using multidimensional scaling and division of data into discrete types (cluster analysis) to distinguish between the two types of trance states. He found that possession trance could be linked to fasting, nutritional deficits, and temporal lobe discharges (amnesia, illness,
epilepsy, tremors/convulsions, compulsive motor behavior). Through his research, Winkelman finds that nutritional deficits and fasting can result in a predisposition to trance states and behavioral changes due to effects on the central nervous system. Mandell (1980) finds that the same physiological changes that occur during epilepsy are similar to the psychophysiological changes that occur during the trance state or the ecstasy experienced in the “religious context,” resulting in Winkelman’s correlation between trance states and temporal lobe discharges (p. 420). Winkelman also studied the relationship between possession trance states and social complexity variables as defined by Murdock and Provost (1973). Murdock and Provost (1973) indicate ten categories of social complexity: writing and records, fixity of residence, agriculture, urbanization, technological specialization, land transport, money, density of population, level of political integration, and social stratification. Winkelman found that possession trance states have a positive correlation with all of the variables, with the strongest correlations occurring between it and political integration, population density, and social stratification. This research further describes the distinct cultural processes that may be involved in possession trance.

Non-Possession Trance

Anthropological and psychotherapeutic literature comes together again to define non-possession trance. Stephen and Suryani (2000) define non-possession trance as a voluntary experience that results in a change in “the person’s usual mode of cognition, perception and behavior but without a sense of being taken over by another entity” (p. 9). Foley (1985) describes this as a state of trance in which the person is not taking on a persona or entity outside the self. And Winkelman (1986) finds that non-possession
Trance is often induced through auditory driving (rhythmic auditory stimulation), fasting and nutritional deficits, social isolation and sensory deprivation, meditation, sleep and dream states, sexual restrictions, extensive motor behavior (like dancing), endogenous opiates, hallucinogens, and alcohol. Non-possession trance is often linked to non-spiritual means, but Bourguignon offers a different view. Bourguignon (1977) refers to non-possession trance as “soul flight,” in which the person’s spirit or soul travels to another place or world, where they have an encounter with a spirit. Bourguignon also proposes that the person may have the spirits come visit them (p. 198). The person is able to gain new insight and seeds of wisdom through this “soul flight” or non-possession trance state.

Trance and ASC Within Psychotherapy and Dance/Movement Therapy (DMT)

Trance and ASC can be induced by psychotherapists, psychiatrists, dance/movement therapists, community/religious leaders, and a host of other healers. Methods of assessment and facilitation of trance and ASC differ among these healers. Psychiatrists may use hypnosis, whereas dance/movement therapists may use approaches like Authentic Movement. There is an overlap of techniques used by dance/movement therapists, psychiatrists, psychotherapists and other healers, including imagery and breath work. Within DMT and other forms of creative arts therapy, there are also naturally occurring ASC that occur within movement and the creative process. One of these naturally induced ASC occurs during what DMT terms as phrasing. Continuous phrasing of movement often occurs within the DMT session and may cause a person to drift into an altered state. It appears that many healers work with some type of ASC or trance and this study aims to have a better understanding of this range of techniques and approaches.
Hypnosis

Erikson was one of the early pioneers of hypnosis and helped to create what we know as hypnosis in the present day. Rossi (1986) states that Erikson originally proposed that people could use their “own mind-body processes for healing” (p. viii). Rather than relying on the traditional mode of therapy, Erikson looked to engage “the patient’s own unconscious processes to facilitate symptom resolution” (p. ix). Erikson attempted to “play with their symptomatology as a prelude to transforming and resolving it” (p. ix). Erikson (1964) states that “[h]ypnosis is a state of awareness in which you offer communication with understandings and ideas to a patient and then you let them use those ideas and understandings in accord with their own unique repertory of body learnings, their physiological learnings” (p. 15). Erikson (1961) also states that hypnosis is merely a way of “offer[ing] ideas to patients in such a way that they have an opportunity to interpret what you have said in their own way” so that they can “make their own responses” (p. 135). In turn, the patients resolve their individual symptomatology through their own body-mind processes. Through presenting ideas, such as “having nice feelings” in a certain part of the body, Erikson stated that he was “bringing about, systematically, the physiological change” (1961, p. 110). Erikson suggested that the hypnotist or therapist should “transform the body in some way to bring about physiological changes” (1961, p. 108).

Rossi (1986) states that Erikson’s work “validates the view that psyche, mind, and brain are pervasively integrated in modulating body processes in health and illness” (p. x). Rossi updates the theories of Erikson and other early pioneers of hypnosis to create his theory of state-dependent memory and learning behavior. He proposes that the
processes of hypnosis and dissociation access memory “that is not available to our usual, conscious frames of reference” (1986, p. 205). It is through accessing this “statebound information” that we are able to problem solve. Erikson (1961) uses this mode of state-dependent memory through his practices like “suggest[ing] that [patients] utilize sensory memories of the past as a measure of protecting themselves from the sensory experiences of the immediate present” (p. 105). He suggests that patients have to incorporate these past frames of reference to their current mode of living. Erikson and Rossi provide a better understanding of hypnosis and finding health through the mind-body connection.

The use of hypnosis in psychotherapy continues to change as theories of psychology evolve over time. Only recently has it become a medical specialty (Torres Godoy, 1999). Torres Godoy (1999) explores the use of hypnosis with patients suffering from a history of sexual and physical abuse, post traumatic stress disorder, multiple personality disorder, eating disorders, addictions, anxiety, phobias, panic, and psychosomatic disorders. She states that trance utilization can be used in any psychotherapy, and is “defined as a dissociated state of consciousness in which there is greater openness to learning and change” (p. 73). Torres Godoy proposes that the word trance may be more appropriate than the word hypnosis. She states that the word hypnosis is probably derived from the Greek word hypnos which means sleep, and has nothing to do with what one experiences in the clinical setting. Rouget (1985) states that trance is derived from the Latin word transpire which means passing through (p. 10). Torres Goody proposes that the use of trance in psychotherapy is therefore “in the hands of the mental health worker” and can be used “strategically or as part of the relational process” (p. 74).
Torres Godoy (1999) states that hypnosis can help the therapeutic process because it induces a controlled dissociative state that can help the patient “to learn about his/her control capability already demonstrated by the possibility of accessing memories that modify the [negative] experience providing boundaries and making it less threatening” (p. 75). Psychotherapists can combine hypnosis with techniques of relaxation and imagery for these therapeutic outcomes. Torress Godoy sees the future of hypnosis through its utilization in different theoretical models, including the mind/body relationship, psychoneuroimmunology, chronobiology, and interpersonal communication. She states that studies of the mind/body relationship will continue to grow and that through these studies a “worldwide tendency of self-care” will become the norm. Torres Godoy suggests that techniques like “relaxation, meditation and self-hypnosis” will become the tools for this norm (1999, p. 79).

*Healing Processes of DMT: Catharsis, Vitalization, Rhythm, Synchrony and Ritual*

Catharsis, vitalization, rhythm, synchrony and ritual are among the healing processes of dance used within DMT. Baum (1995) utilized catharsis and abreaction in her work with patients suffering from Dissociative Identity Disorder at the Institute of the Pennsylvania Hospital. Baum sought to elicit expressive movement in order to induce “spontaneous abreaction” and therefore “an emotional release or discharge that accompanies the recollection of a painful, previously repressed experience” (p. 89). Through “reflecting another’s movements” one “can help a patient get in touch with her own repressed material” which may help the person obtain “mastery of overwhelming affect” (p. 89). Baum states that despite movement stimulating “fear of disorganization and loss of control, it also has the potential for integration of feeling, thought, and action”
In Baum’s work with expressive movement patients often displayed behavior that “indicated a state of dissociation” (1993, p. 137). Through this dissociation, patients were able to experience “feelings and their integration with the cognitive knowledge of the memories” that were recovered through expressive movement (p. 137).

Group rhythm, group synchrony, and vitalization can also cause the emotional release found within DMT. Vitalization can be obtained through the “expression of angry feelings” or “repetition of a rhythmic phrase” in an effort to liberate energy that has been contained and to allow “covert feelings to come into awareness” (Schmais, 1985, p. 25). Schmais (1985) states that through “maintaining the group in motion” and “synchronous expression of deep feelings through concordant rhythms,” DMT can “vitalize the individual and the group, generating a reservoir of physical and psychic strength that can be used for further expression, communication, and competence” (p. 26).

Serlin (1993) explores the relationship between DMT and ancient dance. She states that early dance utilized “ecstasy, reverie and transformation” through combining “thinking” with “feeling and action” (p. 68). Serlin states that DMT uses similar techniques to elicit ecstatic states and consequently a “transformative consciousness” (p. 67). Watson (2001) performs a similar analysis of the traditional Bambara healing ceremony, a West African dance, and its relation to DMT. She states that DMT and the Bambara “have similar approaches and theories to establish connection to people via rhythm” (p. 65). She goes on to state that both use “external rhythm” as a dialogue between patients where one can “impact upon the rhythm of another, i.e. the patient’s ability to go to a deep trance/possessive state and even to explode with anger” (pp. 65-66).
Serlin (1993) also proposes that DMT may change one’s consciousness through recovering “the intuitive and imaginative powers” and connecting thinking, feeling, and action (p. 68). To obtain this “transformative consciousness” dance/movement therapists utilize the concept of ritual that is found in ancient dance forms. Serlin states that “often dance therapists involve the whole group or the whole clinic center staff and patients, as they choreograph rituals to celebrate new members, old members leaving, change in community and season,” giving them “significance and place” (p. 75). These rituals can focus on life events ranging from “births and deaths” to “rites of passage” (p. 74).

**Experiencing/Focusing within DMT**

Another technique used within DMT is *experiencing*. Gendlin (1978) defined this technique and term as the ability of the client to process psychotherapy through maintaining awareness of ongoing bodily-felt occurrences and to relate these experiences to better understand the self. Dosamantes-Alperson (1981) created DMT techniques based on this concept. She states that this bodily-felt sense is the “felt-sense that individuals have of themselves in interaction with the environment” (p. 34). She defines her form of therapy as “experiential movement therapy” through its integration of “movement, imagery and verbalization” (p. 34).

Dosamantes-Alperson uses experiencing to help clients to come in contact with their nonverbal experiences “in an open and non-defensive manner” (p. 36). She states that patients are able to do this through entering a “receptive state” (p. 36). Within this “receptive state” clients are able “to perceive and respond differently than they usually do in a conscious, waking state” (p. 36). Dosamantes-Alperson states that this “relaxed” state helps clients respond to “stimuli they ordinarily ignore or censor” (p. 36). She goes
on to state that the lower level of arousal within this state also helps clients to find “creative solutions to old problems” (p. 36). She proposes that within the receptive state clients “are able to follow the flow of sensory experiences and incipient body movements” (p. 37). She states that “clients begin to sense feeling and action as one” through concentrating on these incipient body movements (1981, p. 37).

Body-focusing is another movement-based technique that came out of Gendlin’s work. Gendlin (1978) created the technique of focusing in an effort to help clients to come in contact with an inner embodied sense. Dosamantes-Alperson (1981) uses the technique of focusing within experiential movement therapy. She states that clients first enter a relaxed state and “focus their attention on emergent physical-emotional experiencing” (p. 37). She goes on to state that within this technique “clients are asked to ‘zero in’ on the feeling quality which best describes their own experience of themselves without censoring whatever feelings emerge” (p. 37). Bacon (2007) states that she uses the technique of focusing in order “to bring the imaginal more fully into view” and “to experience the alchemy of transformation” (p. 26). Ultimately, the technique helps clients “to place the sensation of pain within the past social context to which the pain belongs” and “to detect and discriminate feelings” within the body and mind (Dosamantes-Alperson, 1981, pp. 37-38).

**Authentic Movement**

Authentic Movement is a specific practice used within DMT. It was developed by Mary Whitehouse through the Jungian psychotherapeutic technique of “active imagination” (Finisdore, 1997, p. 5). Chodorow (1991) describes active imagination stating that “you open to the unconscious and give free rein to fantasy” while maintaining
“an alert, attentive, active point of view” (p. 305). Authentic Movement involves this “free rein” and allows the patient or individual to move freely and find movement from within. The therapist acts as a witness or reflecting board to this experience. The process allows for unconscious material to arise and brings the individual into somewhat of an altered state so that the unconscious can be expressed.

Similarities have been drawn between Authentic Movement and the altered state or hypnosis. In a master’s thesis, Finisdore (1997) compared the experience of Authentic Movement under hypnosis to the experience of Authentic while in a waking conscious state. Experiences of the participants under hypnosis were compared to the experiences of those in a waking conscious state. Finisdore found that the similarities between Authentic Movement and Eriksonian hypnosis include “an inner or internal focus and a relinquishing of normal conscious awareness into an altered state of consciousness” (pp. 11-12). She proceeds to state that both practices begin with working with the eyes closed and use the unconscious as material for “solutions and/or creativity” for the development of the individual (1997, p. 12). Lewis (1982) states that through accessing the unconscious through “rhythmic body action . . . individuals experience a power that transcends everyday reality that goes beyond themselves and feels both personally primitive as well as ritualistically ancient” (p. 76).

Levy (1988) focuses less on the altered state experience and more on the role of the therapist within Authentic Movement. Levy specifically discusses the application of Authentic Movement to dance/movement therapy. She describes the role of the therapist as an empathetic observer who observes the client moving and guides the client through
her presence and verbal response. Within this role the therapeutic relationship is of the greatest importance.

Pallaro (1999, 2007) has collected the writings of the seminal dance/movement therapists who have worked with the Authentic Movement form, including DMT pioneers Mary Whitehouse, Janet Adler, and Joan Chodorow. Adler describes the experience as one where “one person moves in the presence of another” (1985, p. 142). Adler (1995) also describes her “mystical” experience within Authentic Movement through a collection of poems and her journal entries. She describes her ten years of practice of Authentic Movement as one in which she learned “a movement discipline that concerns the complex and developing relationship between moving and witnessing” (p. xv). Adler states that it guided her “mystical” experience through teaching her that “the nature of [her] experience of the visions was that of receiving them, witnessing them, without interpretation or judgment and with intention to direct or control them” (p. xv). Later in her writings, Adler (2002) describes this “mystical” experience in three realms: the individual body, the collective body, and the conscious body. She describes the individual body as one in which the mover experiences the self and learns “to track her movement and her concomitant experience” (p. xvii). In the collective body the mover learns to “participate in a whole” and moves in “relationship to many without losing conscious awareness of oneself” (p. xvii). In the conscious realm, “[p]ersonality shifts towards experience of presence, empathy shifts toward compassion, and, in moments of grace, suffering becomes bearable” (pp. xvii-xviii). The body may be experienced as a “vessel” that is “empty” and it is here where the body experiences “energetic phenomena” or “the Divine” (p. xviii). Stromsted (1997) summarizes Adler’s connection
between Authentic Movement and mysticism stating that Adler does not see herself as a therapist “but as a teacher who guides students in their longing to have a more direct experience of the sacred” (p. 254). It is from these three realms and the sacred experience that Adler describes Authentic Movement as a work that is “directly known in dance, healing practices, and mysticism” (1997, p. xviii).

Whitehouse (1979) similarly describes the experience of the patient/mover as one in which “the ego gives up control, stops choosing, stops exerting demands, allowing the self to take over moving the physical body as it will” (p. 772). She describes a paradox that occurs within approaches like Authentic Movement. Whitehouse states that there is a parallel feeling of action and non-action, and despite being opposed, can “go together” (p. 753). It is within this paradox that individuals are able “to live from a different awareness” and able to accept the balance between opposites found within their experience. In her explanation of the Authentic Movement experience, Whitehouse differentiates between “I move” and “I am moved.” She describes “I move” as a consciousness of moving and a “clear knowledge that I personally, am moving, I choose to move” (p. 757). Whitehouse goes on to describe “I am moved” as the process when a person moves without control or choice and where the “surrender cannot be explained, repeated exactly, sought for or tried out” (p. 757). Musicant (2001) also finds this yielding quality in her description of Authentic Movement, stating that there is a “focus on direct, in-the-moment experience, and mindful attention to that experience” (p. 19). Musicant states that “while the mover invites the unconscious into the movement process, the mover does not relinquish conscious attention” (p. 18). This in turn creates a higher level of experience that is characteristic of trance.
Wyman-McGinty (1998) explores the experience of being within Authentic Movement. Wyman-McGinty explores Mary Whitehouse’s development of Authentic Movement and her emphasis on the idea that one should wait for one’s inner impulse to move rather than planning movement through the ego (p. 240). Through moving from within, one is able to explore the images and feelings that arise from the unconscious. The purpose of the inward focus is to be with oneself and she references Winnicot’s term “intermediary area of experiencing” (Wyman-McGinty, 1998, p. 242). Wyman-McGinty states that this transitional space serves as a place between one’s inner and outer world, where image and affect are connected to give rise to “phantasy” and imagination. She suggests that the images, feelings, and associations that arise from the experience of Authentic Movement are much like the way somebody would respond to a dream. She proposes that Authentic Movement gives one a sense of being suspended between two worlds (inner and outer), and of being in a dream.

### Imagery

As a mind/body practice, DMT integrates techniques that involve ASC. In recent literature, Goodill (2005) describes DMT techniques that can be applied within the medical setting. She specifically explores different methods, which involve what she terms as “state change,” including hypnosis, imagery, GIM™ (guided imagery through music), and Authentic Movement (p. 51). Goodill describes these techniques in detail and how they induce ASC and trance.

Imagery is a technique that is used in high frequency in the practice of dance/movement therapy. Goodill (2005) states that “in the ongoing movement process” of DMT, “kinesthetic and mental images” are elicited and “are at some point vocalized,
verbalized, or represented in the form of movement” (p. 51). She references
dance/movement therapist Sandel (1993), stating that the therapist and the patient then
work together to create the image into something that is meaningful and symbolic to the
patient. Sandel states that the most important to the practice of imagery, is the connection
that it makes “between feeling states and symbolic representation” (p. 112). This
connection may cause clients to experience “different levels of reality concurrently”
depending on how they connect to the sensorimotor or cognitive activities of the image
(p. 117).

Goodill (2005) also describes other imagery techniques including guided imagery
and GIM™. She references music therapist (Summer, 1990) in describing the method of
brining the patient to an internal focus through having them “remain in a relative
stillness” to create a “relaxed state” (Summer, 1990, p. 51). Achterberg (1985) studies the
processes of imagery in mind-body medicine and finds that “[a]lways, the relaxation
must come first, followed by the image work” (p. 107). He finds that through inducing a
state of imagery, the individual is brought into a state “close to the point of sleep” similar
to the dream state (1985, p. 105). In his study of imagery within the psychotherapy
process, Horowitz (1978) compares the state in GIM™ to ASC, stating that one theory
suggests that “image formation increases because the person enters and altered state of
consciousness” (p. 49). Overholser (1991) also explores guided imagery and suggests that
through relaxing the body, images are able to flow more freely. Images are
predominantly visual but can also be auditory, tactile, olfactory, and proprioceptive.
Overholser suggests using a variety of scenes to guide the patient, including a mountain
cabin, country village, wooded park, fishing from a boat, floating in space, and a beach
scene. Most important to this area of research is the idea that through DMT techniques like imagery, “the individual’s state of consciousness is altered from everyday awareness” (p. 51).

_Breath Work_

Breath is the connection between our inner and outer world. Breath work is a technique that is used in many psychotherapy modalities, including DMT. In a survey of complementary and alternative therapies, Sultanoff (2002) states that breath is “our most immediate, intimate link with the world around us” and that it is “essential for our physical survival” (pp. 209-210). Breath work has been used in the treatment of addiction, anxiety, depression, attention deficit hyperactivity disorder, and in couples therapy. She presents a range of breath work approaches, from “simple in-the-moment ‘mindful breathing’ . . . to lengthy and intensive guided session requiring special training like ‘holotropic breath work’” (p. 210). Conscious breathing can provide many health benefits, including physical, emotional, mental, and spiritual health benefits.

Often dance/movement therapists work with the breath in an effort to reduce anxiety and to find places of tension within the body. Although there is not a significant amount of research on DMT and the specific use of breath work, much of the literature mentions the importance of this technique within clinical practice. Marian Chace, a DMT pioneer, used “breathing patterns” to find where the patient was “block[ing] emotional expression” and to help give “clues to the sequence of physical actions that can develop readiness for emotional responsiveness” (Chaiklin & Schmais, 1993, p. 77). Bartenieff (1980) created twelve fundamentals of movement that are used as a foundational theory in DMT practice. Hackney (2002) states that these fundamentals “provide central support
for the system” and “giving attention to these principles will enable movers to enjoy moving more fully and feel more totally involved and embodied within their movement” (p. 39). Within these twelve fundamentals, breath is one of the most important and guides dance/movement therapists in promoting change. Breath is also part of “Shape Flow,” a foundational theory of the Kestenberg Movement Profile (KMP) created by Judith Kestenberg (Kestenberg, 1979). The KMP serves as a developmental application of Laban Movement Analysis (Laban, 1980). The KMP terms breathing as “Shape Flow” and describes it as the “flux or flow in the movements...as the body hollows and bulges, shrinks and grows with breathing” and proposes that it is a basis for human interaction in early development (Bartenieff, 1980, p. 85 & Amighi, et al., 1999). For example, it serves as a way of expressing feelings nonverbally between the infant and mother.

In a study of medical DMT, Goodill (2005) finds that “[a]ctive, conscious engagement of breath is common in the induction of ASC for healing purposes” in practices like DMT. She proceeds to state that “[m]ind/body healing methods, including the more active ones like DMT, often cue the patient to deepen and expand the breathing pattern” (p. 52). Deepening and expanding breathing patterns often alleviates symptoms like anxiety. Erwin-Grabner, Goodill, Schelly Hill, and Neida (1999) performed a pilot study exploring the effects of DMT on test anxiety. The study included twenty-one participants, graduate and undergraduate students at an urban university, who were divided into a control group and an experimental group. The experimental group participated in four 35-minute movement sessions over two weeks. Before and after the close of the sessions, the control group and the experimental group filled out the Test Attitude Inventory (TAI) which documented their level of anxiety towards testing.
Within the first sessions, methods of breath work and progressive relaxation were used to help the individuals with their anxiety. This breath work may have helped reach the goal of “body awareness and tension release” and to reduce test taking anxiety (p. 26). The results of the study showed that the experimental group had a “significantly greater reduction” in their total score on the TAI than the control group (p. 20).

Breath work also helps to propel the most important part of DMT: movement. In her study of the healing aspects of dance, Halprin (2000) states that movement is guided by the most “fundamental movements of life: the breath or the pulse” (p. 52). Often dance/movement therapists begin by helping their patients become aware of their breath. Breath meditation helps individuals to take the “focus from [an] external environment to the landscape of [the] body” and in turn one becomes aware of “physical sensations and feelings.” The patient is more open and receptive to what may come within the session. Breath helps to clear the mind and to enter “a pure state of awareness” which “alters brain wave patterns” and “induces a state of receptivity and calm” (p. 52). Breath helps the mind to become “a witness rather than a controller or a director” (p. 54).

In a literature-based study, Mullen (2007) summarized the importance of breath in DMT. Mullen performed a content analysis of relevant DMT literature to find “how dance/movement therapists integrate attention to breath and breath-support into their practice, and for what purposes/benefits” (p. 67). Mullen found that dance/movement therapists use breath to facilitate the warm-up/cool-down, trust, relaxation/managing anxiety and stress, grounding, emotions/feelings, expression, body awareness/integration, breathing patterns/organization/regulation, and synchrony. Mullen’s study proposes the importance of breath within the practice of DMT.
Movement observation is one of the most essential features of DMT. In turn, dance/movement therapists have created methods of observing movement. Theorists like Laban (1980) and Bartenieff (1980) have formalized methods of notation and assessment and most importantly a vocabulary common to dance/movement therapists. In her observation of human movement, Bartenieff (1980) identified the use of phrasing. Bartenieff defined phrasing as “the sequence in which the movements of an activity occur and the emphasis within the sequence” (p. 73). This phrasing helps to identify verbal and emotional content of observed behaviors. Phrasing can be seen through body, space, and in what Laban terms as Effort factors. Phrasing can become “two-phasic;” one phase being exertion and the second phase being recuperative. This “two-phasic” phrasing can be seen in examples like children rocking back and forth, or in activities like threshing and hoeing. Usually there is a sense of monotone in this type of phrasing and this “continuous repetition of two-phasic phrases, without space or Effort variation, can lead away from alertness into wandering states of consciousness” (1980, p. 74).

Shapiro (1999) in her master’s thesis proposed that phrases are liminal in and of themselves. Shapiro finds that the pauses between phrases “stand independently” but also “bridge phrases” creating a “paradoxical” state (p. 44) Shapiro states that phrasing “is the currency of therapy” and that through observation and mirroring phrasing the dance/movement therapist is able to connect to the patient (p. 31). She suggests that it is in these jumbled times that new ideas and experiences are formed and clarity is found. This liminal quality can also be seen in what Laban (1980) referred to as “transformational drives,” which are combinations of three movement qualities or Effort
elements. Movement can display either single Effort elements or a combination of two or three Effort elements. A combination of two Effort elements is identified as a “state” and is transformed through the addition of a third effort element to become a “transformational drive.”

The Effort elements include Space, Weight, Time, and Flow (Dell, 1977; Bartenieff, 1980). Space describes one’s mode of attention and can be Direct and Indirect. Weight describes one’s mode of intention and can be Strong and Light. Time describes one’s mode of decision making and can be Sustained and Quick. Flow describes one’s mode of feeling and includes Free and Bound. These transformational drives include the vision drive (Efforts of Flow, Time, and Space), passion drive (Efforts of Flow, Weight and Time), action drive (Efforts of Space, Weight, and Time) and the spell drive (Efforts of Flow, Weight, and Space). These drives are known to produce a “hypnotic” quality and observations like the following: “She was so passionately involved in her diatribe that she didn’t even hear me enter” (Bartenieff, 1980, p. 63). Halperin (1995) states that the “passion drive (or ‘non-space’) elements suggest significant levels of affect, intuition and intentionality consistent with a catharsis model of healing” (p. 521). Laban also defined the combination of two efforts (Space and Time, Weight and Flow, Space and Flow, or Weight and Time) as the inner attitudes or states. These states include the awake state (Efforts of Space and Time), dreamlike state (Efforts of Weight and Flow), remote state (Efforts of Space and Flow), near state (Efforts of Weight and Time), stable state (Efforts of Space and Weight), and mobile state (Efforts of Flow and Time). The dreamlike state is often seen within practices like Authentic Movement and trance dances. Halperin (1995) states that within the “middle or process
section” of the Tambor De Mina (an Afro-Brazilian possession trance dance), “Authentic Movement and other inner-focused dance therapy ‘movers,’ in both cases characteristically [present] the Laban Movement Analysis constellations of passion drive or the dreamlike state” (p. 522). These drives, the dreamlike state, and “two-phasic” phrasing are similar in description to ASC. They are inherently part of DMT through its use of movement as a therapeutic modality.

Altered States and Music Therapy/Music

ASC and trance are often achieved through the use of music including the use of rhythm and other components found within it. Perret (2005) states that “[l]istening to and playing music activates many different levels of consciousness” (p. 37). Fachner (2006) further explores the use of music in ritualistic settings and states that “[e]very trance occurs in a ritual context and receives its power from the particular music used during different progressions of such ceremonies” (p. 20). He proposes that the music is used to “provide atmosphere, to evoke identification processes in ceremony groups and to induce trance” (p. 20). Rouget (1985) studies the connections between music and trance. He specifically distinguishes between three types of trance induced by music and labels them emotional, communal, and shamanic trance. He finds that emotional trance has the most direct link to music, because it uses the correlation between the words and music, creating a harmony between poetry and music. Rouget states that “we are dealing here with a relation between music and trance that, although strongly influenced by culture, is nevertheless based on a natural-and thus universal-property of music” (p. 316). He describes the experience of communal trance, stating that “[m]usic-singing and dancing combined-seems to have the function of creating excitation” (p. 317).
Fachner (2006) proposes that music creates a structure to ASC, stating that “[m]usic creates the context, which fosters the onset of trance, regulates the form and process of trance and makes it more foreseeable and controllable” (p. 21). He further states that “[r]hythm, pitch, loudness, and timbre and their sound staging in the perceptive field of a person seem to culminate in a certain sound that—corresponding to the cultural cognitive matrix—induces altered states of consciousness” (p. 36). Fachner specifically finds that “[r]epetition, long duration, monotony, increase and decrease of patterns, volume and density, high pitch and frequency ranges, rescaling of intensity units are observed with some trance phenomena but there is no clear causal explanation for the induction of trance” (pp. 36-37). Fachner’s research emphasizes the organization that music creates for trance, but he does not find a direct correlation between certain types of music and the onset of ASC.

Music therapists Bonny and Savary (1973) focus on how music heightens ASC and consequently the therapeutic process. They state that “[w]hen listened to in a state of heightened awareness, music is able to generate greater levels of emotional intensity, depth, and comprehensiveness: Melodies, harmonies, and rhythms reveal meanings: insights into self are a common occurrence: one sees more ways to look at a problem, an idea, a person” (1973, p. 17). Fachner (2006) similarly proposes that these experiences of music involving ASC “trigger healing processes” (p. 30). Bonny and Savary (1973) state that listening to music in ASC provides “great therapeutic value,” in that one may have an “experience . . . full of insight,” or may “find a healing force,” or may “let the music take them to unexplored provinces of the psyche” and experience “a heightened
awareness of [his or her] ordinary world” (p. 17). The two authors present exercises with specific pieces of music to heighten the experience of ASC.

Music therapy employs techniques that utilize music and ASC due to the therapeutic benefits involved in these experiences. Music therapists often employ GIM™ to help induce imagery and relaxation. Gaston performed the first study of the effects of music on LSD therapy, which led to further studies of the use of guided imagery in the therapeutic setting (Gaston, 1970). His study explored the effects of LSD and music on alcoholic patients within the hospital setting. His study included 59 patients and collected quantitative data through the use of the “LSD Music Preference Questionnaire, The LSD Session Survey, and the Objective Check List for the LSD Experience,” which collected information concerning the patient’s musical experience, the influence of music while using LSD, and the intensity of the psychedelic experience (Gaston, 1970, pp. 7-8). Most important to Gaston’s findings was that the music seemed to intensify the experience and that the music allowed for the patients to “move into new realms of experience unimpeded by the prosaic world” (1970, p. 17). The music appeared to bring patients further into an altered state but it also acted as security within that experience.

Experiments concerning the effects of music on the LSD experience were also performed in the 1960’s at the Maryland Psychiatric Research Center (MPRC). These experiments were used as “therapeutic intervention for patients with alcoholism, narcotic addiction, and psychological distress associated with cancer” (Bonny & Pahnke, 1972, p. 64). The studies were performed for several years and included periods of drug-altered consciousness that would last 10 to 12 hours where the patients would listen to pre-
recorded music chosen by the music therapist, Helen Bonny. Bonny and Pahnke outline five therapeutic benefits of this trance experience:

1.) to help the patient relinquish usual controls and enter more fully into his inner world;
2.) to facilitate the release of intense emotionality;
3.) to contribute toward a peak experience;
4.) to provide continuity in an experience of timelessness; [and]
5.) to direct and structure the experience. (p. 66)

Helen Bonny eventually realized that LSD was not necessary to reach the desired goals of LSD/music therapy. Bonny (1980) describes how she developed her own technique that would be used with “normal” people “who were on the quest for self-actualization” (p. 25). In her work with normal individuals, Bonny created the technique known as GIM™. These sessions began with the individual in a normal state of consciousness, and through a relaxation process based on the techniques of Jacobsen and Schultz (1938 & 1959), would eventually bring the person into an altered state of consciousness. Bonny found that all her participants “were astonished at the wealth of visualization, kinesthetic feelings and relived experiences which occurred” (1980, p. 26).

Using music that worked well with the patients in Maryland, Bonny discovered that she could induce relaxation and imagery without the use of LSD.

Summer (1983, 1990) explores the use of GIM™ and music as a catalyst for imagery in her ongoing research. She states that the process of GIM™ involves listening to classical music with a relaxed state of mind. The process induces ASC and trance through its ability to relax the body and to create a place where “the mind may be active..."
and undistracted by the external environment” (p. 4). Imagery is evoked to help the process of self-actualization. Summer states that the “ultimate goal of GIM™ . . . is the transcendence of the individual ego” (1990, p. vii). This transcendence may lead into an altered state of consciousness or trance. Summer states that the findings of her study “indicate that further research on involvement in imagery using music as a stimulus is necessary” (p. 34). This future research may lead to a better understanding of the ASC that may be involved in guided imagery.

Moreno (1988) explores guided imagery within music therapy and its similarity to an ancient Bushman healing ritual. Moreno analyzes a rock painting over 26 thousand years old depicting a Bushman healing ritual (Zimbabwe). The painting depicts a healer leading members in a trance dance experience supported by rhythmic drumming. The shaman, defined as a “witch doctor” or “medicine man,” facilitates healing through the arts. The shaman never specializes in just one art but includes all arts (dance, music, drama, and art) for holistic healing. Moreno explores how the shaman brings him or herself into trance as well as members of the healing ritual. Moreno finds that through rhythmic drumming a trance-like state can be induced. Moreno states that the shaman must enter an altered state of consciousness or a “non-ordinary reality” to “remove harmful spirits from the patients or to restore beneficial ones” (p. 275). He compares the concept of spirit to the psychoanalytic constructs of id, ego, and superego (1988, p. 275). The rhythmic drumming also brings the patient into a “semi-hypnotic state that reinforces belief in the power of the shaman and the healing ritual” (p. 275). Moreno discusses the trance dances of Balinese culture and their use as emotional outlets, to ward off epidemics and to serve an exorcistic function (p. 276). He compares these musical and
dance traditions to the technique of guided imagery in creative arts therapy (p. 277). Moreno finds that the patient enters an altered state of consciousness during the process of guided imagery. He also compares these practices to the use of free-form dance within music therapy. Moreno calls for future music therapists to work with ethnomusicologists to explore these healing rituals of ancient and current cultures to better inform the practice of creative arts therapy. Moreno’s study proposes that all creative arts therapists, including dance/movement therapists, should utilize techniques of trance and ASC.

Creativity and Transitional States

The creative process has a converse relationship to ASC. The research indicates that the creative process may lead to ASC and ASC may lead to creative products. In the *Encyclopedia of Creativity*, ASC are defined as “transitional states of consciousness” or just “states of consciousness” and compared to the creative process (Krippner, 1999, p. 59). Krippner (1999) defines these transitional states as a condition “that occurs between discrete states but lacks the stability of a discrete state” (p. 59). He states that these transitional states usually last for short periods of time and the person can “move in and out of the state during its duration” (p. 59). Krippner proceeds to define states of consciousness as “altered states” that “can be compared and contrasted to . . . one’s ordinary ‘baseline’ state of waking consciousness” (p. 59).

The term “reverie” has also been connected to the creative process. Krippner defines reverie as “dreamlike in that it is involuntary, fanciful, and imaginal, but does not occur during nighttime sleep” (p. 63). He states that reverie can be experienced in the hypnagogic state “the thoughts and images occurring during the onset of sleep” and hypnopompic “which occurs as one awakens from sleep” (1999, p. 63). Krippner
proposes that these “twilight states, referred to as hypnagogia and hypnopompia, resemble dreams in that both are marked by ‘primary process’ thinking and contain visual, auditory, and/or kinesthetic imagery” (p. 63). These reverie states are found in many types of creativity, including artistic and scientific creativity. Krippner states that hypnagogic images were a “critical factor” in chemist Friedrich August Kekule von Stradonitz’s “conceptualization of the structural formula of the benzene molecule” (pp. 63-64). He states that Ludwig von Beethoven “reported obtaining inspiration for a composition in 1821 while napping in his carriage en route to Vienna” (p. 64). Horowitz (1978) specifically explores imagery within different states of consciousness. He states that “the use of images as a mode of thought representation increases in dreams, reveries, and hallucinogenic experiences” (p. 85). He goes on to compare these states of mind to ASC, stating that these “increased admixtures of primary process types of thinking are also noted in such altered states of consciousness” (1978, p. 85).

Krippner (1999) also explores the link between hypnosis and creativity. He posits that the seven features of hypnosis, “many of which are linked to creativity,” are “passivity, diffuse attention, fantasy production, reduction of reality testing, increased suggestibility, role playing, and (in some cases) posthypnotic amnesia” (p. 65). Krippner (1999) proposes that there is a higher incidence of hypnotizability in creative people. He states that “scores on hypnotizability tests correlate significantly with three interrelated constructs: absorption, imaginative involvement, and fantasy proneness” which are also components of creativity (p. 65). He states that a study of “fantasy prone individuals who spent much of their time living in a world of imagery and imagination scored more highly than comparison groups on measures of hypnotizability, vividness of mental imagery,
absorption, and creativity” (p. 65). Runco (2007) explores theories of creativity and proposes that creative people may be more “open” to hypnosis because creativity and hypnosis involve the preconscious (p. 96). He states that this openness “may allow them to consider ideas in the preconscious-and the possibility of being hypnotized-as reasonable and feasible” (p. 96). Krippner (1999) summarizes the research on hypnosis and creativity by stating “that fantasy and absorptive experiences are concomitants of various changes in consciousness, including those due to hypnosis, they occur spontaneously in the context of the creative act, and they are often experienced by creative subjects who, as a group, seem more adept than their less creative peers at shifting cognitively from a higher to a lower level of psychic functioning-from a more active to a more passive condition” (pp. 65-66).

Krippner (1968) suggests that people enter ASC through hypnosis in an effort to foster the creative act. He proposes that ASC enable the creative act because “creativity is preverbal and unconscious in origin” (p. 50). This is similar to Freud’s theory of primary process, which is also considered preverbal and unconscious (Brenner, 1973). Like flow or the improvisational act, hypnosis focuses attention and consciousness so powerfully that “subthreshold stimuli are perceived” (p. 50). Krippner proposes that hypnosis can help artists to enter a preverbal level where they can find their inspiration. He states that many artists and scientists describe their work as “moods and feelings” before it was “expressed in words or symbols” (1968, p. 50). As a result, many psychoanalysts have been known to use hypnosis to help their clients get through creative blocks. Krippner states that many studies highlight the fact that children are more easily hypnotized and that they lose this ability, as well as their creative abilities in general, as they grow older.
Krippner’s research contributes to existing theories that the creative process may involve ASC.

The creative process has been compared to other forms of thought such as dreams (day and night), fantasy, imaginative thought, imaginative play and imagery. Krippner (1999) states that “autobiographies and biographies reveal a number of prominent individuals who seemed to utilize various types of daydreaming for creative purposes” including Newton, Brahms, and Schiller (p. 64). Klinger (1971) summarizes how transitional states are experienced in everyday life, stating that “[h]uman beings spend nearly all of their time in some kind of mental activity, and much of the time their activity consists not of ordered thought but of bits and snatches of inner experience: daydreams, reveries, wandering interior monologues, vivid imagery, and dreams” (p. 347). Krippner specifically explores the creativity found in dreams. He states that some dream theorists “urge the dreamer to accept dream images and stories as creative experiences in their own right” (p. 600). Ullman (1965) also explores the connection between dreams and creativity and states four reasons that describe why dreams are part of the creative process: 1) all dreams are original (no two are alike); 2) dreams combine various elements to form new patterns; 3) they are involuntary experiences; and 4) dreams contain metaphors and symbols that have creative potentials. Krippner states that North American tribal groups considered dreams “as sources of knowledge, power, inspiration, and what today would be called creativity” (p. 600). Krippner proposes that there is a need for further research concerning the link between creativity and dreams.

Csikszentmihalyi (1990) describes his theory of flow, a theory that can be compared to the creative act. Csikszentmihalyi defines flow or optimal experience as a
time “in which attention can be freely invested to achieve a person’s goals, because there is no disorder to straighten out, no threat for the self to defend against” (p. 40). These experiences of flow can be momentary or last for hours, as long as the mind is free to wander. Rossi (1993) also views these moments in everyday life in which one’s mind is open to concentrate as moments of flow or altered states: “I have conceptualized ‘creative moments’ in dreams, artistic and scientific creativity, and everyday life as breaks in these habitual patterns” (p. 53). Within these creative moments, the person has to “organize his or her consciousness so as to experience flow” (p. 40).

Body movement and dance are among the experiences of flow described in the book. Csikszentmihalyi states that there are a range of activities that “rely on rhythmic and harmonious movements to generate flow” (1990, p. 99). He states that these activities range from dance rituals practiced by “the most isolated New Guinea tribe to the polished troupes of the Bolshoi Ballet,” and the “response of the body to music” is a practice that is appreciated by cultures all over the world (p. 99). Csikszentmihalyi provides quotes from people who have experienced this flow: “I get sort of a physical high from it . . . I get very sweaty, very feverish or sort of ecstatic . . .” (p.100). He states that these physical forms of flow do not exclude processes of the mind. Csikszentmihalyi explains that movement of the body does not create flow alone; it is the combined concentration of the body and mind that create this optimal experience. The mind is involved in this flow through its ability to form attention to the task or activity at hand. Csikszentmihalyi forms a theory of creativity that involves ASC through its focus on the mind/body connection.

Nachmanovitch (1990) proposes a theory of creativity, which is explained as a freedom within the mind. Nachmanovitch focuses on the state of mind that is necessary
to enter improvisation. He finds these states of improvisation within everyday life stating: “whether we are creating high art or a meal, we improvise when we move with the flow of time and with our own evolving consciousness . . .” (p. 17). Similar to ASC or trance, time is in suspension in Nachmanovitch’s theory of improvisation. This time is labeled as “real time,” which is a fusion of all times: past, present and future (p. 18). He proposes that the artist or the improviser attempts to extend these times of inspiration into a “moment-to-moment nonstop flow” (p. 19). Nachmanovitch offers simple practices like walking through a city, with only your intuition as a guide. He states that one should take everything in, using all the senses. He states that the walk is different from “random drifting,” because you are “leaving your eyes and ears wide open, you allow your likes and dislikes, your conscious and unconscious desires and irritations, your irrational hunches, to guide you . . .” (p. 19). He also offers the practice of automatic writing or drawing. Nachmanovitch states that the therapeutic form of writing is “free association, drilling down into preconscious and unconscious material and letting it emerge in a free-form way” (p. 69). Nachmanovitch’s description of the improvisational process is similar to the sense of being suspended or in an “in between” place that is found within ASC and trance. Most important to his exploration is the idea that these moments of freedom or times when one is “playing, dancing, drawing, [or] writing” are the processes that “resemble[ ] the best in psychotherapy” (p. 185).

Stephen (1997) offers a theory of creativity through his study of dreams, trance, spirit mediumship, and spirit possession found within Melanesian belief systems. In his research, he proposes that these ASC are not maladaptive or pathological but that “positive and creative use of these special states” can result in “cultural innovations and
as the means of investing established beliefs with new vitality and enthusiasm” (p. 35).

Stephen states that these imaginative processes drawn upon by cults and shamans are what he terms as “autonomous imagination” (p. 337). He believes these experiences are the source of creativity coming from distinct modes of imaginary thought. Stephen states that there is a continuous stream-of-imagery that is taking place in the mind outside of conscious awareness. Stephen proposes that this continuous stream-of-imagery sometimes comes in the form of dreams or hallucinations, but that one can learn to control these modes of thought like the trances of shamanism, meditative practice, Western hypnosis, Jungian “active imagination,” and other Western imagery-based psychotherapies (p. 338). He states that autonomous imagination provides capacities unavailable in thought processes controlled by the ego consciousness.

Despite these thought processes being out of ego consciousness, Stephen attempts to distinguish his theory of autonomous imagination from Freud’s concept of primary process thinking. Like autonomous imagination, primary process thinking distorts time perception, heightens visual and sensory impressions, and is experienced in dreams of sleep and “daydreams of waking life” (Brenner, 1973, p. 51). Stephen distinguishes autonomous imagination from primary process thinking through characterizing it as a process that is not regressive or maladaptive. Stephen suggests that this thought process can be controlled and used for therapeutic benefit. He characterizes this mode of thought as such:

(1) being more freely and richly inventive than ordinary thought, (2) emerging into conscious awareness in the form of vivid hallucinatory imagery that is experienced as an external reality, (3) possessing a more extensive access to
memory, (4) exhibiting a special sensitivity to external cues and direction that enables communication to and from deeper levels of the mind while bypassing conscious awareness, and (5) possessing a capacity to influence somatic and intrapsychic processes usually beyond conscious control (1997, p. 338).

Stephen hypothesizes that the creative act is a state outside of conscious awareness that allows for a flow or improvisation of innovative and artistic activity to occur.
CHAPTER 3: METHODS

Design

The study used the grounded theory method, a constant comparison method, to test the hypothesis against the data (literature) being collected. Smith and Glass (1987) describe this design as one that will guide the study by “combing through the literature” to create categories that “characterize the data” (p. 271). Ultimately, this design helped to organize the data so that it could be analyzed, and a theory developed from it. Mertens (2005) offers a technique for grounded theory through a coding systems of categories that is done in a three step process: open coding, axial coding, and selective coding (p. 424). The coding aided the inductive process and help to prove or disprove the theory against the data organized within the categories.

Subjects

No data was collected from human subjects, in conformity with the nature of a literature-based study.

Procedures

The literature was retrieved through an extensive collection of sources found in electronic journals, electronic databases, published texts and article reference lists. Databases like “PsyChINFO” and “JSTOR” were used. PsyChINFO provided current articles and other research in the use of altered states of consciousness in different modalities of psychotherapy. JSTOR specifically provided anthropological journals and articles that aided in the study’s exploration of specific trance dances.
These types of articles were limited to ones that showed direct correlations between trance dances and techniques of DMT.

The study searched the *American Journal of Dance Therapy* to find articles exploring the use of ASC in DMT. The study also drew from foundational DMT texts concerning the use of ASC. Case studies exploring specific techniques of inducing trance and ASC were useful to the study. The study searched for books like Rossi’s *The Psychobiology of Mind-Body Healing*, which offered tutorials to practitioners in the health field on how to implement the therapeutic utilization of altered states. The study included research on different therapeutic methods of altered states, like hypnotism, but primarily focused on techniques of DMT. The study delimited the literature about different cultural dances to dances that used ASC for healing or therapeutic purposes.

**Operational Definitions**

Altered States of Consciousness (ASC): can be defined as a change in consciousness brought about by spontaneous occurrence, physical or physiological stimulation, induced by psychological means, or caused by disease. There are less severe forms of inducing ASC, which include environmental stimuli, mental practices, and techniques of self-control.

Trance: a state “achieved through dancing…” or continuous movement “that causes an excitation of vestibular apparatus and an altered state of consciousness with symptoms of dizziness, spatial disorientation, hallucinations, and muscular spasms” (Hanna, 1988, p. 20).
Dissociation: “the experience of mind in which there can be at least two independent streams of consciousness, flowing concurrently, allowing some thoughts, feelings, sensations, and behaviors to occur simultaneously or outside awareness” (Somer, 2006, p. 213).

Possession trance: a single or episodic alteration of consciousness where the person’s normal identity is temporarily replaced by a new identity.

Non-possession trance: a voluntary experience that results in a change in “the person’s usual mode of cognition, perception and behavior but without a sense of being taken over by another entity” (Stephen & Suryani, 2000, p. 9).

Liminality: an altered state or a place between the spirit world and the human world, ultimately a place in which one is suspended between two worlds. It can also serve as a place between phrasing of movement, in reference to rites of passage, or a place of not-knowing.

Data Analysis

While collecting sources, the study employed a combination of Mertens’ method of coding, and Smith and Glass’ method of categorization. Mertens (2005) proposes that open coding will help to start the categorization of the data, thus breaking it into “discrete parts” (p. 424). The study began this process through an a priori organization of the literature for the Literature Review Chapter. After the literature had been collected it was further analyzed through creating a literature map. The open coding or categories in the study include, but are not limited to: 1) therapeutic features of trance and altered states 2) trance within psychotherapy and DMT 3) spirituality/religion and trance 4) psychobiology of trance. In addition, the
axial coding helped to draw connections between the categories (Mertens, p. 424).
Finally, the selective coding helped to select “one core category” and to relate “the other categories to it” (Mertens, p. 424). Due to the many categories presented in the study, the axial coding and selective coding helped to limit the categories and eventually relate them to the core concept. The study had a broad list of categories that needed to be organized into different tables (axial coding) and a flow chart (selective coding) to show their relationships to one another and to DMT. The core concept was related to the developing theory that ASC and trance are already components of DMT through its use of different techniques like imagery, visualization, and relaxation.

Once solid categories were created, it was expected that they would contribute to the developing theory. Thereafter, the study provided a definition for each category and related each to the practice of DMT to aid in the emergence of an over-arching theory (Mertens, p. 424). The study then specifically explained how each category contributed to the developing theory. The study engendered a theory regarding the core category and used the other categories to ground the data within it. If needed, the study went back to the data to find more data that “would support, disconfirm, or further elaborate the proposition” (Smith & Glass, 1987, p. 271).
Finally, the study produced the theory that has developed from the data.

In sum, the methodology can be reduced to the following steps:

1. data collection;
2. open coding;
3. axial coding;
4. selective coding;
5. define each category;
6. relate each category to core concept with aid of flow chart;
7. return to data to confirm or disconfirm theory;
8. produce theory.
CHAPTER 4: RESULTS

The main question guiding the study was: “How can different forms of altered states of consciousness (ASC) in dance/movement therapy (DMT) and dance therapeutically inform the practice of DMT?” As the study progressed different questions arose, including: “What is the function of ASC within DMT?,” “What are the therapeutic responses of ASC?,” and “How is ASC utilized and induced within DMT?” Answers to these questions were derived from extensive review and analysis of anthropological, psychotherapy, and DMT literature. The literature was first analyzed through creating a map of DMT, anthropological and psychotherapy literature as shown in Figure 1. The literature was then analyzed through open coding, axial coding, and selective coding. The main theory that emerged from this process of coding is that different forms of ASC therapeutically inform DMT through providing healing qualities that are similar to the therapeutic processes and goals in DMT. These goals include a cohesive group and community, healing potential (psychological, emotional, cognitive, etc.), experience of the self, energy and revitalization, catharsis and abreaction, recovery of play and creativity, and other therapeutic outcomes. Different forms of ASC within dance and DMT inherently share similar methods of induction, context, dimensions, and outcomes. Therapeutic outcomes of ASC are the most relevant to the practice of DMT. The literature describes that the goals of ASC are achieved through similar techniques or practices that are used within DMT including: ongoing and new rituals, body action and rapid motion, rhythm, focus, attention, absorption, and spiritual or transcendent experiences through inner focused movement practices.
Figure 1. Literature map.

Use and Functions of ASC in DMT

DMT
- Community/Safety
  - El-Guindy & Schmais, 1992

Anthropology
- Community/Safety
  - Jilek, 1986
  - Boddy, 1988

Psychotherapy
- State and Non-State Theory
  - Seligman & Kirmaver, 2008
  - Kirsch & Lynn, 1995
  - Kirsch, Montgomery & Sapirstein, 1995
  - Spiegel, 1994

- Ideodynamics
  - Rossi, 1988/1993
  - Gilligan, 1987
  - Somer, 2006

- Relic, Release, and Revitalization
  - Gilligan, 1987
  - Rosen, 1988 & 1978
  - Sangree, 1969
  - Halperin, 1995
  - Baum, 1993 & 1995
  - Serlin, 1993
  - Watson, 2001

- Possession and Non-Possession Trance
  - Winkelman, 1986
  - Bourguignon, 1976
  - Foley, 1985
  - Jilek, 1986
  - Murdock & Provost, 1973

- Individualized Benefits
  - Somer & Saadon, 2000
  - Fitzhenry, 1985

- Possession and Non-Possession Trance
  - Stephen & Suryani, 2000

- Creativity and Transitional States
  - Krippner, 1968/1999
  - Horowitz, 1978
  - Runco, 2007
  - Brenner, 1973
  - Klinger, 1971
  - Ullman, 1965
  - Csikszentmihalyi, 1990
  - Nachmanovitch, 1990
  - Stephen, 1997

- Imagery
  - Goodill, 2005
  - Sandel, 1993

- Liminality
  - Turner, 1987
  - Siegel, 1991

- Imagery
  - Summer, 1990
  - Overholser, 1991
  - Horowitz, 1978

- Liminality
  - Winnicott, 1953

Authentic Movement
- Finisdore, 1997
- Chodorow, 1991
- Lewis, 1982
- Levy, 1988
- Pallaro, 1999/2007
- Stromsted, 1997
- Whitehouse, 1979
- Musicant, 2001

Breath Work
- Chaiklin & Schmais, 1993
- Sultanoff, 2002
- Hackney, 2002
- Amighi, et al., 1999
- Erwin-Grabner et al., 1999
- Halprin, 2000

Experiencing and Focusing
- Dosamantes-Alperson, 1981
- Gendlin, 1978

Imagery
- Goodill, 2005
- Sandel, 1993

Liminality
- Lewis, 1993

Phrasing, Drives, and States
- Bartenieff, 1980
- Shapiro, 1990
- Laban, 1980
- Halperin, 1995

Possession and Non-Possession Trance
- Winkelman, 1986
- Bourguignon, 1976
- Foley, 1985
- Jilek, 1986
- Murdock & Provost, 1973

Relief, Release, and Revitalization
- Hanna, 1988 & 1978
- Sangree, 1969
- Halperin, 1995
- Baum, 1993 & 1995
- Serlin, 1993
- Watson, 2001

Relief, Release, and Revitalization
- Keeney, 2007
- Akstein, 1974
- Heim, 1970

Different Levels of Experiencing
- Gilligan, 1987
- Somer, 2006

Individualized Benefits
- Somer & Saadon, 2000
- Fitzhenry, 1985

Possession and Non-Possession Trance
- Stephen & Suryani, 2000

Creativity and Transitional States
- Krippner, 1968/1999
- Horowitz, 1978
- Runco, 2007
- Brenner, 1973
- Klinger, 1971
- Ullman, 1965
- Csikszentmihalyi, 1990
- Nachmanovitch, 1990
- Stephen, 1997

Music
- Perret, 2005
- Fachner, 2006
- Rouget, 1985
- Bonny & Savary, 1973
- Gaston, 1970
- Bonny & Pahnke, 1972
- Bonny, 1980
- Summer, 1983/1990
- Moreno, 1988

Psychobiology
- Acherberg, 1985
- Vaitle et al., 2005
- Neher, 1961/1962
- Maxfield, 1990
- Goodman, 1990
- Freeska & Kulcsar, 1989
- Mandell, 1980
- Jilek, 1982

Hypnosis
- Rossi, 1986
- Erikson, 1961/1964
- Torres Godoy, 1999

Psychodynamics
- Rossi, 1988/1993
- Gilligan, 1987
- Yapko, 1990

Music
- Perret, 2005
- Fachner, 2006
- Rouget, 1985
- Bonny & Savary, 1973
- Gaston, 1970
- Bonny & Pahnke, 1972
- Bonny, 1980
- Summer, 1983/1990
- Moreno, 1988

Psychobiology
- Acherberg, 1985
- Vaitle et al., 2005
- Neher, 1961/1962
- Maxfield, 1990
- Goodman, 1990
- Freeska & Kulcsar, 1989
- Mandell, 1980
- Jilek, 1982

Imagery
- Goodill, 2005
- Sandel, 1993

Liminality
- Lewis, 1993

Possession and Non-Possession Trance
- Winkelman, 1986
- Bourguignon, 1976
- Foley, 1985
- Jilek, 1986
- Murdock & Provost, 1973

Relief, Release, and Revitalization
- Hanna, 1988 & 1978
- Sangree, 1969
- Halperin, 1995
- Baum, 1993 & 1995
- Serlin, 1993
- Watson, 2001

Different Levels of Experiencing
- Gilligan, 1987
- Somer, 2006
Open Coding

The open coding procedure resulted in the verification of eleven themes. Through triangulation of the three forms of literature (anthropological, psychotherapy, and DMT) it was found that the most common themes were Community/Group, Healing Potential, Spirituality/Religion, Ritual, Rhythm, Experience of the Self, Body Action and Rapid Motion, Catharsis and Abreaction, Energy and Revitalization, Recovery of Play and Creativity and Focus, Attention, and Absorption. Tables 1-3 provide an illustration of how the researcher coded the literature in each of the three areas and the shared Open Coding Themes that emerged.
## Open Coding

Table 1

Open Coding of Anthropological Literature

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Physical activity</th>
<th>Human world</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Space/Social Cues</td>
<td>Notice, Observation</td>
<td>Exploration</td>
</tr>
<tr>
<td>Dissociation</td>
<td>Release/Letting-go</td>
<td>Healing</td>
</tr>
<tr>
<td>Phenomenon</td>
<td>Euphoria</td>
<td>Possession</td>
</tr>
<tr>
<td>Performance</td>
<td>Spirit/Spiritual/Spirit</td>
<td>Non-possession</td>
</tr>
<tr>
<td>Cultural/Cultural Context</td>
<td>World</td>
<td>Central Nervous</td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td>Existence</td>
<td>System</td>
</tr>
<tr>
<td><strong>Experience/Experiences of the Self</strong></td>
<td>Direct suggestive ego support</td>
<td>Temporal lobe discharges</td>
</tr>
<tr>
<td><strong>Attention</strong></td>
<td>Emotional</td>
<td>Physiological</td>
</tr>
<tr>
<td><strong>Focus</strong></td>
<td>Relief from anxiety</td>
<td>Psychophysiological</td>
</tr>
<tr>
<td><strong>Body Action</strong></td>
<td>Female/Woman</td>
<td>Ecstasy</td>
</tr>
<tr>
<td>Absorbed/Absorption</td>
<td>Ecstatic Dance</td>
<td>Play</td>
</tr>
<tr>
<td>Bodily Feelings</td>
<td>Revitalization</td>
<td>Rhythm</td>
</tr>
<tr>
<td>Repressed Feelings</td>
<td>Spirit cult dances</td>
<td>Processes</td>
</tr>
<tr>
<td>Imagine/Imagination</td>
<td>Dissociative states</td>
<td>Religion</td>
</tr>
<tr>
<td><strong>Healing</strong> Qualities</td>
<td>Cult</td>
<td>Catharsis</td>
</tr>
<tr>
<td>Hypnosis/Hypnotism</td>
<td>Anticipatory psychic management</td>
<td>Ideas</td>
</tr>
<tr>
<td>Changing of beliefs and expectations</td>
<td>Paradox Mediation</td>
<td>Ritual</td>
</tr>
<tr>
<td>Trance</td>
<td>Transition between states</td>
<td>In between</td>
</tr>
<tr>
<td>Change</td>
<td>“Pure possibility”</td>
<td>Phenomenon</td>
</tr>
</tbody>
</table>
Table 2
Open Coding of DMT Literature

<table>
<thead>
<tr>
<th>Category</th>
<th>Keywords</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety/</td>
<td>Repressed, Feelings, Cult, Expression (emotion), Symbolization/Symbolic, Anticipatory psychic management</td>
</tr>
<tr>
<td>Safe</td>
<td>“Free rein of movement”, Attentive/Attention “Witness” Internal focus</td>
</tr>
<tr>
<td>Society</td>
<td>Energetic, Phenomena, “Individual body” “Collective body” Dreams</td>
</tr>
<tr>
<td>Physical</td>
<td>“Conscious body” Experience of the self “Empty vessel” The Divine Sacred</td>
</tr>
<tr>
<td>Mental</td>
<td>“I move” Images (kinesthetic and mental) Inner and outer world</td>
</tr>
<tr>
<td>Spiritual (Health)</td>
<td>Between phrases State change Feeling states</td>
</tr>
<tr>
<td>Healing Ritual</td>
<td>Relaxation Change</td>
</tr>
<tr>
<td>Emotional (release, discharge, health, expression)</td>
<td>Continuous Liminal Hypnotic “Transformative Consciousness” Felt-sense</td>
</tr>
<tr>
<td>Transcend</td>
<td>Body-focused Receptive state “Spontaneous Abreaction” Freedom Deepen</td>
</tr>
<tr>
<td>Abractive emotional release</td>
<td>“Reflecting another’s Phrasing” Connections Sleep Relief from Anxiety</td>
</tr>
<tr>
<td>Cathartic Release</td>
<td>Childhood memories Breath/Breath Work Logical incongruities</td>
</tr>
<tr>
<td>Dissociative states</td>
<td>Rhythmic body action</td>
</tr>
<tr>
<td>Ongoing membership</td>
<td></td>
</tr>
<tr>
<td>Vivid Imagery</td>
<td></td>
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<tr>
<td>Group therapy</td>
<td></td>
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<tr>
<td>Monotone</td>
<td></td>
</tr>
<tr>
<td>Unity</td>
<td></td>
</tr>
<tr>
<td>Closeness</td>
<td></td>
</tr>
<tr>
<td>Moving together</td>
<td></td>
</tr>
<tr>
<td>Freedom</td>
<td></td>
</tr>
<tr>
<td>Community/Communal</td>
<td></td>
</tr>
<tr>
<td>Ritual</td>
<td></td>
</tr>
<tr>
<td>Explore new ways of being</td>
<td></td>
</tr>
<tr>
<td>Communal constraints</td>
<td></td>
</tr>
<tr>
<td>Dominant culture</td>
<td></td>
</tr>
<tr>
<td>Female/Woman</td>
<td></td>
</tr>
<tr>
<td>Focusing/Experiencing</td>
<td></td>
</tr>
<tr>
<td>Revitalization</td>
<td></td>
</tr>
<tr>
<td>Ecstatic dance</td>
<td></td>
</tr>
<tr>
<td>Spirit cult dances</td>
<td></td>
</tr>
<tr>
<td>“Intermediary Area of Experiencing”</td>
<td></td>
</tr>
<tr>
<td><strong>Table 3</strong></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
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<tr>
<td>Open Coding of Psychotherapy Literature</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Playing</strong></th>
<th><strong>Trance</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Levels of consciousness</td>
<td>Hypnosis/Hypnotic state</td>
</tr>
<tr>
<td>Free-form dance</td>
<td>Waking state</td>
</tr>
<tr>
<td>Cultural</td>
<td>Hallucinatory Oppression</td>
</tr>
<tr>
<td>New ideas</td>
<td>Psychophysical state</td>
</tr>
<tr>
<td>Rhythmic drumming</td>
<td>Inner Experience</td>
</tr>
<tr>
<td><strong>Ritual</strong></td>
<td><strong>Cognitive state</strong></td>
</tr>
<tr>
<td>Conscious Processes</td>
<td>Social Symbols</td>
</tr>
<tr>
<td>Active</td>
<td>Metaphors</td>
</tr>
<tr>
<td>Emotional</td>
<td>Spirit/Spiritual</td>
</tr>
<tr>
<td>Excitation</td>
<td>“Joyful distancing” Ideodynamics</td>
</tr>
<tr>
<td>Ceremony</td>
<td>Change</td>
</tr>
<tr>
<td>Repetition</td>
<td>Group therapy</td>
</tr>
<tr>
<td>Monotony</td>
<td>Rapid Motion</td>
</tr>
<tr>
<td>Phenomena: Heightened awareness</td>
<td>Realm</td>
</tr>
<tr>
<td>Mind/body connection</td>
<td>Self-awareness</td>
</tr>
<tr>
<td>Depth</td>
<td><strong>Community</strong></td>
</tr>
<tr>
<td>Self</td>
<td>Dynamic expression</td>
</tr>
<tr>
<td>Process/Processes</td>
<td>Kinesthetic imagery</td>
</tr>
<tr>
<td>Reverie</td>
<td>Sensory experiences</td>
</tr>
<tr>
<td>Insight</td>
<td>Inspiration</td>
</tr>
<tr>
<td><strong>Healing</strong></td>
<td>Visualization of feelings</td>
</tr>
<tr>
<td>Relaxed state of mind</td>
<td>Visions/Waking visions</td>
</tr>
<tr>
<td>Guided imagery</td>
<td>Ego strength</td>
</tr>
<tr>
<td>Realm</td>
<td>Consciousness</td>
</tr>
<tr>
<td>Inner world</td>
<td>Theta activity</td>
</tr>
<tr>
<td><strong>Catharsis/Release</strong></td>
<td>Dissociation</td>
</tr>
<tr>
<td>Peak experience</td>
<td>Automatic (writing, talking)</td>
</tr>
<tr>
<td>Timelessness</td>
<td>Safety</td>
</tr>
<tr>
<td>Self-Actualization</td>
<td>Active/Activation</td>
</tr>
<tr>
<td>Visualization</td>
<td>Distancing from problems</td>
</tr>
<tr>
<td>Kinesthetic feelings</td>
<td><strong>Internal Resources</strong></td>
</tr>
<tr>
<td>Transcendence of ego</td>
<td>Choice</td>
</tr>
<tr>
<td>Alternative time/ space/place realities</td>
<td>Reversibility</td>
</tr>
<tr>
<td>Time distortion</td>
<td>Present, inner, outer, alternate, and external reality</td>
</tr>
<tr>
<td>Loss of time continuum</td>
<td>Resolution</td>
</tr>
<tr>
<td>Relief from anxiety</td>
<td><strong>Rocking of body</strong></td>
</tr>
<tr>
<td>Conscious awareness</td>
<td>Experiment with new perspectives</td>
</tr>
<tr>
<td></td>
<td>Freedom</td>
</tr>
<tr>
<td></td>
<td>Opiates/Endorphins</td>
</tr>
<tr>
<td></td>
<td>Creativity</td>
</tr>
<tr>
<td></td>
<td>Life events</td>
</tr>
<tr>
<td></td>
<td>Energy/Energy moving</td>
</tr>
<tr>
<td></td>
<td>in waves, negative energy, energized</td>
</tr>
<tr>
<td></td>
<td>Experience of the self</td>
</tr>
<tr>
<td></td>
<td>Relaxation</td>
</tr>
<tr>
<td></td>
<td>Open</td>
</tr>
<tr>
<td></td>
<td>Possibility</td>
</tr>
<tr>
<td></td>
<td>Preconscious</td>
</tr>
<tr>
<td></td>
<td>Hypnagogia</td>
</tr>
<tr>
<td></td>
<td>Hypnopompia</td>
</tr>
<tr>
<td></td>
<td>“Transitional state(s) of consciousness”</td>
</tr>
<tr>
<td></td>
<td>States of consciousness</td>
</tr>
<tr>
<td></td>
<td>Transitional space</td>
</tr>
<tr>
<td></td>
<td>Dream/Dreamlike</td>
</tr>
<tr>
<td></td>
<td>Nervous system</td>
</tr>
<tr>
<td></td>
<td>Rhythm/Rhythmic</td>
</tr>
<tr>
<td></td>
<td>drumming</td>
</tr>
<tr>
<td></td>
<td>Monotonous drumbeats</td>
</tr>
<tr>
<td></td>
<td>Possession</td>
</tr>
<tr>
<td></td>
<td>Non-possession</td>
</tr>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>Entity</td>
</tr>
<tr>
<td></td>
<td>Passing through</td>
</tr>
<tr>
<td></td>
<td>Possession</td>
</tr>
<tr>
<td></td>
<td>Resolution</td>
</tr>
<tr>
<td></td>
<td><strong>Attention</strong></td>
</tr>
<tr>
<td></td>
<td>Joy</td>
</tr>
<tr>
<td></td>
<td>Fantasy</td>
</tr>
<tr>
<td></td>
<td>Suggestibility</td>
</tr>
<tr>
<td></td>
<td>Absorption</td>
</tr>
<tr>
<td></td>
<td>Fantasy</td>
</tr>
<tr>
<td></td>
<td>Suggestibility</td>
</tr>
<tr>
<td></td>
<td>Euphoria</td>
</tr>
<tr>
<td></td>
<td>Flow</td>
</tr>
<tr>
<td></td>
<td>Ecstatic</td>
</tr>
<tr>
<td></td>
<td>Improvisation</td>
</tr>
<tr>
<td></td>
<td>“Automatic writing and drawing”</td>
</tr>
<tr>
<td></td>
<td>Free association</td>
</tr>
<tr>
<td></td>
<td>“Autonomous Imagination”</td>
</tr>
<tr>
<td></td>
<td>Active</td>
</tr>
<tr>
<td></td>
<td>Imagination</td>
</tr>
<tr>
<td></td>
<td>Deeper levels of mind</td>
</tr>
<tr>
<td></td>
<td>External cues</td>
</tr>
<tr>
<td></td>
<td>State-dependent memory</td>
</tr>
<tr>
<td></td>
<td>“Soul-flight”</td>
</tr>
<tr>
<td></td>
<td>Transform</td>
</tr>
<tr>
<td></td>
<td>Placebo response</td>
</tr>
<tr>
<td></td>
<td>Sexual</td>
</tr>
<tr>
<td></td>
<td>Repression/release</td>
</tr>
<tr>
<td></td>
<td>Individualized benefits</td>
</tr>
<tr>
<td></td>
<td>Changing of beliefs</td>
</tr>
</tbody>
</table>
Axial Coding

Axial coding delineated the dimensions, context, induction, and outcomes of the eleven themes as shown in Table 4 through Table 14. This data analysis process was particularly helpful in delineating the mechanisms of the induction processes and the outcomes of ASC in each induction process. The Tables address the results from the axial coding of each of the eleven themes. The note that follows each table summarizes highlights of this coding.
### Axial Coding of Community and Group Theme

<table>
<thead>
<tr>
<th>Context</th>
<th>Dimensions</th>
<th>Induction</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social</td>
<td>Female</td>
<td>Moving Together</td>
<td>Ego Support</td>
</tr>
<tr>
<td>Cultural</td>
<td>Male</td>
<td>“Collective Body”</td>
<td>Reaffirmation of community’s existence</td>
</tr>
<tr>
<td>Religious</td>
<td>Part of Community</td>
<td>Group</td>
<td>Spiritual, emotional, and physical health (&quot;meta-healing&quot;)</td>
</tr>
<tr>
<td></td>
<td>Whole Community</td>
<td>Group Rhythm</td>
<td>Change in individuals</td>
</tr>
<tr>
<td></td>
<td>Elders</td>
<td>Group Synchrony</td>
<td>Change in community</td>
</tr>
<tr>
<td></td>
<td>Younger Members</td>
<td>Unity</td>
<td>Creation of safe space</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Closeness</td>
<td>Emotional release/discharge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lessening of isolation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Explore new ways of being</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sense of belonging</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Healing of community</td>
</tr>
</tbody>
</table>

*Note.* This table outlines both the types of communities that come together in order to generate ASC, as well as the various ways (i.e. moving together, group rhythm, etc.) they achieve ASC. The table also displays therapeutic benefits, and specifically the enhancement of the cohesion and health of the community or group through the use of ASC.
Table 5

*Axial Coding of Healing Potential Theme*

<table>
<thead>
<tr>
<th>Context</th>
<th>Dimensions</th>
<th>Induction</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Physiological</td>
<td>Breath Work</td>
<td>Distance and relief from anxiety</td>
</tr>
<tr>
<td>Community</td>
<td>Psychological</td>
<td>Hypnosis</td>
<td>Deep State of Relaxation</td>
</tr>
<tr>
<td>Group</td>
<td>Cognitive</td>
<td>Cultural Rituals</td>
<td>Physiological, mental, emotional, physical, and therapeutic responses</td>
</tr>
<tr>
<td></td>
<td>Emotional</td>
<td>Dynamic expression through the arts (dance, music, drama, art)</td>
<td>Healing of individual or community</td>
</tr>
<tr>
<td></td>
<td>Mental</td>
<td>“Integration of feeling, thought, and action”</td>
<td>Symptom resolution</td>
</tr>
</tbody>
</table>

*Note.* This table describes the many types of healing (i.e. physiological, psychological, cognitive, emotional, mental, spiritual) that can occur within ASC. It is also important to note who is able to benefit from this healing potential: not only the individual but also the group or community as a whole.
### Axial Coding of Ritual Theme

<table>
<thead>
<tr>
<th>Context</th>
<th>Dimensions</th>
<th>Induction</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMT</td>
<td>Physical</td>
<td>Choreography</td>
<td>Emotional release/Catharsis</td>
</tr>
<tr>
<td>Cultural/Communal</td>
<td>Occupational/Work Activities</td>
<td>Music/Rhythmic drumming</td>
<td>Deep relaxation</td>
</tr>
<tr>
<td>Religious</td>
<td>Verbal</td>
<td>Ceremony</td>
<td>Heightened arousal</td>
</tr>
<tr>
<td>Life Events</td>
<td>Female</td>
<td>With help of a leader</td>
<td>Healing response</td>
</tr>
<tr>
<td>(marriage, death,</td>
<td></td>
<td>(shaman, therapist,</td>
<td>“Exalted moments of joy”</td>
</tr>
<tr>
<td>new members)</td>
<td>Male</td>
<td>medicine man)</td>
<td></td>
</tr>
<tr>
<td>Outside of society</td>
<td>Possession</td>
<td>Social Cues</td>
<td>Ability to endure pain</td>
</tr>
<tr>
<td>Rite of Passage</td>
<td>Non-Possession</td>
<td>Specific Movements</td>
<td>Freedom</td>
</tr>
<tr>
<td>Ancient/Traditional</td>
<td></td>
<td>(like “shaking,” rapid motion)</td>
<td>Anticipatory psychic management</td>
</tr>
<tr>
<td>New to the Community</td>
<td></td>
<td>Specific Practices</td>
<td>Paradox Mediation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(fasting, social isolation,</td>
<td>Feeling “lighter”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>meditation, use of</td>
<td>Ecstasy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hallucinogens etc.)</td>
<td>Tranquility</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“Flow,” Creative Products</td>
</tr>
</tbody>
</table>

**Note.** This table outlines the many ways that ritual is used for induction of ASC. Ritual may be based on practices like fasting or social isolation. The outcomes of ritual include physiologic outcomes such as arousal and deep relaxation as well as heightened positive emotional/psychological experiences such as ecstasy, joy, freedom. Rituals often mark life events like marriage, death, or rites of passage.
Table 7

Axial Coding of Body Action and Rapid Motion Theme

<table>
<thead>
<tr>
<th>Context</th>
<th>Dimensions</th>
<th>Induction</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>Fast</td>
<td>Music</td>
<td>ASC</td>
</tr>
<tr>
<td>Individual</td>
<td>Slow</td>
<td>Drumming</td>
<td>Transcendence</td>
</tr>
<tr>
<td>Culture</td>
<td>Rhythmical</td>
<td>Cultural Dancing</td>
<td>Accessing the unconscious</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Authentic Movement</td>
<td>Catharsis/Emotional Release</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Vitalization of the individual and/or the group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reservoir of physical and psychic strength</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Kinesthetic and mental images</td>
</tr>
</tbody>
</table>

*Note.* This table outlines the use of body action and rapid motion to achieve ASC. Body action and rapid motion can occur within an individual or group, or a specific culture, and the movements can be fast, slow, or rhythmical. The processes of induction include arts processes such as music and dance and the outcomes, as well as Authentic Movement. Notable outcomes of body action and rapid motion are transcendence, accessing the unconscious, kinesthetic and mental images.
Table 8

*Axial Coding of Rhythm Theme*

<table>
<thead>
<tr>
<th>Context</th>
<th>Dimensions</th>
<th>Induction</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music/Drumming</td>
<td>Fast</td>
<td>Moving Together</td>
<td>ASC, Transmission of energy to brain</td>
</tr>
<tr>
<td>Movement</td>
<td>Slow</td>
<td>Free or structured drumming</td>
<td>Unusual perceptions</td>
</tr>
<tr>
<td>Group</td>
<td>Repetitive</td>
<td></td>
<td>Change in electrical activity of brain</td>
</tr>
<tr>
<td>Individual</td>
<td>Monotonous</td>
<td></td>
<td>Vitalization</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Synchronous expression</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transcendence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Insights into the self/Reveal meanings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Support/Organization</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“Flow,” creative products</td>
</tr>
</tbody>
</table>

*Note.* This table illustrates the use of rhythm as a component of the induction of ASC. Rhythm also provides support and organization for ASC. The table also describes the many variations of rhythm (fast, slow, repetitive, and monotonous) and the therapeutic outcomes involved (vitalization, support, etc.).
Table 9

Axial Coding Spirituality and Religion Theme

<table>
<thead>
<tr>
<th>Context</th>
<th>Dimensions</th>
<th>Induction #1</th>
<th>Outcomes #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cult</td>
<td>Health</td>
<td>Entity enters the body</td>
<td>Mystical/Sacred Experience</td>
</tr>
<tr>
<td>Intermediary Area of Experiencing</td>
<td>Illness</td>
<td>Liminality</td>
<td>Experience of “the Divine”</td>
</tr>
<tr>
<td>Spirit World/Realms</td>
<td>Harmful</td>
<td>Auditory driving</td>
<td>Transcendence and transformation</td>
</tr>
<tr>
<td>Ceremony</td>
<td>Healing</td>
<td>Fasting</td>
<td>Visions</td>
</tr>
<tr>
<td>Ritual</td>
<td>Possession</td>
<td>Social isolation</td>
<td>Spiritual Health</td>
</tr>
<tr>
<td>Community</td>
<td>Non-possession</td>
<td>Sensory deprivation</td>
<td></td>
</tr>
<tr>
<td>Body</td>
<td></td>
<td>Meditation</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td></td>
<td>Sleep/Dream States</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexual Restrictions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continuous movement</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drugs/Alcohol Authentic Movement</td>
<td></td>
</tr>
</tbody>
</table>

Note. This table describes spirituality and religion as inherent parts of ASC through the sense of transcendence ASC can provide. This theme is uniquely related to its outcomes. There are a range of contexts within spirituality, including body or ceremony, and it can happen in many dimensions, including possession and non-possession.


Table 10

*Axial Coding of Experience of the Self Theme*

<table>
<thead>
<tr>
<th>Context</th>
<th>Dimensions</th>
<th>Induction</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptive</td>
<td>Physical</td>
<td><em>Experiencing</em></td>
<td>“Finding one’s own unique curative factors”</td>
</tr>
<tr>
<td>State</td>
<td></td>
<td></td>
<td>Emotional release/discharge</td>
</tr>
<tr>
<td></td>
<td>Emotional</td>
<td><em>Felt-sense</em></td>
<td>Holistic experience of the self</td>
</tr>
<tr>
<td></td>
<td>Mystical</td>
<td><em>Focusing/Body-</em></td>
<td>Perceiving the self as “extremely worthwhile”</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Focusing</em></td>
<td>Experiencing “things as they are”</td>
</tr>
<tr>
<td></td>
<td>Inner Focus</td>
<td>“I am moved”</td>
<td>Less evaluative/critical</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Connecting to internal resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Being present</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Getting to know the self</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Better understanding of the self</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ability to experiment with “creative and spontaneous behavior”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“Joyful distancing”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Relief from anxiety</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Finding spiritual aid to solve problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Flexible time/space relations/Ability to manipulate time and space</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Coming in contact with nonverbal experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Finding “creative solutions to old problems”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transformation</td>
</tr>
</tbody>
</table>

Note: This table illustrates the experience of the self as providing a phenomenological view and therapeutic attribute of ASC. Experience of the self comes through DMT approaches such as Experiencing and the “I am moved” component of Authentic Movement. It is within this experience of the self that one is able to find “creative solutions to old problems” and experience transformation.
Table 11

Axial Coding of Energy and Revitalization Theme

<table>
<thead>
<tr>
<th>Context</th>
<th>Dimensions</th>
<th>Induction</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body</td>
<td>Moving in waves</td>
<td>Drumbeats/Rhythm</td>
<td>Relief from stress/anxiety</td>
</tr>
<tr>
<td>Mind</td>
<td>Transmission to brain</td>
<td>“Expression of angry feelings”</td>
<td>Emotional release</td>
</tr>
<tr>
<td></td>
<td>Liberated</td>
<td>“Repetition of a rhythmic phrase”</td>
<td>Covert feelings come into awareness</td>
</tr>
<tr>
<td></td>
<td>Synchronous group expression</td>
<td></td>
<td>Generate a reservoir of physical and psychic strength</td>
</tr>
</tbody>
</table>

Note. This table illustrates the sense of energy and revitalization that is obtained through ASC. The table describes where the energy may be found within the body or the mind, and also that it may feel like energy moving in waves, energy being transmitted to the brain, or the liberation of energy. The outcomes of ASC within this theme are relief, release, awareness and a sense of physical and psychic strength.
### Table 12

*Axial Coding of Catharsis and Abreaction Theme*

<table>
<thead>
<tr>
<th>Context</th>
<th>Dimensions</th>
<th>Induction</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak experience within ASC</td>
<td>Working through repressed material</td>
<td>Cultural Trance Dances</td>
<td>Expression of emotion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rapid Motion</td>
<td>Release of energy and frustrations</td>
</tr>
<tr>
<td>Experiencing present anxiety or conflict</td>
<td>Full-throated song</td>
<td>“Explosive yells and ululations”</td>
<td>Prevention of depression and other psychic tensions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expressive Movement</td>
<td>Mediate stress specific to women (childbirth, marriage etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Reflecting another’s movements”</td>
<td>Euphoria</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Passion Drive</td>
<td>Public-letting go/release</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Authentic Movement</td>
<td>Feeling “lighter”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mastery of overwhelming affect</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“Integration of feeling, thought, and action”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Anxiety relief</td>
</tr>
</tbody>
</table>

*Note.* This table illustrates catharsis and abreaction being obtained through ASC and the call for dynamic expression with ASC. This table illustrates catharsis and abreaction as an ASC process and the call for dynamic expression with ASC. This process is especially relevant to mood or emotional outcomes.
Table 13

**Axial Coding of Recovery of Play and Creativity Theme**

<table>
<thead>
<tr>
<th>Context</th>
<th>Dimensions</th>
<th>Induction</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flow</td>
<td>“Momentary versus lasting for hours”</td>
<td>Free Association</td>
<td>Healing of community (“meta-healing”)</td>
</tr>
<tr>
<td>Reverie</td>
<td>Range of experiences (“from rockclimbing” to “mundane experiences at work”)</td>
<td>Autonomous Imagination</td>
<td>Creative solutions to old problems”</td>
</tr>
<tr>
<td>Improvisation</td>
<td>“Playful spirits”</td>
<td>Absorption</td>
<td>Creative Products</td>
</tr>
<tr>
<td>Authentetic Movement</td>
<td>“Free association”</td>
<td>“Rhythmic and harmonious movements”</td>
<td>Breaks in everyday life</td>
</tr>
<tr>
<td>Hypnosis (playing with symptomatology)</td>
<td>Inner/Internal Focus</td>
<td>“Ego gives up control”</td>
<td>Vivid imagery</td>
</tr>
<tr>
<td>Transitional states/states of consciousness</td>
<td>Letting your intuition be the guide (automatic writing, drawing, etc.)</td>
<td>“Free rein” of body and mind</td>
<td>Artistic expression “Cultural innovations”</td>
</tr>
<tr>
<td>Sleep/Dream States</td>
<td></td>
<td></td>
<td>“Investing established beliefs with new vitality and enthusiasm”</td>
</tr>
<tr>
<td>Cultural Trance Dances</td>
<td></td>
<td></td>
<td>“More extensive access to memory”</td>
</tr>
</tbody>
</table>

**Note.** This table illustrates the sense of play derived through ASC. The table also describes the creativity and creative products which may occur as a result of this sense of play. Play can be found in many contexts, including Authentic Movement, improvisation, transitional states (creativity), and it can last for moments or hours. The nature of its outcomes are in the realm of creativity, artistic expression, imagery, and spontaneity.
Table 14

**Axial Coding of Focus, Attention, and Absorption Theme**

<table>
<thead>
<tr>
<th>Context</th>
<th>Dimensions</th>
<th>Induction</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>Inner (experiencing the self)</td>
<td>Becoming aware of bodily feelings and imaginings</td>
<td>Ability to endure pain, Coming in contact with nonverbal experiences, Responding “to stimuli that”</td>
</tr>
<tr>
<td>Within the body</td>
<td>Outer (interaction with the environment)</td>
<td>Social Cues</td>
<td>“Placing sensation of pain within past social context in which it belongs”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Felt-sense Transformation</td>
<td>“Relinquishing of normal conscious awareness”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Body-focusing</td>
<td>Mindfulness/Ability to be present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Remaining in relative stillness</td>
<td>Enter “intermediary area of experiencing”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breath Work</td>
<td>Ability to be with oneself</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Guided imagery</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Receptive State</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hypnosis</td>
</tr>
</tbody>
</table>

*Note.* This table illustrates focus, attention, and absorption as components of achieving ASC and the therapeutic outcomes of the process. Methods of induction include remaining in relative stillness, breath work, becoming aware of bodily feelings and imaginings, felt-sense and body-focusing.
Selective Coding

The data was next compared and integrated through a process of selective coding. Selective coding identified and highlighted connections and relationships between the themes and DMT. It was found that all eleven themes could be related to the practice of DMT. Most important to the findings was the similarity between the therapeutic outcomes of ASC to the therapeutic outcomes or goals of DMT. The following narrative addresses each of the eleven themes and the relationship of the themes to DMT.
Theme 1: Community and Group

The community or group comes together in order to generate ASC through moving together, forming a “collective body,” creating group rhythm/synchrony, unity, and closeness. The group or community appears to develop further cohesion and obtains a “meta-healing” through the experience of ASC.

*Theme 1: DMT Relational Statement*

DMT is often created within a community or group setting and utilizes forms of induction like group rhythm and synchrony in order to create a healing environment where group members can freely express themselves.

Theme 2: Ritual

A sense of ritual is an integral part of ASC through its use of ancient traditions to mark life events like marriage, death, birth, and rites of passage. The induction of ASC may depend on ritualistic content such as specific music or drumming, social cues, ceremonial aspects, necessity of a leader, and specific movements.

*Theme 2: DMT Relational Statement*

Creating rituals within the DMT process often adds to the therapeutic atmosphere through giving events “significance and place.” DMT literature states that often dance/movement therapists will “choreograph rituals” to mark members leaving or entering the group, births, deaths, and rites of passage.

Theme 3: Healing Potential

Healing potential appears to be derived through different forms of ASC acquired through practices like breath work, hypnosis, cultural rituals, and dynamic expression through the
arts. ASC induce healing on many levels including physiological, psychological, cognitive, emotional, mental and spiritual.

*Theme 3: DMT Relational Statement*

DMT seeks healing potential (also psychological, cognitive, and emotional) through the mind/body connection. DMT aims for this healing potential through dynamic expression through movement and practices like breath work. Like ASC, DMT also seeks to heal through the integration of feeling, thought and action utilizing movement and dance.

*Theme 4: Body Action and Rapid Motion*

Body action and/or rapid motion appear to be components of inducing ASC and can be induced through the use of music, drumming, cultural dancing, and Authentic Movement. Body action and/or rapid motion produce feelings of transcendence, access to the unconscious, vitalization, and catharsis.

*Theme 4: DMT Relational Statement*

Body action and/or rapid motion are integral components of the DMT process through its use of dance and movement. DMT utilizes approaches like Authentic Movement and group synchrony in an effort to produce body action and/or rapid motion.

*Theme 5: Spirituality and Religion*

Spirituality and religion are inherent components of ASC through it being used to obtain transcendence, contact spirits, and experience “the Divine.” Often ASC are utilized in order to obtain spiritual health for the community and/or the individual.

*Theme 5: DMT Relational Statement*

Spirituality and religion are not the main foci of DMT but come up through its use of Authentic Movement and the sense of liminality found between phrasing of movement.
DMT literature reveals mystical and transcendent experiences found through inner focused movement practices, continuous movement, the passion drive, and in between phrasing.

**Theme 6: Rhythm**

Rhythm appears to be a necessary component of ASC through providing support and organization to the experience. Rhythm can be fast, slow, repetitive, or monotonous and can be produced through drumming, moving, or both. It can produce vitalization, synchronous expression, “flow,” etc.

*Theme 6: DMT Relational Statement*

DMT uses rhythm to support the movement process and to organize the group or individual. Rhythm often maintains movement and can be common ground in order to create synchrony within a group or individual. It appears to be a necessary component within the creative process of DMT.

**Theme 7: Experience of the Self**

Experience of the self through ASC allows one to become aware and accepting of oneself. Experience of self also provides an understanding of the experience within ASC. Experiencing the self occurs through practices like *felt-sense, experiencing, focusing,* inner focus, and “I am moved.” It helps one to find “one’s own unique curative factors.”

*Theme 7: DMT Relational Statement*

DMT utilizes practices like *experiencing* and *focusing* which produce receptive states and possibly ASC. DMT specifically uses inner focused movement practices like Authentic Movement or *experiencing* to help the individual experience themselves in an explorative way in an effort to better understand the self.
Energy and revitalization within the body and mind are obtained through ASC through the use of drumbeats/rhythm, “expression of angry feelings,” “repetition of a rhythmic phrase,” and synchronous group expression. Energy is produced through these practices and consequently a reservoir of physical and psychic strength is formed.

**Theme 8: DMT Relational Statement**

DMT also utilizes synchronous group expression, rhythm, “expression of angry feelings,” and “repetition of a rhythmic phrase” to produce energy. One of the healing processes within DMT is vitalization through the use of movement and dance in order to produce emotional release and consequently energy.

**Theme 9: Catharsis and Abreaction**

Catharsis and abreaction are obtained through the use of ASC. ASC produces a peak experience through methods like expressive movement and “explosive yells and ululations.” Within that experience one is able to experience a release of energy, prevention of depression, euphoria, etc.

**Theme 9: DMT Relational Statement**

DMT utilizes expressive movement, the passion drive, inner focus movement practices (Authentic Movement) and “reflecting another’s movements” in order to create catharsis and/or abreaction. Catharsis and abreaction within expressive movement help the individual to obtain mastery over overwhelming affect and to integrate feeling, thought and action.
Theme 10: Recovery of Play and Creativity.

Recovery of play and creativity is obtained through the use of ASC. ASC often result in creative products. This creativity aids in symptom resolution and the ability to find new and different ways of approaching “old problems.” Practices like internal focus, and free association induce this sense of creativity.

Theme 10: DMT Relational Statement

DMT is a creative process in and of itself. Most importantly, DMT utilizes the creative process in order to find methods of healing for the individual or group. DMT uses specific practices like “rhythmic and harmonious movements” or “free rein” of the body to produce creativity and play.

Theme 11: Focus, Attention and Absorption

Focus, attention and absorption appear to be necessary components to induce ASC but also help the individual to endure pain, contact nonverbal experiences, experience transformation, be present etc. This focus or attention can be within the self (inner) or within the environment (outer).

Theme 11: DMT Relational Statement

DMT utilizes approaches like felt-sense and body-focusing to aid in bringing the awareness into the self so one is able to focus, maintain attention, and become absorbed within the movement process. This inner focus helps achieve DMT goals like coming in contact with one’s embodied sense and being present.
Overarching Theory

As the themes began to integrate, specifically through axial and selective coding, the core concept emerged to answer the original research question: “How can different forms of ASC in DMT and dance therapeutically inform the practice of DMT?” The overarching theory that emerged is: “Different forms of ASC therapeutically inform the practice of DMT because the healing qualities of ASC are similar to the therapeutic goals of DMT.” ASC within dance and DMT inherently share similar methods of induction, context, dimensions, and outcomes. Ultimately, different forms of ASC therapeutically inform DMT through providing healing qualities that are similar to the therapeutic processes and goals in DMT. These goals or healing qualities include a cohesive group and community, healing potential (psychological, emotional, cognitive, etc.), experience of the self, energy and revitalization, catharsis and/or abreaction, recovery of play and creativity, and other therapeutic outcomes. The goals of ASC are achieved through similar techniques or practices that are used within DMT including: ongoing and new rituals, body action and rapid motion, rhythm, focus, attention, absorption, and spiritual or transcendent experiences through inner focused movement practices. The overarching theory and the relationship of the eleven themes to the practice of DMT, is illustrated in Figure 2.
**Overarching Theme/Theory:** Different forms of ASC therapeutically inform the practice of DMT because the healing qualities of ASC are similar to the therapeutic goals of DMT.

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The community or group comes together in order to generate ASC.</td>
<td>DMT is often created within a community or group setting.</td>
</tr>
<tr>
<td>The induction of ASC may depend on ritualistic content.</td>
<td>Creating rituals within the DMT can give “significance and place” to events.</td>
</tr>
<tr>
<td>ASC induce healing on many levels including physiological, psychological, cognitive, emotional, mental and spiritual.</td>
<td>DMT seeks healing potential through the body/mind connection found in dance and movement.</td>
</tr>
<tr>
<td>Body action and/or rapid motion appear to be necessary components of inducing ASC.</td>
<td>Body action and/or rapid motion are integral components of the DMT process through its use of dance and movement.</td>
</tr>
<tr>
<td><strong>Spirituality</strong> and religion are inherent components of ASC through it being used to obtain transcendence, contact spirits, and experience “the Divine.”</td>
<td>DMT literature reveals spiritual and transcendent experiences found through inner focused movement practices and continuous movement.</td>
</tr>
<tr>
<td>Rhythm appears to be a necessary component of ASC through providing atmosphere, support, and organization to the experience.</td>
<td>DMT uses rhythm to support the movement process and often to organize the group or individual.</td>
</tr>
<tr>
<td>Experience of the self is not only a therapeutic attribute of ASC but also provides an understanding of the experience within it.</td>
<td>DMT specifically uses inner focused movement practices to help the individual experience themselves in an</td>
</tr>
<tr>
<td>Energy and revitalization within the body and mind are obtained through</td>
<td>DMT utilizes synchronous group expression, rhythm, “expression of angry feelings,” and “repetition of a rhythmic phrase” to produce energy and</td>
</tr>
<tr>
<td>Catharsis and abreaction are obtained through the peak experience that occurs within ASC.</td>
<td>DMT utilizes expressive movement to reach catharsis and/or abreaction.</td>
</tr>
<tr>
<td>Recovery of play and creativity is obtained through the use of ASC and ASC often results in creative products.</td>
<td>DMT utilizes the creative process in order to find methods of healing for the individual or group.</td>
</tr>
<tr>
<td>Focus, attention and absorption appear to be necessary components to induce ASC and help the individual to endure pain, contact nonverbal experiences, experience transformation, be present etc.</td>
<td>DMT utilizes approaches like <strong>felt-sense</strong> and <strong>body-focusing</strong> to aid in focus, maintaining attention, and absorption within the movement process.</td>
</tr>
</tbody>
</table>
CHAPTER 5: DISCUSSION

This study created a theory concerning the use of altered states of consciousness (ASC) within dance/movement therapy (DMT). It also engendered ideas in the following areas: clinical applications of the proposed eleven themes and ASC, the comprehensive multicultural lens that ASC offer to the practice of DMT, the learning process for the researcher in writing the thesis, limitations of the study, and implications for future research. This chapter will review these ideas and their implications to the practice of DMT.

Eleven Themes and Clinical Application

There were eleven recurring themes that continued to appear throughout the three forms of literature reviewed (dance/movement therapy (DMT), anthropological, and psychotherapy). These eleven themes that emerged in analysis of the literature data were the following: community and group, healing potential, spirituality and religion, ritual, rhythm, experience of the self, body action and rapid motion, catharsis and abreaction, energy and revitalization, recovery of play and creativity and focus, attention and absorption. The themes helped to integrate the literature and answer the initial research question. The themes also highlighted the clinical significance of ASC within DMT. Most importantly, the themes reinforced the overarching theory that ASC are an inherent part of, and have similar healing qualities to the therapeutic goals of DMT.

Community and group themes, in the overarching theory derived from this study, have an important relationship to group therapy. Anthropological literature described how ASC are used within communities for healing purposes and to enable community members to feel a sense of freedom from oppression, communal restraints, and/or the
dominant culture. It was common for women to come together and participate in trance dances that induce ASC. It was found that these ASC were utilized in order to find solace from female specific pressures such as childbirth and marriage. Hanna (1978, 1988) states that the women within the Irgwe and Ubakala tribes of Nigeria and the women of Korea enter these ASC through trance dances to obtain a sense of “letting go” and freedom from the patterns of daily life. El-Guindy and Schmais (1992) propose similar therapeutic benefits to the women of Islamic culture in Egypt through their research of the Zar.

This need for “letting go” was not only specific to females; whole communities utilized trance dances to induce ASC in order to obtain a sense of freedom. Anthropological literature, described how Native American tribes partake in trance dances to overcome the feelings of oppression that stem from injustices related to American colonialism. Halperin (1995) explores the “meta-healing” that occurs within the Tambor de Mina, a possession dance ritual found within Afro-Brazilian culture (p. 178). He states that this dance results in a “healing of the community” (1995, p. 178). This theme of group and community was also present in a study of Authentic Movement and Adler’s (2002) concept of the collective body. Adler (2002) describes the collective body as many people moving together within the experience of Authentic Movement. Through the collective body a sense of safety and community is achieved. It appears that these dances create a community within the smaller setting which in turn affects the community as a whole.

Within anthropological and DMT literature, trance dances were often described as “group psychotherapy.” The concept of community and group is relevant to the use of
ASC within DMT by virtue of the fact that DMT is used as a form of group psychotherapy. Dance/movement therapists attempt to enhance cohesion and unity when working with groups. Dance/movement therapists also aim for a “meta-healing” of the group by targeting interventions at both individual group members and to the group as a whole. The literature proposed that those who feel ostracized or oppressed feel a sense of safety and freedom within the different cultural dances that induce ASC.

Dance/movement therapists often work with the severely mentally ill, those living in poverty, or those suffering from addiction. Often these individuals feel or have been ostracized from society. Dance/movement therapists can enable clients to have a sense of freedom and to feel part of a community through the use of ASC. Consequently, dance/movement therapists can help clients acquire the skills necessary to be part of a community which could ultimately help them reenter the larger community or society.

Dance/movement therapists may also take note of the ability to create more cohesion and unity within the group through the use of ASC. Movement synchrony and rhythmic group activity are healing processes or components of DMT through which this often takes place and help to “vitalize the individual and the group, generating a reservoir of physical and psychic strength that can be used for further expression, communication, and competence” (Schmais, 1985, p. 26).

The healing potential and the role of ASC in triggering a healing cycle was another common theme throughout the literature. The literature documented the use of ASC to induce healing for psychological ailments like anxiety, stress, emotional repression, conflict, rigid beliefs and expectations, neurosis, and various psychiatric disorders. Research addressing the psychobiology of trance outlined how the healing
process is triggered by changes in the nervous system, cardiovascular changes, and neurological changes (including increase in endorphins/opiates, temporal lobe discharges, and higher EEG theta frequency). Achterberg (1985) proposes that the increase in endorphins/opiates may help the immune system to fight off disease and may also give the person access to “the chemicals of hope” and “joy” (p. 139). Vaitle et al. (2005) suggest that the cardiovascular changes may also explain the healing potential of ASC.

Psychotherapy literature described numerous outcomes related to the healing potential found within ASC. Keeney (2007) specifically explores what he terms “shaking medicine,” which are trance dances that incorporate the use of shaking to induce the “whole healing response” (p. 27). He proposes that after the body moves and shakes itself out there is a “non-purposeful entry into the cycle of healing” (2007, p. 27). Within the practice of DMT, dance/movement therapists often encourage patients to shake their bodies out in an effort to help them become aware of their bodies and the tension they may be holding within. With this understanding of the healing cycle, dance/movement therapists can be more cognizant and appreciative of the therapeutic benefits through shaking movement and may make a decision to facilitate or sustain the shaking motion to enhance therapeutic effect.

The exploration of trance dances and ASC revealed the following therapeutic outcomes: inspiration, new ideas/ways of existing, spiritual health, relief from anxiety, revitalization, resolution, ego strength, changing of beliefs and expectations, freedom from emotional repression, relaxation/tranquility, anticipatory psychic management, self actualization, and paradox mediation. Many of these therapeutic responses mirror the goals of DMT and other forms of psychotherapy. Thus, the healing potential of ASC
may therapeutically inform the practice of DMT through the many therapeutic outcomes, physiological and psychological, associated with it.

Although spirituality and religion are not at the forefront of the theoretical landscape of DMT, it appeared that this theme was important to the use of ASC within DMT. The concept of liminality appeared to have spiritual and non-spiritual aspects. Liminality showed the most frequent correlation to the use and function of ASC within DMT. A review of the literature pertaining to possession and non-possession trance was included to show the two distinct processes within the phenomenon of ASC. It is important to note that ASC used within DMT are of the non-possession type. Notwithstanding, it is also important to note that some of the therapeutic benefits of the non-possession trance can be found in possession trance.

Within DMT literature the concept of liminality and its spiritual implications came up through the study of Authentic Movement. Wyman-McGinty (1988) proposes that this feeling of being “in between” or suspended between inner and outer reality came through the dreamlike qualities of Authentic Movement. Adler (2002) describes her experience with Authentic Movement as “mystic.” She describes coming in contact with “the Divine” in her practice of Authentic Movement (2002, p. xviii). As a student of Adler, Stromsted (1997) also describes having an experience of “the sacred” through Authentic Movement (p. 254). Dance/movement therapists should remain aware of this sense of spirituality that may be produced through Authentic Movement. Holistic healing may be supported through the facilitation of this spiritual experience within DMT.

The concept of liminality was also found in non-spiritual aspects of DMT, including phrasing, Winnicott’s concept of transitional space, and Chace’s “embodied
imaginal technique.” Shapiro (1999) suggests that the pauses between movement phrases are of a liminal quality and may provide a place in which the dance/movement therapist should intervene. Among the core theoretical concepts of DMT is Winnicott’s theory of transitional space or the intermediary area of experiencing, which is liminal in and of itself through its use of the shared space between inner and outer reality. Lewis (1993) describes Chace’s “embodied imaginal technique” and the act of intervening in the space between “ego consciousness and unconsciousness” or the “liminal realm” (p. 161). This “liminal realm” or place of not-knowing appeared to be important concerning the use of DMT intervention. This liminal space provides an experience where opposites can meet and a person can accept a sense of not-knowing. Dance/movement therapists can identify these moments within movement and use them to help their clients gain understanding and acceptance of the ambiguity and paradoxes within their lives.

Ritual was a common theme within cultural dances and practices of DMT. Ritual was not only an aspect of ASC, but the induction of ASC appeared to depend on ritualistic content. The sense of ritual within ASC proved to be common ground for individuals to come together in effort to produce these states. Rituals were often ancient and related to spirituality within cultural dances. DMT literature showed that rituals could be created to give life events “significance and place” (Serlin, 1993, p. 75). The content of rituals could range from specific body movement to social cues. All forms of ritual aimed to heal in a particular way. The healing may support an individual entering the next phase of life or by removing unwanted spirits from the body.

Rhythm, like ritual, is not only necessary to induce ASC but it also provides an environment to hold and support to the process. Rhythm is an inherent part of DMT and
different cultural rituals through the use of dance. Rhythmic rocking of the body produces cardiovascular changes. It has also been shown that the use of rhythm changes electrical activity within the brain, increasing theta activity. The body is one of the main foci within the practice of DMT. Through understanding rhythm’s physiological effects, dance/movement therapists in turn can better understand the effects of DMT on the body. DMT emphasizes the importance of utilizing rhythms to support individuals and to provide organization to the process. It is also important for dance/movement therapists to be aware that movement of the body to specific rhythms (e.g., fast, slow, repetitive, or monotonous) may result in ASC or provide an environment in which ASC may occur.

Among the literature exploring the use of rhythm, body action and continuous movement was a commonly occurring theme. The literature revealed that the use of “rhythmic body action” can enable individuals to feel a sense of transcendence (Lewis, 1982, p. 76). Continuous movement, body action, and rapid motion are integral to the process of DMT. Hanna (1988) specifically states that the rapid motion of the Ubakala dance-plays is intoxicating and can alter one’s state of consciousness. In DMT, the session usually begins with a warm-up where the movement begins slow and sustained. As the session progresses movement often speeds and can become rapid and continuous. Within this rapid and continuous motion, patients may experience ASC comparable to those of the Ubakala dance-plays. Schmais (1985) refers to this point of the session, stating that the “repetition of a rhythmic phrase,” or rhythmic and continuous body action, can allow for the expression of feelings within the DMT session (p. 26). With this understanding, dance/movement therapists are more aware of what point in the session a
patient may be experiencing ASC and how they may therapeutically utilize these moments.

The experience of the self was a theme that permeated through the phenomenology of ASC. The research indicated that through an experience of different realities, individuals are able to find resolutions to their problems. It is within this experience of different realities that people become free of the constants of time and space and can experiment. Somer (2006) describes it as a “joyful distancing,” where the person is able to self-examine anxiety or conflict with a sense of depersonalization (p. 218). The research showed that this ability to experiment often resulted in therapeutic outcomes like changes in beliefs and expectations, paradox mediation, insight, self-actualization, sense of choice, creativity, relief from anxiety/joyful distancing, and transcendence/transformation. This concept was found in many forms of ASC, including transitional states of consciousness, dissociation, state change, liminality, possession and non-possession trance.

Experience of the self informs the use of ASC within DMT through its occurrence in transitional states, state change and liminality and the numerous therapeutic outcomes associated with it. Dance/movement therapists can help their patients to experiment with different solutions to their psychological or emotional problems when working with transitional states (within the creative process) or liminality (within phrasing of movement). The dance/movement therapist can enhance these moments of “joyful distancing” and further a patient’s exploration of creative solutions to specific problems.

Catharsis and abreaction were found to be therapeutic results of trance dances like the Ubakala dance-plays (Nigeria), the mugam (Korea), the Afro-Brazilian Tambor de
Mina dance, the Stambali (Tunisian Jews), the Hamadsha (Morocco), the Zar (Egypt), the Sioux Sun Dance and the Salish-region Spirit Dance (American Indians), the African Kalahari Bushman healing dance, and the trance dances of the Umbanda cults (Brazil). Catharsis and abreaction are also important therapeutic features of DMT through the practice’s use of expressive movement. The literature proposed that catharsis and abreaction are achieved through similar practices within DMT and these trance dances through the use of continuous and expressive movement, vocalization and musical rhythm.

Catharsis and abreaction were found to be part of DMT through the use of naturally occurring types of movement like the passion drive and Authentic Movement. It was found through Halperin’s (1995) research that the passion drive is “consistent with a catharsis model of healing” (p. 521). The passion drive is inherently a part of DMT through its use of movement. Halperin (1995) states that the passion drive is often seen within inner-focused therapeutic approaches like DMT and Authentic Movement. Dance/movement therapists like Edith Baum also use catharsis to help patients come to terms with repressed memories and to obtain “mastery of overwhelming affect” (1995, p.89). DMT may also utilize catharsis through its use of dance and continuous movement. The research suggested that catharsis results in many therapeutic outcomes, including revitalization, relief from anxiety, healing of the individual or community, relaxation, mastery of overwhelming affect and tranquility. The research showed that catharsis and abreaction are commonly occurring aspects of the DMT process. Therefore, dance/movement therapists can consciously use catharsis and abreaction within ASC in an effort to meet therapeutic goals.
The access of energy and revitalization was also an important theme related to the understanding of ASC within DMT. It appeared that this access of energy was specifically found through rhythmic or monotonous drumming. The research proposed that this energy was created through physiological effects, specifically electrical changes in the brain. Maxfield (1990) found that there was higher theta EEG activity when subjects where listening to rhythmical monotonous drumbeats like Shamanic drumming or Ching drumming. It was found that subjects experienced movement sensations like energy moving in waves or the feeling of being energized. The outcomes of this theme included physiological changes like changes in the cardiovascular system, changes in the nervous system, increase in endorphins, and higher theta EEG activity.

Access of energy and revitalization are part of DMT through its use of rhythm and music to facilitate movement. DMT also utilizes “the expression of deep feelings” and “repetition of a rhythmic phrase” to access energy and vitalization (Schmais, 1985, p. 25-26). The research showed that rhythm (within movement and music) and the expression of feelings through dance may result in this desired energy. Rhythm and expression occur within most DMT sessions. If an individual or group appear to be lacking in or needing revitalization the dance/movement therapist may use ASC to obtain it. Often when working with depressed or chronically mentally ill patients, the dance/movement therapist may make a goal of generating some sort of “reservoir of physical and psychic strength” for the group and individuals within it (Schmais, 1985, p. 26). It is also important to understand that through the utilization of ASC to generate energy other therapeutic outcomes naturally occur, such as the relief of stress and the release of emotions.
Recovery of play and creativity was another theme that emerged from the literature. The research proposed that the recovery of play was important to the healing process. In DMT and anthropological literature, Halperin (1995) describes an Afro-Brazilian trance dance stating that “playing, like working, forms an integral part of the multi-faceted ‘meta-healing’ or ‘healing of the community’ engendered by the Mina ceremonies” (p. 178). Within psychotherapeutic literature, Erikson (1964) describes the process of hypnosis as a method of “play[ing] with the[ ] symptomatology as a prelude to transforming and resolving it” (p. ix). Within literature concerning the creative process, Nachmanovitch (1990) describes the creativity as a form of play because one is allowing the mind to wander in a “free-form way” (p. 69). Nachmanovitch suggests participation in free play to enhance the creative process.

Important to the use of play and creativity within DMT are the therapeutic outcomes of resolution, transformation and the sense of freedom that it provides. Other outcomes of play include creative products and breaks from everyday life; this may also be therapeutic to individuals. The research showed that play allows one to find creative solutions to various problems or conflicts. The recovery of play and creativity is inherently a part of DMT because it is a creative modality and it uses approaches like improvisation and free association. Dance/movement therapists can use play and creativity to help patients find solutions to problems or to give them a break from the constraints of everyday life. Dance/movement therapists often come in contact with patients who have tried every form of therapy and medication to relieve their primary complaint. As an alternative, the practice of DMT may help patients that are feeling bound by treatment or their everyday lives to “play with their symptomatology” and find
a solution. The dance/movement therapist often uses imaginative play to facilitate the exploration of new methods of coping with past experiences.

Focus, attention, and absorption are necessary components of inducing ASC. Focus, attention and absorption are commonly discussed as a means of obtaining ASC among the cultural dances explored within the study. Within DMT, focus and attention are often used to help patients come in contact with their embodied sense and to explore movement in an effort to help them find solutions to their problems. Dosamantes-Alperson (1981) specifically uses body-focusing to help clients distinguish between feelings and “to place the sensation of pain within the past social context to which the pain belongs” (pp. 37-38). Other approaches, such as Authentic Movement, help patients to have an inner focus so that they are able to explore their mind, and bodies. Hypnosis specifically uses inner focus to obtain the altered state.

It is common for dance/movement therapists to encourage patients to look inside themselves and focus on the sensations occurring within their bodies. DMT helps individuals to pay attention to their bodies, as well as the practice’s connection to their minds. The inward focus also allows individuals to be with themselves in the present moment. The literature described how breath work is also used to obtain this inner awareness. Halprin (2000) states that encouraging the patient to focus on the breath may bring the patient into a receptive state which allows for more openness to whatever may come up within the session. Guided imagery through music (GIM™) specifically uses an internal focus to elicit imagery for therapeutic purposes. Overholser (1991) proposes that this inward attention allows for the patient to enter a relaxed state so that images can flow freely. DMT often uses imagery to help patients come in contact with pre-conscious or
unconscious material. Through imagery, the dance/movement therapist and client may share understandings of the fullness of an experience that is otherwise difficult to grasp.

**Multicultural Implications of ASC within DMT**

DMT is a practice that is meant to treat people of all cultures and religions. In an effort to treat people to their best ability, dance/movement therapists should remain aware of their own feelings regarding clients from different cultures, religions, sexual orientation and any other differences clients may bring into session. This study suggests that dance/movement therapists may benefit from education concerning different cultures and their beliefs concerning the use of dance and movement.

The study of ASC brought about many ideas concerning spirituality and religion. The outcomes associated with the spiritual aspects of ASC include spiritual health, transcendence, visions and the “mystical experience.” DMT may not be a spiritually oriented process, but concepts of spirituality come up through the use of movement and dance. Dance/movement therapists cannot ignore the fact that many cultures use movement and dance to contact spirits, “the Divine,” or as an integral part of religious and spiritual practices. DMT may not be a spiritual practice but it behooves the dance/movement therapist to be knowledgeable and aware of the meaning of dance within a multicultural framework. It is likely that a dance/movement therapist may come across a patient who views movement and dance as a spiritual practice. It is important that the dance/movement therapist is sensitive and open to this interpretation of dance. With an understanding of ASC within dance, the dance/movement therapist may better equipped to approach this subject and use it to further therapeutic outcomes. The literature also revealed that this sense of transcendence through movement may not be
limited to cultural heritage. The literature showed that individuals often feel a sense of transcendence or liminality simply through moving continuously or coming into contact with their bodies. In that regard, spirituality can come up regardless of cultural or religious reasons, and the dance/movement therapist should remain aware of this. A dovetailing concept is the idea of obtaining spiritual health, which the literature revealed to be significant with respect to the use of ASC within DMT. According to the literature, spiritual health may be a significant aspect of the uses of ASC within DMT, though it is often not a primary goal of the therapist.

Ritual is potentially an important aspect of the multicultural practice of DMT. Rituals conducted through the use of music or social cues may result in ASC. The concept of ritual, like spirituality, may allow for a comprehensive multicultural DMT lens. Rituals are often created within particular cultural and social frameworks. Patients may come to DMT with rituals of their own concerning dance and movement. These rituals may surround the use of dance and movement to celebrate passages of life, like birth and death. Music may also stimulate ritual associations. Patients may have specific songs or types of music that they dance to and they may have a difficult time adapting to new forms of music. Patients may prefer music that helps them achieve an altered state. It is important that we understand this as dance/movement therapists and that we are open to the rituals patients bring with them, whether it has to do with their use of movement and dance to celebrate life passages or the particular type of music they use to induce altered states. The setting of DMT allows for the creation of new and different rituals to support patients in the passages of life. By offering openness to rituals that clients bring to DMT and at the same time creating new rituals within session, dance/movement
therapists are able to simultaneously support the patients and the culture created within
the therapy setting.

ASC are integral to DMT practice. DMT took an ancient healing art form, dance,
and applied it in western therapeutic practice. Dance/movement therapists often speak of
the westernization of dance found within the practice of DMT. This study found that
ASC are an inherent part of DMT through practices like breath work, Authentic
Movement, rituals, and rhythm. DMT shares similar goals with the cultural dances from
which it draws. In approaching this study, it was found that the main debate among
theorists within literature concerning ASC is whether it is a pathological state or not.
Often, western doctors and psychiatrists label ASC as pathological without reference to
cultural dances that utilize ASC. Results of this study hold that not only are ASC not
pathological, but that they can be used to reach therapeutic treatment goals. In this sense,
dance/movement therapists are not unlike the healers and shamans in other cultures who
use ASC within dance and movement to cure ailments like anxiety, stress concerning life
events (birth, death, marriage), and emotional repression. Dance/movement therapists
aim for therapeutic outcomes similar to the intentions of healers and shamans, and
similarly making use of movement to facilitate group and community cohesion, healing
potential (psychological, emotional, cognitive, etc.), experience of the self, energy and
revitalization, catharsis and abreaction, recovery of play and creativity, and other
therapeutic outcomes. The healing mechanisms and qualities in ASC share similarity
with the therapeutic processes and goals of DMT. With this understanding and
acknowledgement, dance/movement therapists can make intentional use of ASC through
a multicultural lens within the practice of DMT to achieve therapeutic goals.
The Learning Process

The grounded theory methodology proved difficult and ultimately enlightening for the researcher. The grounded theory process went against the grain of the researcher’s personality. The researcher, a “type A”, goal-oriented personality, initially had difficulty sitting with the process and allowing theory to emerge. The grounded theory process, though systematic, paralleled the process of ASC by encouraging the researcher to remain present, open, outside of time and space, and to have an experience of the self. At first, the researcher attempted to “plug-through” the material in an effort to complete the process in a timely manner. The grounded theory process requires one to sit with the material and allow relationships to emerge within the data to support the development of theory. After rushing the process and at first prematurely foreclosing with an inaccurate analysis of the data, the researcher obtained a dry-erase board to support re-entering and slowing down the process. The researcher wrote the material on the board and sat with it for extended periods of time. After turning the material over and over, the researcher was able to discover the theory that existed within the data that answered the initial research question. In the process the researcher also learned a valuable life lesson that is important to her practice as a dance/movement therapist. Like grounded theory and ASC, therapy is an unfolding process that is not to be “plugged” through. The therapist must allow feelings, ideas, and new understandings to emerge much like a theory emerges in the grounded theory process.

Limitations of the Study

The study did not explore all of the cultural dances that incorporate ASC. The researcher selected a representative sample of literature describing dances which involved
trance in many areas of the world. The study specifically searched for literature addressing the therapeutic or healing qualities of ASC within different cultural dances. As a literature based study this study was limited to existing sources of description of ASC and dance. A heuristic or phenomenological study could offer another approach to understanding ASC and dance. Through a heuristic or phenomenological study, a direct, palpable comparison could be made between the experience of ASC within different cultural dances and DMT.

Implications for Future Research

This study prompted ideas concerning future research of ASC within dance and DMT. One fruitful area for further study may be investigation of the process of coming out of ASC. Although numerous literature sources outlined methods of inducing ASC few were concerned with how a therapist or healer may bring a person out of ASC. The hypnosis literature did propose a controlled dissociative state and outlined methods of bringing a person out of this state. Dance/movement therapists often work with people with severe and persistent mental illness, who may experience periods of acute psychosis, a problematic state of being. In working with this population, dance/movement therapists may need to be cautious when implementing ASC and should be knowledgeable about how to ground the person engaging in rhythmic group movement or other activity that may induce ASC. Dance/movement therapists should remain aware of the similarities between ASC and psychosis. A person in a state of psychosis has an experience similar to ASC through primary process thinking, being out of space and time, responding to inner stimuli, etc. A therapist’s understanding of ASC may offer a way to join the patient where he or she is and support transition to a reality based state. By understanding how to
induce ASC, the therapist may learn what is necessary to facilitate reversing the process of ASC. This might have application to therapeutic support for clients who suffer psychosis. The researcher did not find literature concerning how long a person may stay in ASC or risks involved in the inability to stop the experience. A study focused on the process of coming out of ASC might serve the treatment of those with serious mental illness. A study of hypnosis which systematically brings the client out of the ASC or a study of how dances, which use trance, return participants to reality may be useful. The research addressed ASC in a number of contexts with varied populations. However, ASC is often utilized with healthy individuals needing momentary relief from everyday concerns or those with sufficient ego strength to benefit from a creative shift from their usual limited orientations to reality. The literature did not speak to application with individuals who have severe mental illness.

Another area for further study concerns research into the neurological and physiological changes that occur within ASC and the implications of these changes within DMT. There is a limited literature and research concerning the neurological and physiological effects of DMT. Unfortunately, there is skepticism concerning the use of alternative therapies like DMT. Often skepticism is abated through hard scientific research outlining the specific neurological and physiological changes that may occur during a specific therapy. As DMT is a therapy based on the mind/body connection, it would behoove the dance/movement therapist to be aware of the changes occurring within the mind and body in the process of DMT. This study theorizes that ASC are an inherent part of DMT. This implies that the research concerning the neurological and physiological changes that occur within ASC may have a direct relevance to the
neurological and physiological changes that occur within DMT. This point area could be further researched in order to support an understanding of DMT and its therapeutic benefits. Such understanding might enhance a more systematic and intentional application of ASC within DMT.
CHAPTER 6: SUMMARY AND CONCLUSIONS

The purpose of the study was to research trance and altered states of consciousness (ASC), within dance, psychotherapy and anthropological literature, so that dance/movement therapists may practice with an informed understanding of the altered state experience, its potential therapeutic benefit, and methods for working with altered states in the practice of dance/movement therapy (DMT). The study served to offer recommendations to dance/movement therapists in the therapeutic utilization of ASC and trance. The question guiding the study was: “How can different forms of ASC in DMT and dance therapeutically inform the practice of DMT?” The study aimed to answer this question through the methodology of grounded theory.

Through the grounded theory process of open coding, axial coding, and selective coding the initial research question was answered. ASC are an integral part of the DMT process through fundamental components of DMT such as breath, body action, imagery, ritual, and rhythm as well as through specific DMT approaches such as Authentic Movement and Experiencing. ASC contribute to the therapeutic development and outcomes of DMT due to the sharing of similar processes and goals. The data also described similarities between the techniques used by dance/movement therapists and techniques used to induce ASC. ASC are an integral part of the DMT process through fundamental components of DMT such as breath, body action, imagery, ritual, and rhythm as well as through specific DMT approaches such as Authentic Movement and Experiencing. ASC contribute to the therapeutic development and outcomes of DMT due to the sharing of similar processes and goals.
The study suggests that dance/movement therapists should practice with a conscious understanding and knowledge of ASC. Dance/movement therapists should remain aware that ASC are an integral part of DMT in order to practice safely and to ultimately further therapeutic outcomes. The study also suggests that the dance/movement therapist can use ASC to achieve specific therapeutic goals. The themes of ritual and spirituality revealed ways that the dance/movement therapist can practice with a comprehensive multicultural lens. The literature proposed that these themes are intrinsically part of DMT and that they should be supported and facilitated within the process of DMT to practice from a comprehensive multicultural lens.

The study suggested that dance/movement therapists aim for similar therapeutic goals as the healing qualities of ASC including a cohesive group and community, healing potential (psychological, emotional, cognitive, etc.), experience of the self, energy and revitalization, catharsis and abreaction, recovery of play and creativity. ASC are not so foreign to the practice of DMT and psychotherapy. Dance/movement therapists should become familiar with ASC in order to achieve therapeutic goals within the practice of DMT.
References


