

PSYCHOSOCIAL PERSPECTIVES OF THE APPLICATION OF TERPSICHORETRANCETHERAPY¹

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Preliminary considerations

It is not difficult to see that there are ample psychosocial perspectives in store for Terpsichoretrancetherapy (TTT), since the very sociocultural manifestations upon which TTT is based reveal the extent or the help it can procure.

TTT has its foundations on the extraordinary and beneficial emotional liberation occurring in the kinetic trances of the afrobrazilian spiritualist sects. Likewise, Carnival festivities, soccer and modern dances are means to obtain a beneficial scope from repressed emotional tensions, and these were also thought of when we created TTT.

In all of their aspects, the afrobrazilian spiritualist sects act psychotherapeutically on their followers. The possessionary state, however, have a deeper and more intense therapeutic effect on the followers. The emotional out-bursts that the medium develops during the initial séances are violent ... and call for moderation by the leader of the "lodge"; in the following séances, psychomotor reactions become gradually lighter until a good level of psychic and psychosomatic equilibrium is at-

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tained. We can speak then that there occurs a true desensitization. The same type of desensitization was observed by Mesmer among his patients who developed crisis states.

/p. 122/ What is always evident when people undergo a ritual trance is the feeling of well-being and deep tranquillity ensuing the séance.

Within the current Brazilian social and cultural environment our spectacular Carnival serves as a means of scape from daily frustrations or providing a beneficial emotional liberation. Carnival is a festivity celebrated throughout the country, with ancient traditions deeply rooted in our people. For four days the whole country "lives Carnival", and through dances, songs and other forms of fun-making, people secure for themselves a liberation from deep and intense repressed emotions. True ecstatic states can be noticed during more exalted moments of joy. It is not without grounds that we call those days "carnival folly", since many an earnest, grave head of family undergo a complete change during those four days, to the extent of no one being able to recognize them.

Soccer is another mass phenomenon exerting a tremendous power over a major part of the Brazilian people. It calls for direct observation at a soccer stadium to ascertain the extraordinary emotional liberations going on. For instance, an international soccer game can paralyse the country, that is say, it becomes the principal concern of all people. Under these circumstances, the individual does not suffer and sees his own problems in a more carefree way. If their teams win, fans see themselves as victors and emotionally compensate for their more common frustrations. True "second states", according to JANET's well-known expression, can be seen in our soccer stadia. The fan changes considerably; his behavior displays characteristics entirely different from his usual behavior.

The cause of the benefit derived from this sociocultural conditions (ritual possession, soccer and Carnival) is the strong emotional liberation due to supraliminal stimuli.

Later in this paper similarities among these three conditions are pointed out.

Objectives of TTT

This form of non-verbal group psychotherapy was first reported to the scientific world in 1966, during the International Congress on hypnosis [1], Paris.

/p. 123/ TTT aims at securing, under controlled conditions, a beneficial emotional liberation or repressed emotions. At the same time, patients increase their level of nervous resistance obtaining tranquillity, which in turn provides them with means to better face and solve their problems. There is an improved psychic and psychosomatic equilibrium. TTT may be regarded therefore as one of the most important aids to the total psychiatric and psychosomatic treatment [2, 3, 4, 5, 6].

Common phenomena

Many of the phenomena observable during TTT meetings are also to be observed at afrobrasilian spiritualist séances, some ... soccer games and Carnival. One of these phenomena, as referred to above, is the ecstatic state. Emotional liberation, however, is the most frequent.

Emotional liberation

1. At soccer games:
 - a) At significant moments of the game; after a victory;
 - b) When the fan discharges his tensions through cheers or by insulting (cuss words) against the referee, against a player or against his own bad luck.
2. During Carnival:
 - a) At ball-rooms (psychomotor exaltation);
 - b) Samba pageants (“*escolas de samba*”) or other group arrangements (exhibitionism);

- c) By the usage of masks, special fancy costumes and other forms or merrymaking (regression).
- 3. At Afrobrazilian spiritualist séances:
 - a) Through kinetic trances;
 - b) Through confessions or the follower to the lodge leader;
 - c) Through promises of better days made by the lodge leader;
 - d) Through witchcraft.

/p. 124/ In TTT the liberation of repressed emotional tensions is attained through psychomotor exaltation during the kinetic trance. Other phenomena observable during the trance are exhibitionism and regression, as it occurs during the ritual trances. The phenomenon of regression is very described by PRINCE [II] when he states that regression means the return to an ancient level of functioning as “an answer to stress – a shelter against painful reality – or as something consciously sought for as a form of recreation”.

Therefore, according to this definition, we can associate the possessed with the first part of the definition, while the Carnival participant and the soccer fan can be associated with the latter part.

T.TT's Methodology

TTT dispenses with the discussion of the patients' problems, since the latter are dealt with at the clinic, where they are given support therapy, guidance, adequate medication, and when deemed desirable, hypnosis or a special technique of relaxation. All these aspects are part of their global treatment.

TTT meetings are held in the evening, every Thursday. Every newcomer is briefed on the method and its objectives. There are two file cards to record pertinent information, before and after the meeting: blood pressure, pulsation, emotional tension and other clinical data. Trance characteristics are also recorded: depth, continuity, types of movements, eye reversal, sensorial disturbances, distortion of sense of time, amnesia, hyperventila-

tion, selective fixation of a musical instrument, mystic tendency, conditions of patients between meetings. Information such as family's conditions and adjustment, family's reaction to treatment and adjustment to work environment are also recorded.

Information on TTT's method can be imparted just before the method is applied, when the meeting begins. Nothing is suggested and no standard or mode of behavior is demanded from patients. However, we do recommend that the patient should keep on dancing even though he is unable to go into trance, but no kind of movements or steps is hinted. This dance will be beneficial in and of itself. A few requisites are present at TTT meetings: a quiet environment, cosy and /p. 115/ friendly, dimmed lights, informal clothes. Patients, operator and his assistant wear light rubber sole shoes or remain barefoot. This aids the activation of regression.

The orchestra is placed a few feet from the dance-floor so as to secure a more direct suggestive and emotional action. The orchestra has from five to seven musicians. A tape recording may be used instead.

Patients are told to keep their eyes closed, and to concentrate on whatever they desire more intensely: their cure, their well-being, the solution of their family or social problems, or any other important wish. This aims at securing an effective monoideism, which is helpful in inducing trance. Since their eyes are closed from the outset, no patient can watch the induction or the development or any other patient's trance. Therefore, no pattern to follow and his leads to every trance having very personal characteristics.

When the monoideistic process is already firmly established, the orchestra plays the opening score. This same song is played at the opening of every meeting, facilitating the reflex conditioned mechanism of trance induction. The songs played are those commonly heard at Umbanda séances, which is the largest among our spiritualist sects. These songs have the advantage of not being generally known, and our patients, who have no

previous knowledge of them, cannot develop unfavorable conditioning against them. It is not important that the songs are melodious, but the rhythm, kept by drumbeat, bears an important function in starting and maintaining the kinetic trance.

Technique of the kinetic trance

Trance is inducted individually. After monoideism is established, the operator asks the patient to make fast and ample respiratory movements, leading to hyperventilation. It is a well-known fact that under this situation more sensitive persons may present changes in his EEG (slow waves, two to three cps), from a few seconds to three minutes at the most.

In TTT hyperventilation takes one minute, at the rate of 40 per minute. Cortical inhibition will be deepened rather by suggestive effect of obnubilation or by disturbances and consciousness than by electrolytic or bioelectrogenetic changes.

/p. 126/ Once the stage of hyperventilation is over and the orchestra begun to play, we start the induction or trance by imparting a rotational movement to the patient around the axis or his body in an unnatural posture: head bent front and downwards, the chin as close as possible to the chest. Patients can be kept erect, but their heads are bent backwards, face up. Other details can be found in other publications [2, 3, 4, 5].

The rotational movement is fast but follows no particular rhythm. Thence, there is no connection between that movement and the rhythm of the song being played. When trance sets in, the operator slows the patient down, keeps him balanced, and tries to make him follow, as close as possible, the rhythm of the song. When the patient finally is balanced and keeping pace with the music he is left on his own to behave any way he chooses.

The operator's assistants are placed among the patients, to prevent falls or clashes, besides controlling the development of violent trances. Sometimes patients may interrupt their trance

spontaneously, which can be easily reinducted a few minutes later.

Neurophysiology of the kinetic trance

Our papers [2, 3, 4, 5] give a detailed account of the neurophysiology of the kinetic trance. In short, the following are the important factors:

1. The effect of the rotational movement in an antinatural posture on the vestibular centers;
2. Monoideism;
3. Emotions released by rhythmic sonorous stimuli and anticipation;
4. Hyperventilation.

There are a few points in common between animal hypnosis and the kinetic trance. There is no verbal action; action is predominantly pre-verbal.

RAMIREZ [9] and CASTRO MONTEIRO [10] also studied physiological and psychological aspects of the kinetic trance.

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Behavioral data

The patient's vigil cortical zone remains connected to sonorous stimuli alone. Some patients dance the same way they would dance the samba: a few others stay on the same spot while swaying their bodies; some will swirl around the dance floor. There are patients who develop a violent trance, which may be accompanied by physical and emotional outbursts (crisis), specially during the first sessions. There are those who dance and smile happily; there are patients who weep while dancing. Some patients interrupt their trances and only then begin to weep.

It can be noticed that TTT has a few analogies with the method known as hypnosynthesis, proposed by CONN [7], as well as with MESMER's [8] method. In TTT, emotional libera-

tion is correspondent to motor excitation, while motor control is correspondent to emotional control. It is for this reason that the operator and his assistants try to control, to a certain degree, motor manifestations of the more exalted patients.

Phenomenology

1. Emotional outbursts (crisis);
2. Distortion of time;
3. Disturbances or sensitivity (hypoesthesia and anesthesia);
4. Memorization;
5. Regression;
6. Spontaneous amnesia;
7. Exhibitionism ;
8. Progressive desensitization.

Applications

Given types of dance have appeared in the past as a means of attenuating strong emotional states of anxiety and apprehension. The tarantela, for instance, originated in Italy as a dancing mania or hysterical chorea, epidemic, known as Tarantism, which the people believed to be caused by the bite the tarantula. Cure would come through the intense perspiration caused by the dance. We know today that the bite of /p. 128/ that spider is practically harmless. We can also remember the time when rock-and-roll and other highly dynamic rhythms appeared: it was the height of the "cold war". This was a truly instinctive reaction, quite like it had happened in man's early history, when the kinetic trance made its appearance (defence reaction of the primitive man before certain majestic and yet destructful forces of nature). These data demonstrate the wide range or application of TTT at times a community faces conflict, anxiety and fear. TTT may be recommended for cases of neurotic conditions of the great masses resulting from great catastrophes,

strong emotional shocks or negative emotional contagion (we may recall here the epidemic possessions during the Middle Age).

It can be recommended to all persons afflicted by conditions which may generate harmful emotional explosions, such as in a juvenile delinquency, in the so-called social neuroses, in hysterical neuroses and others.

It is not recommended in cases or neurosis obsessive or phobic elements predominate, since the former make trance induction difficult, while the latter make it practically unfeasible. Psychosomatic ailments can benefit from TTT. We had good results in cases of light depression when the latter predominates over other neurotic symptoms round in hysteria, psychasthenia and neurasthenia.

It is not recommended to psychotic or epileptic patients neither to patients with phobic neurosis. Patients with osteo-articular problems should not be treated by TTT since they are unable to move freely. It is not recommended to patients with cardiovascular ailments (thrombophlebitis, cardiac, coronary deficiency).

As final words we would like to add that we recommend to the widespread application of TTT because psychiatrists throughout the world would be able to work it without facing significant difficulties. Adaptation could and should be made according to each country's characteristics.

(Translated by Dr. Flavio Peixoto Nogueira.)

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RÉSUMÉ:

PERSPECTIVES PSYCHOSICALES DE L'APPLICATION
DE LA TERPSICHOTRANSETHÉRAPIE

La transe cinétique dans les sectes spirites afro-brésiliennes d'Umbanda, de Quimbanda et du Candomblé procure une intense libération émotionnelle bienfaisante à la vie psychique et psychosomatique de ses adeptes. En partant de ce principe, l'auteur a créé une forme de psychothérapie de groupe, la Terpsichotranstherapie (TTT), en employant le même type de transe, accompagnée des mêmes musiques, jouées par un orchestre dans une ambiance agréable, intime, rejetant tout emploi d'élément mystique.

Durant la TTT, la communication verbale est nulle ; les patients ont leur zone de vigilance corticale liée uniquement aux stimulations musicales.

Dans la TTT ne s'induit aucun modèle de conduite chez les patients, ni durant ni même au préalable. Les patients prennent des attitudes les plus variées, c'est-à-dire celles qu'ils désirent.

En s'appuyant sur les bénéfices que provoque la libération émotionnelle qui a lieu dans le carnaval, dans le football et dans les séances des sectes spirites afro-brésiliennes, l'auteur suggère l'emploi de la TTT dans les grands groupes de la communauté.

L'emploi de la TTT ouvre d'extraordinaires perspectives dans la psychiatrie et dans la médecine psychosomatique.

Mots clés : • Terpsichotranstherapie (TTT) • Transe cinétique • Sectes afro-brésiliennes (Umbanda, Quimbanda, Candomblé)

SUMMARY :

Terpsichoretranstherapy (TTT) is a group psychotherapy that has the kinetic trance as its basis; has its foundations on the extraordinary and beneficial emotional liberation occurring in the kinetic trances of the AfroBrazilian spiritualist sects. Likewise, Carnival festivities and soccer are means to obtain a beneficial scape of when we create TTT.

Under a kinetic trance the individual goes through a true atavic regression. Specially during the strongest emotional discharges, attitudes will emerge which are phylogenetically quite old.

It does not call for the discussion of his problems, because of course, they have been previously discussed at the clinic. Here, the patient is given supporting, and orientational therapy, is prescribed adequate medication, and if found desirable, he may be given hypnosis or a special relaxation technique, all part and parcel of his complete treatment.

We believe there are very good prospects for this revolutionary group psychotherapy. TTT can be extensively used, since most psychiatrists will be capable of mastering the technique without the major difficulties. The method can and should be adapted to meet the peculiarities of each country.

Key words : • Terpsichortransthérapie (TTT) • Cinetic trance • Afro-Brazilian sects (Umbanda, Quimbanda, Candomble)