Neurotango®

Tango and addiction

According to current estimates, there are:

- Still about 16 million smokers
- approx. 1.7 million alcohol addicts
- Approx. 1.1 to 1.4 million drug addicts
- approx. 100,000 to 150,000 drug addicts ("hard" drugs such as heroin, cocaine)

Substances such as alcohol, tobacco, caffeine, certain tranquillisers and sleeping pills such as benzodiazepines or barbiturates, volatile solvents and illegal drugs such as cannabis, ecstasy, LSD, cocaine and heroin (opioids) are characterised by an addictive potential: Even their single use, but in any case their repeated use, can be the first step towards addiction. In the short term, the consumption of an addictive substance produces an effect that is perceived as pleasant, and the initial situation, which is often experienced as unsatisfactory, is seemingly improved. The subsequent disillusionment with its discomfort and physical complaints creates a vicious circle of craving for renewed relief through repeated consumption and recurring withdrawal effects, and the desire for the next high becomes more and more the focus of the person's life.

An addictive disorder is based on a dysfunction of the reward system in the brain. Addictive substances activate various neuronal messengers that trigger a feeling of well-being or euphoria, for example. As a result, the brain learns relatively quickly to perceive the effect of a certain addictive substance as a positive stimulus. If this stimulus is missing, it feels a kind of lack of reward, from which the uncontrolled desire for the addictive substance arises. Addiction is therefore not a weakness of character, but a disease whose biological correlates can be detected in the brain.

Addiction develops through the psychological processes of pleasurable experience and repetition, followed by the physiological effects of habituation and biological tolerance. Biological tolerance is the reduction of drug effects with repeated use. Addicted patients compensate for this loss of effect by increasing the dose. Another aspect of addictions is the onset of a behavioural habit: substance use gains more and more importance and function in different life situations and states of mind.

In order to speak of addictive behaviour or a dependence syndrome, at least three of these six criteria must have been fulfilled in the course of the last 12 months:

- Strong, irresistible desire to consume the intoxicant,
- reduced ability to control the amount, timing and duration of intake,
- physical withdrawal symptoms,
- steady increase in dose due to the development of tolerance,
- Loss of interest in normal life activities and increasing importance of obtaining the substance or recovering from substance use,
- Continued use despite demonstrable harmful health or social consequences.

Non-substance-related addictions" include gambling, computer games or internet addiction, but also work addiction or sex addiction or stalking. In contrast to substance-related addictions, physical signs of dependence do not occur here, but inner turmoil does occur when the addictive behavioural habits are not fulfilled.

In addiction counselling facilities, those affected are mainly made aware of the unfavourable effects of addictive behaviour. They are supposed to cognitively see and understand how addictive behaviour has a negative effect on their own mental and physical well-being and how, as a result, people in their immediate environment are impaired or harmed - as if those affected had not been aware of this in their everyday lives for a long time.

In many cases, this understanding is insufficient and ineffective for behavioural change; often those affected know very well that their behaviour has extremely damaging effects on their own lives and interpersonal relationships, but can hardly implement this insight in a sustainable way.

To better reach those affected, their feelings and needs must also be addressed and included. Every learned behaviour is linked to emotions and since many addictions provide quick relief from emotional pain, loneliness, feelings of lack of recognition and inadequacy, they try to drown out these inner experiences through addictive behaviour. Logic and reason alone cannot satisfy the need for quick relief and immediate pleasure. The actual need must be brought into focus, because every need has an emotional origin.

In the therapeutic use of elements from Tango Argentino, body language is used as an element of communication and expression. Body language - our behaviour in facial expressions, gestures, posture and motor skills, the individual rhythm of eye contact and averting of the gaze - is always immediate and can hardly be falsified. The mental state cannot be hidden or falsified by means of body-bound expressive behaviour: Body language does not lie. Conversely, however, body language can also influence the current psychological state of mind; actors know the phrase "going through the brings the emotion.

During the exercises of tangotherapy, there is no reason to act a certain way. In addition, the heavy workload of cognitive and motor tasks that the brain has to cope with makes it impossible to think about the meaning of the respective movement or action. This is why body language is successfully used in tango therapy as an element of communication and expression. There are rules to which the participants in tangotherapy adhere: similar to a language in which there are grammar and spelling rules. Whether a language results in a poem, a narrative or factual information about the current state depends on the person speaking.

Since many elements can be combined in tango therapy, improvisation arises with a lot of freedom. The frequency, speed and width of steps or sequences of steps are left up to the respective leading person, but both only reach improvisation through the fact that every step, every figure and every movement, every interaction in tango is implemented individually, uniquely and differently by the respective performing person. This offers the ideal space for the expression of one's own personality. In this way, the strengths and weaknesses of one's

own person - the personality profile - are clearly and visibly expressed in the interaction of the two participants.

For the facilitator, this initially serves to observe and recognise difficulties of the participants in order to adjust the therapy elements if necessary; but the participants also encounter the problems in their own behaviour that arise in relation to the other person. If the leader asks questions about this after each exercise sequence, this experience also comes up in the language and thus becomes more clearly conscious. However, addressing this directly would be too harsh a confrontation and possibly too demanding for the people concerned; therefore, problems that arise are first addressed on a purely motor level, because this is still far removed from the personality and relatively neutral for the people concerned.

Many interactions during the exercises are very well suited to present individual difficulties, which can mean a seduction situation for the leader in terms of directly addressing personality-related patterns. For the leader, the therapeutic rule is that body language is always addressed at the manifest behavioural level and not used for interpretation at the psychological level. Too early confrontation with a particular difficulty or interpretation could be perceived by the person concerned as exposure and could be associated with shame; this could also lead to withdrawal from the therapeutic process or even to leaving the course. Therefore, an attempt is always made to deal with the problems that become visible during the individual exercises on a purely physical level for as long as possible. Also, all therapeutic interventions are always presented from a confident, upbeat attitude that affirms the participating person. Suggestions for changes in movement pattern or posture are thus always conveyed on the physical level; a change in posture or movement results in an immediate change in inner feeling. The change in movement or posture does not only solve the motor problem, but also changes the current state of mind through the changed movement and the new happy experience.

Many studies have been able to prove the production of dopamine, happiness hormones, serotonin and oxytocin during dancing and in direct physical contact with another person. These substances also play a decisive role in the experience of satisfaction in drug addicts and people with addictive behaviour. One could therefore see in tangotherapy a kind of substitute drug that does not entail any harmful consequences.

After each exercise frequency, the participants are asked about their experiences and observations, which improves their awareness of their own body and their own patterns of action. The increased awareness of one's own body also sensitises to the harmfulness of addictive behaviour; as the participants verbally describe their action patterns and movement difficulties, but at the same time also bring up their sensations and perceptions, their emotional sphere is reached.

It is a habit for addicts to blame the outside world when they fail to achieve a goal: footwear, floor, music, group management, room conditions, etc. can be blamed for poor functioning. Addicts are very creative in inventing excuses to divert attention from their own problems. In the medium and long term, this is also a therapeutic opportunity because this behaviour can also be named as a pattern and compensated for by certain rules.

One communication rule, for example, is that it is recommended to start the discussion after the exercise with formulations such as "I felt ..." or "it would help me ...". Overall, the basic rule is that statements should be made in the "I" form and not in the general "one" or even in the "you" form.

The sequence of different exercises with elements of Tango Argentino can literally mean a step-by-step approach to more freedom and independence for people with addictive patterns, because this sequence of exercises allows the participants to focus on their own behaviour and state of mind and on how to deal with the human counterpart in the respective situation.

Helpful elements of tangotherapy are

- Learning mindfulness for one's own body
- Observe action patterns
- Experiencing the present moment through intensive cognitive and motor activity of the brain
- have enjoyable, pleasurable experiences interacting with others

However, these elements are only additionally effective factors, but do not yet meet the underlying need: the need for closeness, attention, belonging, closeness, touch and intensive communication; with happy development, even the experience of affection and love are possible.

The most important factors that the Tango Argentino provides in therapeutic use are

- The sense of achievement and praise from participants and group leaders.
- Attention from another person, being accepted by another person
- bodily contact and stimulation of all senses
- Intensive attention to own and joint movement
- Processing and channelling of unexpressed feelings (perhaps because there are no words to adequately describe this for those affected or because what they have experienced is too painful)
- Embrace as a comfort and protective gesture.

Tango as therapy is not to be confused with a tango lesson. The exercises of Neurotango® are easy to learn even for non-dancers. Interested group leaders, psychotherapists as well as participants who believe they have two left feet can venture into tango therapy: "Anyone who can walk can also participate in tango therapy".

The appropriate music is provided in the training course "Neurotango® Practitioner" for the individual exercises or the name of the song and the respective interpreter are recommended for the individual exercises.

In essence, it is a movement-based communication model with unique qualities that, to rhythmic music, addresses, elates and inspires people in all shades of their being. These qualities qualify tangotherapy as an enrichment and complement to almost every form of therapy.

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