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MINDFUL BODIES: THE USE OF GUIDED MEDITATION WITH DANCE/MOVEMENT  
THERAPY IN ADDICTION TREATMENT

Melissa A. Sanchez

Thesis submitted to the faculty of Columbia College of Chicago

in partial fulfillment of the requirements of

Master of Arts

in

Dance/Movement Therapy & Counseling

Dance/Movement Therapy & Counseling Department

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## **Abstract**

Body-based approaches, such as dance/movement therapy (DMT), in addiction treatment can be anxiety provoking for those seeking sobriety. Strengthening the relationship between therapist and client using compassionate methods, such as guided meditation, prior to DMT sessions has, in the experience of this researcher, helped establish a safe environment in which to experience DMT. Using guided meditation as a method of creating comfort within the body aided in achieving the goal of enhancing one's awareness of emotions, thoughts and sensations through the use of body-based methods.

Increasing self-awareness of emotions and physical sensations is an important step on the road to recovery from addiction (substance dependence/chemical dependency). Meditative practices are increasingly accepted as effective coping tools for improving mindfulness and experiencing non-judgment towards one's negative thought patterns and/or behaviors. The purpose of this study was to provide insight into the overall conscious experience during a guided meditative state of people diagnosed with substance dependence. Using an Organic Inquiry approach, this study also examined how a dance/movement therapist may choose to guide participants through a meditative state utilizing sensorimotor psychology modes of awareness: thinking, feeling and sensorimotor (which includes inner-body sensing, movement and 5-sense perception). Results suggest that the therapeutic relationship developed through the use of guided meditation increased the participants' overall sensorimotor awareness, decreased anxiety-producing thoughts, and enhanced self efficacy through improved stress management. By increasing body awareness and focused attention to self, participants demonstrated a greater ability to describe their present moment experience on a body-based level and a sense of relief from symptoms related to recovery from addiction.

**Author Notes and Acknowledgments**

Melissa A. Sanchez is currently working at Bethany Methodist Hospital, a non-profit hospital in Chicago, Illinois providing in-patient care to the chronically mentally ill and those living with addictions.

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## Introduction

Illicit drugs and alcohol are seductive; but “[t]his seduction, as we know, at some point turns to betrayal. In the partnership of this dance [of addiction], addiction finds an addict’s weak moment and then takes the lead” (Perlmutter, 1992, p. 45). Through my work as a DMT intern in an in-patient addiction rehabilitation program, I witnessed clients’ daily push-and-pull dance as they worked to distance themselves from the dependent relationship they had formed with their drug of choice. The dichotomy of acknowledging continued addiction as harmful while also feeling deeply connected to drugs and alcohol on a physical, emotional, and even spiritual level was present in every interaction I had with clients.

Being the first dance/movement therapist to work at this site presented itself with its own set of struggles, most importantly, breaking through clients’ brick wall of resistance to any form of therapy that involved looking deeply at the body. Among other consequences, addiction reeks havoc on one’s physical body. This damage results in decreased body awareness, defined as “...an intentional focus on and awareness of internal body sensations” or “the core-awareness of sensations from inside the body” (Mehling et al., 2011, p. 1-2). Any discussion surrounding body-based phenomena was often accompanied by expressions of shame and opposition to describing physical sensation beyond surface level depictions. As Dempsey (2009) explained, “What he/she feels is too intense and instead of staying in his/her body to begin to identify these feelings, he/she runs from them. As a result, he/she moves farther away from self...” (p. 164). A fundamental belief of DMT is that emotions manifest in the sensations and energies of the body and are of equal importance to the discovery of and awareness of one’s cognitive processes. Therefore, a common treatment goal in DMT is to increase a client’s body awareness with the intention of increasing emotional self-awareness (Levy, 2005). Developing a mind-body



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connection provides a more full awareness of and communication within one's self through increased consciousness of needs in treatment to increase insight, prevent relapse, and promote overall health through improved self-regulation.

Addiction interrupts the mind-body relationship by causing a disconnect between body sensations and emotional states leaving the person ill equipped to fully handle the experience of emotion as it arises (Dempsey, 2009; Fisher, 1990; Rose, 1995). Combining awareness of the body and mind through therapeutic interventions, such as meditation and DMT, enhances a person's ability to cope with stressors and detach from destructive patterns. To disregard the role the body plays in one's emotional life perpetuates the familiar road of addiction in which emotional signals that move through the body are numbed. DMT provides a therapeutic intervention to safely examine the body's role in addiction and recovery and to gently become reacquainted with oneself on an emotional, physical and spiritual level (Perlmutter, 1992).

Initial DMT sessions I conducted during my internship often resulted in somatic manifestations of anxiety, such as blank stares, arms crossed over chests, nervously bouncing legs, and awkward, uncomfortable feelings flowing throughout the room. Not only did I feel anxious noticing these movements in others, group members shared they were unsure and not ready for directly focusing on their bodies. After a couple of sessions spent attempting to push my way through these feelings, I realized there needed to be an intermediary step between brain and body to ease the anxiety and foreign-nature of a therapy that was body-based as the primary focus.

In looking for inspiration on how to bridge this gap, I came across Dempsey (2009), who conducted a study using guided imagery as a pre-cursor to DMT sessions as a method of reducing anxiety for clients in addiction treatment. Guided imagery is "a form of relaxation and

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meditation that is used to heal physical, mental and emotional issues. It draws upon one's imagination to consciously focus internally, allowing one the opportunity to create positive images" (Dhyansanjivani, 2004 as cited in Dempsey, 2009, p. 165). I decided to try this technique while also adding increased focus on mindfulness aspects of meditative practices, such as focusing on breath, practicing non-judgment of thoughts, and concentrating focus on present moment experience.

The purpose of mindfulness meditation is to learn and practice how to recognize one's thoughts and sensations without attaching to or judging their meaning (Gunaratana, 2011). This is accomplished by training the mind to continually regain focus on the present moment in order to gain awareness of one's experience. It is difficult to engage in this present-time recognition process if one's mind is grasping onto the past or racing into the future. Recovery also involves facing the future consequences of past choices and behaviors, which can be sources of fear, regret or despair. Shame, low self-esteem, and anger are not uncommon to many stages of the recovery process (Volpicelli, 2000). However, Volpicelli (2000) reminded those in recovery, "This anger [and other emotions] is not productive and can be addressed by reminding yourself that placing blame for your addiction won't change what has happened" (p. 250). Being able to let go of these emotions and not become attached to them as defining one's identity allows the substance user to learn to tolerate and move past these difficult sensations. The practice of non-judgment is a key element to mindfulness, both in meditation and throughout daily life. Using mindfulness and mediation within addiction treatment gives those in recovery an additional tool with which to identify and transform their relationship with uncomfortable emotions and the internal sensations these emotional states create. Whereas meditation helps people become connected to the present moment, DMT can meet meditation half way by incorporating and

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expanding the experience of physical manifestations of emotional states in the therapeutic process; providing the ability to experience, identify, accept, hold and move them through the body.

I made the choice to incorporate meditation into my DMT sessions based on my own fledgling explorations into meditation as a way to reduce stress and promote self-care. Clients expressed familiarity with meditation, either through previous use in treatment, or relating it to forms of spiritual care such as prayer. Over time, I noticed an increase in active participation in DMT groups as well as a positive shift in clients' ability to provide insight into their internal environment through body based language. The most valuable result for me in facilitating their DMT sessions was to witness their anxiety recede—anxiety that had been preventing communication during sessions. Participants in DMT groups were more able to connect to one another and benefit from the social aspect of DMT groups, improving their ability to socialize and enjoy each other's company without the use of drugs and/or alcohol. As a result of this experience, I hypothesized that guided meditation is a helpful pre-cursor to DMT groups within addiction treatment as a non-threatening method to increase clients' body awareness and openness to participate in body based treatment approaches.

As I witnessed the effects of using guided meditation as a warm-up to DMT group and individual sessions, I began to formulate questions that became the basis for this research. These questions were:

- What is happening when they meditate?
- What do they feel while meditating?
- Do they notice any amount of change in emotions, sensations, or energy level?

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- How do I know where to guide them during the meditation? What influences my decision-making process?
- How useful is meditation to my clients?
- Does their connection to body increase through meditation?
- Does mediation help reduce anxiety on both a physical and emotional level?

The development of this research emerged out of a desire to find a way to psychologically and somatically describe the deeply personal nature of meditation, as well as determine if participating in guided meditation increased body awareness and comfort connecting with the body. Although meditation is traditionally seen as rooted primarily in cognition, in recent years, some practitioners have used it to increase focus on a body level as well. Gunaratana (2011) stated:

The body alone can do nothing for itself; it is like a log unable to move or do anything by itself except become subject to impermanence, decay, and death. The mind can do nothing without the support of the body. When we mindfully watch both body and mind, we can see how many wonderful things they do together. (p. 41)

Mindfulness-Based Stress Reduction (MBSR), developed by Jon Kabat-Zinn, has several methods for utilizing mindfulness to reduce long-term stress, including the body scan, a method for focusing meditative attention on specific areas of the body (for a complete definition of the body scan see Appendix C). This treatment program also uses Hatha yoga, sitting meditation and coping skill development to support the mindfulness approach (Witkiewitz et al., 2005). Mindfulness-Based Relapse Prevention (MBRP) is another program that stresses the cognitive processes explored using mindfulness meditation, the secular version of Buddhist-based Vipassana meditation, to decrease craving states and related stress during addiction treatment.

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Witkiewitz et al. (2005) stated “Mindfulness meditation may disrupt this system [the system of the craving response in relation to environment] by providing heightened awareness and acceptance of the initial craving response; without judging, analyzing or reacting” (p. 219).

With meditation and the concept of mindfulness becoming increasingly prevalent in mental health treatment, including addiction treatment models, dance/movement therapists would benefit from recognizing the similarities between DMT and mindfulness meditation. As stated earlier, present moment awareness is a key to mindfulness. DMT as a therapeutic modality also lives in the present. Movement happens in the now and focusing attention to present-time produces mindfulness. In essence, DMT is a mindful practice. The effectiveness of preventing relapse may, in part, lie in the skill of present moment awareness which helps to recognize maladaptive behaviors as they are occurring or about to occur therefore reducing the likelihood they will be repeated in the future (Witkiewitz et al., 2005). If behaviors are recognized, they can be changed. Without this awareness, the past will continue to intrude itself upon the present throughout the recovery process.

As stated in Kabat-Zinn (2005), “Mindfulness is more than a meditation practice that can have profound medical and psychological benefits; it is also a way of life that reveals the gentle and loving wholeness that lies at the heart of our being, even in times of great pain and suffering” (Kindle Locations 217-219). The focus of DMT is to illuminate the strengths of each part of an individual—mind, body and spirit—to form a holistic approach to healing. It is the opinion of this researcher that these two practices, mindfulness meditation and DMT, compliment each other in purpose and practice. Thus, they can provide a safe and nurturing environment from which those in recovery from addiction can begin to reacquaint themselves with the most important relationship in their lives---the relationship with self.

### **Literature Review**

Most treatments for addiction are based on cognitive-behavioral models and the 12-step model developed by Alcoholics Anonymous (AA) (Witkiewitz, Marlatt & Walker, 2005). Accordingly, the majority of research relating to DMT (DMT) with substance abuse populations is in the context of this 12-step model (Brown, 2009; Dempsey, 2009; Fisher, 1990; Milliken, 1990; Perlmutter, 1992; Reiland, 1990; Rose, 1995; Thompson, 1997). This model provides people with addiction cognitive tools for recovery, addressing the maladaptive thought processes that lead to addiction and restructuring one's ability to cope with stressors. AA also encourages members to develop and/or seek out spiritual support. Step Two of the Twelve Steps states, “[We] came to believe that a Power greater than ourselves could restore us to sanity” while Step Three adds, “[We] made a decision to turn our will and our lives over to the care of God as we understood Him” (Alcoholics Anonymous, 1987, p. 5). Spirituality has been shown to decrease one's likelihood of engaging in substance abuse (Leigh, Bowen, & Marlatt, 2005); therefore, this spiritual side of traditional addiction treatment seeks to provide another arm of support for those undergoing the confusing and difficult process of choosing sobriety.

Although AA focuses on the cognitive and spiritual side of recovery, limited focus is placed on the physical aspects of recovery apart from medical issues arising from continued substance use. As this review will demonstrate, however, experiencing emotions and sensations within the body is often disconcerting for those in recovery from addiction (Thompson, 1997). Drugs and/or alcohol have long numbed the individual's ability to experience these now foreign sensations (Dempsey, 2009). Illuminating and understanding these bodily-felt experiences, for the person in treatment, is vital to establishing development of self-awareness—embracing the body as an irreplaceable partner in the recovery process (Breslin, 2003).

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DMT may thus present an opportunity for a broadened approach to traditional treatment by incorporating body based therapeutic techniques that increase body awareness and therefore individuals' self-awareness. Likewise, meditation practice can aid in body awareness through the cognitive act of mindfulness as well as provide additional support to the spiritual nature of addiction treatment. Meditation has been a part of the spiritual and secular human experience for over 2000 years, and mindfulness, a foundational concept in meditative practices, is identified as a supportive and effective treatment method in addiction treatment literature in general (Appel, 2009; Vallejo, 2009; Witkiewitz et al., 2005; Zgierska et al., 2009).

Though DMT and mindfulness share similar goals, little research exists connecting body based therapeutic techniques, such as DMT, and mindfulness cognitive techniques. Only one thesis has been written evaluating a yoga and DMT program, based in mindfulness, with persons managing symptoms of chronic mental illness; substance abuse was minimally addressed in this thesis (Barton, 2009). No sources discovered in the process of this literature review specifically addressed the explicit use of mindfulness and/or the practice of meditation with DMT or movement based therapies with addiction populations. Reflecting the lack of overlap in available literature, this literature review has been divided into two sections: one discussing the literature available on DMT and addiction treatment and the other relating to the concept of mindfulness (a component of meditation) and its growing role in addiction studies. Two themes emerged in the literature discussing DMT and the treatment of chemically dependent persons: increasing body awareness and increasing tolerance of physical and emotional sensations.

### **Dance/Movement Therapy in Addiction Treatment**

Addiction is a process. A person is introduced to their drug of choice, and a relationship forms. Perlmutter (1992) compared each facet of the process of addiction to the structure of a dance. It begins as a mild flirtation that soon spirals downward into a deadly dance of seductive destruction. The addict dances with their drug of choice and eventually disregards other relationships and abandons his/her individual identity (Perlmutter, 1992).

Perlmutter (1992) suggested the role of DMT in recovery from addiction is to aid the person in treatment with tools to discover the steps needed to begin the dance of recovery. With this comes physical awareness of sensations brewing in the body that, if acknowledged, can be important tools to recognizing and managing craving states. Witkiewitz (2010) emphasized the importance of the addict learning to recognize cravings, defined as the strong urge to use, as one of the main prevention tools for relapse. Perlmutter added that in order to distinguish recovery from relapse, the addict needs help to “become increasingly aware of the choices he makes [and] the steps he is taking” (2009, p. 47). In this way, the dance toward recovery and away from addiction becomes a renewed friendship with one’s body, based in increased self-awareness, new life, and regained control (Perlmutter, 1992).

Perlmutter (1992) did not provide in-depth discussion surrounding addictions treatment but did provide a striking metaphoric picture of the addiction process, which enables a reader to envision the complicated nature of addiction. One can also see how DMT can serve to help the person with an addiction become aware of him/herself in relation to choosing between self, substance use, and other relationships. This self-awareness, Perlmutter asserted, is lacking in the addicted person and needs to be developed in treatment.



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Since both sensation and emotion are cut off as a result of continuous substance use (Perlmutter, 1992), increasing awareness of internal processes, such as emotions, and bringing them to conscious awareness is difficult for the addicted person. In fact, “many addicted individuals seem to act without awareness of their feelings” (Rose, 1995, p. 105). It is equally difficult to identify emotions related to these internal processes. Rose (1995) discussed this alexithymic state, common in addicted persons, stating, “Instead of discrete sensations that can be identified and articulated, emotions are experienced as uncomfortable tension states and vague, confusing body sensations” (p. 105).

Sources agreed that the ability to tolerate uncomfortable internal emotional states decreases within the addicted person (Dempsey, 2009; Fisher, 1990; Rose, 1995). Thomson (1997) further clarified that “affects are experienced as dangerous, because the substance abuser is unable to modulate internal distress” (p. 66). Thus, the addicted person’s substance of choice becomes the primary means of coping with unpleasant emotional experiences (Dempsey, 2009). Through continued use of illicit drugs, they numb themselves to recognition of internal stimuli and connected emotional material (Dempsey, 2009). This lack of emotional connection manifests itself in a lack of bodily connection, as substance abusers are “generally less aware of [their] bodies” as compared to non-substance users (Dempsey, 2009, p. 170).

One way to improve addicted persons’ emotional awareness is through body awareness (Fisher, 1990). DMT, as a body-based therapy, can serve to help reconnect addicted persons to their emotional lives by (a) providing safe experiences of affect in the physical body (Dempsey, 2009); (b) re-establishing “an awareness of what occurs in the body as it moves through space, encouraging...the active identification of basic bodily sensations” (Milliken, 1990, p. 312); and (c) allowing “individuals to experience body sensations that may be linked to specific feelings”

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(Breslin, 2003, p. 248). Through increased body-awareness explored through DMT sessions, the addicted person may begin to learn to identify and tolerate long denied feelings of shame, loss, anger, anxiety and inadequacy (Brown, 2009; Thomson, 1997), thus increasing self-awareness and developing “tolerance for and transforming of stressful feeling states” (Thomson, 1997, p. 73).

A quantitative study by Reiland (1990) demonstrated DMT’s effectiveness in these areas and more. In the study, DMT improved self-awareness in alcoholic women. Participants included four women with a primary diagnosis of alcohol dependence and no other diagnosed psychiatric condition. Three of the four women had been in previous treatment for alcoholism and all had sustained long-lasting health problems linked to their severe alcohol dependence (Reiland, 1990). After six one-hour individual DMT sessions with each participant, Reiland noted that the women regained “the ability to articulate or distinguish” emotions and “to feel separate and distinct” from others (p. 354). This ability to feel the self as distinct from others is important for alcoholics and other addicted persons in order to separate themselves from their substance of choice and to learn to feel complete and cope with stressors without the destructive aid of illicit drugs or alcohol.

It is also important to note that the body-mind connection may not always be readily utilized when working with addicted persons. Brown (2009) presented clinical case studies using DMT in a methadone treatment program for heroin users. This author discussed the difference in working with clients who are in methadone treatment versus other treatment programs: “...the methadone population may differ from other clients in SA [substance abuse] treatment in that they are still ingesting a substance that abolishes physiological cravings” (Brown, 2009, p. 189). In this instance DMT can still be effective, but consideration should be given to the fact that the

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persons undergoing treatment are still being affected by a drug that mimics their drug of choice and may need extra support in describing and identifying bodily-felt sensations or emotions.

Brown goes on to discuss case studies and DMT's integration into Motivational Interviewing (MI) techniques as well as the Transtheoretical Model of Change. For the purposes of this literature review, these topics will not be discussed, but it is worthy to note this is the only article found during this search connecting MI with DMT. As MI is growing in popularity for use with addictions populations, this article is a good jumping off point for further research into integrating these two treatment approaches.

### **Dance/Movement Therapy and Meditation with Addictions Populations**

Although the search for literature connecting DMT and substance abuse treatment was not exhaustive, two studies combined elements of meditation with DMT: Dempsey (2009) and Rose (1995). Dempsey's study specifically addressed the use of guided imagery, a meditative practice, and DMT within addiction treatment while Rose discusses the effectiveness of DMT as a therapeutic modality for focusing people in treatment for addiction on present moment experience using body movement as the primary intervention for expressing and identifying emotion.

Dempsey (2009) studied the effects of guided imagery on addicted persons' anxiety levels. Anxiety is often present in early treatment, manifesting in resistance to therapeutic interventions:

An addict's anxiety creates resistance...what he/she feels is too intense and instead of staying in his/her body to begin to identify these feelings, he/she runs from them. As a result, he/she moves farther away from self so as to be less aware of an inability to adapt and cope. (p. 164-165)

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Because anxiety is prevalent in this population, a large portion of the literature reviewed focused on the addicted person's experience of and characteristic response to anxiety (Dempsey, 2009; Thompson, 1997).

Dempsey (2009) proposed that guided imagery helps the addicted person work through physical and emotional sensations on a metaphoric level, thus creating a safe non-verbal space from which to learn to tolerate anxiety. Guided imagery is a "highly focused form of concentration that creates an alternation of sensations, awareness, and perceptions..." (Wynd, 2005, p. 2). As a technique, guided imagery "focuses [a person] on positive images in his or her mind. It can help people reach a relaxed, focused state and help reduce stress and give a sense of well-being" (National Cancer Institute, 2012). Guided imagery also "draws upon one's imagination to consciously focus internally, allowing one the opportunity to create positive images" (Dempsey, 2009, p. 165). The self-initiated creation of positive imagery empowers the individual in treatment to produce their own mode of coping with harmful emotions.

Dempsey (2009) utilized guided imagery before DMT sessions. The same guided imagery script was used for each session, and the clinician aimed at using the same DMT interventions for each session. In conjunction with DMT sessions, Dempsey hypothesized that guided imagery would help reduce anxiety in adults with substance dependence by creating new images within the brain allowing the person to visualize themselves in a calmer, more relaxed state. Brown (2009) similarly noted, "Metaphor [guided imagery] and creative expression [DMT] allows for a healthy detachment from the problem and can help clients gain a more objective perspective, which gives space for solutions to emerge" (p. 188).

Overall, results of this study found that participants in the study, regardless of the clinical intervention used, had some decrease in anxiety levels (Dempsey, 2009). The author went on to

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state that the group receiving both guided imagery and DMT resulted in lower levels of post-intervention Total Anxiety than both the DMT-only and control groups. If conducted again, it would be helpful to also have a group consisting of only guided imagery interventions to further determine if the decreased anxiety was related to guided imagery or the combination of body-based interventions through DMT and guided imagery.

Dempsey (2009) also stated, “In this pilot study, the traditional...dance/movement therapy sessions formed a space where the addict had to create something from within, allowing him/her to regain a sense of control” (p. 168). Through the use of guided imagery, the addict is introduced to body concepts through a safe and internal sensing of self before moving into direct action (Dempsey, 2009).

Although Rose (1995) did not explicitly mention meditation, she drew striking parallels between DMT and mindfulness. Rose contended that outwardly expressing internal emotions through the body, via DMT, lessens the threatening nature of long distanced emotional content. In order to outwardly express internal feelings, one must be focused on the present moment, in other words, be mindful. Attention being placed on present-tense moments gives the addicted person a chance to feel what has been previously numbed by substance use. According to Rose, “Because body action occurs in the ‘here-and-now,’ important insights can be derived from the immediacy of the movement experience” (p. 104).

Focusing on the self in the here-and-now is also a defining factor of mindfulness; as Gunaratana (2001) stated, “Mindfulness is present-time awareness” (p. 136). In addition, Dakwar (2009) noted the purpose of mindfulness “as bringing one’s complete attention to present experience on a moment-to-moment basis” (p. 260). Thus, Rose connected mindfulness practice to DMT practice. A large portion of the article described ways to help the addict focus

on him/herself through a connection to present moment experience within sessions. A common goal in DMT sessions is to aid the client/participant in remaining present in his/her body in order to develop tolerance for bodily-felt emotional sensations and develop the tools to regulate emerging self-awareness (Milliken, 2008). Therefore an implicit goal in DMT is to practice mindfulness on a body based level in order to illuminate emotional and cognitive processes.

### **Mindfulness and Substance Abuse Treatment**

Recent research into relapse prevention from substance abuse is beginning to include mindfulness practices (Bowen, 2009). “With greater numbers of patients and physicians choosing alternatives to traditional, medication-orientated treatment, the clinical use and popularity of meditation have grown tremendously” (Dakwar, 2009, p. 254). Dakwar discussed the differences between transcendental meditation, Buddhist meditation, specifically the Vipassana tradition, and the more secular mindfulness-based meditation. For the purposes of this review, only mindfulness-based meditation is discussed, although the other forms of meditation, particularly Vipassana meditation as a precursor to secular mindfulness meditation (MM), are of importance to the larger discussion of meditation as a clinical intervention.

Mindfulness is an Eastern tradition based originally in Buddhist philosophy (Dakwar, 2009). Bhante Gunaratana, a leading voice in the study and application of mindfulness, stated that through the use of meditation one cultivates “two separate qualities of the mind—mindfulness and concentration” (Gunaratana, 2011, p. 143). According to Gunaratana (2001), “Mindfulness is nonjudgmental observation. It is the ability of the mind to observe without criticism” (p. 135). Mindfulness practices focus on acknowledging, accepting and tolerating thoughts and sensations that may be distressful for an individual (Dakwar, 2009; Gunaratana,

2001). As DMT aims to encourage tolerance and eventual acceptance of bodily-felt emotions, mindfulness seeks to do so on a psychological and philosophical level.

Gunaratana (2001) established three fundamental activities for mindfulness. These activities are “1.) reminding us of what we are supposed to be doing; 2.) seeing things as they really are; and 3.) seeing the true nature of all things” (p. 137). Mindfulness is being aware of thoughts but not allowing oneself to become stuck in these thoughts. Mindfulness is the state in which we can push these emotional obstacles aside, leaving room for more positive states of being (Gunaratana, 2001). Dakwar (2009) also noted that through meditation, insights into maladaptive thought patterns are approached from a neutral state, without judgment, therefore possibly reducing their impact to produce impulsive action, such as substance use.

This method of approaching self-awareness could be helpful to the addicted person that increasingly becomes stuck in negative thought patterns that then result in drug use. Noticing these patterns of being stuck in maladaptive thought and behavioral patterns is a fundamental practice of mindfulness (Gunaratana, 2001). Gunaratana asserts that mindfulness is the tool that brings acceptance of habitual thought patterns. Through acceptance comes freedom from the destructive impact of dwelling on negative thought patterns. In relation to the addicted person, Thomson (1997) similarly stated,

Acceptance means giving up drugs, taking responsibility for one’s own behavior, and recognizing feelings of powerlessness, helplessness, loneliness, shame and guilt. When individuals can really feel their powerlessness, they can begin to break through denial and recognize the consequences of addiction and emotional problems. (p. 74)

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Sources agreed that an important component to establishing productive responses to painful or distressing thoughts is allowing them to exist without judgment, thereby taking away some of their power to dictate behavior (Dakwar; 2009; Gunaratana, 2001; Thomson, 1997).

The number of quantitative studies proving the efficacy of mindfulness-based cognitive therapies with addiction relapse prevention is growing. The amount of quantitative literature related to mindfulness in general is too extensive to thoroughly address in this review. The following studies were included in this literature review due to their comprehensive explanation of mindfulness based therapeutic programs for the purpose of relapse prevention and the authors being amongst the leaders in evidenced based research on the use of mindfulness to promote health.

Bowen et al. (2009) conducted the first randomized-controlled trial “evaluating the feasibility and initial efficacy of an 8-week outpatient Mindfulness-Based Relapse Prevention (MBRP) program as compared to treatment as usual (TAU)” (p. 295). This pilot study focused on efficacy of MBRP on treatment of substance abuse disorders as well as any effects on craving, mindfulness, and acceptance (Bowen et al., 2009)

The trial separated participants into two groups. One group received treatment in MBRP methods led by trained therapists. Themes discussed in sessions “included ‘automatic-pilot’ and its relationship to relapse, recognizing thoughts and emotions in relation to triggers, integrating mindfulness practices into daily life, practicing the skills in high-risk situations, and the role of thoughts in relapse” (Bowen et al., 2009, p. 298). Participants in the TAU group participated in outpatient 12-step model sessions. “Topics included rational thinking skills, grief and loss, assertiveness, self-esteem, goal setting, effects of alcohol and other drugs on interpersonal relations and experience, and related themes” (Bowen et al., 2009, p. 298). Following the eight-



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week trial, the authors found a significant improvement in days of substance abuse, craving, and awareness and acceptance amongst the MBRP versus the TAU group (Bowen et al., 2009).

In examining the efficacy and integration of mindfulness practices into traditional substance abuse treatment modalities, this research provides empirical support for MBRP as an effective alternative to more traditional approaches to addiction treatment, such as the 12-step model (Bowen et al., 2009). This pilot study also supports mindfulness practices' ability to "increase awareness and acceptance of physical, emotional, and cognitive states" (Bowen et al., 2009, p. 302). In fact, several authors suggested that mindfulness-based practices increase the addict's ability to become self-aware through acceptance of rather than complete change of thoughts and emotions that may lead to cravings and subsequent relapse (Bowen et al., 2009; Witkiewitz, 2010; Zgierska et al., 2009).

Zgierska et al. (2009) conducted an analysis of studies pertaining to current mindfulness meditation-based interventions for substance use disorders (SUD). The opinion of Zgierska et al. (2009) is that although evidence for the efficacy of mindfulness-based therapies is growing there is not yet enough quantitative research in the field. According to this analysis, despite the lack of conclusive data, several treatment methodologies for SUDs utilize clinical interventions based in MM, such as Mindfulness-Based Stress Reduction (MBSR); Mindfulness-Based Cognitive Therapy (MBCT), used commonly for the treatment of long-term depression; and Mindfulness-Based Relapse Prevention (MBRP), used for the treatment of substance use disorders. Mindfulness is also tied into Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Spiritual Self Schema (3-S). The above list demonstrates the continued growth of the use of mindfulness meditation in the treatment of chronic mental illness and substance use disorders, but according to the author, "until recently there has been a paucity

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of research to support its empirical efficacy” (Zgierska et al., 2009, p. 267). Dakwar (2009) added, “While the evidence for its efficacy is preliminary and inconclusive at present, meditation’s possible benefits may include ameliorating depression, improving anxiety, promoting abstinence for drugs of abuse and reducing the self-injurious behavior of personality disordered patients” (p. 254). These two authors agree that the research supporting the positive effects of mindfulness practices warrant continuing research to further show evidence of its efficacy.

After analyzing data from each study pertaining to the efficacy of MM in the treatment of SUDs, Zgierska et al. stated, “the majority of the reviewed studies showed some positive outcomes among SUD affected subjects treated with MM intervention compared to baseline or other therapy” (2009, p. 289). Even though patient satisfaction was recorded as high, as evidenced by a 60% to 90% continuation of meditation four years after treatment, the authors were quick to state caution when assuming the success of treatment reviewed in each of the included studies was due solely to MM interventions (Zgierska et al., 2009). They suggested further studies be conducted on the efficacy of MM as research methods are still in their infancy.

What this study does clarify is that mindfulness as a practice is being intertwined with more traditional methods of substance abuse treatment such as cognitive behavioral therapy (CBT) to positive effect for clients. Zgierska et al. (2009) stated, “whereas CBT promotes adaptive, antecedent-focused coping strategies (e.g., targeting emotion cues), meditation targets maladaptive, response-focused strategies, such as emotional avoidance, suppression or impulse control; thus, MM-related skills can complement skills acquired through CBT” (p. 290).

This study also suggested that the attitude towards substance abuse treatment is changing due to a “growing interest in complementary and alternative medicine (CAM), especially mind-

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body therapies” (Zgierska et al., 2009, p. 267). Dakwar (2009) additionally reminded treatment providers, “Of the so-called alternative treatments available to patients, meditation and its related practices have been the most widely evaluated, and it is the first mind-body intervention to be adopted by mainstream health care providers and incorporated into evidence-based therapeutic programs” (p. 254). Breslin (2003) agreed in her discussion of alternative methods of treatment stating, “Holistic treatment encourages growth through self exploration and appropriate expression of feelings, recognition of difficult emotional states, and learning more adaptive ways to soothe and comfort the mind, body and, spirit” (p. 247).

Integrating DMT and other alternative therapies, such as mindfulness, into more traditional models of substance abuse treatment, like 12-step programs, provides a holistic approach to the recovery process. Brown (2009) also noted the recent inclusion of DMT on the Substance Abuse and Mental Health Services Administration’s (SAMSHA) website as an indication that alternative therapies are beginning to be considered useful as treatment for addiction in conjunction with traditional talk-therapy. Barton (2009) additionally proposed that for client populations, such as addicted persons, who struggle with verbally communicating their emotions, traditional talk therapy groups can limit their ability to fully integrate their recovery process. In this way, alternative therapies, such as DMT and meditation, could provide clients with complementary forms of emotional expression and enhance their skill set for coping during all stages of recovery.

### **Methodology**

Transpersonal research methods are relatively new in the world of research approaches. During the 1960s, groups of psychologists and spiritual leaders sought to find a way to study the nature of the human mind and experience in ways that incorporated both traditional psychological approaches and spiritual concerns arising within the cultural upheaval being experienced in the world. The transpersonal movement emerged as a way for psychology professionals interested in combining the exploration of alternative methods of explaining life's mysteries inherent in the 1960s counterculture movements with scientifically valid research methods. Thus, the Organic Inquiry movement has been characterized primarily by its purpose: "to integrate our understanding of human nature and behavior with the wisdom psychologies of the world's spiritual and religious traditions" (Anderson, 2011, Introduction to Part 1, A Brief History of the Transpersonal Movement, para. 3).

Transpersonal psychology and research methods seek to empirically and qualitatively study transcendent human events and provide illumination into "more profound human experiences such as mystical and unitive experiences, personal transformation, meditative awareness...and expansive states of consciousness" (Braud, 1998, p. xxi). Traditional forms of research have considered the previously mentioned experiences as impossible to study due to their subjective and deeply personal nature. Transpersonal research theories and methods seek to break through the assumption that spiritual, transpersonal, and mystical experiences cannot be thoroughly investigated and explained in scientific terms. These experiences should be included in the realm of psychological research in order to fully explore and discuss the realm of human experience in the inter- and intrapersonal mind. Transpersonal psychology was developed in order to provide a new lens in the research world from which to consider the definition of

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research itself and broaden the ways in which scientific thinking can be applied to psychological experience.

Organic Inquiry, a newer branch of the transpersonal research realm, incorporates sacred relational human experience as an important aspect of qualitative research. “Experiences of the sacred in everyday life as well as in exceptional events are commonly the subject of research [in transpersonal psychology]. Organic Inquiry also seeks to use such experiencing of the sacred as a way of knowing” (Curry, 2006, p. 8). Using different modes of knowing is a key element to Organic Inquiry, which invites the use of intuition, somatic experiences, and less traditional modes of approaching data in order to fully experience and engage elusive research topics. Meditation and related practices are often considered too mysterious by traditional research standards, particularly those of a quantitative nature, to be thoroughly analyzed and accurately described. Transpersonal researchers contend that these topics simply require a new and more holistic approach to the research experience, as “Organic Inquiry means to seek engaged dialogue and transformative learning rather than reductive results” (Curry, 2006, p. 10).

While emphasis on the spiritual realm was not overtly included in the development of this research project, spiritual process, in the form of rituals, emerged during the setup and consideration of the research environment. Additionally, meditation was used as a preparation method for engaging with research data during the later stages of writing about and analyzing the research data. This was done in accordance with the spirit of Organic Inquiry in order to show respect and humility with interacting with images and words of the participants.

This research approach greatly emphasizes and encourages transformation and active engagement in the nature of change. Organic Inquiry “invites transformative change, which includes not only information, but also a transformation that provides changes to both mind and

heart” (Anderson, 2011, Chapter 3, para. 2). According to Jennifer Clements, a significant voice in transpersonal research, during Organic Inquiry, the research process becomes a “living and therefore mutable process” that encourages continued focus on the primary research question while allowing room for growth during the latter phases of research (Anderson, 2011, Chapter 3, para. 2). Organic Inquiry aims to allow the stories of participants to be told and subsequently unfold through the research process inviting change not only to the researcher and participants, but to readers of the research as well. This method is partly based on the belief that through encountering the stories of others, readers of research are inherently changed (Curry, 2006).

The “natural growth” process of Organic Inquiry is the very nature of the transformative experience and is the foundation for this type of research approach (Curry, 2006). Clements, as cited in Curry (2006), explains the important role of transformation in organic research:

Both researchers and readers grow by participation in the study so far as they are willing to engage in both conscious and unconscious aspects of the work and so far as each is willing to be changed by their involvement. To truly experience another’s story requires the willingness to be altered by it. (p. 17)

By approaching this specific research project through the lens of Organic Inquiry, I was willing to concede that the results of the research may not only illuminate the experience of the participants, as is the primary research goal, but may also transform my preconceived ideas. More specifically, Organic Inquiry influenced my views of participants, the subject material (meditation), and the use of relationship in meditation as a treatment tool in recovery from addiction.

Organic Inquiry allows for change to occur throughout the stages of research as a response to interaction with research data. A foundation of the Organic approach is supporting

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the development of increased clarity and definition of the research purpose throughout the research process. As meditation is a continual process of acknowledgment and transformation of the mind and its reactions to present moment stimuli, Organic Inquiry is a compatible research method that examines the experience of a phenomenon, in this case meditation, that requires the freedom to follow the flow of change as the research process unfolds. An essential element to the fruitfulness of this research project was the necessity to “follow” the data where it led and not be constrained by more traditional research frameworks. Organic Inquiry provides a fertile environment from which the experience of participants and researchers can be explored in a continually transformative manner, honoring the mystery of joint meditative experiences.

### **Setting and Demographics**

This research project was conducted at a residential drug and alcohol treatment facility in the suburbs of Chicago, Illinois. The residential program was divided into separate men’s and women’s units called “houses” that accommodated 16 people each. The facility also housed a co-ed intensive outpatient substance abuse treatment program, after-care services, and a day program for adults living with severe and profound mental illness. The mission of the facility was to provide a comprehensive and individualized path to recovery for every person seeking its services. The facility placed large emphasis on evidenced-based practices, and the primary approach to addiction treatment was based on the 12-step model developed by Alcoholics Anonymous (AA). The addition of mindfulness-inclusive practices in their treatment model, such as Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Mindfulness-Based Relapse Prevention (MBRP), was beginning to be included in the site’s treatment model as this research project was underway.

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Participants in this research project volunteered from each of the residential treatment programs. Out of the nine total participants, five were male and four were female, ranging from 19-55 years of age. Of the four female participants, two were Caucasian, and two were of Hispanic, non-White descent. All five male participants were Caucasian. Participants' drug(s) of choice were as follows: marijuana and alcohol (2 participants), alcohol (2 participants), heroin (3 participants), alcohol and opiates (1 participant), and cocaine/crack cocaine (1 participant). Participants' previous knowledge of meditation or mindfulness-based practices ranged from no previous experience, with the exception of DMT sessions I led during internship, to limited individual experimentation with meditation during previous periods of sobriety. The majority of participants had only been exposed to meditation, guided or self-led, during their treatment at the site, once again through DMT sessions that I led. It should also be noted that I had already established some degree of therapeutic rapport with some of the participants through treatment groups, adding to the likelihood that participants would share history beyond what was explicitly asked of them during the research sessions.

As a result of my being privy to background information of most participants, including histories of physical, emotional, and sexual trauma, I gave purposeful consideration towards finding a setting within the treatment facility that would facilitate relaxation and provide a somewhat quiet arena in which I could conduct research sessions. Therefore I selected a room that could be kept private, had large windows through which to see nearby trees, and—due to the approaching summer season—had a window that could be kept slightly ajar in order to allow the organic sounds of nature to seep into the space. Participants noted the peaceful atmosphere of the room and often stated it felt like a safe space. Thus conducting research sessions in a safe



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and familiar location may have also created greater opportunity for participants to engage more fully in the meditation experience.

### **Procedure**

I began participant recruitment by informing all unit staff and management of the research project and what their role would be in the process. For the most part, the treatment team of the facility was only involved in helping me set up times to meet with interested parties. Each counselor was asked, and agreed via email, to inform me if any of his or her individual clients were interested in participating. Counselors also worked with me to arrange scheduled times for the research sessions. I informed counselors that participants could experience difficult or troubling emotions during, or as a result of, the meditation process, and I assured them that they would be informed if such an occurrence transpired. Additionally, participants were encouraged to approach their counselors following the research sessions if necessary.

Residents of the men's and women's inpatient houses were informed of the opportunity to participate in this research project via verbal introductions to the research project by myself after DMT group sessions and fliers that I created and handed out to unit residents and posted in each unit day room (see Appendix A). Individuals who expressed interest were encouraged to inform their individual counselor or me at any time. Once interest was expressed, I informed the appropriate primary counselor of his/her client's interest if the counselor was not already aware. Both the treatment team and I agreed to consult with each other to determine inclusion in the study. Continued interest, stability in treatment, and length of stay affected participant inclusion. For example, some individuals who expressed great interest were unable to participate due to length of stay and schedule constraints. A few interested parties were deemed inappropriate for inclusion due to fleeting interest and less stability in the treatment process.

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Due to time constraints within the research site, the longest amount of time given for participation in the study was 60 minutes (one hour) per participant. I took great lengths to ensure that no participant was removed from a treatment group or individual counseling session in order to limit interference with the treatment program. The Informed Consent, Consent and Release for Filming and Recording, and Consent for Public Display of Video forms (see Appendix B) were given to and received from each participant prior to each research session. Participants were given as much time as they needed before beginning the research activity to look over the forms and ask any clarifying questions.

Each research session consisted of five steps. The sessions consisted of similar steps to ensure a degree of structure, but the content of each interview and guided meditation practice was unique to the individual. The main method of collecting data took the form of semi-structured and unstructured individual interviews: “The in-depth interview method is at the heart of Organic Inquiries. Whether unstructured or semi-structured, the Organic researcher aims to allow participants’ stories to unfold in a natural way” (Curry, 2006, p. 88). Curry (2006) added that if the research intention (“the seed of the research”) is kept in mind by the researcher throughout the interview process, the data collected (“the branches that spring forth”) by each interview will naturally tend to fulfill the answers sought (“the fruit of the tree”) in the research process (p. 17). The interview process was essential to this research project.

**Step one.** I conducted an initial semi-structured interview to collect participant demographic data. The following questions were asked of each participant before the meditation began:

- What is your age?
- What is your drug of choice?

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- How long have you been actively using?
- What is your experience with meditation?

Often these questions led to a brief discussion regarding participants' length of use and feelings about the process of gaining sobriety. In keeping with the ritual of treatment and the process of Organic Inquiry, I held a relaxed attitude toward time and space to allow their stories to unfold as a part of the research data and as an important step for both the participants and myself to ease into the process of being recorded. Additionally, transpersonal research encourages storytelling as a valuable tool for expression, data collection and presentation of experience. Storytelling, as an expressive art, gives rise to the voice of research participants and expresses their experience in a manner that cannot be truly fulfilled by another activity/method (Curry, 2006).

**Step two.** After the initial demographic data collection, participants were asked to find a comfortable way to sit and choose whether or not to close their eyes or keep them slightly open in a soft gaze towards the floor. Due to the likelihood of participants becoming fatigued during the meditation as a result of their strenuous daily therapy schedule, I decided against providing the option to lie down during the meditation portion of the research sessions.

It was important to establish the feeling of “being ready” in the beginning of each research session. I prepared each participant by making a statement comparable to, “Find a comfortable way to sit. It’s your choice whether or not you close your eyes, but if you leave them open try to gently gaze at the floor. Get any wiggles out and slowly allow yourself the time to adjust to your environment.” I prepared myself by grounding my feet into the floor and taking a few deep, cleansing breaths. The simultaneous process of both researcher and participant finding a comfortable position—and, for me, acknowledging and making an effort to set aside

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preconceived ideas of how to proceed with each participant—was incredibly important. The preparation phase of the guided meditation was momentary but set the tone for openness to an experience unique to each individual. Preparation also helped subsequently transition us into the phase of active meditation. Noticing an increase in stillness in my body and observing less psychomotor agitation on the part of the participant helped me to determine when to proceed with the guided meditation.

After it was clear that the participant and I were finished settling into a comfortable space, the meditation portion of the research session began. Every guided meditation was kept to approximately ten minutes, as this was the standard amount of time used in my DMT groups and was therefore familiar to the participants. The time was also standardized to prohibit sessions from surpassing the 60-minute limitation. No script was used to guide the sessions. The only similarity was the initial use of breath as a focal point during the beginning of each session. I guided each participant to notice his/her breath's pace and where he/she felt its movement in his/her body, i.e. chest or belly. The intention of this choice was to promote relaxation into the experience and initiate self-awareness, while also providing me with time to attune to each individual. After this initial step of mindful breathing, the meditations developed according to the perceived needs of each participant, in keeping with the research purpose of exploring how the dance/movement therapist chooses to guide each meditation.

It should be noted that I possessed previous knowledge of several body-based awareness techniques (body scan, autogenic training, progressive muscle relaxation, etc.) that were utilized during the meditation sessions only if I felt the participant needed specific direction that could be provided by one or both of these techniques (see Appendix C for more detailed information). Using these techniques was not standard procedure for the research project; they were used as a

response to what I perceived each individual would most likely benefit from based on his/her input.

**Step three.** The only standardized question followed the guided meditation: “What did you notice during the meditation?” or “What stood out the most for you during the meditation?” In keeping with Organic Inquiry’s methodology’s goal to “allow participants’ stories to unfold in a natural way” (Curry 2006, p. 88), the remainder of the interview remained unstructured therefore leaving more opportunity to honor and illuminate the experience of each participant, thus addressing my research question.

**Step four.** After this interview, the participant and I watched the video of the meditation together. This step provided opportunities for us to further explore and describe the experience of the guided meditative state. According to Kagan (1997), individuals who are shown a recording of an interaction “immediately after the interaction...are able to recall thoughts and feelings in amazing detail and depth” (p. 296). Video-cued interviewing provided more data to be analyzed and used to describe the participants’ and facilitator’s experiences, fulfilling yet another research purpose of this study.

During this process, I asked each participant to express any memories of moments he or she was observing or to share specific observations about seeing his/herself actively mediating on video. I also spoke to moments that stood out in my memory while reliving the experience. Both the participants and I were given the freedom to ask to rewind the video in order to point out specific moments that were more memorable or needed clarification of meaning.

At this point, participants’ roles were complete. The participants and I then spoke off the record for a few minutes to bring closure to each session and provide the opportunity for me to express gratitude to each individual for volunteering his/her time in the study. In a few instances

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(most often with participants with whom I had a more established therapeutic relationship) we discussed participants' recovery plans and overall hopes for the future. Although not direct data inclusion for the study, this sense of trust and disclosure provided a natural ending to an intimate experience for me. Due to the end of my internship at the site, and therefore limited access to residents, follow-up was not a part of this research project.

**Step five.** I went on to record my memories of each session in the form of journal entries. These journal entries provided the data used to analyze my experience of each session.

In accordance with Organic Inquiry, I revisited the video recordings of participants multiple times when it felt necessary to clarify questions arising during the data analysis process. There was no limit to the number of times I engaged with and watched the interviews in order to fully grasp and become familiar with each experience. If new realizations or impressions emerged, I created another journal entry to record every nuance of my understanding of what transpired transpersonally between researcher and participant.

### **Data Analysis**

In order to honor the experiences of both the participants and myself, I approached analyzing the interviews in the spirit of the Organic Inquiry model. This model encourages the researcher to engage with data in as many ways as feels appropriate in order to have a firmer grasp on the meaning of data. "Using participants' own voices" is especially encouraged in the Organic approach to prevent too much distillation of the intricate nature of experience (Curry, 2006, p. 2). Data analysis consisted not only of a traditional qualitative approach, in the form of thematic interpretation and development, but it also included analysis of my body-based memories of each participant while I engaged in revisiting the data by watching the videos as many times as necessary to feel satisfied during the analysis process.

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Each set of interviews (two per participant), were transcribed verbatim. Current theory regarding transcription of research interviews contests that some editing is done unintentionally by the researcher during the transcription process by eliminating non-lexical expressions, such as “um” or “uh,” and/or cleaning up grammatical errors in speech (Curry, 2006, p. 71). I took every effort to include non-lexicals and acknowledged that some grammar correction began to occur naturally. Every effort was made to assure that the meaning content of the participants’ words was not altered.

Another consideration in deciding how to approach transcription is whether or not to add qualitative expression factors, such as nervous laughter or long pauses, into the transcription. These non-verbal communications may suggest an emotional undertone to the conversation and can add more clarity to the presentation of experience (Kvale, 1996 as cited in Curry, 2006, p. 72). Qualitative factors were included in the transcription as I felt it was necessary to include as much information, verbal and non-verbal, as possible to garner a full picture of each experience.

**Analysis of participant experiential data.** After transcription was complete, I analyzed each interview using a thematic approach common in qualitative research. Each transcript was deconstructed into smaller meaning units by underlining key words and phrases in relation to pre-established guidelines. These meaning units guided the deconstruction of the transcribed words into smaller data portions for analysis purposes.

These units were organized according to specific modes of awareness—thinking, feeling, and sensorimotor, which are based in sensorimotor psychology. Sensorimotor psychology is an interpersonal outlook on human experience developed largely to focus on the treatment of trauma and post-traumatic states. According to Ogden, Minton & Pain (2006), “Sensorimotor psychotherapy builds on traditional psychotherapeutic understanding but approaches the body as

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central in the therapeutic field of awareness...” (Kindle Location 405). I specifically chose to use sensorimotor terminology for use in data analysis due to its explicit inclusion of body-based phenomenon as an additional method for interpreting psychological functioning. Additionally, DMT has the unique perspective of using the body as the primary tool with which to experience the therapeutic process; therefore, it is a suitable partner to the sensorimotor approach.

I chose the aforementioned modes of awareness (thinking, feeling, and sensorimotor) as classifiers of experience due to sensorimotor theory’s emphasis on integration of body and mind in order to promote individuals’ ability to accurately process incoming emotional, physical, and sensory information. First, “The term *cognitive processing* [thinking] refers to the capacity for conceptualizing, reasoning, meaning making, problem solving, and decision making” (Ogden et al, 2006, Kindle Locations 682-683). As demonstrated in Table 3.1, these aspects of cognitive awareness are used to organize the *thinking* category of participant experience. Memories are included in this category as the “meaning making” form of cognition. Next, feelings serve to further categorize experience and assist the individual in deciding where to focus attention and how to place value on and further respond to the surrounding environment: Ogden et al. (2006) defined emotions’ role in awareness as “...add[ing] motivational coloring to cognitive processing and act[ing] as signals that direct us to notice and attend to particular cues” (Ogden, 2006, Kindle Locations 737-738). Finally, sensorimotor processing refers to “experiencing, articulating, and integrating physical/sensory perception, body sensation, physiological arousal, and motor functioning” (Ogden et al., 2006, Kindle Location 781). Sensorimotor processing is divided into three separate organizers: inner body sensation, five-sense perception and movement (Ogden et al., 2006). These separate organizers allow for recognition of differing body systems



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that help the physical body orient in space, time and environment. Table 3.1 gives examples of each sensorimotor category.

Key words and phrases underlined as sensorimotor were further broken down into these three categories for clarification according to the guidelines set forth in sensorimotor psychology theory. Sensorimotor language from each interview was written down separately and labeled according to one of the three sensorimotor modes of awareness: inner-body sensing, 5-sense perception, and movement. For example, the statement, “When I was deep breathing my chest would go up” was categorized as *movement*, while the statement, “...tingling in my fingers” was classified as *inner-body sensing*. It is also important to note that I added “imagery” as an additional classification tool (only for participant data) in order to describe the common participant experience of combining emotions, memories, and body sensations to form a story or visual image during the meditative state.

Table 3.1

### *Definitions of Modes of Awareness Categorizing Participant and Researcher Experience*

Mode of Awareness	Definition
Thinking	Cognition, decisions, logic, reasoning, memories, judgments
Feeling	Emotions, emotional states
Sensorimotor	<u>5-Sense Perception</u> : taste, touch, sight, hearing, smell <u>Inner-Body Sensing</u> : Sense of life, well-being and/or balance/imbalance, body-part awareness <u>Movement</u> : Impulse to move, functional and expressive movement, muscle tension, postural shifts, visceral movement
Imagery	Fusion of memories, emotions and bodily-felt sensations

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After deconstructing the data according to these modes, I categorized each interview according to the most prevalent mode of awareness. A major theme became apparent for each participant. I attempted to reconstruct the participant experiences using these guidelines acknowledging: (a) which awareness was most prevalent, (b) which was secondary to the primary mode of awareness, and (c) which modes played a less pivotal role in the meditation experience. My focus on modes of awareness served to illuminate the process of increasing self-awareness for each participant during the meditative state and to share which modes played a more central role in developing this self-awareness.

**Analysis of researcher experiential data.** I used the same thematic process to categorize my experience by analyzing all journal entries. These journal entries included those written immediately following each session as well as entries composed after viewing the meditation portion of each video in the months following research. Key words and phrases were underlined and categorized according to the same sensorimotor modes of awareness used to analyze participant data. Similar to my analysis of the participants' experience, I identified a predominant mode of awareness and theme in each session and reconstructed the researcher/guider experience through acknowledging which mode of awareness was most prevalent, which was secondary and supportive to the primary, and which mode(s) played a less pivotal role in the guiding of the meditation experience.

Throughout the entire research and data analysis portion of this project, I maintained my intention to illuminate experience to ensure that the aim of this research emerged with honor and respect to the participants and researcher. The Organic model allows the freedom needed to arrive at results in a holistic and continually changing manner in accordance with the direction data collected provides. In order to reconstruct the shared experience of the guided meditative

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state, I compared the number of occurrences of each mode of awareness for both the researcher and the participant. Through the comparison of shared phenomenon, the themes developed in each research session also formed a basis for comparison of these joint states of mind and body for further results to be discussed connecting guider and guided.

## Results

The purpose of this study was to provide insight into the overall conscious experience during the guided meditative state of people diagnosed with substance dependence. This study also examined how I, as the dance/movement therapy intern and facilitator, chose to guide participants through the meditative state utilizing sensorimotor psychology modes of awareness (thinking, feeling and sensorimotor---including inner-body sensing, movement and 5-sense perception) to categorize experience.

The study met its goals in capturing what occurred during each meditation utilizing the words of the participants recorded during the interview process as well as through my observations. As the data will show, each participant had a different experience as a whole with a unique theme or focus arising for each individual during the meditative state. These distinctive themes resulted from the interplay between the participants' and researcher's contributions to the meditation.

During the course of the study, it also became apparent that, although I initially led the course of events, leadership began to shift throughout the sessions. An example of this is my choice to start each meditation with focused breathing. After observing each participant follow this guidance, I allowed myself space to attune to each individual and follow what felt natural for each participant in place of giving the same interventions for each person. Through this use of mindful attunement and modes of awareness with each participant, a delicate dance emerged with leadership flowing back and forth from guider to the guided, creating a dually mindful relationship. This therapeutic rapport established a safe environment from which thoughtful sharing of the joint experience emerged.

Results of this study are presented primarily through the lens of the participants' experiences. Discussion begins with the two outliers in the study (Participants #9 and #8). As these two participants were numerically next to each other in the study, I chose to continue the numerical sequence in presenting the data only in reverse order (i.e. 9-1 instead of 1-9). My simultaneous experience as the researcher is woven throughout, mostly in the form of journal entries. I discovered that, in writing about these events, it was nearly impossible to discuss one side of the experience (participant experience) without including the other (researcher experience), showing the joint, interlaced, and transpersonal nature of the meditation sessions. Results are then discussed in shared experiences by groups of participants and overarching themes that emerged in the data. This chapter concludes with a discussion of the transformative experience I underwent in connecting with and analyzing the data of this study.

### **Description of Participant Experiences – What Happened?**

**Participant #9.** Participant #9 is a major outlier in relation to the thinking mode of awareness (see Figure 4.1). He is also the only participant in the study whose drug of choice is a stimulant (crack cocaine/cocaine). His experience of the thinking mode of awareness increased dramatically during the session. The major theme present throughout his session took the form of passive judgments toward himself and a significant increase in his body-based and psychological memories of drug use. His high number of sensorimotor experiences along with his pervasive thinking is congruent with his ruminating on body-based memories of the act of using his drug of choice. According to the participant, these memories were the result of being guided through mindful awareness of his breath. Participant #9 described in detail (see Appendix C for full transcripts) how focusing on his breath during the meditation reminded him of inhaling and holding crack cocaine in his lungs, and he was not yet sure how to approach this

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subject in group session fearing the reaction of others. He expressed a desire to continue meditation as a coping mechanism, but, through his open and honest discussion of his reaction, it was clear he needed support to cope with and work through issues that arose during deep breathing exercises.

Additionally, in discussing his physical reactions to the meditation, apart from his memories of use, Participant #9 became more aware, through the use of inner body sensing (see Figure 4.2), of body weight he had taken on during the rehabilitation process and the dichotomy of feelings he had toward this realization. He expressed uncomfortable feelings toward gaining weight, but Participant #9 also acknowledged, "...that [being underweight] is one of the ways my family knows I'm not doing the right thing."

As the only stimulant user in the participant pool, it is worthwhile to note that he struggled the most with managing his racing thoughts. Participant #9 did express some moments of "finding the black horizon...to try to clear my memory" but then stated, "about five seconds later I'm thinking about not thinking about that."

The session with Participant #9 resulted in one of the highest amounts of thinking awareness for myself as well. I have the distinct memory of often feeling stuck and unable to move forward in the meditation. Additionally, the participant reported feelings of physical immobility throughout the session. This, combined with my feelings of confusion—both body and mind-based—led to thinking my way through parts of the session. Along with thinking, there was a high amount of using the 5-sense perception of sensorimotor awareness, particularly visual stimuli. Watching his breath to determine how fully he was breathing helped me choose to focus on centralizing his breath while encouraging him to acknowledge other body senses, such as a feeling weight in his hands and arms. For the most part, I had a feeling of being stuck in the

body to which the participant spoke of when he stated, “I couldn’t move my hands” and “There is a blockage right there [pointing to the area around his diaphragm and referring to his inability to take a full deep breath].” Supporting this manifestation of immobility, both he and I experienced a low occurrence of the movement mode of sensorimotor awareness.

Emotional experience of the feeling mode of awareness was the lowest in the study for both Participant #9 (see Figures 4.1 and 4.3) and me. The judging thoughts he expressed during the interview process were laced with nervousness and a sense of low self-worth clouded by bravado, but further inquiry into the emotional aspects of these thoughts resulted in Participant #9 changing the subject to unrelated topics. After several unsuccessful attempts to uncover the feelings underneath this blockage, I made the choice to focus conversation on the physical and thinking reactions the participant experienced.

**Participant #8.** A second outlier, Participant #8, had a significant increase in her sensorimotor awareness in relation to her reoccurring theme of feeling a sense of internal stability. Her experience of inner-body sensing (see Figure 4.2) was almost twice as much as her fellow participants. A common theme present in her discussion of the session revolved around creating a sense of reconnection to her body and, subsequently, to a sense of inner stability and enlivening. In her words:

It felt good to just give that time to myself and my inner self and not to anything on the outside or to other people or my environment—just to my core, to me inside. It felt good to get that connection. To not just be here and exist but actually feel...feel everything moving through me. (Recorded June 27, 2011)

My experience (see Figures 4.3 and 4.4) of leading the meditation session with Participant #8 was also high in sensorimotor and inner-body sensing, showing a joint experience of this mode

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of awareness. A result of this increase in inner-body sensing is expressed in a portion of the research journal entry for this session:

Strength in core. I felt an increasing connection to my core as she settled into her breathing. Her energy seemed to stream inward with a focus on connection to herself. Throughout her scan [body scan], I checked in with my body and felt a sense of stabilizing and widening; almost like an assertion of presence. It allowed me to focus on the present moment and subsequently allow more silent space between my guides.  
(Researcher's Journal Entry, June 27, 2011)

My inner-body sensing experience in conjunction with the sensorimotor experience of the participant directly affected the course of the meditation and created a joint event resulting in a feeling of stability and safety for both individuals present.

An additional factor influencing the course of the meditation with Participant #8 was my previous knowledge of this participant's history of domestic violence, influencing my decision to emphasize an initial creation of safety within the environment. Because she had completed numerous group sessions with me over the previous year, trust already existed, expediting my creation of a safe space. This trust also laid the foundation for a deeper meditative experience that was partially self-led by the participant, as I left time for silence without active guidance from myself; I trusted that she was able to contain her experience by managing her internal state of being with a softer guiding hand. The result was more internal connection to her body through the sensing of breath movement. Participant #8 stated this brought about a reduction of physical tension and pressure, and a sense of "letting go."

A vivid emotional memory I experienced throughout the session with Participant #8, and in subsequent viewings of her session during the analysis process, was a deep-seated feeling of



hope. Emotional identification during the interview process brought about words such as “peaceful, happy, and love.” In knowing her history, it felt significant to hear Participant #8 speak of herself in these terms and describe a positive place from which to begin her journey to sobriety. Overall, the joint experience of connecting through increasingly body-based, sensorimotor awareness is one that has remained present in my memory throughout the yearlong process of completing this thesis.

**Participant #7.** Participant #7 came to this study in an interesting manner. During the vetting process, I mistook this man for another house resident and asked to set up a time for the interview. With some confusion, the newly appointed “Participant #7” agreed. After a few minutes of discussing the procedures for the session and study, I realized my mistake but, in the spirit of Organic Inquiry, made the choice to move forward as I believe everything happens for a reason.

Participant #7 had similar levels of inner-body sensing and movement awareness (see Figure 4.2) with a vast decrease in his thinking (see Figure 4.1). The emergent theme of his experience was a decrease in pain he felt due to a chronic back injury as well as an increase in range of motion in his neck and shoulders. He stated, “...It felt like my shoulders got lighter...my back started to feel better.” With the aid of my clarifying inquiries, the participant stated, “It felt like [the tension and pain] just rolled away from my spine.” While explaining this feeling, the participant gestured with his hands in a spreading and widening motion along his upper back and shoulders. Participant #7 used several movement-based gestures to clarify his intention throughout the interview process: for example, when describing his ending state of mind and body at the close of the meditation, he pushed his hands into the arms of the chair and stated, “I feel pretty planted.”

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My response to Participant #7 was rooted in inner-body sensing with less movement awareness in comparison to his experience. The most prevalent memory I have of this session, besides the initial confusion, was an overall feeling of grounding when attention was placed on his physical self. The research journal from June 22, 2011 states, “His physical reaction is intriguing. I felt stable and solid with my back against the chair. He appeared strong and planted. To hear his pain and sleep issues surprised me. He hides it [his pain] well.” Both my feeling and thinking modes of awareness were in the mid-range and did not play a significant role in guiding the session. The participants’ ability to mask his pain, in groups and during the session, could have played a role in my lack of emotional response. It would be interesting to continue work with this individual discussing his ability to hide his needs as well as determine whether the lack of emotional response on my part was a result of transference from Participant #7 or a more general lack of connection between guider and guided that was prevalent in many of the other research sessions. The initial confusion surrounding Participant #7’s inclusion in the study could have played a role in less connection to the process and myself as the guider as he had less time to prepare for the session than the other eight participants.

**Participant #6.** Participant #6 experienced similar amounts of thinking and feeling with elevated sensorimotor awareness, primarily inner-body sensing and movement (see Figure 4.1 and 4.2). A primary theme that emerged during his interview process was a profound sense of calm and a decrease in anxiety. Participant #6 described his initial state of mind before the meditation as “anxious” (see Appendix C for transcription). He described his whole body as being “tense.” Likewise, I had an increase in my bodily-felt anxiety. I noticed Participant #6’s tense looking shoulders and neck through my visual sensory perception, and this caused me to breathe more shallowly and feel “shaky.”

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During the pre-meditation interview, he shared that he often uses music to help him relax, creating a meditation-like experience. I chose to focus his attention not only on his breath, as a first step to mindfulness, but also specifically on the rhythm of his breathing. When asked if he recalled noticing any rhythm during the meditative state, Participant #6 stated:

My breath...real deep. I noticed I was breathing really heavy and fast [at first], so it started to slow down. My breathing started to slow down as I started to relax. My heartbeat went from long to slowing down...a normal heartbeat. (Recorded on June 14, 2011)

As the interview progressed, he was able to describe using this slower breath pattern as a coping mechanism for when he felt his mind wander during the meditation. In describing moments of distraction, he shared, "...Best way I can explain it is it gently came back [focusing on his breath]. It wasn't like a rush...like trying real hard to focus on my breathing. Like it gently came back to myself." This pattern of gently noticing distraction and returning to the breath as a focal point is a basic and fundamental practice of mindfulness. In discussing this pattern, Participant #6 shared stories from his childhood that reminded him of the similar feeling of being calmed and soothed. As a result of sharing these memories, his affect brightened and he expressed more positive emotions (see Appendix C for more in-depth detail). In relation to these positive memories, the feeling mode of awareness experienced by Participant #6 was in the middle range in comparison to other participants. Participant #6 often expressed shock in experiencing himself in a more relaxed state of mind and body. Accompanying this shock were feelings of happiness reminiscent of more stable times in his past. In his words:

That's the first time I've ever felt this calm. I've felt calm before, but I had a lot of anxiety before. Now I don't. Like the best way to explain it is there's a storm that's

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always in my mind and in my body, and it is at peace...calm...just calm...the storm.

(Recorded June 14, 2011)

The experience of guiding Participant #6 was the highest in feeling awareness (see Figure 4.3) as well as high in sensorimotor awareness through inner-body sensing (see Figure 4.4).

Throughout the session, I felt intense feelings of sadness, which influenced my choice to focus on reducing tension through building a sense of inner peace. The build-up of sad and anxious energy as a heated, tingling, and uncomfortable feeling throughout my body resulted in my focusing the session on developing ways to ease this inner-body sensation. I did this in a manner that was familiar to the participant (i.e. focusing on the rhythm of breath), therefore requiring less effort and increasing his use of practiced coping skills. The research journal entry from Participant #6 reads:

I often find intense moments of emotion...usually sadness that accompany them [heroin users such as Participant #6]. It hits me like a wave. I felt this several times during the session and often directed him to return to his breath almost as a way for myself to recuperate as well. (Researcher's Journal Entry, June 14, 2011)

Using breath as the anchor for Participant #6's session allowed both of us to experience emotional recuperation. A sense of awe was created in the participant regarding his own ability to create a sense of peace within himself. Cultivating a sense of inner resourcing and coping with anxiety is very important to the recovery process (Volpicelli, 2000), and Participant #6 was able to find this place, with guidance, for a substantial amount of time during the meditative state.

**Participant #5.** Participant #5 had a significant decrease in thinking, a moderate experience of the feeling mode of awareness, and high sensorimotor experience. Her sensorimotor experience, broken down into the three categories, was almost identical to Participant #1 in its high inner-body sensing, moderately high movement experience, and low 5-sense perception. This is of interest for further discussion as Participant #5 and Participant #1 share the same drugs of choice (marijuana and alcohol) as well as being close in age (19 and 20 years old respectively).

The general feeling of the participant's experience was rooted in the sensorimotor mode of awareness, particularly movement awareness, but it was also accompanied by alexithymia, discussed later in this chapter. It was difficult for her to define her inner experience verbally as she demonstrated more ability to describe it in the form of movement sensations (see Appendix C). Connecting any sort of emotional or thought-based experience to her inner-body sensations often resulted in a response such as "I don't know exactly what I noticed..." or, "I don't know. I don't think so." She often repeated a general description of "calm" or "relaxed" in relation to her emotional state and was slightly resistant to diving deeper into her emotional field. In relation to being guided through most of the session, Participant #5 stated, "And I noticed when you weren't talking I would kind of have thoughts floating in my head. But when you would talk it would be easier for me to just listen to you and not think about anything. Relax" (Recorded on June 14, 2011).

The experience of leading Participant #5 through the meditative state was one of the most guided of the entire research study. There were several times during the course of the session that I felt confused and was not sure what the most effective mode of guiding would be for her. A result of my confusion was this session being one of the highest in the thinking mode of

awareness (see figure 4.3). An additional result of this more thought-driven guider experience was my choice to provide imagery to Participant #5 in place of allowing space for her to create her own. As the research journal entry states from this session:

[She] has a hard time expressing what her body feels. I felt the confusion and chose to ground her...She felt a little lost in the silences as if she needed someone or something to help her remain connected to the present moment. I chose the imagery of color to anchor her because I felt a little lost. (Researcher's Journal Entry, June 14, 2011)

The use of color consisted of instructing Participant #5 to imagine her breath as a color of her choosing. I used a *body scan* (see Appendix C) approach with the addition of the “colored breath” to activate awareness of each body section. Moving the color through her body over the course of the session eventually helped ease the confusion I felt and increased the sensorimotor awareness of both guider and guided (see Figures 4.1 and 4.3). This more structured approach to the session resulted in a systematic approach to the body and may have directly contributed to the increased movement mode of sensorimotor awareness experienced by the participant. As a dance/movement therapist, my decision-making approach to solving the confusion naturally fell towards my strengths as a facilitator in creating movement awareness in the body.

The experience with Participant #5 also incited me to deeply center by connecting to my breath and pushing my feet into the floor. This session required me to assert a more leader-like role in the relationship in order to respond effectively to her confusion and her need for more direct guidance through the meditation. This was the only session where I outwardly felt like an authority figure during the guiding experience.

**Participant #4.** Participant #4 was the only participant whose self-created imagery outweighed one of the modes of awareness (thinking). She stated, “...it felt like I was laying in a

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leaf, and, you know, like when the wind gently blows. I was just going with it” (Recorded on June 14<sup>th</sup>, 2011). This is significant for Participant #4 as she shared while watching the video that she is often nervous and could tell she was anxious while watching herself meditating. She stated, “My arms are always like...tight. Like I am bracing myself” (Recorded on June 14, 2011). She was able to make the connection between seeing and experiencing her arms tighten as a manifestation of anxiety.

Throughout the interview, she stated she returned to the “relaxing” and “peaceful” image of floating in a leaf each time I, as the guider, left silent pauses in the guided meditation.

Participant #4 clearly identified this image as a coping skill for anxiety, stating:

It is something I desire for myself to just relax and not project so much into the future...you know. I can't control what's going to happen, so I need to cope with whatever comes my ways. So laying in the leaf...when I was feeling it...was just a way for me, you know, to actually be that way. (Recorded June 14, 2011)

Participant #4's most prevalent mode of sensorimotor awareness was inner-body sensing. She often described the feeling of heaviness in her body, especially her arms and face, which were previously identified as areas of tension.

I had a similar sensorimotor experience while leading her through mindful breathing to initiate the meditation. The research journal from June 14, 2011 states:

Her breath really helped her release some tension from her face and I felt a shift in my body from a place of feeling held up off the chair to a place of calm serenity. I felt my weight shift down and a feeling of timelessness emerge.

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This experience is consistent with bodily-felt sensations by the participant and is intriguing in its correlated feeling of timelessness, as the participant stated she was trying to cease worrying about future times in her life and remain focused on the present.

**Participant #3.** Participant #3 and I had the most established therapeutic relationship amongst the entire study. In addition to weekly DMT group sessions, Participant #3 and I had weekly DMT individual sessions for approximately two months prior to the study. These sessions included guided meditation as the initial activity.

Participant #3's overall experience was characterized by embodying the fundamentals of mindfulness practice. He often spoke of using his breath as the primary focus and being able to concentrate on only one thing at a time (his breathing) as a successful means to calm his mind and reduce racing thoughts (see Appendix C). Overall, Participant #3 had a relatively even experience of the feeling and thinking modes of awareness (see Figure 4.1) with an increase in sensorimotor awareness. His sensorimotor experiences of the inner-body and movement modes were also similar in number (see Figure 4.2). Illustrating this similarity, Participant #3 described fluctuating between (a) noticing the internal sensation of his breath (inner-body sensing) and (b) responding to my prompt to actively attend to the internal movement of his breath, traveling up and down his spine to promote awareness of the center of his body (a combination of inner-body sensing and movement). He stated:

When I concentrate on something, like the length of my spine, I really try to breathe with my...breathe like...using my spine (in the video participant demonstrated a rising and sinking motion with his spine). Like when I breathe in I'm going up and when I breathe out it's going down. (Recorded on June 13<sup>th</sup>, 2011)



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This is significant for Participant #3, as a large portion of the work done in individual sessions revolved around him being able to send his breath throughout his body. A result of intense physical and emotional trauma sustained during his heroin addiction manifested in short chest breathing and uncontrolled anxiety that led him to avoid feeling (both emotionally and physically) in certain areas of his body that held trauma. For example, he struggled to connect to sensations in his arms due to feelings of shame in relation to his visible track marks.

Additionally, Participant #3's body memory of his multiple overdoses presented as shallow breathing and an inability to send his breath past his upper chest without having feelings of fear and pain. The memory of being resuscitated through CPR multiple times often triggered him. Continual work focusing solely on the movement of his breath was a purposeful choice in treatment, and during this research session, as a means to safely introduce focus to these areas of his body. The research journal from June 13, 2011 expressed this choice:

I notice his bouncing leg is less prominent and he seems calmer in spirit than the last time I saw him. His breath is fairly steady with a flow developing between his chest and lower torso. I sense that he is concentrating on helping stay connected to his core due to previous work we have done.

In regards to emotional awareness, Participant #3's session focused primarily on a feeling of increased oneness. He stated, "I was so concentrated that I didn't even realize like, I was just one...as a whole." With further clarification, Participant #3 stated, "...a lot of the time I don't feel that way. I feel, uh, apart within myself. Conflicted" (Recorded June 13, 2011). Through the use of meditation, he was able to clearly identify past emotional states and compare them to his current state of emotional awareness, providing a means to measure progress in treatment.

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My experience of guiding Participant #3 was characterized by a high sensorimotor count, mid-range feeling awareness, and low thinking awareness (see Figure 4.3). The primary role of the thinking mode was in the use of prior knowledge of Participant #3 to make choices surrounding how to begin the session. As the session progressed, sensorimotor awareness, particularly inner-body sensing, became more useful and prevalent (see Figure 4.4). Consequently, my body knowledge and cognitively based memory of the participant worked in tandem to create the joint experience.

Around the halfway point of the session, I left a large amount of silence. I felt increasingly grounded in my core and intuitively felt he was able to continue without a large amount of outwardly verbal guidance. The research journal reflects this decision and the process of fluctuating between cognitive and body-based memory:

Client is working on focusing on his needs rather than others. I chose to bring awareness to his spine and use imagery of his breath lengthening his spine from head to tail in order to enhance the central approach he seems to be taking...I noticed I was not very aware of my lower legs or arms. I was very core focused. There was a slight shift in my weight [downward] but he definitely stayed with his core. Noticing this, I gave the space for him to focus on his breathing and settle in his core space. (Recorded on June 13, 2011)

This session is a prime example of how working with a person for an extended period of time on a body-based level creates a communication source through the body that supports cognitive-based methods. The collaboration between the participant's and my sensorimotor modes of awareness initiated the body-centered grounding and core-supported experience. Participant #3 was able to demonstrate use of skills learned throughout his treatment to calm his anxiety and

decrease racing thoughts. This resulted in one of the more fundamental examples of mindfulness practice in the study.

**Participant #2.** Participant #2 experienced a high level of sensorimotor awareness accompanied by mid-level feeling and thinking modes (see Figure 4.1). Her session was defined in large part by feelings of self-affirmation and the creation of a striking and memorable imagery experience. When discussing her overall feeling of relaxation, Participant #2 was visited by memories of her pets.

She stated:

I just feel so relaxed. And so, I brought in...I had two cats on my lap. They're so...they can read people...And they did not like it when I was drinking...and when...I had periods of sobriety and when I was sober they just loved me. (Recorded on June 8, 2011)

This image provided her with a feeling of self-worth and love that permeated through the duration of our discussion. In addition to this image, Participant #2 described connecting the sound of a wall clock in the room with the rhythm of her breathing and eventually a connection to her heartbeat. In her words:

It was kind of peaceful [the clock ticking]. It was steady so I was kind of doing my breath towards...the clock noise. It was something that was going to be there. You know it was reassuring that the clocked hadn't stopped...it's just like your heart ticking. (Recorded on June 8, 2011)

Her reaffirmation of life was incredibly emotional to witness and was present throughout the interview process as well as the meditation session itself. At the time of this session, Participant #2 had been admitted to the in-patient treatment program from the outpatient day program due to a relapse that led to serious complications in her health. Treatment truly was a

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matter of life or death for her, as well as others in the study, and to witness her find a controlled and still place within her body was an honor. The research journal entry from June 8, 2011 states:

I sense in her a great need to succeed which is evident in her consistent feet movement and wiggling [always on the go]. But she is capable of stillness and only needs the permission from herself to slow down.

Participant #2 recognized this increased stillness while watching herself on the video. In response to being asked what it was like to observe herself in a quieter place, she stated, “I can’t believe it’s me. It can be done. It can be done” (Recorded June 8, 2011).

As the guider, my emotional experience (see Figure 4.3) guiding Participant #2 was intricately connected to my sensorimotor awareness. To this day, I remember the sensation of my lap feeling heavy. The heaviness did not feel like pressure, but more of an enlivening force. This physical inner-body sensing was connected to an emotional feeling of relief and contentment. Discussing the imagery of Participant #2’s cats in relation to her sobriety, while acknowledging a correlating experience in my own body, was an amazing experience and solidified in my mind the importance of connecting to others in a non-verbal, body-based manner. Verbalizing this peaceful self-affirmation imagery, in addition to experiencing it on a body level, provided a more holistic point of view from which to facilitate further discussion of her need to find control in order to allow herself time to slow her thoughts and actions without the use of alcohol. My thoughts recorded on June 8, 2011 give illumination to my choice to offer Participant #2 time to gain control of her own experience:

I know she is full of energy and a little anxiety so focusing on her breath is key. And then she works very hard at breathing. I chose to direct her in finding her own pace so she

could take ownership of her life force. This led her to a place and image of comfort [the cat image].

Finding a place of comfort within her body allowed Participant #2 to acknowledge and express ownership of her thoughts and actions related to her relapse and history of attempting to hide her addiction from her family (see Appendix C). Taking ownership of one's actions, both positive and negative, is a fundamental step on the road to recovery.

Overall, guiding Participant #2 was one of the most emotional experiences I encountered amongst the entire study. She left quite an impression on my memory, as I still remember the feeling of relief and comfort she spoke of well over a year ago.

**Participant #1.** Participant #1 had a general experience of high sensorimotor awareness and similar mid-level counts of feeling and thinking modes (see Figure 4.1). He characterized his meditative experience as “changing the channel” from a stressful day full of activity to a place where he could focus only on his own needs. Participant #1 was able to describe in detail the changes he felt happening in his body throughout the session. In his words:

I noticed my chest rising and falling with every breath I took, and I felt some tingling in my fingers, like my fingertips and hands. And then uh it slowly started moving up my wrists and up to my elbows, and then it switched from a tingling, like I could feel my pulse traveling down my arms, and my feet got warmer, and my heart rate became more steady and I don't know, comfortable...My breathing became deeper...Although I've had a lot of stress lately, a lot of things on my mind. I got to wipe 'em away for a second. Just kind of live in the here and now. It's a nice here and now. (Recorded on June 7, 2011)

Participant #1 was able to track his internal sensations throughout the discussion and viewing of the video demonstrating his high inner-body sensing (see Figure 4.2). This

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sensorimotor awareness was also accompanied by the feeling of energy movement in the form of warmth. A few participants (Participants #6 and #8) also described feelings of internal warmth, but Participant #1 was the only participant who verbally connected this feeling of warmth with an emotional state of comfort. He stated, “It [the feeling of his whole body being warmer] was a really comfortable warm stress release feeling.” He additionally described it as “[not] an uncomfortable warm...it was a nice warm. Being snuggled in a blanket.” The inwardly focused nature of meditation for Participant #1 created the space for him to lessen his focus on outward stressors (i.e. the schedule of the unit, kitchen duty, and needing recuperation time) and turn his focus toward his ability to decrease the pressure he seemed to feel in the treatment environment. Two skills Participant #1 demonstrated, tracking sensations and emotional resourcing, are fundamental to the addiction recovery process. Body-based tracking of emotions and sensations is also fundamental to the practice of DMT making it a suitable partner for the recovery process.

During this session, my primary intention was to attune to and prompt Participant #1 to further use his ability to track these internal sensations. Due to his almost immediate attention to breath and temperature change throughout the body, I was able to simultaneously attune to my own substantially high amount of sensorimotor awareness (see Figure 4.3). The research journal for this session states:

I immediately noticed his breathing. All his attention seemed to be focused on his breath so I decided to increase his attention to the remainder of his body to start so his very deep breath would have somewhere to travel. I could feel in my body the concentration placed on each inhale but more so on a long exhale pushing down his torso. In my body I felt a sense of grounding; This led me to focusing on taking the obvious movement in torso

down to his lower body; Activating not only upper but lower. (Researcher's Journal Entry, June 7, 2011)

The experience of guiding Participant #1 felt fluid and less effortful than other participants due to his ability to connect to his inner sensations relatively quickly. This resulted in a low thinking awareness for this session. Participant #1's connection to his breath and my trusting reaction in his ability to maintain his own level of calm created a fundamental level of sensorimotor relationship.

### **Overall Impressions of Experience**

As the above discussions and Figure 4.1 show, there was an overall common increase in sensorimotor experience during the meditation sessions as compared to the other modes of awareness. With the exception of Participant #9, sensorimotor experience was the most prevalent experience. This suggests that an increase of body awareness was a common experience as the sensorimotor mode of awareness is based on bodily-felt sensations.

For several of the participants (#1, #2, #3 and #6) the number of occurrences of the feeling mode was similar to the amount of the thinking mode, suggesting a correlation between these two modes of awareness for this particular group of participants. A common theme in the description of their experiences was a decrease in anxiety-producing thoughts. These themes included feelings of "changing the channel" (Participant #1), using self-affirmation to calm anxiety and slow down the mind (Participant #2), using the basic mindfulness practice of focusing only on the breath resulting in less anxiety (Participant #3) and, similarly with Participant #6, finding a sense of peace and "calming the storm that's always in my mind and in my body." A decrease in racing thoughts created psychological room for participants to better access their emotions and emotional states. With greater emotional access comes the ability to

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learn to identify these states. Related, several of the participants (especially Participant #5 and Participant #6) showed signs of alexithymia. Alexithymia is defined as “the inability to describe emotions in a verbal manner” (Alexithymia, n.d.a) or “an inability to experience and communicate feelings consciously” (Alexithymia, n.d.b). When I asked clarifying questions regarding emotional awareness or experience, a common response was “I can’t explain it” or “I honestly don’t know.” This state of “not-knowing” was acknowledged by both parties and reframed as a further area for growth in treatment. Further discussion of this common experience and implications for meditation’s use in emotional identification will follow in the discussion section of this thesis.

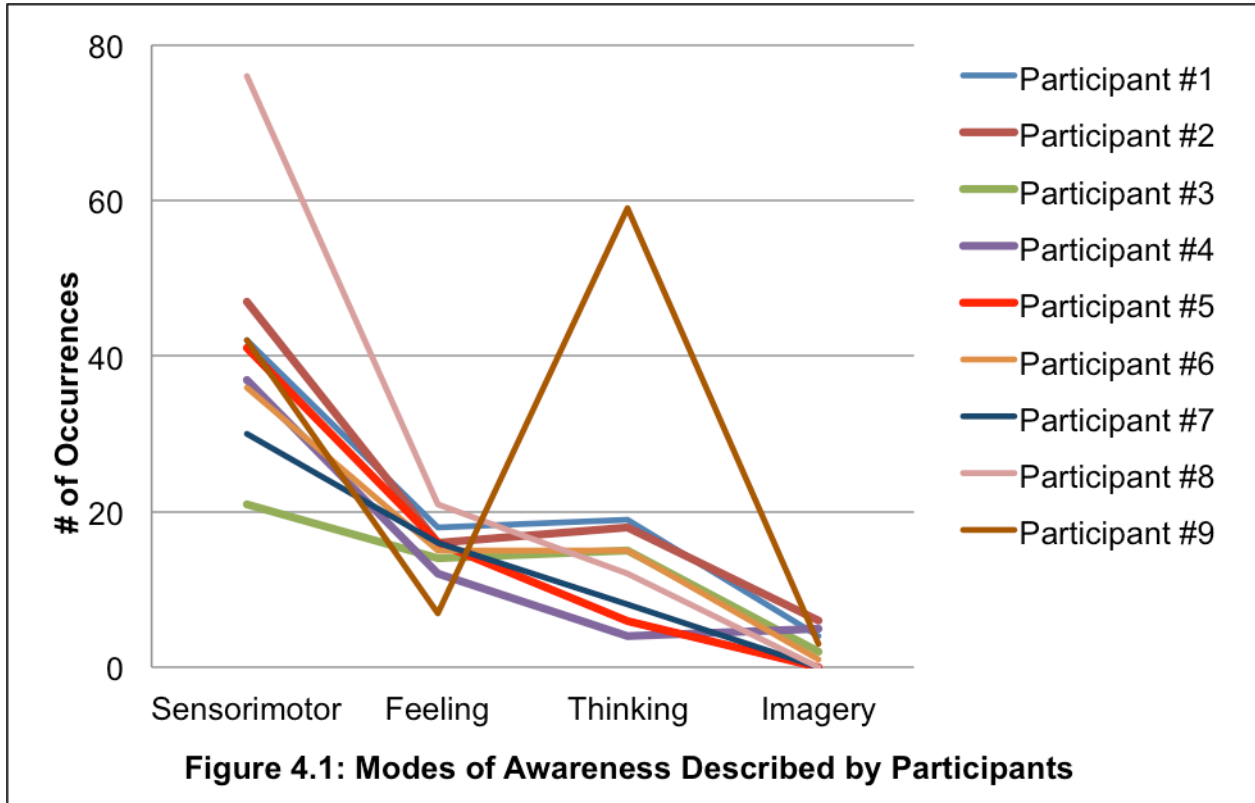
Additionally, participants commonly reported developing the ability to focus intently, resulting in deeper connection to present moment experience. With the exception of Participant #9, most participants described a sense of slowing down and remaining with self throughout the process of meditating. Five out of the nine participants (#4, #6, #8, #2, and #1) described this feeling as a replacement for an uncomfortable sense of urgency.

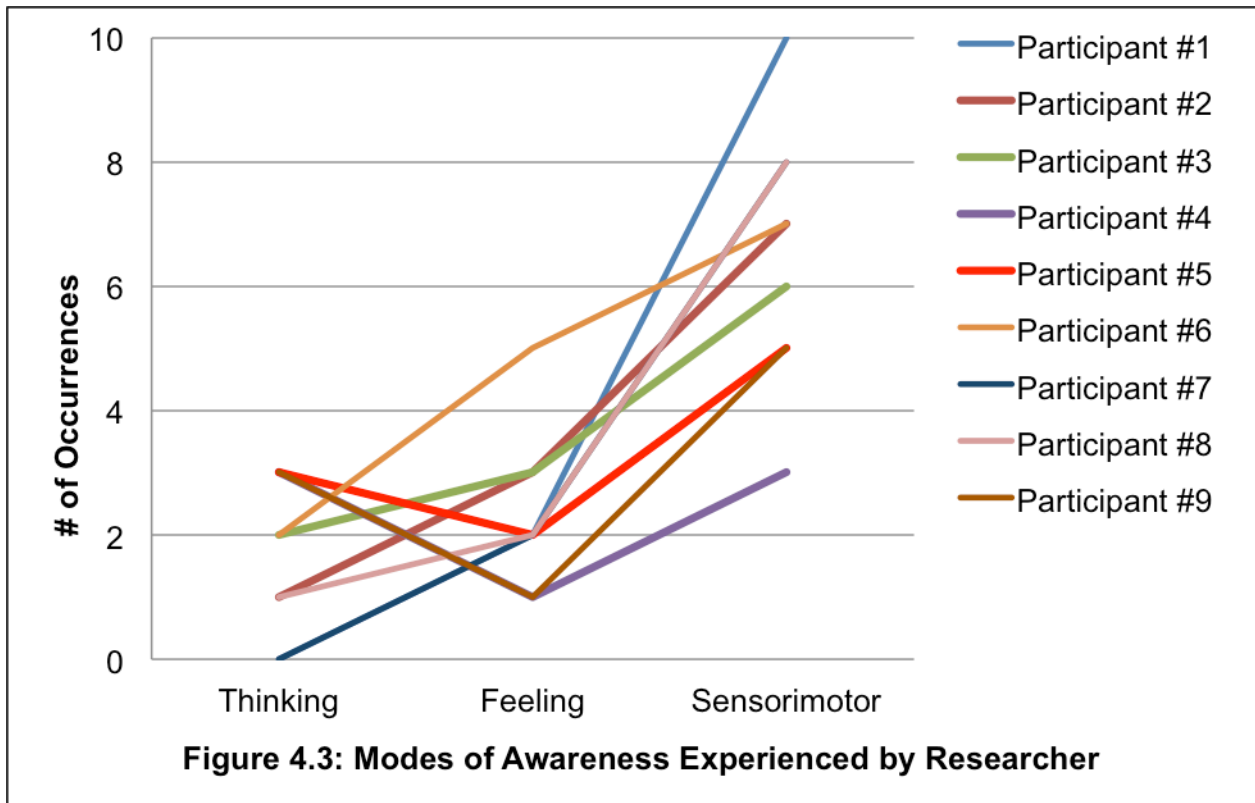
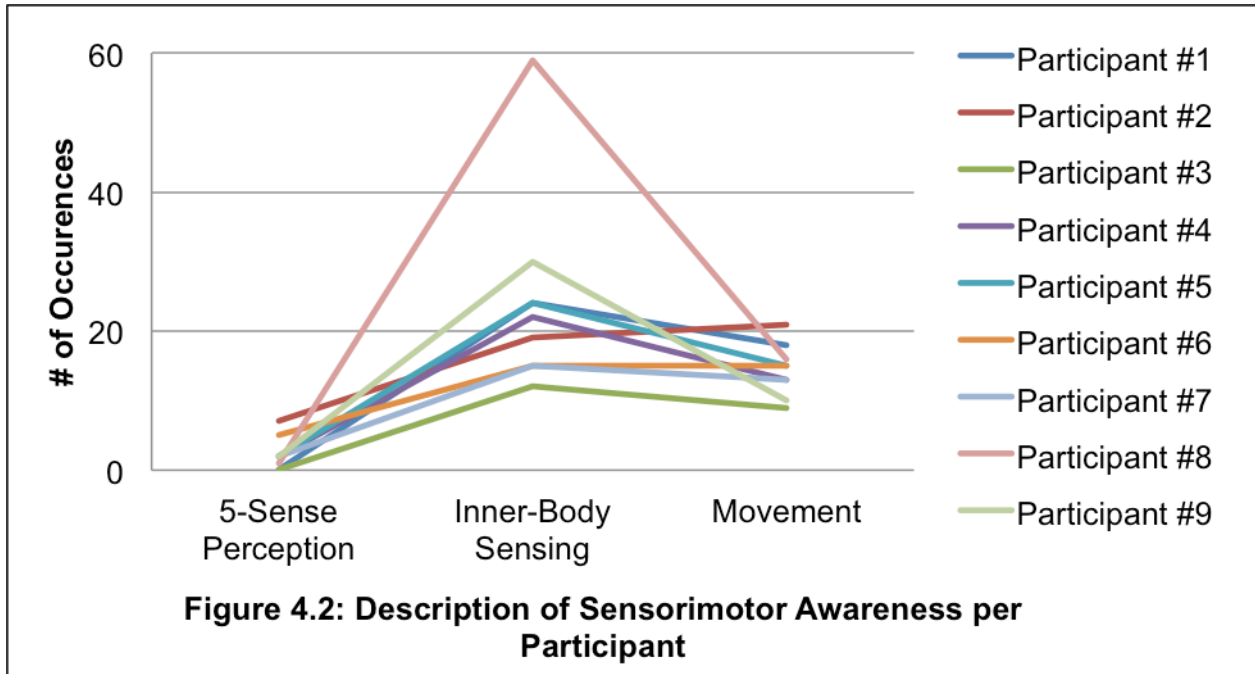
Interestingly, this study also touches on relationships between participants’ preferred drugs and corresponding responses to the meditative experience. As briefly noted in discussing Participant #9’s session, eight of the nine participants of this study were in treatment for addiction to depressants or downers. Heroin, alcohol, other opiates and marijuana (although marijuana can also act as a stimulant), work to suppress the nervous system. Cocaine, Participant #9’s drug of choice, is a stimulant and works to increase the activity of the nervous system. Meditation is often undertaken in order to calm the mind and increase focus. Further discussion in the next chapter of this thesis will focus on the possible connection between the

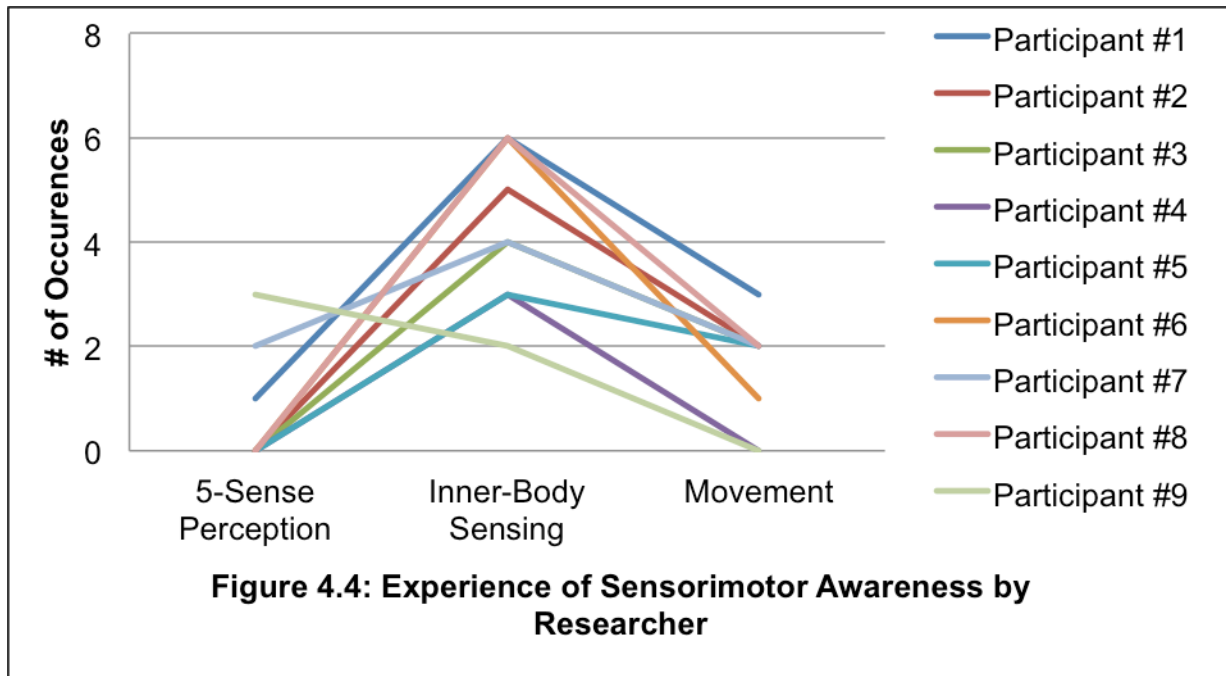


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effects of meditation on the brain and any similarities it may have to the effects of depressants and/or stimulants.







### Transformation of the Researcher

A side effect of conducting this research began to slowly emerge as I worked through the process of collecting, analyzing and revisiting the data. As a part of my organic process, I began meditating before watching each participant video. I felt I needed to actively do something to prepare my mind and body for attuning to and remembering each experience. Inspired by the participants’ willingness to give themselves over to the process of meditation, I chose to follow in their footsteps and use the same “something” to prepare myself for re-encountering their words, emotions, and actions. The act of meditation as a preparation for writing this thesis consequently turned into a spiritual exploration that has vastly changed my life.

I have begun to engage in personal research of Vipassana meditation, also called insight mediation, as well as Theravada Buddhism in the pursuit of altering my approach to living. I have joined a meditation group/sangha that meets weekly, and am establishing my own personal practice. I attended my first meditation retreat in May 2012 and have truly found an approach to

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the spiritual life that fits with my value system. Without the experience of this thesis and the courageously open hearts and minds of the participants, I may not have found myself on this path.

As a dance/movement therapist beginning the journey of professional life in an in-patient psychiatric hospital, I have struggled at times to cope with the seemingly never ending suffering and prolonged pain shared by so many of the people I encounter in my work. Using meditation as a way to focus on my own relationship to suffering and to develop the strength to mindfully walk through the minefield we all share in our cognitive and emotional minds, has aided me in remaining present with those I work with on a daily basis. This presence has filled me with joy, sadness, anger, peace, longing, positivity, negativity and all the rest of the wonderfully enlivening emotions we experience. This practice has given me the tools to walk the path to understanding, and I am now doing my part to share this knowledge and practice with others who are also looking for help.

Organic Inquiry asserts that research can be a transformative process for those involved, including the researcher and those who read it. I have personally experienced being inspired and challenged by the spirit of the people willing to engage in this research project with me and will be eternally grateful. No words can truly express my gratitude.

### **Discussion**

The purpose of this research was to provide insight into the experience of the guided meditative state for people in treatment for substance dependence. The study also explored the experience of the facilitating dance/movement therapy intern, who emphasized a more body based focus of the meditative state. The findings of this research succeeded in describing what occurred for both the participant and facilitator during the meditative state in terms of bodily, emotional, and mental sensations. Although each participant had a slightly different experience, major themes developed throughout the study: a significant portion of the participants experienced a reduction in anxiety producing and/or racing thoughts, development of coping skills for stress management through inner resourcing, the presence of alexithymia, an increase in sensorimotor awareness, and similarities in experience based on their drug of choice.

### **Stress and Addiction**

Although stress affects everyone on a daily basis, the average person is typically able to cope with and move forward from stressful situations with relative ease and may not even be aware that they are actively coping. For a substance user, daily stress can be difficult to manage and minimal increases in stress can result in continued drug and/or alcohol use. External resources such as family and/or social support, financial stability, and access to care are important to the recovery process but continued sobriety also relies on the development of internal resources (Vallejo, 2009). These resources, such as resilience, tolerance of uncomfortable sensations, and self-efficacy are needed to provide a safety net for the addicted person if or when their external supports shift.

As I have discussed earlier in this study, the addiction process negatively alters the relationship to self and other. The person's drug of choice becomes the primary relationship and

the main coping method for stress. “In fact, substance abuse can be viewed as a maladaptive response to stress, discomfort, and emotional pain. In treatment, stress is one of the strongest predictors of drug craving, relapse, and continue drug use” (Vallejo, 2009, p. 193). Learning and practicing stress reduction techniques are vital to preventing relapse and prolonging sobriety.

Meditation and DMT draw attention to present-moment experience of internal states, such as increased stress arousal. Meditation emphasizes cognitive awareness of emotions, sensations, and thoughts, while DMT focuses attention on the body’s response and manifestation of emotion with an emphasis on translating these bodily-felt sensations to verbal expression. Accordingly, Participants #4, #6, and #7 described reduction in their particular stressor throughout the meditative state. Participant #4 was able to develop her image of “floating in a leaf” as a metaphor for “going with the flow” (Recorded on June 14, 2011) and, essentially, not allowing her stressor—anxiety about the future—to overtake her thinking. Creation of this image was developed entirely by the participant and followed the period of the meditative state during which she was being guided to focus on her breath in order to reduce tension within her body. Taking ownership of the imagery she created is a form of developing the internal support necessary to cope with future stressors.

**Anxiety and distress.** Stress can take many forms, and for the above participant, it presented as anxiety. Anxiety is a common experience in recovery from addiction. Worrying about coping with life stressors without the use of drugs and alcohol to self-medicate, returning to family and friends, mending hurts sustained during addiction, returning to work, and moving on to a new phase in life—all these factors play a role in increasing anxiety, fear, or worry during the recovery process (Volpicelli, 2000). Such elements combined with pre-existing anxiety problems can overwhelm clients with thoughts about what is to come, as was the case with

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Participants #6, #4, #3, and #2. Using guided meditation, the aforementioned participants expressed that they were able to calm anticipatory thoughts by focusing on the present-moment experience of the meditative state, but this is not to say that these thoughts disappeared completely. As Volpicelli (2000) stated in relation to the early process of recovery from addiction, “By having realistic expectations of yourself and focusing on the here and now, you can gradually regain your confidence...” (p. 251). Experiencing themselves successfully coping with present-moment anxiety during the meditation sessions enhanced the confidence these participants expressed in their ability to implement stress management further along in the recovery process.

Participants in this study demonstrated the ability to use the therapeutic intervention of guided meditation to focus on their present moment experience, lessening the grip anxiety had on their thinking, while also acknowledging during the interviews the reality of their emotional states before and during recovery. This dual cognitive process is precisely what mindfulness encourages: “Being mindful entails sensing what is, even sensing your judgments, and noticing that these sensations, these images, feelings, and thoughts, come and go” (Siegel, *Kindle Locations 484-485*). Using mindfulness to alter one’s relationship to anxiety during treatment allows the addicted person to recognize that emotions are temporary states of being. When the mind and body detach from distressing emotional states, the person in treatment can experience the impermanence of emotional sensations. My choice to focus the participants on body-felt sensations throughout the meditation provided them with opportunities to notice their anxiety, to learn about how it manifests on physical and cognitive levels, and to recognize when these feelings and sensations began to dissipate and/or heighten.

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Distinguishing and experiencing a state of calmness and/or decreased anxiety was foreign to a large majority of participants. Through self-report, participants acknowledged that their ability to self regulate anxiety and soften its affects on their health was somewhat limited, often leading to the use of drugs and/or alcohol. An important step for their recovery was to be able to repeat the process of recognizing triggers to stress, identifying the stressor (in this case anxiety), and initiate healthy coping methods. In this study, guided meditation and a focus on body awareness were the methods used to move the participants through the uncomfortable sensations they experienced due to stress and into a state of focus and decreased arousal. Without healthier coping methods, such as meditation, the addicted person will continue to lean on their drug of choice for support (Dempsey, 2009). Developing the ability to implement coping skills to reduce anxiety, whether it be the use of breath, movement, or soothing imagery, puts the recovering person in the driver seat of self regulation, thus seizing power from their drug of choice.

For example, Participant #4 described often feeling overwhelmed by the amount of anxiety she felt on a daily basis. During DMT groups led by the researcher prior to this study, she often presented as distant and quiet, appearing nervous and awkward when attempting to describe her bodily-felt reaction to movement. Her response to the meditation stood out as particularly important in demonstrating the effectiveness of guided meditation to reduce difficult emotions and increase body awareness.

Initially, I led her through connecting to her breath as a way to promote centering. Throughout the latter parts of the session, I noticed that her ability to independently initiate deep breathing improved. Later during the interview process, Participant #4 reported that self-initiated breathing helped calm and refocus her thoughts during moments of waning



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concentration. She also created her own soothing image to focus on during moments in the meditation when she lost concentration due to her anxious, future-driven thoughts.

After meditating, Participant #4 described her physical experience of anxiety as, “my arms are always like tight like I am bracing myself.” Recognizing this sensation opened her up to identifying the source of anxiety. She discussed constant worry about the future and feeling unable to calm the “nervous” feeling without the use of alcohol, her drug of choice. Participant #4 described her state of being post-meditation as “relaxed” and “happier.” The “tight” feeling in her arms had been shifted to a feeling of “heaviness” that Participant #4 described as “laid back” and also “like a natural high.” She was able to come to a place of calm that perhaps reminded her of times in her addiction when being intoxicated brought on a similar feeling. The major difference in this case, of course, is that Participant #4 used a healthy means to achieve the same goal.

Participant #6 described his stress as a “storm” in his mind and body. He shared that he had used meditating with music in the past to calm his ever racing mind but had never experienced the kind of, “Peace. A lot of peace when I did that. I didn’t know it would feel like that. I was just expecting how I normally feel when I meditate” (Recorded on June 14<sup>th</sup>, 2011). When asked for clarification, he stated that, although his method of meditation has helped in the past, he had never been able to “relax my mind like that.” With further discussion he noted that he gave himself “the space” to allow his mind to calm. In essence, while being supported by another person, he gave himself permission to calm his thoughts and singularly focus on the act of meditating, using primarily his breath to regain focus during moments of less concentration. This also led to remembering positive memories of his childhood. He stated, “If I start craving real bad and can picture those images and just breathe. It helps me out a lot” (Recorded on June

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14<sup>th</sup>, 2011). Participant #6 had discovered a coping method for his “storm” that produced positive thoughts and remembrance of times in his life when he was not addicted to heroin. As a result, his affect brightened and he was able to smile.

Participant #9 is an example of an individual in treatment who was not yet able to manage his racing thoughts or judgmental thinking. Throughout his interview session, he jumped from topic to topic and often made self-deprecating comments. He expressed frustration with his racing thoughts, but I also sensed that he was not ready to let go of the familiarity associated with his anxiety, evidenced by the reminiscent tone with which he discussed the roots of his drug use. If this research study was done again, I would be interested to examine if his drug of choice affected the relationship he had with the meditation session. As the only stimulant user (cocaine) in the study, his experience stands out amongst the other participants in that he struggled to ease judgment of self and his racing thoughts. His anxiety, although somewhat affected by the meditation, continued to present throughout the interview process in the manner described above. Comparison with other stimulant users would be beneficial to determine whether this result was unique to Participant #9 or if his use of a stimulant drug affected the way in which his brain and body reacted to meditation.

Further research is also recommended to explore the use of body-focused treatment modalities, such as DMT, for anxiety reduction in those seeking relief from substance dependence. As the results of this study illuminated, anxiety lives throughout the body, presenting itself as bouncing legs, tingling fingers, and/or overall rigidity. From my experience witnessing the participants of this study, it appeared to be a very uncomfortable emotion to continually experience. Without the proper internal and external support, the addicted person is left with little defense other than to give in to the cravings of their drug of choice (Dempsey,

2009). Using mindfulness practices, such as meditation, to develop cognitive skills is important to change a recovering person's relationship to thought processes. Additionally, addressing the physical experience of anxiety allows the whole individual to take part in the healing process and provides an additional layer of internal support.

**Physical pain.** Stress is not limited to anxiety, however. For Participant #7, a dominant stressor was physical pain. He shared his struggle with chronic back and shoulder pain due to past injuries. His usual method of managing this stressor was to medicate with opiates, other painkillers, and alcohol. Throughout his session, I noticed small micro-movements (small shifts in posture and muscle tension) concentrated mostly in his shoulders, neck, and back. In my own body, I remember the sensation of widening throughout my back, resulting in making more connection to the chair throughout the session. This led me to feel more supported. When asked how he felt after the meditation, Participant #7 stated, "It just feels more range of movement than usual. My neck don't hurt" (Recorded on June 22, 2011). Throughout the interview process, he described moments of relief from tension within his physical self that led to the reduction of pain. He stated, "it felt like my shoulders got lighter and that's probably the part where my back started to feel better" (Recorded on June 22, 2011). When asked to describe the sensation of noticing the pain dissipate he stated, "It felt like it just rolled away from my spine" as he demonstrated a movement gesture of widening along his upper back and shoulder girdle (Recorded on June 22, 2011). His pain reduction was entirely accomplished by focused meditation. While accepting support from my guiding words, he was able to initiate stress management using his breath and experience positive interaction with his body rather than viewing his body as a place of inescapable pain. Further sessions with this participant could emphasize using this technique in combination with DMT to allow Participant #7 to first

cognitively connect to his body and then transition to relating to his expressive moving self—experiencing moving his body in a state of less pain.

As discussed in the Introduction to this study, Mindfulness-Based Stress Reduction (MBSR) is partly based on the notion that the combination of mindfulness meditation and yoga will result in healthier coping mechanisms for chronic stress, including physical pain. It is not enough to only think and feel this stress reduction but also to experience it through the act of movement. The short-term physical experience of motion with less pain, such as in a MBSR yoga session, begins to cultivate the belief that relief is possible to attain in the long-term. Participant #7 used movement during his interview to express his experience, something I had not seen him do without prompting in previous interactions. He engaged in this process throughout the session—verbal expression followed by a movement gesture supporting his statement. This is the essence of DMT: connecting thoughts and feelings with their bodily-felt expressions.

**Developing inner resources for stress management.** All of these experiences discussed above show the effectiveness of using meditation to reduce the present-time impact stressors had on these individuals. What also emerged from developing inner resources, such as imagery, positive memories, and connecting to body awareness, was a sense of self-efficacy, or “personal agency” (Bandura, 1993). Possessing the belief that one is able to make effective changes in life impacts the probability that these changes will, in fact, occur. Bandura (1993) stated,

Among the mechanisms of agency, none is more central or pervasive than people’s beliefs about their capabilities to exercise control over their own level of functioning and over events that affect their lives. Efficacy beliefs influence how people feel, think, motivate themselves, and behave. (p. 118)

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Encouraging the development of self-efficacy related to stress management, coping with cravings, and altering one's relationship to temptations are central to preventing relapse in addiction (Witkiewitz, 2005). Witnessing participants describe the feeling of being able to take initiative during moments of the meditation was a powerful experience. Watching themselves on videos actively meditating and reaching some level of serenity also seemed to have an impact on their self-worth, evidenced by brighter affects and a reported increase in energy following the sessions.

Further research is needed in determining the long-term affects of meditation on developing self-efficacy. As discussed earlier, programs using mindfulness, meditation, and movement have been developed in recent decades showing a growing interest in combining these elements for stress reduction. Further research into the specific elements of meditation and movement that provide this sense of self-agency and if the possible combination of these two therapeutic interventions improves the likelihood of success in developing self-efficacy through the act of inner resourcing is necessary.

### **Experience of Alexithymia**

Although clients alluded to feeling anxious and distressed, the most prevalent source of frustration for the participants that arose during the research interviews was the inability to fully describe emotional states experienced during the meditation. Emotional descriptions were vague and required continued clarification. Some participants struggled more than others, but it was clear that each participant demonstrated some form of inability to connect what they felt on a body level with a feeling state. This phenomenon—alexithymia—is common in addiction treatment but also in treating those with chronic and severe mental illness. Alexithymia can be a roadblock to lasting success in recovery due to its role in impeding emotional identification and

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expression. A number of sources discussed the importance of looking to the body to reconnect to emotions throughout the recovery process (Breslin, 2003; Milliken, 1990; Perlmutter, 1992; Rose, 1995).

DMT seeks to draw attention to the active body in order to decipher body sensations and link them to specific feelings, thus directly addressing the problem of alexithymia present in addiction. As discussed earlier in this research, meditation can also serve as a valuable tool to decrease resistance to examining the body's role in experiencing emotion thus allowing the substance user to develop increased awareness. The partnership between focused stillness and working up to actively moving into feeling states can create safety within the individual as well as the therapeutic environment.

Further research into the efficacy of meditation and DMT to address this alexithymia could open wide-ranging possibilities for mental health treatment overall. If this study were conducted over a longer period of time, initial sessions could be focused on identifying sensations congruent with the more elusive emotional states for each individual. Then, each subsequent guided meditation session could be focused on a particular feeling state. Ensuing movement activity could likewise be tailored to actively explore and experience each emotion with the goal of familiarizing individuals with new sensations and lessening their vague confusion. As the goal of most addiction treatment is to increase a person's access to and use of healthy living skills, addressing alexithymia is of utmost importance to developing skills to cope with difficult emotion(s).

### **Increased Sensorimotor Awareness**

As established earlier, body awareness is lacking in a person who uses substances (Dempsey, 2009; Perlmutter, 1992) and needs to be developed in order to gain true self-

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awareness during the recovery process (Fisher, 1990). The results of this study show that *every* participant had an increase in sensorimotor awareness, the mode of awareness based in bodily-felt sensations. Also, with the exception of Participant #9, sensorimotor awareness was the most commonly engaged in mode of awareness throughout the meditation sessions. However, as described in the Results section, even with Participant #9, whose main mode of awareness was thinking, the increase in sensorimotor awareness was significant.

Participant #8, for example, showed a vast increase in her sensorimotor awareness, particularly in inner body sensing. She often described the feeling “I was safe with my eyes closed. I was safe---I was comfortable” (Recorded on June 27, 2011). This comfortable state arose out of Participant #8 being able to systematically describe areas of her body that released tension and the subsequent “grounded” feeling she experienced.

Developing internal stability in addiction treatment is important to the success of handling difficult emotions (Thomson, 1997). By connecting more intimately with their bodies, the participants demonstrated an ability to look inward for support and transfer this internal sensation to how their body posture shifted. A common expression was of “letting go,” and feeling “planted,” “grounded,” and “comfort” (Participant #8, #7, and #1). These verbal expressions were physically expressed by noticeable shifts in their bodies, such as loosening shoulders, soft gazes, deeper breathing, less gripping in the hands, and relaxed foreheads.

As shown, meditation reawakens the addicted person’s relationship to his/her body, allowing him/her to utilize internal somatic “alarm systems.” When a person is more aware of their internal state, sensing danger, such as relapse, may improve (Witkiewitz et al., 2005). If the body and mind are not working in tandem, the mind may not know how to react to what the body experiences. This leads to maladaptive behaviors, such as addiction. The safety net for

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experiencing emotion is not present; therefore, a person's drug of choice becomes the artificial guardian. Developing body awareness, as shown through the universal experience of increased sensorimotor awareness in this study, gave the participants another tool with which to express their experience and share it openly in the therapeutic setting.

A drawback to this finding is that it cannot be directly shown if meditation itself caused the increase in sensorimotor awareness or if the impact of the guider being a DMT intern is the cause. As a DMT intern, my attention naturally flowed to the body. Even in pursuing each session with the intention of being open to whatever experience occurred, my therapeutic bias could have played a role in focusing more attention to the body in each case. Comparing the results of this study with another in which guided meditation sessions were led by a non-body based therapist could clarify the causality between increased sensorimotor awareness and meditation.

### **Similarities in Experience Based on Drug of Choice**

Throughout the data analysis process, questions arose regarding the population due to the organic nature of collecting participants. As all the participants were gathered on a voluntary basis, I was unaware of exactly whom I would be meditating with and what their drug of choice was. As acknowledged earlier in this research, only one of the participants was a stimulant user, and his experience stands out from the rest. All other participants' drugs of choice were depressants, and I wondered, as analysis moved forward, if the vast difference in his experience was due to his drug of choice. I also became curious about the high amount of depressant users who volunteered for the study. Not only were eight out of the nine participants' drugs of choice depressants, but the three volunteers who could not participate due to logistical interference,



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were also users of heroin, marijuana or alcohol. I wondered, “Is there something appealing about meditation to those addicted to depressants?”

It would stand to reason that a person who is used to ingesting a drug like cocaine, which stimulates brain activity, would struggle to manage racing thoughts or hyperactivity. They may also find it difficult to remain still for long periods of time or need more stimulating activity than meditation lends itself to. One could also posit that those familiar with using nervous system depressants may be more willing to engage in activities, such as meditation, that emphasize quieting the mind and some form of relaxation. In fact, more than one participant (Participant #4, #3, #6, and #8) compared the feeling of meditating to a natural high. What I find interesting and worth further examination is the effects meditation has on the brain in comparison with that of street drugs. Does meditation produce similar basic effects on the brain as depressant street drugs? If so, will it be more effective in use with depressant users? Will stimulant users initially need more instruction in meditative practices to gain benefit due to the effects their drug of choice has on the brain? How does the brain of those with anxiety disorders influenced by depressants compare to the same brain after meditation?

As this research study was not aimed at explicitly discussing meditation’s affects on the brain, I will not go further into examining the above questions. It is, however, noteworthy to ask these questions as mental health practitioners in order to be better able to choose when and with whom to use meditation as a coping skill. For example, perhaps in using meditation with depressant users, the therapist must be aware of triggering clients or allowing them to use meditation to gain the same high they are accustomed to experiencing. On the other hand, perhaps meditation is “better” for stimulant users because it trains the mind to engage in an activity in opposition to their drug of choice, therefore increasing their coping skill set. Future

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research could formalize these hypotheses and make more of a conscious effort to discuss the participants' drugs of choice, their psychological and physical effects, and any similarities in experience between using drugs and/or alcohol and the meditative state.

### **Connecting to Others Through the Meditative State**

As an aspiring dance/movement therapist, my attention automatically moved to the body and what each person's physical presence and activity conveyed regarding the spirit and mind dwelling within. Through the guided meditative state, I felt I was able to unite with my ability to intuitively sense what might have been happening within the participant sitting across from me. My perception of their internal state based on what I could see, hear, and sense helped inform my decisions as the guider. Furthermore, the experience of sitting with each participant solidified in my mind the importance of silence in the therapeutic process. Allowing myself the time to sense and connect with the person seeking guidance with the use of fewer words became of the utmost importance to this study. Silence allowed the space for other modes of inter- and intra-personal connections to be formed. As in all therapeutic settings, the information therapists receive from clients influences the decisions therapists make in treatment--what we say and how we intervene.

From the outside looking in, the meditative state may seem like a still and non-moving experience during which a therapist would glean little to no information about the client's needs or state of mind. However, the body is always in motion, and developing the ability to observe and process small changes in muscle tension, facial gestures, and breath patterns exhibited by the participants fed me a wealth of knowledge pertaining to their internal states. For example, noticing a previously smooth forehead slowly wrinkle led me to wonder what sort of thoughts were moving through the participant's mind. Fast eye movement detected under closed eyelids resulted in me feeling anxious within my body, thus leading me to direct the participant's

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attention towards calming and directing thoughts to pass through the mind without attachment. Witnessing hands grasping onto the chair or pushing down with increasing pressure led me to wonder if the participants felt supported in their lives. These physical experiences were reflected in my body as I witnessed the changing states of each participant. When a participant's breathing deepened and the muscle tension observed began to lessen in his/her body, it did so in mine.

DMT emphasizes this form of connection to others, using the physical body of the dance/movement therapist as a conduit for initially identifying and processing the experience of the participant. This is called kinesthetic empathy or kinesthetic seeing. Kinesthetic empathy is a skill greatly emphasized in DMT. It is defined in several ways and, much like meditation, can often be an amorphous topic to discuss due to its basis in the body and therefore deeply personal nature. Levy (2005) defined it as the "therapist's awareness of their emotional reactions to the moving client" (p. 182). Suzi Tortora (2006), a leading voice within the DMT community, added an element to this process called "kinesthetic seeing" (p. 504). She defined it as a "self-observation process involving becoming aware of and reflecting on personal sensorially based reaction" (Tortora, 2006, p. 504). As this research is not focused on kinesthetic empathy and kinesthetic seeing directly, I will not go into great detail surrounding related theory. However, through the course of the meditation sessions and analyzing my experience, it became clear that this research project was intertwined with these two therapeutic skills. Kinesthetic empathy and seeing are important as the primary means with which I connected to the participants during the guided meditative state.

Focusing attention on my own body's reactions to the participants' body reactions and energetic changes provided me with more information to process and reflected my increasing capacity for kinesthetic empathy. In addition, my physical reactions to the participants' subtle

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shifts in movement during the meditation (i.e. tense stomach, shallow breath, and elevated heart rate) through kinesthetic seeing and connecting to specific emotions through kinesthetic empathy created a non-verbal dialogue later clarified and discussed during the verbal research interviews. My transparency as the guider in openly discussing what I had physically and emotionally experienced during the guided meditative state led to increased disclosure from a majority of the participants and further established the therapeutic relationship. Developing the ability to identify moments of kinesthetic empathy and kinesthetic seeing provides the opportunity to address emotional issues with individuals who may not be able to fully verbally express what they are feeling on a body level, such as those in recovery from addiction. This unique aspect of DMT's focus on body based interventions to promote exploration of present-moment experience, in combination with verbal therapeutic techniques, provides another angle from which to approach treatment and provide holistic care.

Further exploration of the nature of kinesthetic empathy and seeing and their use in therapeutic settings, especially DMT, is needed to provide more clarity and theory related these extremely useful tools. Dance/movement therapists are taught to acknowledge the experience of bodily-felt empathic attunement, but explaining this phenomenon in objective and scientific terms can be difficult. In my own experience with meditation in this study, I found it to be a useful tool for increasing my capacity for kinesthetic empathy. I noticed throughout the initial portion of the sessions that I felt more internally grounded and able to focus my attention on the sensations I was feeling while attuning to the participants. Although I was not directly meditating, being the guider of the meditations altered my awareness to the point where I felt deeply connected only to the experience taking place between myself and the participants' meditative state. This increased awareness and concentration is the purpose of mindfulness

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meditation. Again, research into the effects of meditation on kinesthetic empathy would greatly benefit the DMT and even the mental health community in general. Any tool and/or skill to increase therapists' ability to connect to clients and give them the feeling of being empathically heard by another person is the essence of therapists' work, provide safety and support to those seeking assistance.

### **Limitations of this Study**

The methodology of this research study makes it difficult to duplicate with precise accuracy. As a research process, Organic Inquiry emphasizes the use of researcher intuition during the entire process, from gathering participants to analyzing data. The subjective nature of intuition and the Organic process makes it challenging to fully repeat the study in the exact manner originally conducted, as each researcher undertaking this study will respond to their intuition differently. I also believe the skill of the dance/movement therapist, or other psychotherapy professional, conducting this study greatly affects the outcome. I hypothesize that previous experience with meditation and even perhaps some measure of experience with guiding meditation sessions, group or individual settings, will affect the efficacy of the meditative experience and therefore the outcome of the study.

Additionally, the time limit to complete this study as well as the short duration of treatment for each participant made it impossible to conduct follow-up interviews. Ideally, I would have been able to meet with each participant for more than one meditation session to provide more data to analyze from which to gain deeper insight into each participant's experience and provide stronger validation. If this research were to be conducted again, additional time to conduct at least two sessions and include follow-up interviews is recommended in order to share the researcher's initial observations related to the experience with

each participant. Sharing perspective on the sessions with the participants would serve to substantiate or disprove the researcher's interpretation of each participant's experience.

Unfortunately, due to the nature of the in-patient rehabilitation setting, once participants were discharged it was not possible to reconnect, as their association with the facility in which the research took place was terminated.

### **Implications of this Research for Dance/Movement Therapy**

The use of mindfulness practices with movement-based therapies is not a new concept. As briefly discussed earlier, combining these two modalities is the foundation of Mindfulness-Based Stress Reduction (MBSR). What I propose that is new to the pairing of meditation with movement practices is the use of DMT as the movement component. A major difference in combining guided meditation with DMT is the creative and artistic nature of DMT in comparison with the more structured realm of yoga practices.

DMT, as an expressive therapy, emphasizes the act of creation. Although a main focus is connecting to the body, DMT also cultivates individuals' expressivity and ability to create new ways of being in the world using the creative process. As a yoga practitioner myself, I will concede there is some space in yoga practices dedicated to individual interpretation of set poses but DMT purposefully seeks to illuminate the artistic spirit within each client through approaching the body as a tool for creativity. Recovery from addiction also emphasizes creating a healthier identity and life for the individual without the presence of drugs and/or alcohol. Igniting the creativity of clients aids them in finding another method of internal support for this journey. DMT may challenge the person in recovery to engage in the creative process involving the body as a substantial partner in healing. As an emerging dance/movement therapist, I believe

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it is important to our work to help our clients transfer creative skills to other aspects of their recovery, such as seeking employment and mending relationships.

An additional emphasis of DMT that I feel it is a crucial part of the addiction treatment process is to reconnect people with their bodies no matter how severe or chronic their addiction and/or mental illness. This study has shown that guided meditation, through the framework of DMT, is a highly effective method for increasing body awareness. As Vallejo (2009) stated, “Transformation and change occur by learning to be aware of bodily experience and sensation and to see more clearly the extra ‘layer’ added by feelings and thoughts...” (p. 195). The increase of body awareness experienced by the participants during this study resulted in an increase in their ability to speak more clearly regarding the relationship, or lack thereof, to the body during the addiction and early recovery process. Subsequently, this provided fertile ground from which to grow more insight into the underlying causes of their addictions, such as high anxiety, low self-esteem, and insufficient coping skills for emotional stress. If the ability to connect to or be aware of bodily-felt sensations is absent, then part of the person is missing from the treatment process. DMT, as well as other body-inclusive modalities such as MBSR, stresses the importance of distinguishing the body as a distinct entity in the treatment process.

Vallejo (2009) emphasized:

By separating the emotions, bodily sensations, and thoughts, and paying attention to each of these individually in a systematic, moment-to-moment, non-judgmental way, participants begin to experience the freedom of choosing how to respond, instead of reacting in automatic habitual ways [such as addiction]. (p. 200)

With the freedom to choose how to react to daily experience, people in recovery can actively decide not to use their drug of choice as their main coping mechanism.

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As discussed earlier in this study, body-based therapies, such as DMT, can be a threatening proposal within the therapeutic environment. Through the use of guided meditation, the results of this study present a manner in which dance/movement therapists may directly address resistance to our method of providing care, while simultaneously teaching our clients a new coping skill for anxiety and other difficult emotions. Participants discussed their ability to calm racing thoughts and manage present-moment stress through aspects of guided mindfulness meditation such as deep breathing, soothing imagery, and an internal body focus. Using these stress management techniques may ease client nervousness related to engaging in body-based interventions common to DMT.

The results of this study show that guided meditation helped decrease the gap between body and mind. The more tools we have at our disposal to connect our clients to their bodies, the better. The participants were able to gain awareness of their physical selves through the cognitive practice of guided mindfulness meditation. Developing these tools gives dance/movement therapists more options with which to facilitate our clients' relationships with their bodies' expressivity and creative spirit. Further research would be helpful to determine the effectiveness of using meditation as a pre-cursor to DMT sessions with the intended goal of increasing body awareness and therefore, the efficacy of the DMT experience.

Including the body as a companion in the healing process gives the *whole* individual attention and care. Research is needed to evaluate the long-term effects of combining meditation with DMT. It is my opinion that DMT and guided meditation are complimentary practices that energize one another in providing a holistic approach to addiction treatment and the healing process of recovery.



### **Conclusion**

The purpose of this study was to provide insight into the overall conscious experience during the guided meditative state of people diagnosed with substance dependence. This study also examined how I, as the dance/movement therapy intern and facilitator, chose to guide participants through a meditative state utilizing sensorimotor psychology modes of awareness (thinking, feeling and sensorimotor---including inner-body sensing, movement and 5-sense perception) to categorize experience. Motivation for this study evolved from my desire to discover if meditation could be used as a precursor to DMT sessions within substance abuse treatment. In my experience, body-based therapies, such as DMT, can be anxiety provoking for those in substance abuse treatment. Finding a method to ease this anxiety while also laying the groundwork for forming a relationship with the body is important for success in using DMT as a treatment modality for substance abuse.

Overall, the study was successful in describing what occurred during each guided meditation session through the lens of the participants and responses of the researcher. Additionally, results concluded that several themes developed over the course of the study that could be helpful for dance/movement therapists in working with individuals in recovery from addiction. Participants' descriptions of their experience illuminated reduction in anxiety and/or racing thoughts, an increase in body awareness through an increase in sensorimotor awareness, the presence of alexithymia, an increase in inner resourcing for stress management and, perhaps, some similarities in experience of meditation based on drug of choice. Furthermore, I concluded that my role as guider during each meditation was directly linked to my ability to establish kinesthetic empathy and kinesthetic seeing during the meditation sessions. These two therapeutic skills, stressed in training as a dance/movement therapist, give our profession an

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important body-based lens from which to “view” our clients that more traditional verbal therapy may not. As those in treatment for addiction are often disconnected from their bodies, the skill of the dance/movement therapist in sensing the kinesthetic life of their clients is of even greater importance. All of these findings can aid dance/movement therapists in the exploration of using guided mediation as part of DMT within treatment for addiction. Lessening the fearfulness of looking deeply at the body will aid our practice in becoming more understood and accepted by those we seek to aid in the healing process.

Further research combining meditation and DMT is recommended in order to clarify how or if they are complementary as therapeutic practices. This research only asked what happened during meditation and how it can be useful to dance/movement therapists in reducing anxiety and increasing body awareness. A future research study would be to repeat the process of guided meditation sessions with those in addiction treatment but also add an overt DMT element to the research session itself. Several future research questions emerged from discussing this study. Does the combination of DMT *and* meditation increase engagement in DMT sessions? Does this combination increase the creativity and expressivity of people in treatment for addiction? How is the addiction recovery process impacted by participation in more body-focused therapies, like DMT?

This research has greatly informed my work as an emerging dance/movement therapist continuing to engage in the field with individuals in recovery from addiction. I use it on a weekly basis and continue to have positive experiences, not only with those I encounter as patients, but with myself as well. The mind-body connection is being ever more accepted as a legitimate focus in mental health treatment. As a form of psychotherapy, DMT can greatly benefit from working in tandem with other alternative practices, such as meditation and

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mindfulness, to promote recovery and wellness with those seeking sobriety and greater stability in mental health.

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Appendix A



**What do you experience during Meditation?**

**What do you notice?**

If you would like to explore these kinds of questions, please participate in a Research Study being conducted by:

Dance Movement/Therapy Intern  
Melissa Sanchez

**What you need to know...**

What: 10-minute video taped meditation followed by interview  
~The total length of the session may be up to 1 hour~

Where: [name of research site removed to protect confidentiality]

When: During free or weekend time

Why: To further the use of meditation as a healthy coping skill during recovery from addiction

How: If you would like to participate, please inform your individual counselor as soon as possible

**Appendix B**

**Columbia** 

**C O L L E G E C H I C A G O**

**Informed Consent Form**

Consent Form for Participation in a Research Study

**Title of Research Project:** The Use of Meditation in Dance/Movement Therapy with the Addicted Person

**Principal Investigator:** Melissa A. Sanchez

**Faculty Advisor:** Kim Rothwell

**Chair of Thesis Committee:** Laura Downey

**INTRODUCTION**

Thank you for giving your time and energy today. You are invited to participate in a research study to record and describe the experience during meditation of individuals diagnosed with an addiction.

This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. You are encouraged to take some time to think this over. You are also

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encouraged to ask questions now and at any time. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. This process is called 'informed consent'. You will receive a copy of this form for your records.

You are being asked to participate because you have an addiction and are currently in treatment in [the name of the research site has been removed to protect confidentiality].

### PURPOSE OF THE STUDY

The purpose of this research study is to investigate what happens during meditation. The aim of the research is to describe your physical and/or emotional reactions during meditation.

### PROCEDURES

- Residents of [the name of the research site has been removed to protect confidentiality] will be informed of the study by the investigator (Melissa Sanchez). Interest in participating will then be conveyed to the investigator via your individual counselor.
- The research will be conducted within [the name of the research site has been removed to protect confidentiality] during evening, weekend or free hours. This prevents you from missing group or individual therapy.
- You will meet with the investigator for a one-hour session one time. The session will be videotaped for use during and after the session. The recordings will be stored on the investigator's computer and password protected to prevent any unauthorized access. Once data has been collected and analyzed, the videos will be destroyed.
- The hour will begin with a short interview gathering information about your drug of choice and how much experience you have had with meditation (previous experience with meditation is not required to participate).
- The second part of the session will be a 10-minute meditation led by the investigator.
  - This will be almost exactly like what you experience in dance therapy group.
- The third portion of the hour will consist of an interview talking with the investigator about what you experienced during the meditation.
- After this interview, you and the investigator will watch the videotape of the 10 minute meditation together. While watching the tape, you and the investigator will discuss any other details remembered about the experience.

If you agree to participate in this study, you will be asked to do the following:

- Sign this form and return it to the investigator.

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- The investigator will contact you and your individual counselor to arrange a meeting to discuss when the session will take place and answer any questions you may have about the study and/or your role.

### **POSSIBLE RISKS OR DISCOMFORTS**

There may be a risk during the meditation that uncomfortable emotions or memories may come to mind. If this does occur, you are encouraged to inform the investigator and speak to your individual counselor or another staff member.

### **POSSIBLE BENEFITS**

The possible benefits to you of being in this study include:

- Increasing self-awareness through safe exploration of emotions, thoughts and physical sensations
- Increasing use of meditation as a healthy coping skill during recovery from addiction

### **CONFIDENTIALITY**

Confidentiality means that the investigator will keep the names and other identifying information of the research participants private. The investigator will change the names and identifying information of research participants when writing about them or when talking about them with others, such as the investigator's supervisors.

The following procedures will be used to protect the confidentiality of your information:

1. The researcher will not use your name on the videotape or in any written document pertaining to this study.
2. Any videotapes will be destroyed after one (1) year.
3. All electronic files containing personal information will be password protected.
4. Participation in this study will be kept confidential. The investigator will not disclose to other residents of [the name of the research site has been removed to protect confidentiality] that you are participating in the study. The exception to this rule is [the name of the research site has been removed to protect confidentiality] staff/management. This is for your safety and ease of arranging a time to conduct the sessions.

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5. Information about you that will be shared with others (administrators or academic advisors) will be unnamed to help protect your identity.
6. No one else besides the investigator and the investigator's academic advisor will have access to the original video or notes taken by the investigator.
7. If this study is selected to be presented at any public event (i.e. the American Dance Therapy Association annual conference), written permission to display video will be obtained from participants. Participants may withdraw their permission at any time.

### **RIGHTS**

Being a research participant in this study is voluntary. You may choose to withdraw from the study at any time without penalty.

Take as long as you like before you make a decision. I will be happy to answer any questions you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the principal investigator Melissa Sanchez at 773-547-9545 or her faculty advisor Kim Rothwell at 312-369-7697. If you have any questions concerning your rights as a research subject, you may contact the Columbia College Chicago Institutional Review Board staff (IRB) at 312-369-7384.

### **COST OR COMMITMENT**

- There is no cost associated with participating in this study.
- There is no payment or stipend given to participants.
- The time commitment is one hour.

### **PARTICIPANT STATEMENT**

"This study has been explained to me. I volunteer to take part in this research. I have had opportunity to ask questions. If I have questions later about the research or my rights as a research participant, I can ask one of the contacts listed above.

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I understand that I may withdraw from the study or refuse to participate at any time without penalty. I will receive a copy of this consent form.”

\_\_\_\_\_  
Participant Signature:                      Print Name:                      Date:

\_\_\_\_\_  
Signature of Person                      Print Name:                      Date:  
Obtaining Consent

\_\_\_\_\_  
Principal Investigator's                      Print Name:                      Date:  
Signature

**CONSENT AND RELEASE FOR FILMING AND RECORDING**

The undersigned, \_\_\_\_\_ has been requested by

Melissa Sanchez, MHP to participate in a recording and/or filming for the following purposes:

As part of a graduate research thesis project studying the use of meditation in substance abuse treatment as it relates to dance/movement therapy. This project meets the thesis requirement for the completion of the Masters program in Dance/Movement Therapy & Counseling, a department of Columbia College Chicago.

Video will be used during the session with participants as part of the interview process, as well as by the researcher after the sessions for data collection purposes.

The only persons who will view the video recordings will be the researcher and her academic advisor. The researcher will be the only person who has access to the recordings.

I have been advised that I may elect not to participate in any recordings and/or filming by simply not signing the consent.

I have been advised that I have the right to request cessation of recording and/or filming at any time.

I have also been advised that I have the right to rescind previously documented consent until a reasonable time before the recording and/or film is used.

I acknowledge that [the name of the research site has been removed to protect confidentiality] has not requested that I participate in this filming and/or recording, that my agreement to participate is my voluntary act and I, therefore, release [the name of the research site has been

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removed to protect confidentiality] from any and all liability in connection with the filming and/or recording by \_\_\_\_\_.

This consent will expire on May 31, 2012.

\_\_\_\_\_

Signature

\_\_\_\_\_

Dated

\_\_\_\_\_

Witness

\_\_\_\_\_

Dated



**CONSENT FOR PUBLIC DISPLAY OF VIDEO**

If this study is chosen for display at any public research event, such as the American Dance Therapy Association annual conference, there is a possibility video may be shown in conjunction with the research project. In keeping with the research confidentiality agreements, your name will not be used in any manner for display purposes. The researcher will be the only person who has access to the video for editing purposes.

This consent will expire on May 31, 2012. At this time, all video will be destroyed.

You may withdraw this permission at any time.

I \_\_\_\_\_(circle one) give permission/ do not give permission to Melissa Sanchez to use video recordings featuring my image for public display.

\_\_\_\_\_

Signature

\_\_\_\_\_

Dated

\_\_\_\_\_

Witness

\_\_\_\_\_

Dated

## Appendix C

### Definitions of Body-based Interventions used by Dance/Movement Therapists

**Autogenics.** Autogenics is a form of biofeedback training that emphasizes the person creating a sense of warmth and heaviness in the body to promote relaxation and stress reduction (Naylor, 2007). “Autogenic training elicits what Dr. Herbert Benson calls the relaxation response and it has been very successfully used with all types of anxious clients, ranging from the ‘worried well’, to people with life-threatening illnesses, all the way to psychiatric in-patients” (Naylor, 2007, p. 14). The use of autogenics in this research study did not specifically follow the scripts or specific process encouraged by standard autogenic training. I used it mostly as a tool to provide concrete guidance to some of the participants; reframing the relationship to specific areas of their body, usually held by tension, as warm and comforting.

**Body scan.** The following definition is based on the work of John Kabat-Zinn, a leader in Mindfulness-Based Stress Reduction (MBSR) treatment programs:

The body scan exercise is used to reestablish conscious contact with the body. It consists of a systematic scanning of the different parts of the body to actually feel each region of focus, mentally exploring inner and outer sensations with curiosity and without judgment. This technique is effective for developing both concentration and flexibility of attention, and for training the mind to come back to the here-and-now through moment-to-moment awareness. (Vallejo, 2009, p. 194)