

PSYCHEDELIC MOVEMENT: HEALING TRAUMA THROUGH MDMA (3,4-METHYLENEDIOXYMETHAMPHETAMINE)-ASSISTED AUTHENTIC MOVEMENT PSYCHOTHERAPY

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ABSTRACT: Current research is taking a renewed interest in psychedelic substances, and their potential for healing trauma-related disorders, including Post Traumatic Stress Disorder (PTSD). MDMA, a psychedelic substance that produces feelings such as empathy and openness, is currently entering phase three trials in the treatment of PTSD. MDMA-assisted psychotherapy is showing promising results in the treatment of PTSD alone, but the treatment protocol could benefit from giving specific attention to the body and its role in trauma. The field of Dance/Movement therapy offers emerging insights into the body as it relates to trauma. In this article, the practice of Authentic Movement, a Dance/Movement Therapy tradition, is considered for its potential uses in psychedelic research and therapy as it applies to trauma. I explain how Authentic Movement can support psychedelic therapy by addressing components like set and setting, the therapeutic relationship, the inclusion of transpersonal experiences, and awareness of movement and body sensations.

KEYWORDS: Psychedelic, Authentic Movement, Dance/Movement Therapy, Trauma

Mental health research has put forth extreme effort to understand and treat trauma-related disorders. In countries like the United States, the prevalence of individuals given a diagnoses of Posttraumatic Stress Disorder (PTSD) averages around 8% (Gradus, 2007; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Literature reviews and recent research have called for more effective psychotherapy and medication for the treatment of PTSD (Foa, Keane, Friedman, & Cohen, 2009). Medications for PTSD are limited, as there are only two FDA-approved drugs for PTSD and comorbid disorders, sertraline and paroxetine (Brady et al., 2000; Tucker et al.; Zaninelli, Yehuda, Ruggiero, Dillingham, & Pitts, 2001). Psychotherapy has been identified as the most effective treatment for PTSD (Van Etten & Taylor, 1998), but highly researched modalities like Cognitive Behavioral Therapy show high dropout rates (20%), and more than half of participants continuing to meet criteria for PTSD diagnosis (58%) after fifteen sessions lasting approximately sixty minutes once or twice weekly (Foa et al., 2009).

At the University of Colorado, Boulder, the Multidisciplinary Association for Psychedelic Studies (MAPS) is preparing for Phase 3 trials, using MDMA (3,4 methylenedioxymethamphetamine)-assisted psychotherapy for treatment resistant PTSD. Phase 2 studies in Switzerland showed a 52% reduction in Clinician-Administered PTSD Scale (CAPS) scores, and 9 out of 11 participants showing clinical response after two MDMA- assisted psychotherapy sessions (Oehen,

Traber, Widmer, & Schnyder, 2012). Twelve participants were enrolled in a randomized, double blind, active-placebo, study that consisted of two or three MDMA-assisted psychotherapy sessions, and follow-up assessments at 2 months and 1 year (Oehen, et al., 2012). “MDMA-assisted psychotherapy was safely administered, with no drug-related serious adverse events, in a small sample of treatment-resistant patients who were suffering from chronic PTSD; however, the approach did not produce significant symptom reductions” (Oehen et al., 2012, p. 11).

MDMA-assisted psychotherapy “employs the psychoactive compound MDMA as a catalyst of PTSD-specific psychotherapy itself” (Oehen et al., 2012, p. 2). A main component of the MDMA-induced state is the experience of positive emotions and cognitions, with reduced fear, and the possibility for the facilitation of processing traumatic material and encoding these positive emotional responses to traumatic memories (Oehen et al., 2012). MDMA, a psychedelic substance (please find a glossary of psychedelic terms located at the end of this article), produces robust elevations in affect and extroversion and has been shown to reduce regional cerebral blood flow (rCBF) in the cortical somatosensory and motor areas of the brain, which may be related to altered tactile and kinesthetic awareness (Gamma, Buck, Berthold, Hell, & Vollenweider, 2000).

Bessel Van Der Kolk (2014), the founder and medical director of the Trauma Center in Brookline, Massachusetts, acknowledges that psychedelics can enable patients to stay within their window of tolerance for revisiting traumatic memories, but asserts that “trauma victims cannot recover until they become familiar with and befriend the sensations in their bodies” (Van Der Kolk, 2014, p. 102). Trauma is stored in the body, and when trauma cannot be verbalized, the therapist must be able to access this unconscious material with somatic interventions (Fischer, 2015). Helping clients become aware of what their body wants in reaction to traumatic memories can help the participant process trauma that was previously unprocessed (Mithoefer, 2016). Contemporary neuroscience shows us that a sense of ourselves is anchored in a vivid connection with our bodies, and to heal from trauma one needs to learn to tolerate sensations, befriend inner experiences, and cultivate new movement patterns (Van Der Kolk, 2014). Contemporary trauma treatment encourages clients to cultivate *interoception*, or sensory awareness (Van Der Kolk, 2014). Noticing affect through body awareness can foster emotion regulation and helps clients to turn toward what is happening inside them rather than turning away from it (Van Der Kolk, 2014).

The MDMA-assisted psychotherapist should be prepared to address trauma, particularly as it manifests somatically (Mithoefer, 2016; Fischer, 2015). In the MAPS MDMA manual, the therapist is instructed to use her/his own background and therapeutic approach, and have the ability to address the expressions of trauma through the body, with interventions like breathwork, bodywork, movement, and touch (Mithoefer, 2016). “[An] important principle of MDMA-assisted psychotherapy is that healing often comes as a result of bringing conscious attention to difficult feelings, memories or body sensations, and staying present during these challenging experiences rather than attempting to avoid or escape from them” (Mithoefer, 2016, p. 18). It is important that the therapist is able to encourage

clients to scan their bodies for sensation, tension, and energy blocks, as well as encourage the release of energy and tension through movement (Mithoefer, 2016). The body is an important factor in treating trauma as there is no psychological gestalt that does not include somatic manifestations (Grof, 2008).

While MDMA has shown promising results in the treatment of PTSD, it is vital that the treatment include a strong psychotherapeutic modality in collaboration. “MDMA is not just an augmenting, ‘add-on’ medication, but rather a catalyst that dramatically influences the psychotherapeutic process itself” (Oehen et al., 2012, p. 11). MDMA-assisted psychotherapy research is new, and “to date there are no recognized and standardized methods for investigation of this type of combined therapy [psychotherapeutic intervention and a catalyzing psychopharmaceutical treatment]” (Oehen et al., 2012, p. 11). I am proposing a standardized treatment modality, Authentic Movement, to utilize in conjunction with MDMA for the treatment of trauma-related disorders.

Authentic Movement may be best suited for MDMA-assisted psychotherapy for the treatment of trauma-related disorders because of its familiarity with, unconscious material, focus on the body’s inner knowledge, and its possible positive effects on the Autonomic Nervous System (ANS).

This special type of attention to internal bodily states and movement often acts as a gateway to preverbal and primary experience by bringing the unconscious to consciousness through movement of the body. By tending to one’s somatically-oriented process in the presence of a witness/therapist, healing is said to occur at a body-based level. (Tantia, 2012, p. 55)

Jennifer Frank Tantia (2012, p. 55) believes Authentic Movement may have its place in treating trauma “on a visceral level.” She conducted a case study to investigate the physiological activity during and following an Authentic Movement session (Tantia, 2012). Her case study investigated changes in the ANS of a healthy participant/mover using a biofeedback instrument. She found “increased coherence during Authentic Movement experience, increased PNS [Parasympathetic Nervous System] activity during coherence, and high HRV [Heart Rate Variability] following the experience” (Tantia, 2012, p. 68). Coherence is a measurable factor that determines a person’s ability to self-regulate, and is associated with states of optimal health (Tantia, 2012). The PNS is associated with rest, digestion, and wound healing (Tantia, 2012; Van Der Kolk, 2014). The more fluctuation in HRV, the better (Van Der Kolk, 2014); the more the variable in heart rate during breath, the healthier one is said to be (Gevirtz, 2003). While this was only a preliminary investigation into how Authentic Movement may aid in treating trauma-related disorders, it does show evidence for further investigation.

Authentic Movement is a subset of Dance/Movement Therapy (DMT), and DMT is grounded in the idea that the body and the mind are inextricably linked, and its basic assumption is that a person’s body and movements reflect one’s inner emotional states; therefore, awareness to and adaptation in movement behavior can lead to changes in the psyche, thus promoting health and wellness (Levy, 1992). In many foundational societies, dance was used as a therapeutic tool, for promoting

personal and societal integration, for expression of self, for experiencing feelings, and for communing with nature (Levy, 1992). Dance, movement, and psychedelic medicines have been seen throughout history in the alleviation of mental suffering and in the promotion of positive transformation.

The dance of medicine man, priest or shaman belongs to the oldest form of medicine and psychotherapy in which the common exaltation and release of tensions was able to change man's physical and mental suffering into a new option on health. We may say that at the dawn of civilization dancing, religion, music, and medicine were inseparable. (Meerloo, 1960, pp. 24-25)

MDMA-Assisted Psychotherapy

The treatment protocol for the MAPS MDMA study is found in the manual for MDMA-assisted psychotherapy in patients with PTSD (Mithoefer, 2016). MDMA-assisted psychotherapy is a therapeutic modality that combines the medical use of MDMA with psychotherapy to treat emotional and psychosomatic disorders, such as trauma (Fischer, 2015). MDMA is intended to act as a catalyst to the psychotherapeutic process of stimulating universal, inner healing wisdom for the treatment of trauma (Mithoefer, 2016). The participants in this study were given doses of MDMA, ranging from 12.5 mg for the active placebo to 125 mg for the full dose (Mithoefer, 2016). Each participant ingested the MDMA at 10 a.m., and then was instructed to remain reclining on a mattress, so each could focus on his/her internal stimuli and allow one's internal process to unfold (Oehen et al., 2012).

The therapeutic attitude to guide participants in the MDMA-assisted psychotherapy trials is one of support and validation (Oehen et al., 2012). The trials took place in a quiet room, with eyeshades and programed music to aid the participant in allowing the emergence of unconscious material (Mithoefer, 2016). The therapeutic approach was generally client-centered and non-directive, with more emphasis on non-verbal, experiential methods (Oehen et al., 2012). In the treatment manual, the clinician is encouraged to use bodywork and nurturing touch to aid the client in the release of body tension and pain (Mithoefer, 2016).

Each participant underwent two preparatory sessions, "aimed at establishing a therapeutic alliance and preparing subjects for the MDMA experience" (Oehen et al., 2012, p. 6). Another non-drug session followed each MDMA session the morning after the experience, with additional sessions each week, as well as daily phone calls to encourage integration of the experiences from the MDMA session (Oehen et al., 2012). The MDMA sessions are facilitated by one male and one female therapist, they last approximately 8 hours, and the participants are offered a light meal at the end of each session (Oehen et al., 2012).

Authentic Movement

"Authentic movement is seen as an approach within the practice of dance/movement therapy, involving inner-directed movement with the therapist as

witness” (Musicant, 2001, p. 17). It was pioneered by Mary Starks Whitehouse (1999a), inspired by Carl Jung, and carried on by Janet Adler and Joan Chodorow. This approach invites the practitioner to descend into their inner world and psyche by following their natural movement impulses, and it can be done in a group or individual setting (Stromsted, 2009). Mary Whitehouse saw the core of Authentic Movement as the practice and experience of moving and being moved (Levy, 1992).

The structure of the practice is simple, “One person moves in the presence of another” (Adler, 1999d, p.142). The mover, or client, closes his or her eyes, waits for movement impulse, body-felt sensation, emotions, memories, or images, and then moves in response to these, while witnessed by the therapist (Stromsted, 2009). The mover’s task is to listen deeply to one’s kinesthetic reality (i.e., sensation, energy, and impulses that arise from personal unconscious or collective unconscious), and respond with movement. These movements can be both visible and invisible to the witness (Adler, 1999d). The witness/therapist sits on the side of the room, holding responsibility for consciousness in the movement space, while bringing a certain kind of attention and presence to the experience of the mover (Adler, 1999d). The attention given by the witness is free from judgment and the need to know or define, with a willingness to be present and receptive, and the ability to track both the mover and her own embodied experience (Avstreich, 2014). When the mover completes the movement experience, she is encouraged to review her movement session through creative expression such as writing, drawing, or speaking (Stromsted, 2009). The witness then responds to the mover’s self-expression by describing specific movements observed and/or sensations, images, or feelings that arose for him/her all without judgment or interpretation (Stromsted, 2009).

The practice of Authentic Movement was birthed out of depth analysis, particularly Carl Jung’s theoretical model for depth analysis. Like depth analysis, Authentic Movement encourages the client, in co-operation with the therapist, to enter the realm of the unconscious (Whitehouse, 1999b). *Active Imagination* is a term used and understood by Authentic Movement practitioners and Jungian depth analyst alike. It refers to the process of the unconscious mind making itself known in whatever way it likes, while consciousness observes the process, involved but not directing, co-operating but not choosing (Whitehouse, 1999b). Jung (1965) and Whitehouse (1999c) speak about the importance of discovering the *Self*, referring to the individual beyond ego structures, to include the transpersonal aspects that hold total aliveness and wholeness. This leads to *Individuation*, or the unique development of divinity or potential found in every person, putting ego in the service of *Self* (Whitehouse, 1999b). Finding the whole of the personality is possible through a looking inward, towards unconsciousness, with conscious intention and awareness (Whitehouse, 1999b).

Embodied Altered States of Consciousness

Using the MDMA-catalyst, and the traditions, discipline, and facilitation of Authentic Movement could aid in the pursuit of optimal Set and Setting, Therapeutic Relationship, Transpersonal Experiences, and Awareness of Move-

ment and the Body for both the therapist and client in the treatment of trauma-related disorders. The general structure of the MDMA-assisted psychotherapy sessions would remain, but with an Authentic Movement orientation. The MDMA-assisted Authentic Movement psychotherapy would include 3 preliminary non-MDMA Authentic Movement psychotherapy sessions, 3 MDMA-assisted Authentic Movement sessions, with processing sessions the following day, and 3 integration non-MDMA Authentic Movement psychotherapy sessions.

This treatment modality is formless at times. That is done with specific intention as it is imperative that the therapist be prepared for the formless, the unknown, the numinous, and the unique process of each client. The practice of Authentic Movement does not give the therapist specific interventions to use in the therapeutic relationship; rather, it gives the therapist skills for facilitating an environment for consciousness development, practice with trusting in the client's body and unique expression of movement, and familiarity with a wide array of transformative experiences.

As this model is intended for clients and therapists participating in therapeutic psychedelic sessions, with an Authentic Movement orientation, I will, furthermore, be referring to the client as Psychedelic Mover, the therapist as Psychedelic Witness, and the session as a Psychedelic Movement Session. Below I have laid the foundation for the structure of a Psychedelic Movement Session (see Figure 1). The reader will notice that while the figure is portrayed as circles within each other, the writing appears in a linear fashion. Since it is difficult to display interaction rather than linearity in writing, I wanted the figure to portray that these aspects sort of 'swirl around' in the container of the modality. The aspects keep circling back to one another. Once the therapeutic space is set up, it is not as if the setting is not revised again throughout the session. It may be. In this modality client and therapist

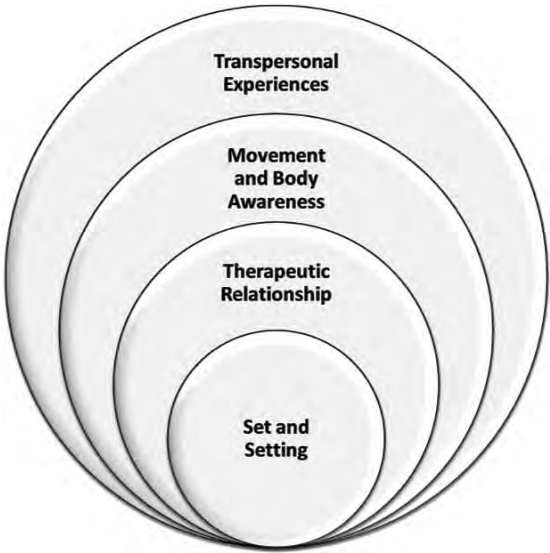


Figure 1. Psychedelic movement session container.

keep circling back to these different dynamics. The reader might also notice that Figure 1 is visually ordered as Set and Setting, Therapeutic Relationship, Movement and Body Awareness, then Transpersonal Experiences, but in the article Transpersonal Experiences is explained before Movement and Body Awareness. In the figure it is most appropriate to have the transpersonal aspect of this modality on the outer ring of the circle because it is the piece that is the most all-encompassing; however, in the text it is most appropriate to end with movement and the body because that is the linchpin of this article.

Set/Setting

Setting is the environment in which the Psychedelic Mover undergoes the Psychedelic Movement Session. Physical stimuli in the environment can change the direction of the session, so objects that reflect nature's simple creativity are recommended (Grof, 2008). It is advisable that the Psychedelic Movement Session's setting have a home-like appearance, a soft place for lying down, with music and art material available to the Psychedelic Mover (Grof, 2008; Mithoefer, 2016; Whitehouse, 1977). Equally recommended is a large space for movement, so the Psychedelic Mover can experience somatic manifestations of trauma. Moreover, it would be best to close one's eyes so the Psychedelic Mover can attend to free associations, while surrendering to the process that unfolds in movement (Adler, 1999d).

Set is the Psychedelic Mover's mindset, one's mental state, personality, formative experiences, and one's worldview (Fischer, 2015). Set includes the Psychedelic Mover's expectations, motivations, and goals for the Psychedelic Movement Session; as well as the Psychedelic Witness' expectations, and preparation for the session (Grof, 2008). Psychedelic Movers' ability to remain centered, experience with the substance, amount of trust for the Psychedelic Witness, and feelings of safety in the environment, are all important considerations when looking at a Psychedelic Mover's Set (Fischer, 2015).

Authentic Movement would recommend that the Psychedelic Mover develop a secure ego structure, with the ability to choose and sustain exploration of his/her unconscious before participating in a transcendent experience (Adler, Haze & Stromsted, 1994). The practice of Authentic Movement can aid Psychedelic Movers in the development of an internal witnessing self, giving them more access to a developed ego structure that could benefit from a MDMA-assisted psychotherapy session.

The Set of the Psychedelic Witness is also a salient component to conducting an effective Psychedelic Movement Session. It is imperative that the Psychedelic Witnesses are prepared for the session by getting to know their own depths of consciousness, so they can accompany the Psychedelic Movers on their journey into the depths of consciousness (Whitehouse & Sherman, 1999). Psychedelic Witnesses would do best to dig into their own consciousness, week after week, and with this practice and its roots in the physical body, build self-recognition that does not go away (Whitehouse & Sherman, 1999).

Therapeutic Relationship

A central component in psycholytic psychotherapy is the client-therapist relationship (Fischer, 2015). Passie (2009) asserts that the participants in his psycholytic-assisted studies found the therapeutic relationship to be imperative to their process, saying that therapists are key components in creating a safe and trusting environment. The therapeutic relationship is, the therapist becoming a supporter and companion for the client's process, where the therapist follows the client's lead and provides empathetic support to keep the goal of therapy in sight (Fischer, 2015). When the Psychedelic Witness can stay with the Psychedelic Mover's process she is able to enter into relationship with the Psychedelic Mover (Fischer, 2015).

A Client-Centered, Non-Directive, approach is used in most psychedelic psychotherapy (Fischer, 2015; Grof, 2008; Mithoefer, 2016). It is important that the Psychedelic Witness be able to sufficiently understand the psychedelic experience of the Psychedelic Mover without many verbal interjections, long explanations, analyzation, or discussion (Grof, 2008), allowing the Mover's process to unfold organically, unless resistance persists and the need for direction becomes apparent. Interventions might include allowing silence, remaining calmly curious, and tolerating strong emotions, with only minimal use of encouragement (verbal and non-verbal). The idea is to invite rather than direct; reflect, reassure, validate, and wait (Mithoefer, 2016).

As Mary was to me, I am primarily a guide to my client as she explores her feelings through movement. I suggest going with, staying with, exaggerating, waiting and, most importantly, I encourage her to trust where she is - to trust herself – and force nothing. I find I increasingly trust the natural process of growth. Learning to give ourselves what we need, as much as we need, means satiation, and satiation means free energy for more growth. (Adler, 1999a, p. 125)

Under the influence of entactogens, participants can experience a reduction of metabolism in the left amygdala, a region of the brain associated with fear (Mithoefer, 2016; Passie, 2009). With the assistance of these substances, the Psychedelic Mover can experience a sense of empathetic rapport with Psychedelic Witness, allowing for corrective secure attachment relationships (Mithoefer, 2016).

Therapeutic alliance and trust is essential in these sessions, and it is important for the Psychedelic Witness to maintain a non-judgmental empathetic presence to support the Psychedelic Mover's inner and body's healing process. Such a stance requires the Psychedelic Witness to listen beyond the spoken word, validate the client's experience, and attune to the Psychedelic Mover's affective experience (Mithoefer, 2016).

As Jung (1954) says, we all deeply want to be seen by another. We want to be witnessed, and eventually witness and love another. The Psychedelic Witness is responsible for seeing the Psychedelic Mover as well as herself (Adler, 1999d). She is familiar with and responsible for the transitory nature of consciousness, allowing

movement into and through personal unconscious, collective unconscious, and back in conscious awareness. Janet Adler states, “Unconscious material in mover or witness becomes conscious in the presence of others” (Adler, 1999c, p. 194). The Psychedelic Witness is not responsible for knowing what the Psychedelic Mover needs to do, only seeing the Psychedelic Mover as an internalized form within herself, where she can attend to her own experience of judgments, interpretations, and projections, acknowledge ownership of these, empty out personal history, and see herself and the Psychedelic Mover more clearly (Adler, 1999c). The role of the Psychedelic Witness is to be an ally for the Psychedelic Mover, as she or he transition to and from altered states of consciousness, through distorted space and time, before ego and words, and ultimately join them in the realm of the unconscious with the ability to trace the way back to everyday waking consciousness (Adler, Haze & Stromsted, 1994).

It is important that the Psychedelic Witness start where the Psychedelic Mover is, so the Psychedelic Mover can work with something of his/her own rather than being told what to do or how to work (Whitehouse, 1999b). The Psychedelic Witness observes without barriers, sees the Psychedelic Mover’s feelings, and without directly correcting, trusts what comes up for the Psychedelic Mover (Whitehouse, 1999b). Both the Psychedelic Mover and Witness cannot know what will happen, and they must be able to stay with and stand this uncertainty (Whitehouse, 1999c). The Psychedelic Witness must give the Psychedelic Mover time and space for waiting and quietness for movement to arise, and this means a willingness to give up preconceptions and excessive verbal directions or explanations (Whitehouse, 1999b). The Psychedelic Witness has this stance of allowance and acceptance because she understands that the only way out is through, or the only way towards growth is to face each experience as it comes (Adler, 1999d). It is important that the Psychedelic Witness’ personal history and ego is flushed out of the dynamic, so that she knows that what happens during the session is not done personally by her (Frantz, 1972). It is our own clean mirror as guide that gives way to truly seeing, by discarding the desire to understand, categorize, control, or even contemplate (Adler, 1999b).

Transpersonal/Mystical and Unconscious Experiences

Transpersonal experiences are often a part of entheogen-assisted therapy, in that the Psychedelic Mover may experience feelings of oneness, memories extending beyond the usual sense of self, unusual sensations in the body, and perinatal or transegoic experiences (Mithoefer, 2016). A familiarity with depth psychology, particularly Carl Jung’s theories on the unconscious, provides especially salient insights into the psychedelic experience (Fischer, 2015; Hill, 2013). Jung understood that psychedelics act on the psyche in a way that lowers the threshold between conscious and unconscious images and emotions (Hill, 2013). Fischer (2015) asserts that the unconscious material can be examined through the body, because unconscious material is stored on a cellular or body level. This body memory of the unconscious, Jung would call the *personal unconscious*, is made up of ideas, sensations, perceptions, and emotions that have been personally repressed (Hill, 2013). It is imperative that the Psychedelic Witness be familiar with

unconscious processing, particularly as it happens in the body when preparing for facilitation of a Psychedelic Movement Session.

The Psychedelic Witness needs to be able to traverse her way through and between ordinary and non-ordinary states of consciousness (Adler, Haze, & Stromsted, 1994). Janet Adler states, “I reawakened to the sacred, directly experiencing the numinous as physical sensation in my body rather than channeled through my mind or emotions” (Adler, Haze, & Stromsted, 1994, p.118). Throughout the Psychedelic Movement Sessions, a grand spectrum of energies, including, pre-verbal, trans-verbal, pre-egoic, trans-egoic, subconscious, and transpersonal have the possibility to manifest (Adler, 1999a), and when the Psychedelic Witness is able to bring conscious attention to transpersonal energy, the potential experience of the Psychedelic Mover expands to this realm (Adler, 1999a).

A mystical experience, or transpersonal experience, is a direct experience of God, the Divine, or wholeness, and one cannot have an experience like this without receiving this experience on a cellular or body level (Adler, Haze, & Stromsted, 1994). It is imperative that the Psychedelic Witness and Mover attend to the body’s response to these transcendent states. A Psychedelic Witness knows that a central point of a transpersonal experience is its effect on the body, and that transformation of consciousness means transformation of the body (Adler, 1999b). The Psychedelic Witness brings special attention to the Psychedelic Mover’s body, the very place where consciousness connects with the physical form.

The discipline of Authentic Movement offers the Psychedelic Movement Session a safe container for unconscious material to manifest, and transform through the evolution of the self, or the internal witness (Adler, 1999b). The internal witness becomes what is known as the clear self when the unconditional loving presence of the Psychedelic Witness becomes internalized. With mysticism, it is believed that the clear self is the experience of God, or the divine within (Adler, 1999b). Mary Whitehouse (1999b) describes the experience of the divine within as “being moved.” She says, “It is a moment when the ego gives up control, stops choosing, stops exerting demands, allowing the self to take over moving the physical body as it will. It is a moment of unpremeditated surrender that cannot be explained” (Whitehouse, 1999b, p.82).

Movement and Body Awareness

A Psychedelic Witness is expected to have a strong training background in the psychology of movement, developmental psychology, developmental movement patterns, psychoanalytic theory, and a firm perspective in transpersonal psychology as it relates to movement (Adler, 1999a). With this knowledge, the Psychedelic Witness is able to pay attention to her intuitive knowing, becoming aware of the presence of her own body, as well as the body and movements of the Psychedelic Mover (Adler, 1999d). The Psychedelic Witness would be looking for the Psychedelic Mover’s psychic attitudes manifested through movement. The Psychedelic Witness knows that the Psychedelic Mover has access to his/her

internal world through the body and movement, not to fix the body but to introduce it as a way to access the self (Whitehouse & Sherman, 1999).

According to Mary Whitehouse (1999c), movement originates from an inner impulse that draws attention through sensation, or what Laban Movement Analysis (a structured system that qualitatively and quantitatively perceives and describes components of movement [Amighi, Loman, Lewis, & Sossin, 2014]) would call inner effort. This inner effort and then movement was our original language, “long before we had words we communicated how we felt through our bodies” (Whitehouse, 1999a, p. 33). Movement is “the flow of the unconscious material coming out in physical form” (Whitehouse & Frantz 1999, p. 20). Both the Psychedelic Witness and the Psychedelic Mover allow space for waiting, or listening to the body, and in this emptiness, something can arise from the unconscious, and in this place of unattached witnessing even disagreeable unconscious material can be observed in consciousness (Whitehouse, 1999c). If Psychedelic Witnesses know movement, then they have access to the active imagination of Psychedelic Movers.

Authentic Movement could help the Psychedelic Movers to find what they need to recover from trauma through the wisdom of their bodies. “Perhaps the experience of being seen and accepted by the witness, even in the most vulnerable places, could provide the support and safety. . .needed to facilitate returning to the site of the wounding to find the source of the healing” (Dibbell-Hope, 2000, p. 64). Simple attention to the body and the feeling states that arise can foster emotion regulation, and this can help to stop resisting the information living inside the body (Van Der Kolk, 2014). By attending to movement and the body, one learns that sensations rise and fall, giving a new experience to the traumatized body that feels as though it is always in a state of horror (Van Der Kolk, 2014). According to Bessel Van Der Kolk (2014, p. 277), “Actions that involve noticing and befriending the sensations in our bodies can produce profound changes in both mind and brain that can lead to healing from trauma.” The practice of Authentic Movement provides the Psychedelic Witness and Mover just that, the ability to not only notice and befriend, but also to move through.

Application of Theory

It is my hope that further research will be done in the fields of psychedelic medicines and Authentic Movement practices, as they both have shown their potential in transforming human consciousness and healing trauma. This model is intended to be used with the standard dose of MDMA, as a catalyst for Authentic Movement psychotherapy in the treatment of trauma-related disorders.

Limitations & Recommendations for Future Research

One limitation is that the MDMA-assisted psychotherapy treatment manual calls for the therapist’s ability to use nurturing touch (Mithoefer, 2016). The practice of Authentic Movement does not use touch interventions. There are other somatic-

based treatment modalities that do offer touch interventions (Caldwell, 1997), and they should be considered alongside Authentic Movement as body-based treatment modalities with the MDMA catalyst in the treatment of trauma-related disorders.

Future studies using psychedelics in the treatment of trauma-related disorders may benefit from utilizing somatic-based psychotherapy, acknowledging the body as a source of wisdom for the purpose of healing. There are still questions unanswered as we embark over the new terrain of psychedelic healing and body-based interventions. For example, is touch a necessary intervention for the healing of trauma related disorders, are there positive effects observed in the nervous systems of those who practice Authentic Movement while under the influence of substances like MDMA, what happens in the brain when an individual is practicing Authentic Movement and utilizing a substance like MDMA, and finally, how effective is Authentic Movement as a viable treatment modality to use in conjunction with the MDMA catalyst for the treatment of trauma related disorders? I am proposing future research be conducted to help define Dance/Movement therapy's role in psychedelic treatment for trauma-related disorders.

Conclusion

Movement and psychedelics give us a unique window into consciousness and how it relates to the physical world. This article is a call for more research and writing on psychedelics, movement, the body, and how these fields can support each other. The therapeutic modality laid out in this article asserts that the Dance/Movement Therapy practice, Authentic Movement, has the potential to prepare therapist and client for an MDMA-assisted psychotherapy session for the treatment of trauma-related disorders.

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Glossary

The term **psychedelic** comes from the Latin root words, psyche, and delic or delos, meaning “mind-manifesting,” describing what happens when the contents of the mind and the body are made more clear (Doblin & Burge, 2014). Humphry

Osmond first used the word psychedelic to describe a group of non-addictive substances with potent psychoactive properties that produce strong changes in mood, perception, and thought in ways that are like dreams, memories, psychosis, and ecstasy (Friedman, 2006). Psychedelic therapy encourages the person's complete surrender to the experience (Hill, 2013), where unconscious material becomes conscious and relevant, and shifts in ego identity are possible.

The word **entheogen** describes substances related to experiences that are usually characterized by having mystical or spiritual content (Richards, 2016). To mitigate negative perceptions associated with terms like psychedelic, Ruck, Bigwood, Staples, Ott, & Wasson, (1979) coined the term entheogen. With Greek etymological roots, the term entheogen is referring to the "experience of God within," or "becoming animated with deity." Ruck, Bigwood, Staples, Ott, & Wasson (1979) defined entheogen as any substance that alters one's consciousness in a way that produces an experience of spiritual significance. The term entheogen is differentiated from the term psychedelic, in that it is more limited to experiences that have spiritual impact, a feeling of sacredness, or mystical interpretations (Roberts & Winkelman, 2013).

Empathogen or **Entactogen** describes a class of substances that generate a state of empathy, allowing for one to "touch-into" their inner process, decrease fear, and facilitate release and reintegration of traumatic memories (Passie & Metzner, 2012). MDMA is the most notable empathogen being researched today.

The term **Psycholytic**, can be translated as "soul-loosening," and refers to the therapeutic use of entactogens/empathogens. Psycholytic therapy can also reference the use of psychedelic substances in low or medium doses, to facilitate the processes of unconscious material and release of emotions (Passie & Metzner, 2012). This type of therapy is often associated with the personal unconscious, rather than the collective or transpersonal unconscious (Hill, 2013).

The Author

Lyndsay Pixler is a mental health therapist, working primarily with people seeking treatment for trauma and addiction related concerns. She has spent many years working as a certified alcohol and drug counselor (CADC II) in Washington and Oregon, helping individuals cultivate the relationship they would like to have, or not have, with mind and mood-altering substances. She completed her Master's degree at Naropa University in Boulder, Colorado where she studied Somatic Counseling Psychology, with a concentration in Dance/Movement Therapy. Lyndsay is an Authentic Movement practitioner and advocate for sensible drug policies, who is passionate about cultivating embodied awareness in altered states of consciousness. She can be reached at lyndsaypixler@gmail.com.