

Researching music and altered states in therapy and culture

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Introduction to the symposium

An international symposium on music and altered states was held at the 7th EMTC conference in the Netherlands on 16th and 17th of August 2007. It examined opportunities of using music-induced states of altered consciousness to promote physical and mental healing, treat substance dependence, and in spiritual and palliative care. The contributors described the use of altered states and their therapeutic potential, providing examples from different cultures and clinical, therapeutic and spiritual settings. It covered a wide range of 15 experts from around the world. On the first day it focused on altered states and healing settings, the second day it took a closer look at ethnological and anthropological aspects of music and altered states and the third main topic music therapy and the treatment of addiction.

Music – Altered States - Rituals

In the last issues of our eJournal “Music Therapy Today” we published several articles focusing on anthropological aspects of healing settings and the performance of music and altered states in such processes (D. Aldridge, Fachner, & Schmid, 2006; J. Fachner, 2007b; Häußermann, 2006; Huebner, 2007; Rittner, 2007; Tucek, 2006). Music has been used in healing rituals since ancient times. Music has been played for people to induce altered states of consciousness (ASC), which alter the focus of attention, mood and type of thoughts about the world and the self (D Aldridge & Fachner, 2006). There is an ongoing discussion whether music itself induces the changes or whether the setting and rituals connected to music induce ASC (Rouget, 1985).

A notable characteristic of many rituals is that they involve the expression of conflicting impulses or transitional states. Rituals provide the basis for a reframing of experience as generalized templates for social performance and provide an interactive form for interpreting the ongoing events of their life. Rituals are loaded with iconographic representations, use words and music as a content carrier of cultural symbols and therefore produce meaningful sequences of information that are processed individually corresponding to the biographic development and the personal meaning of health and illness targeted in such rituals (D. Aldridge, 2007).

CON-SCIOUSNESS

“Music and consciousness are things we do. ... Achieving consciousness, from the Latin *con* (with) and *scire* (to know), is the central activity of human knowledge. At the heart of the word is a concept of mutuality, knowing with others. Our consciousness is a mutual activity; it is performed. Consciousness is also a means of personal knowing, our self-consciousness. We have interior understandings that are privatized but we also have experiences that are external and socialized. Balancing our internal lives with our social performance is a necessary activity of everyday living.

Performing both music and consciousness are potent ways of achieving this balance of unity of the external and the internal.” (D Aldridge, 2006, p. 10).

Music therapy and addiction treatment

The connection between music and altered states of consciousness has always been a critical question in various terms of public recognition and perception of our profession. Altered states is a term which is, especially in the everyday anglo-american language, not a scientific term, connotated to the state of ‘being stoned’ or ‘being under the influence’. This was surely not the topic of the symposium, but we listened to music therapists working with people suffering from addiction. Further, from the stance of musicology, music cognition, performance and psychology there is a growing interest in how music is perceived and processed in altered states of consciousness and possible heuristic benefits as a comparison to the so-called ‘normal’ processes of perception, experience and performance (J. Fachner, 2007b). Also addiction research shows growing interest how state-dependent recall of music experienced under the influence might serve as cues for drug related relapses. This is mostly discussed with so-called club drugs like MDMA, Ketamin, Cannabis, etc. *Tsvia Horesh* has gained a lot of data in her work on such processes connected to identity issues and the so-called ‘culture of addiction’ (Horesh, 2006).

rites of passage

As a profession in health care we are dealing more and more with clients exposed to commercialised identity templates offered in the popular music culture. From anthropological research we know that adolescents have to pass through culturally mediated rites of passage (Frith, 1998; van Gennep, 1986). They have to learn to handle the flowing and changing state of liminality of their being, their senses and their mind, have to

integrate their first extreme bursts of emotional, sensual and sexual experiences. Some juveniles seek extreme and risky sensations and experiences, in order to expand role models of their parents and limitations set by adult society by checking the boundaries at parties, during binge drinking, heavy drug consumption and other somewhat extreme life style activities preferred to be broadcast and outcast on MTV and alike (J. Fachner, 2004, 2007a; Rill, 2006). Anyhow, *Irene Dijkstra* and *Laurin Hakvoort*, *Marijke Schotsmans* and *Marko Pulkanen* will show us what is left for some ‘trainspotters’ after such experiences and what music therapy can do to help restoring, finding and maintaining their identities lost and found in the ‘merry-go-round’. Some patients are haunted by traumatic experiences, as Pulkanen outlined (Pulkanen, 2004). Some have to be guided through unstable personality states on their biographic journey. But as time and therapy move on, most addicts learn not to obey the chants of the sirens as Schotsmans or Horesh allegorise, referring to the tale of Odysseus and his evoked hunger for relief from the sweet call of the sirens once upon a time in old Greek mythology (Horesh, 2006).

Even when some researchers are convinced that disorders are based on personality traits, as the discussion on premorbidity, genetic disposition or acquired brain disease reflects (Blätter, 1990; DuPont, 2000), the question, whether we are dealing in treatment with personality states or traits, remains an open discussion. We don’t know yet whether research can support the work of music therapy in addiction treatment. Haakvoort and Dijkstra guided deeper into this discussion within our profession.

Normality and alteration

In 1966 the psychiatrist Ludwig described possible items associated with the cognitive content of altered states as changes in thinking, in time per-

ception, loss of control, changes in emotionality, body scheme, perception, significance, feelings of the inexpressible, of renewal and rebirth and hyper suggestibility (Ludwig 1966). In the late 60' of the last century the American psychologist Charles Tart pronounced the term 'altered states of consciousness' as a psychological term to differentiate topics associated with states that are perceived as different from normal (Charles T. Tart, 1969; C.T. Tart, 1975). Much earlier, in 1902 William James wrote:

“Our normal waking consciousness, rational consciousness as we call it, is but one special type of consciousness, whilst all about it, parted from the filmiest of screens, there lies potential forms of consciousness entirely different” (James, 1902, p. 228).

The term 'Altered States of Consciousness' implies that there is a consciousness that is unchanged, or 'normal'. Tart, as well as Dittrich (1996) or James (1902) discuss consciousness as a complex psycho-physiological system of states whereby our so-called 'normal' consciousness is only a specific construction in the sense of a “specialized tool” for everyday purposes (see C.T. Tart, 1975, p. 3).

Altered states and healing settings

PSYCHOTHERAPY

With the 'sputnik shock' in the late 50' a search for creativity enhancement started in the western world and especially mind-altering drugs like LSD, Psilocybin or Mescaline were thought to be a means for enhancing states of creativity, personal development (Barber-Kersovan, 1991; Leary, Metzner, & Alpert, 1964). In research on consciousness states, they were discussed in neurophysiological and philosophical aspects, were used in psychiatry to model states of psychosis and in psychotherapy to enhance imagery, association patterns and a temporary reduced threshold of sensory information flow (Emrich, 1990).

The roots of guided imagery in music go back issues of LSD assisted psychotherapy (Eagle, 1972). Helen Bonny conducted the music session in such drug based psychotherapy research approaches at the Baltimore Hospital, MA in the 60' (Bonny & Pahnke, 1972). This research and practice was abandoned when popular culture and especially the music scene was discussed to use drugs for creative and foremost hedonistic purposes in the late 60' (J. Fachner, 2007a), and Helen Bonny, too, was urged to use music alone or stop her work. Since she already discovered in her practice that guided imagery in music was quiet nice working without drugs, even when clients were not experiencing such an overwhelming amount of music-related imagery and intensity of problem-related emotions she continued her music therapy work without the drugs (Bonde, 1999; Bonny & Savary, 1973).

However, in our symposium we did not cover GIM in its actual format, but the following talks from *Lucanne Magill* and *Alessandro Ricciarelli* referred to its methodology to some extend. In their work the dimension of transcendence and transition is of importance, as a personal therapeutic process of transcending current states of illness towards inherent, unfolded spiritual demands and needs (David Aldridge, 2000). Patients confronted with endstage illness or life-threatening diseases show us how focusing on the music and songs that were stations in their life alters their actual focus of attention on illness-related states of consciousness. Later on *Stella Compton Dickinson* demonstrated how mutual performance and creation of music with a client, living in dissociative states, in which differentiation between reality and fantasy can become severely blurred, can be accessed and re-integrated through a dialogical approach expressed in jointly-created musical improvisation.

Altered states of consciousness are also applied within a music therapy practice which aims to induce states of trance or ecstasy brought by pul-

sating and monochromatic properties of sound attributed to certain instruments like gongs, monochords, sound bowls, shamanic drums, a special use of the voice producing overtones or contemplating on single tones and vowels, etc. in corresponding healing rituals (Hess & Rittner, 1996a, 1996b). *Estella Kempen* explored the use of sound bowls by measuring corresponding consciousness alterations with a specific questionnaire and discusses whether sound bowls and corresponding applications are suitable for her brain-injured patients in a rehabilitation unit.

NEUROLOGICAL REHABILITATION

From a neurophysiological perspective Tassi & Muzet described the action of intended and therefore 'evoked states of consciousness' gained by certain induction methods, as for instance sleep or sensory deprivation, drugs, meditation, trance dancing, etc., further they discussed the range of "physiological states of consciousness", depending on spontaneously changing levels of vigilance, arousal and biological rhythm phenomena (Tassi & Muzet, 2001, p. 185). Most of the latter would not be connotated as altered or extraordinary states of consciousness in the sense Stanislaw Grof (1975) would coin them, but would be recognised by each of us when we experience such moments (Glicksohn, 1993). This former notion by Tassi of a personal intention to evoke altered states of consciousness positively stresses the voluntary character of an induced change, but disregards states, which are changed due to acquired or inborn pathology or traumatic events (Vaitl et al., 2005).

Wolfgang Schmid told us about his work and experiences with patients living with multiple sclerosis and how active music therapy substantially enhances their sensory experience and perception. It provokes a change in perspectives for patients and therapists alike and thus broadens an understanding of the needs of MS patients and the interventions available to them (Schmid, 2005). This reminds us of clients, who aren't able to decide what they want to do or not because they are in brain states of

consciousness that are not easily changeable at will. Many music therapists working in neurological rehabilitation are confronted with clients who are in pathological or traumatically altered states of consciousness (David Aldridge, 2005). We do not know what they perceive nor do we have an idea how music sounds to them. Patients recovering from coma described sounds of an intensive care unit as being in a battlefield or beeps of an ECG machine sounding like a horn signal from ships in a distant harbour (Gustorff & Hannich, 2000). But we can reach them with music that is directed personally to them as an intention to open up communication, to alter their states of consciousness. Helena Bogopolsky told us about her work with children undergoing general anaesthesia to elaborate how music can reduce their stress levels and post-operative emergence (Bogopolsky, 2005). Work published by Heinke and Koelsch (2004) explored the relationship of brain activation with the anaesthetic substance propofol, showing the important role of frontal brain areas for cognitive differentiation of auditory processes. Frontal and especially prefrontal areas are discussed as the main centers for acting and performing at will (Kolb & Whishaw, 1996).

**PERSONAL
DEVELOPMENT AND
SOCIAL CONTROL**

Concerning the reception of music therapy and the use of altered states in the media and public space we have to be aware that especially work fields related to social pedagogics, social therapy, psychotherapy and psychoneuroimmunology apply music and altered states induction procedures in order to enhance imagery, to support suggestopedia, hypnosis, creative performance, business success models and alike (Jörg Fachner, 2006; J. Fachner, 2007b).

Further we might recognise that some of our recipients already use music and altered states as a means for personality development, for relaxation, meditation, in the training of mindfulness, in yoga courses, shamanic journey, in trance experienced at some party nights and have already

developed a certain preference and epistemologic stance for the use and action of music and its possible therapeutic benefits (Rill, 2006; Rittner, 2006; Verres, 2007).

Some might have already extrapolated the use of such experiences in clinical therapeutic contexts but this opens another, in some parts political discussion. Almut Seidel (2005) criticised that for instance in oncology „sound meditation on the monochord within a guided relaxation makes music taking over a background function. This form of music production is musically or therapeutically not very demanding and can easily distort the image of music therapy as a profession“, she concludes. Similar fears have been expressed concerning the use of ethnic musical instruments, shamanic symbols or rituals in hospitals. This would stigmatise music therapy in health care or might lead into certain sects or esoteric brotherhoods (D. Aldridge, 2006).

Ethnological and anthropological aspects of music and altered states

Anyhow, instruments from an ethnic context can be used for music production in many ways, and instruments are just instruments, so we can use them this way as Timmermann (1996) or Haerlin (1998) pointed out. But from anthropological research, as Rouget (1985) or Eliade (1964) described and *Chava Sekeles* discussed in her talk, we know that the shaman has to find or even build his instrument, mostly a drum and has to sanctify it in a ritual according to his cosmology and has to load it with the energy and tradition needed for his shamanic journey. It is played constantly during the treatment process and the way it is played marks the stations on his shamanic journey. This stresses that ritual purposes and meaningful intentions are connected to it. Not just specific properties of sound or certain tempos or rhythms are inducing altered states, as dis-

cussed in the trance, rave and electronic music scene (Weir, 1996), but certain performances and stations attached to it (D Aldridge, 2006; Cousto, 1995).

The talks from *Gerhard Tucek*, *Chava Sekeles* and *Sumathy Sundar* discussed the transition from traditional approaches to the use of healing traditions in modern music therapy practice and the question whether we can adjust the setting connected to some in its roots somehow shamanistic desigend processes to the reality of modern hospitals (Tucek, 2006).

Which elements of an ethno therapy setting and range of instruments may be used for the figurations of dance and masks of ethnic healing rituals in the clinic or in private practice? In most cases such applications can be realized only in contexts where there is a willingness to accept them. The discussion of shamanic roots in music therapy raises another question: How can we realise a music therapy setting which deos not alienate clients who are not familiar with such processes? Or, as Even Ruud remarks with regard to the believers in Indian music tradition and supporters of the biomedical effectiveness of certain ragas: 'I suppose that a raga without this perceived cosmology does not have much of an (therapeutic) effect upon any listener.' (Ruud, 2001). But Sumathy Sundar presenting her research on the use of certain ragas as receptive music therapy in oncology took the chance to convince us that there is more then just being socialised to it (Sundar, 2006; Sundar & Sairam, 2006).

Conclusion

To conclude: the term states stresses the temporary character of what is experienced in illness and in therapy. Nothing has to last forever. Music as a special form of sharing and creating time processes allows us to meet

our clients, to help them to alter their altered states of illness and self perception, and to show them a different perspective of their own being.

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