

## Meaning, Dreaming, Relating and Levels of Consciousness in Music Psychotherapy: a Psychoanalytic, Developmental and Transpersonal Paradigm<sup>1</sup>

Martin Lawes, trained music therapist in the UK, now doing freelance work

### Abstract

In this article the author explores the creation, experience and meaning of music from a number of different perspectives. Although his principal aim is to contribute to the development of theory and practice in music psychotherapy, the author proposes that the thinking he presents also potentially has a wider application beyond the therapeutic sphere. That is in developing our understanding of how music is experienced to be meaningful because of the way it functions psychologically.

The author presents a framework of levels of consciousness, suggesting that music can be understood to be therapeutically meaningful in many different ways at each level of consciousness whilst ultimately it is transcendent of meaning all together. In his exploration of this, the author draws especially on contemporary psychoanalytic perspectives that can be used to understand the role of dream level processes in making everyday experience manageable as well as meaningful at an emotional level. This is dreaming understood to be an unconscious activity of the mind occurring day and night, dream level processes being involved in both creating and experiencing music. It is as a result of these that music can potentially generate experiences of Truth that are not only meaningful at a personal level but psychologically resonant ultimately at a transpersonal level of consciousness beyond knowing. Such experiential Truth from a contemporary psychoanalytic perspective provides the psyche's most essential type of nurturance. The author considers this to be fundamental to music's potential as a psychotherapeutic medium.

The author is particularly concerned in the article with intersubjectivity. That is with the dynamics of relationship between client and therapist when they create (dream) music together in improvisation based music psychotherapy. In this the experience is of being both 'one' and 'separate' as is characteristic of the nature of relationship at the level of dream consciousness. Two different levels or aspects of intersubjectivity are explored drawing on developmental psychology as well as psychoanalysis. The author proposes that health involves being able to maintain the inevitable tension between being 'one' and 'separate' and draws out the therapeutic implications of this. Finally brief reference is made to the 'oneness' of transpersonal music experiences whether in active or receptive forms of music psychotherapy.

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## 1. General Introduction

In this article, and others which I intend will follow it, I explore the creation, experience and meaning of music from a number of different perspectives. In this my principal aim is to contribute to the development of theory and practice in *music therapy* (and *music psychotherapy* in particular - see 2. below<sup>2</sup>) although I believe that the thinking I present also potentially has a wider application beyond the therapeutic sphere.

An underlying premise of mine is that it is necessary to have many different perspectives to draw on so as to be able to understand and promote the client's music experience for therapeutic benefit in the most effective way. This is even within the single area of practice which is *music psychotherapy*<sup>3</sup>. Thus I present a diverse range of perspectives, although at the same time I regard them as coming together to form a single meta-perspective, if a complex and multi-faceted one. Very broadly speaking this is psychoanalytic in orientation, though I also draw on developmental and transpersonal psychology and other areas such as musicology. From psychoanalysis I draw most especially on thinking that to my knowledge has not been assimilated into the theory and practice in *music psychotherapy*, exploring perspectives that can be used to understand the very fabric of music itself, the experience it generates, the dynamics of music based interaction and the creative process.

### 1.1 Psychoanalysis, Music and Music Psychotherapy

It is important for the reader to be aware that psychoanalysis itself, beginning with Freud, has on the whole paid relatively little attention to music (Sapen 2012, Nagel 2013). One of the challenges for psychoanalysis is that where other creative modalities like art and drama may have a fairly obvious psychological content that can be approached psychoanalytically, music as non-representational art form does not unless it sets a text, for example. Music can clearly generate a meaningful experience and can resonate emotionally at a deep level. Thus it seems to have some sort of psychological or emotional content. Yet even with recourse to the

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<sup>2</sup> In referring to the literature I generally use the term *music psychotherapy* when it is appropriate in terms of the criteria I draw on (see 2.). This is for the sake of consistency even when in a specific text I draw on the term *music therapy* is the one used.

<sup>3</sup> Indeed, I also believe it important to be able to shift and integrate perspectives in the kind of broader way Bruscia elaborates in relation to six main different areas of practice (Bruscia 1998a, Bruscia & Stige 2000, see 2. below). This may, for example, involve moving from a *psychotherapeutically* oriented way of working to a *community* oriented one or vice versa, or integrating *didactic* (educational) and *psychotherapeutic* perspectives. It is not with this that I am concerned in this text, however.

composer's family and life history, it is not a straight forward matter to draw out, by studying a specific piece of music (that is its formal structure), what its psychological content might be (if anything) in terms of the music resonating at some level with the composer's inner world. Indeed music seems to be almost subversive of psychoanalysis in this sense (Davies and Richards 2002: 16). It is also not easy to explain why a particular piece of music generates the psychological experience it does for the listener. Or rather the different kinds of experience it may generate for different listeners at different times.

This is reflected in accounts of (psychoanalytically oriented) *music psychotherapy* in the literature. Whilst these generally refer to the client's emotions and relationships and the way his difficulties are worked on therapeutically (psychological content) and of course describe how music is involved in the process, the actual fabric of the music (its form) is rarely analysed and discussed in detail in relation to its therapeutic function and role. Indeed the music may assume more of a background role in terms of the way the psychotherapeutic process is described (De Backer 2004).

Furthermore, depending on a therapist's training background, the particular method(s) he uses and the philosophy of his approach, there can be wide differences of emphasis and opinion when it comes to determining what may or may not be important about music therapeutically. Thus Streeter, in an influential as well as controversial article published in the *British Journal of Music Therapy* (Streeter 1999b), with reference to the existing *music therapy* literature<sup>4</sup>, questions both theory and practice (in improvisation based *music psychotherapy*<sup>5</sup>) when there is an emphasis on *merging* (client and therapist being 'one') in the music (see 7. below). She is also concerned where there is an emphasis on the aesthetic<sup>6</sup> and spiritual dimensions of the work and its "mystery" which she thinks at best distract from responsible professional practise focused on addressing client need (Streeter 1999a, 1999b).

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<sup>4</sup> Streeter references particularly the work of music-centred practitioners. See footnote 9.

<sup>5</sup> See footnote 25.

<sup>6</sup> The aesthetic dimension of music experiences can on the one hand be treated, most especially by music centred practitioners, as being of central importance and of health promoting significance in therapeutic work (for example Aigen 2007, Lee 2003). Others regard musical aesthetics as not being important therapeutically (Smeijsters 2005, Streeter 1999b), some pointing to the way the therapist's own psychopathology can become manifest through a preoccupation with it that undermines his being able to meet his client's needs (Lecourt 1998). This is a topic I intend to return to in a future proposed article in this series. A particularly important psychoanalytic perspective with which to approach it and understand what may underlie such professional differences (conflicts) of thinking and the dynamics of suspicion that the topic of musical aesthetics can raise derives from Meltzer's elaboration of the *aesthetic conflict* (Meltzer and Harris Williams 1988). This I cannot elaborate here but have elsewhere (Lawes 2002).

Streeter asserts as a key tenet of her thinking that “psychological processing” cannot take place through the creative musical process alone. Indeed, she suggests that the music-making may be driven by a pathological unconscious process in which client and therapist remain caught up, unless the therapist has recourse to “psychological thinking”<sup>7</sup> with which to reflect on what is happening unconsciously in the music and as a result modify his musical input (and/or possibly make a verbal interpretation). The underlying premise of her argument is that “musical awareness” needs to be balanced by “psychological thinking” and that the work may be “unsafe” without this (Streeter 1999b).

Though psychological thinking or processing of one type or another is undoubtedly important, convincing arguments have been made that Streeter’s perspective on this is too limited and limiting, even in terms of her own field of thinking (Aigen 1999, Ansdell 1999, Brown, 1999, Pavlicevic 1999). Just as Freud’s understanding of the arts was incomplete and limited, focused on the psychopathology of the artist and over-emphasising the neurotic aspects of artistic experience (Glover 2009), Streeter in the way she draws on psychoanalytic thinking is I believe is too restrictive in the way she proposes the music experience in *music psychotherapy* be understood and worked with. Most especially, in emphasising how pathology can become manifest musically and worked with therapeutically from one particular perspective, important and valid as her ideas about this may be, at the same time she does not seem to embrace the possibility of health promoting psychological processes occurring at a purely musical level. That is unless the therapist’s input is steered by psychoanalytic thinking in the way she proposes.

Whilst her views do not represent an agreed consensus of thinking in relation to theory and practice in (psychoanalytically oriented) *music psychotherapy*, they do reflect what I believe is a need for continuing development and integration in the field in terms of understanding the relationship between ‘the psychotherapeutic’ and ‘the musical’ (Lawes 2013).

Importantly, there has been since Freud’s time a great deal written about creativity, aesthetics and the arts in the psychoanalytic field that is potentially a rich resource to draw on, even if there is relatively little written about music itself. In this, whilst Winnicott’s important contribution is well-known and often referenced in the *music psychotherapy* literature (Levinge 1993, Tyler 1998, Pavlicevic 1997), there is much other psychoanalytic thinking

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<sup>7</sup> For Streeter this is grounded in an understanding of transference and counter-transference (Streeter 1999a, 1999b).

that seems to be little if at all known about. There are, for example, many contributions that help illuminate the psychological significance of both making and experiencing art, and the nature of form in the arts and its relationship to content, moving far beyond Freud's limited approach to content (Glover 2009). These and other more general developments in the field including contemporary ones at the cutting edge of psychoanalytic thinking can I believe be usefully assimilated so as to contribute to a fuller and more developed understanding of topics like *merging*, of the aesthetic and spiritual (transpersonal) dimensions of psychotherapeutic work involving music, and of the unique therapeutic potential (as well as limitations) of music as creative medium.

There is much, in particular, that can further an understanding of the creative process and of the state of mind needed by a therapist to facilitate therapeutic work involving music. This includes how a type of 'psychological thinking' ('psychological processing') can indeed be understood to occur in purely musical form that is psychotherapeutic in the deepest and most authentic sense. Whilst 'psychological thinking' of the type Streeter advocates may be very important, being preoccupied with wanting to understand what is happening psychologically (at an unconscious level) and with helping the (verbal) client develop insight into his problems (making the unconscious conscious) (Streeter 1999b) can, I suggest, get in the way of the workings of the psychotherapeutic process at a deeper level, where the creation of the music itself can involve a type of unconscious 'psychological thinking'.

What may be needed, therefore, may be not so much to balance "musical awareness" with "psychological thinking" (Streeter 1999b), as to balance music-based *dream-thinking* (see 1.2) with (word-based) "psychological thinking". For this it is necessary to appreciate that sometimes the most therapeutically significant change and transformation occurs at a level of unconscious depth that can never and need not be fully understood (Vermote 2011)<sup>8</sup>.

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<sup>8</sup> There are other psychoanalytic perspectives that can help illuminate the nature of therapeutic change in *music psychotherapy* when this occurs at a level that does not involve the kind of psychological awareness and thinking (interpretation) with which Streeter is concerned (Lawes 2013). One is elaborated by Stern. This concerns change occurring at the level of *implicit relational knowing* (see 6. below) where again the therapist's use of "psychological thinking" (Streeter 1999b) may get in the way when a more immediate response is called for. This is most especially when certain decisive 'now moments' arise at which times the therapist's (defensive) attempts to interpret, and so avoid 'meeting' the client in the immediacy of the moment may mean that an important opportunity is missed when the client may have otherwise experienced psychotherapeutic change (Stern 2004, Garred 2004). Other perspectives come from Winnicott with his proposing that the act of playing with another in itself can be psychotherapeutic before and beyond what the play may or may not be about at a symbolic level (1971). Bollas' work too is important with his concept of the *transformational object* (Bollas 1987). The application of this to *music psychotherapy* has been explored by Stewart (Stewart 2002, 2004).

Because music is so complex and multi-faceted as therapeutic medium, in order to develop theory and practice in (psychoanalytically oriented) *music psychotherapy*, I believe it necessary not only to assimilate wide ranging perspectives in psychoanalytic thinking, but also to assimilate thinking from other disciplines such as musicology. Most especially, I believe there needs to be openness to learning from practitioners across the spectrum of practice in the wider *music therapy* field, including those who may think in sometimes very different ways about music and therapy (Ansdell 1999, Brown, 1999, Pavlicevic 1999). Thus in addition to drawing on the writing of those who adopt psychoanalytic thinking, I also draw on the work of music-centred practitioners<sup>9</sup> who, whilst they may not themselves find psychoanalytic thinking to be relevant to the way they work, nevertheless I regard as having an important contribution to make in understanding various core topics in (psychoanalytically oriented) *music psychotherapy* (Ansdell 1995, Aigen 2005, 2008, Garred 2004, Lee 1996, 2003).

## **1.2 Bion: Dreaming, Truth and O**

Amongst psychoanalytic writers, as well as referring to those with a special interest or experience in the creative arts, I draw most especially on the work of those who have developed the implications for theory and practice of Bion work's including the remarkable re-visioning of psychoanalysis in his later thinking (Meltzer & Harris Williams 1988, Ogden 1994, 2005, Grotstein 1997, 1999, 2000, 2007, Eigen 1998, Ferro 2005, De Cortinas 2009, Reiner 2009, 2012, Vermote 2011). This includes an understanding of the unconscious which embraces its more ineffable transpersonal dimensions. Because of the significance I consider this to have, I elaborate some of the central themes of Bion's work here, themes which underpin much of my text.

A central tenet of Bion's thinking, drawing principally here on Grotstein's elaboration of it in his seminal publication *A Beam of Intense Darkness: Wilfred Bion's Legacy to Psychoanalysis* (2007), is that the most essential psychological need of human beings is to experience *Truth*. This is not intellectual or scientific (factual, objective) truth. Rather it involves a person's being able to experience the subjective *Truth* of who he is in his everyday

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<sup>9</sup> Music-centred practitioners such as Aigen, Ansdell and Lee (who are Nordoff-Robbins trained) are more concerned with deriving theory and practice from the phenomenon of music itself than they are with the application of thinking from other disciplines such as psychoanalysis (Aigen 1999, Ansdell 1999). Aigen, nevertheless, characterises his work as being a music-centred form of *music psychotherapy* (Aigen 1999, Bruscia 1998a) (see 2. below).

life through being able to assimilate his emotional experiences. According to Bion, this depends on his being able to process them unconsciously through ‘dreaming’ them. This is not only at night but during the day as well. For it is an individual’s emotional experience that mediates and allows him to realize *Truth* at a personal level if it can be processed (dreamt) in a way that assimilates its full depth and complexity. That is if all the different, even conflicting feelings that together constitute the wholeness of an emotional experience can be brought together and integrated. An example would be being able to assimilate feelings of both love and hate felt at different times towards the same person. It is when such can be brought together and ‘harmonized’ that *Truth* is experienced of the type that according to Bion is the mind’s most essential nurturance (Grotstein 2007). This is personal *Truth* which at the same time resonates with the universal *Truths* of experiencing that we all live by (Ogden 2005).

A central insight of Bion’s is that such *Truths* in their ineffable essence are ultimately beyond anything that can be fully comprehended. Bion refers enigmatically to the ‘O’ of experiencing at this level which he associates with *Absolute Truth*, *Ultimate Reality*, the *thing-in-itself*, Milton’s ‘void and formless infinite’ and the *godhead*. With this concept of O, he thus introduces a transpersonal (spiritual) perspective into the heart of psychoanalytic thinking (Eigen 1998, Grotstein 2007)<sup>10</sup>. Indeed, his work suggests that contact with the numinous transcendent realm of O is absolutely fundamental to the development of the mind right from the beginning of life (Reiner 2009), mediated by dream level processes<sup>11</sup>.

Bion’s work gives a particular perspective with which to understand the psychological function, and therefore therapeutic potential of the creative arts. For the arts, which can be understood to operate essentially at the level of dream consciousness as I explore in the text, are uniquely suited to *containing* a sense of the wholeness, and thus the *Truth*, of human (emotional) experience in all its subtlety, depth and multi-layered complexity. Indeed, the creative arts can potentially resonate *Truth* at a depth that little else can. This as it is ‘dreamt’

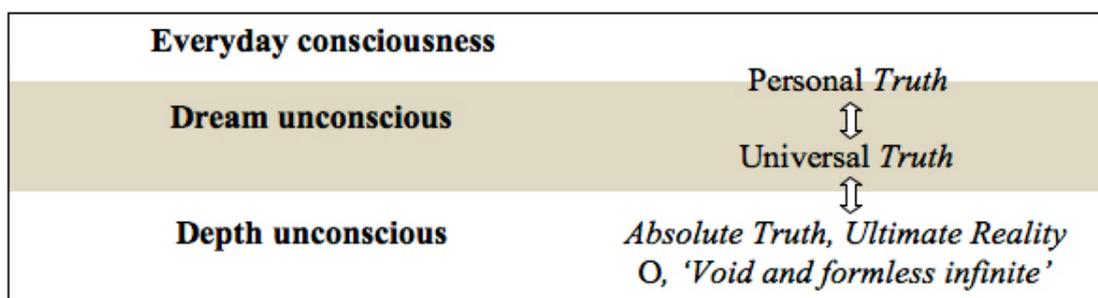
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<sup>10</sup> It should be clarified here that in using a term like *godhead*, Bion is not religious in the conventional sense. Most especially, he does not conform to any kind of religious ideology. Whilst he does consider the religious dimension of human experience to be very important and comments on its neglect in psychoanalysis, he is more interested in the mystical traditions of both East and West than with restrictive ideologies that may in fact inhibit the individual’s living out of an authentic sense of *Truth* (Reiner 2009).

<sup>11</sup> It can be suggested that one of the limitations in Streeter’s thinking (1999b) is that with her belief that the aim of therapy from a psychoanalytically oriented perspective is to make the unconscious conscious, she has too restricted an understanding of the unconscious mind. Thus she only seems to conceptualize the dynamically repressed unconscious, which Grotstein terms the secondary unconscious and not the (unrepressed) depth unconscious that never becomes conscious (Grotstein 1999, Vermote 2011).

which in *music psychotherapy* can involve the client's (and therapist's) involvement in both creative and receptive music experiences (dependent on the modality of practice). It is important to realize in this that Bion regards dreaming as being a type of thinking (that is of unconscious "psychological thinking") that can take place in many different sensory-based modalities including the musical. It is the most important type of thinking when it comes to assimilating and processing experience (emotion). Thinking involving words is "secondary thinking" or "after thinking" (Grotstein 2007).

When *Truth* is realized as a result of *dream-thinking* (without which it cannot be realized), an experience of meaning is generated that is at once personal and universal (Ogden 2005) and utterly ineffable in its ultimate transpersonal essence (O, *Absolute Truth*) (Figure 1)<sup>12</sup>.



**Figure 1.** Levels of (Emotional) *Truth* (after Bion)

It can be proposed that without being able to experience *Truth* in this sense, the individual is starved of being able to experience his life to be meaningful in any way that really satisfies at depth. Music can have an important role to play in mediating this both within and beyond the therapy room.

Whilst this very brief summary can hardly do justice to the full richness of Bion's thinking which is indeed very complex, the ideas that I have drawn out here - of music's functioning to *contain* experience at the level of dream consciousness and to mediate *Truth* (and thus a sense of meaning) at depth - are core themes that underlie my text.

<sup>12</sup> Experiences of O (*Truth*) can be understood to be those of the "implicate order of the universe" as elaborated by Bruscia (Bruscia and Stige 2000: 85-88, Wigram et al. 2002: 38), though this cannot be explored in detail here.

### 1.3 The Spectrum of Consciousness

In addition to drawing on psychoanalytic perspectives, I have also been much influenced by Wilber's *Integral Psychology* (2000) in approaching the complex multi-faceted nature of music experiences and in thinking about the different perspectives as are needed to understand them in any sort of a complete way. Indeed, it has been proposed by Bonde that Wilber's model could potentially provide a meta-theoretical framework for *music therapy* (Bonde 2001, 2011). An important tenet of Wilber's thinking is that any psychological therapy that is to be adequate to *Reality* needs in its theory and methodology to acknowledge the full spectrum of human consciousness (Wilber 2001). That is not only what might be termed the psychodynamic unconscious but also the transpersonal dimensions of consciousness which are ultimately formless and infinite as Bion too proposes (the numinous transcendent realm of O)<sup>13</sup>.

Both Wilber and Bion have been influenced by the mystic traditions of religion in thinking about these more ineffable transpersonal dimensions of human consciousness. Wilber in particular refers to the spectrum of consciousness identified in the perennial philosophy (the common core of wisdom found in the world's great spiritual traditions). Though this has been elaborated in many different ways, in its most basic form it consists of waking consciousness, dream consciousness, and consciousness at the level of deep dreamless sleep (the 'void and formless infinite'). Transpersonal experiences occur when consciousness at these deeper levels is opened to 'awake' which, for example, is the ultimate goal of yoga and meditation practices (Wilber 2000).

I draw on this same spectrum of levels of consciousness in order to provide a framework within which to place the many different perspectives I present. That is to help the reader assimilate them together into the complex, multi-faceted whole I propose they are. In elaborating this I refer to the work of Campbell who highlights one text in particular - the *Mandukya Upanishad* - that can be used as a basis for understanding the meaning of symbolic/art forms at each level of consciousness (Campbell 1968). Drawing on Campbell's reading of this text, I explore how music can not only be given meaning on each level in innumerable different ways, but more than this is simultaneously meaningful on all three levels of consciousness at once, as well as being ultimately transcendent of meaning all together.

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<sup>13</sup> See footnote 11.

#### 1.4 Many Truths

This gives music an experiential meaning that is multi-layered and complex including in the therapeutic domain. Difficulties and misunderstandings arise when in focusing on one aspect to clarify matters, the significance of other aspects is underplayed or ignored. The reader, I believe, needs to bear this in mind in reading any text on *music therapy*<sup>14</sup>. The problem is, as Wilber suggests, that any one perspective may well be complete in its own terms, but when its truths are asserted in a way that denies or ignores other perspectives, they becomes false. Any one perspective can only be relatively true or useful. There are always other contexts or perspectives of meaning: in fact contexts within contexts endlessly according to Wilber (Wilber 2001: 102).

It is with such thinking at the back of my mind that I present such a wide ranging set of perspectives, not that I consider them all to be useful in all circumstances, but rather potentially useful in thinking about and helping promote the client's music experience for therapeutic benefit. Thus, in utilising the different perspectives in clinical work, my own experience is that at any one time one or more perspectives may be figural in my conscious awareness. Other perspectives may be present at a more background (unconscious) level of awareness but come to the foreground at other times. Importantly, in this I often find it necessary to simultaneously hold in mind quite contrasting perspectives.

This relates to the way that whilst I endeavour in the text to relate and integrate the different perspectives I present with one another, at the same time my approach is a pluralistic one in which the whole comprises much diversity. Thus I present each perspective employing the terms and concepts of the original texts I draw on, where the underlying assumptions and focus may be quite different in each case. I do not attempt to over smooth out differences which reflect the way that music itself is an irreducibly complex and multi-faceted phenomena as I understand it. Its meaning and therapeutic significance cannot be fully grasped with recourse to a single perspective. That is if it is to be approached in any sort of a complete way. In fact, even the entire set of perspectives I present is only one amongst potentially limitless numbers of others. Such is the nature of *Reality*, *Truth* and meaning as I understand it.

Because my underlying aim is to bring together and inter-relate many different perspectives there is only space to elaborate each one relatively briefly. This means that

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<sup>14</sup> I believe that this is the difficulty with Streeter's text (1999b) commented on by those who responded directly to it (Aigan 1999, Ansdell 1999, Brown, 1999, Pavlicevic 1999). See also Bruscia & Stige 2000: 91.

clinical examples cannot be included. I also believe it important not to over fill out theoretical ideas which refer to therapeutic and musical experiences that are in their essence ineffable and beyond what can be captured in words or illustrated by audio or video examples. Rather my hope is that the reader will find his own evolving ‘living’ meaning grounded in his clinical practice (if he is a therapist) as well as his personal music experiences. This reflects the way that in my own case, whilst working on the text, I have drawn on my clinical practice, continually moving between it and the writing. At a more personal level the text is rooted in a formative therapeutic music experience of my own and my life long quest to understand it (in as much as this is possible) and make use of it as clinician (Lawes 2001, 2003).

### **1.5 Structure of the Article**

In this article, and the ones that I propose will follow it, topics are introduced in an order that links to a gradual deepening of the level of consciousness at which musical meaning can be considered to resonate experientially. The reader will note that many topics interlink and that various core themes reoccur to be integrated with others and be further elaborated as I proceed. Visual figures are incorporated throughout the text to help orient the reader by linking the different ideas and perspectives together and also locate them within the larger framework of levels of consciousness.

After introducing this framework and integrating it with Bion’s re-visioning of the psychoanalytic paradigm, I begin my elaboration of the therapeutic nature and meaning of music at the different levels of consciousness. After focusing briefly on its meaning at the level of waking conscious awareness I move on to explore its meaning at the level of dream which is my main concern in the article. As already intimated, it can be proposed that music essentially operates at this level of consciousness. As a result of the ‘work’ it does at this level, the client’s inner (unconscious) world is transformed, and consequently his waking conscious state, in therapeutically significant ways.

One of the most important things to grasp about dream consciousness is that things that are experienced to be separate, even opposite at the level of everyday waking consciousness, are at the level of dream experienced to be simultaneously ‘one’ and separate. For example self and other, or self and music. I explore this in relation to *intersubjectivity* which has to do with the dynamics of connection generated between client and therapist, between client and music, and between client and therapist in the music. The situation is a complex one, because,

along with unconscious processes operative at the level of dream, it is necessary also to take account of processes occurring in the domain of *implicit relational knowing* as described by Stern. Processes operative at this level, as I explain, are *non-conscious* rather than unconscious (Stern 2004). I therefore differentiate two different aspects or levels of *intersubjectivity*, which can in fact be understood to operate in interplay with one another (Grotstein 2007).

Stern's perspective on *intersubjectivity*, rooted in his research in the field of mother-infant interaction, has been highly influential in *music psychotherapy* (Pavlicevic 1997, Smeijsters 2005). To it I believe the psychoanalytic perspectives I introduce, focused on *intersubjective* process operative at the level of dream, can usefully be added<sup>15</sup>. In the current article I begin an elaboration of these by turning to Ogden's work on the *analytic third*. In this Ogden is concerned with an area of unconscious subjectivity generated between client and therapist that in improvisation based *music psychotherapy* can be understood to be 'sounded' directly by the therapeutic dyad as they create music together. I consider how health, in terms of music based relating, can be understood to involve the maintaining of a creative interplay between being 'one' and being separate in the music. This has particular implications in understanding the therapeutic task.

Finally I turn to briefly consider the nature of transpersonal music experiences which are those of being 'one' at a deeper level.

Amongst the different areas of practice in *music therapy*, my text with its focus on *unconscious* processes and the way that music is *containing* of experience at the level of dream, is most relevant to the practice of *music psychotherapy*. I begin therefore by clarifying the nature of this area of practice drawing on Bruscia's elaboration of it. For simplicity of exposition, both client and therapist are referred to in the male gender throughout.

## 2. Music Psychotherapy

In *Defining Music Therapy* (1998a) Bruscia, having surveyed the spectrum of *music therapy* taking place around the world, identified six core areas of practice: the didactic (educational), medical, healing, *psychotherapeutic*, recreational and ecological.

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<sup>15</sup> They also I believe compliment existing perspectives on *intersubjectivity* in *music psychotherapy* understood in terms the dynamics of transference and counter-transference as elaborated by Streeter and others (Streeter 1999a, 1999b, Hadley 2003, Priestley 1994, Bruscia 1998b, Pedersen 2006).

As far as the *psychotherapeutic* is concerned, with which I am principally concerned, Bruscia characterises this as involving work where the aim, through individual or group therapy, is to help clients find meaning and fulfilment. Specific goals may relate to work on emotions, self-expression, greater self-awareness, the resolution of inner conflicts, improved interpersonal skills, the development of healthy relationships, deeper insight, the healing of emotional traumas, self-contentment and spiritual development (Bruscia 1998a: 161, 214).

There are many different types of *music psychotherapy* with the work potentially involving *music as psychotherapy* as well as *music in psychotherapy*. This could be at different times during a single session or at different stages of the psychotherapeutic process. In *music as psychotherapy*, the work is done entirely through the music with verbal discourse, if it is engaged in at all, only being employed in a secondary role to help promote and enhance the music experience and its relevance to the client and the therapy process. In *music in psychotherapy* the work is generally done equally musically and verbally, either alternately or simultaneously, with music being used for its unique nonverbal advantages, and words used to enhance insight (Bruscia 1998a, 1998b). Work in other creative modalities may also feature.

Whilst my own clinical practice involves both *music as* and *in psychotherapy*, my essential concern in this article is with a psychoanalytically informed understanding of *music as psychotherapy*. That is with an understanding of music promoting therapeutic change in, of, and by itself (at its own level). Whilst change may also be precipitated in other ways, for example in the context of verbal discussion when this takes place before or after the music experience (*music in psychotherapy*), it is not with this that I am concerned in this text<sup>16</sup>.

As far as theoretical underpinning is concerned, according to Bruscia the orientations most commonly found in *music psychotherapy* are psychodynamic (psychoanalytic), existential-humanistic, gestalt, cognitive and behavioural, each having many variations (Bruscia 1998). The current text integrates developmental and transpersonal perspectives with its core psychoanalytic one.

Whatever the theoretical underpinning, the focus in *music psychotherapy* is on the client's psyche and on promoting psychological change. In this, the relational (or

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<sup>16</sup> The reader is referred to Streeter's articles already referenced (1999a, 1999b) as well as *Psychodynamic Music Therapy: Case Studies* (Hadley 2003), *Essays on Analytical Music Therapy* (Priestley 1994) and *The Dynamics of Music Psychotherapy* (Bruscia 1998b) for a broader understanding of theory and practice in psychoanalytically oriented work involving *music in psychotherapy* as well as *music as psychotherapy*.

*intersubjective*) dimension of the work is considered to be of fundamental importance (Bruscia 1998a). This is both the client's relationship with the music and, (depending on the therapist's theoretical orientation and the method being employed,) the client's relationship with the therapist in and around the musical process. Thus *intersubjectivity* is core theme of my text. As far as the therapist's involvement in the process is concerned, this is likely to be at what Rowan and Jacob's term the *authentic* level (Rowan and Jacobs 2002). Whilst a therapist utilizing techniques at the *instrumental* level learns to adopt a therapeutic persona, almost a kind of *false self* (Rowan and Jacobs 2002: 27, 29), to methodically apply the therapeutic procedures he has been taught, at the *authentic* level the therapist needs to be involved at a more personal level in the process. The psyche of the therapist is fully engaged in the therapeutic relationship and the therapist is trained to use all that he is in the service of the work. In a sense the therapist is the therapy on offer more than the method and techniques being used. In other words his personality, which includes his way of being as a musician, is arguably "the key tool in the work" (Stewart 2000: 23). The training of the *music psychotherapist*, whilst it inevitably involves learning the *instrumental* aspects of being a therapist, at its heart involves learning to work at the *authentic* level whatever the theoretical orientation. This is why therapists are required to have personal therapy, for example (which may include music and/or verbal therapy), and why it is required that not only do they have the highest level of musical skills but that music is of central importance in their own lives. As well as using the *authentic self*, the *music psychotherapist* may also use what Rowan and Jacobs term the *transpersonal self* (2002) as I allude to at various points.

Amongst the different types of *music psychotherapy*, I refer mostly to improvisation based work where client and therapist spontaneously create music together, and the *Bonny Method of Guided Imagery and Music* (from this point on referred to as GIM), a receptive method. These are the approaches I am trained in and practice myself. The reader unfamiliar with the basic tenets of either form of practice is referred elsewhere for more detailed information than it is possible to provide in this text (such as can be found in Wigram, Pedersen & Bonde 2002).

### 3. AUM

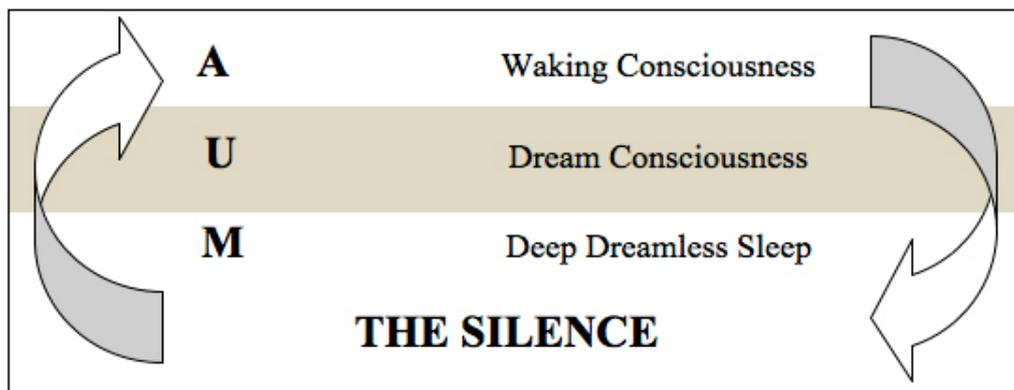
The next topic is the framework of levels of consciousness within which I place the many different perspectives that I drawn on to understand music's psychological function and related to this its meaning in *music psychotherapy*.

At the end of the last volume of his monumental opus 'The Masks of God' (1968), and in other important essays (1990, 2007), Joseph Campbell, the American mythologist, writer and lecturer, refers to an ancient Hindu scripture, the *Mandukya Upanishad*. The text elaborates on the mystic syllable AUM<sup>17</sup>, Campbell basing his understanding of the meaning of art forms at different levels of consciousness on it. AUM is described as the 'imperishable sound' of the universe and everything that exists in space and time is a manifestation of it. It is said that words are fragments of AUM, although AUM itself cannot be 'heard' in the everyday sense of the word. It is the *soundless sound* of the energy of the universe, antecedent to everything but of which everything is a manifestation. It is the irreducible mysterious essence of the being and becoming of the cosmos at large, and also of our own individual sense of being - Bion's O (Grotstein 1997, 2007, Reiner 2009). Beyond the reach of scientific investigation (because beyond space and time and what can be perceived by the senses) it can only be apprehended through an inward orientation of consciousness (intuition) (Campbell 2007). It is 'the sound of one hand clapping' in the Zen Buddhist tradition.

AUM has four elements. A denotes outward-turned waking consciousness (what has become), U inward-turned dream consciousness (what is becoming) and M deep dreamless sleep (what will become). The fourth element is the SILENCE out of which AUM emerges, back into which it goes, and which supports it as its transcendent ground (Figure 2).

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<sup>17</sup> This is sometimes spelt OM, but can also be spelt AUM since the Sanskrit O is interpreted as an amalgam of A and U (Campbell 2007: 211).



**Figure 2. AUM (Mandukya Upanishad)**

In this model, Dream Consciousness serves as a channel of communication between the level of Deep Sleep and that of Waking Consciousness. Deep sleep is alluded to in the following way:

Here a sleeper . . . is an undifferentiated mass of consciousness, consisting of bliss and feeding on bliss, his only mouth being spirit. He is here ‘The Knower’: the Lord of All, the Omniscient, the Indwelling Controller, the Source or Generative Womb of All: the Beginning and End of Beings (translated by Campbell 1968: 656)

The reader needs to be aware, in reading a text of this type, that the religious/spiritual reference should be read as being to psychological experience where this is understood to encompass the transpersonal dimensions of consciousness (Campbell 1968, Wilber 2000). Thus the Upanishad is suggesting (according to Campbell) that human psychological experience is continuously creating itself out of its *ground of being* at the level of deep dreamless sleep - out of the *Generative Womb* - spontaneously arising moment by moment and evolving through dream to waking consciousness (and then disappearing back down to the level of deep dreamless sleep again) (Campbell 1968).

### **3.1 THE SILENCE of AUM: Reality-Beyond-Meaning**

Art forms (like religions/mythic symbols) are essentially operative at the level of dream and as Campbell points out, allow us to enter this sphere awake, potentially opening us to

transpersonal awareness if our state of consciousness deepens and expands sufficiently<sup>18</sup> (Campbell 1968). Their meaning is not restricted to this level, however, and they can be given many different meanings at each level of consciousness. In fact, the arts can be understood to have meaning on all three levels at once, whilst at the same time they point beyond the reach of meaning altogether. Thus Campbell sees the most important function of art being:

. . . to render a *sense of existence*, not an *assurance of some meaning* . . . that sense of existence - of spontaneous and willing arising - which is the first and deepest characteristic of being, and which it is the province of art to waken. (Campbell 1990: 188)

The arts ultimately have no referential meaning. Their most essential function is to awaken the individual to the *reality-beyond-meaning* which is the ineffable essence of life itself. This ultimately is to reveal through their temporal forms a radiance of the supporting SILENCE of AUM beyond even consciousness at the level of deep dreamless sleep (Campbell 2007). This is consciousness transcendent, utterly beyond the reach of words and concepts, beyond space and time. The Upanishad (typical of texts of its type) uses paradox and alludes to it through the negation of attributes. Thus it is:

. . . neither inward- nor outward-turned consciousness, nor the two together; not an undifferentiated mass of a dormant omniscience; neither knowing nor unknowing - because invisible, ineffable, intangible, devoid of characteristics, inconceivable, undefinable, its sole essence being the assurance of its own Self: the coming to peaceful rest of all differentiated, relative existence: utterly quiet: peaceful-blissful: without a second: the Self, to be known.  
(translated by Campbell 1968: 666)

### 3.2 Integrating the Upanishad with Bion's Understanding of Dreaming

This framework of levels of consciousness with dream consciousness mediating between deep dreamless sleep and waking conscious awareness can be integrated with Bion's re-visioning of the psychoanalytic paradigm. Thus as discussed in the introduction, Bion's work suggests that contact with the numinous transcendent realm of O, with *Absolute Truth* or *Ultimate Reality*, is fundamental to the development of the mind (Reiner 2009) (see 1.2 above). Indeed,

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<sup>18</sup> Wilber notes that often the transpersonal is associated with higher levels of development and of consciousness. Yet at the same time attaining these higher levels involves a greater depth of experiencing. Metaphors relating to height and depth each emphasize something different about states of consciousness that transcend the limitations of any particular way of conceptualizing them (Wilber 2000: 110).

it is the necessary foundation for the development of an authentic sense of self right from the beginning of life<sup>19</sup>. Whilst in its transcendent essence (at the level of THE SILENCE of AUM), O is beyond sensually based reality, and therefore utterly beyond what we can know and understand in any ordinary way, yet at the same time it is the ineffable essence of everyday (emotional) experiencing - its *Absolute Truth*.

Grotstein suggests that O confronts us in everyday life at two different levels which are brought together when (and if) we are able to process (dream) our experience. Firstly O is the raw emotional impact of our interpersonal encounters in everyday life, which is infinite and mentally unpalatable if it cannot be dreamt<sup>20</sup>. Secondly O lies imminent within at the level of deep dreamless sleep where it can be associated with the Jungian archetypes<sup>21</sup>. Grotstein describes O in this aspect in terms of inherent as well as acquired formatting structures present deep within our unconscious mind that await (even push the individual towards) specific experiences in the world to be realized (incarnated) (Grotstein 2007).

Thus Grotstein proposes that dreaming involves these deep structures acting as formatting templates for processing the raw impact of everyday living at an emotional level. Such a process is 'sounded' in improvisation based *music psychotherapy*, through the therapist (unconsciously in his 'dreaming' of the session - see below) selecting specific elements of *musical form* or a particular musical idiom to help shape a client's chaotic and disorganized (formless) musical expression, thus *containing* it musically (giving it form) so as to make it psychologically and emotionally resonant for the client as it would not otherwise be.

It is thus that dreaming that brings the two dimensions of O together, allowing *Truth* to be realized in a personally meaningful and palatable way. It is through experiences of (personal, finite) *Truth* that incarnate (impersonal, infinite) *Absolute Truth* in this way that the mind receives the essential nurturance it needs to develop as the individual dreams himself

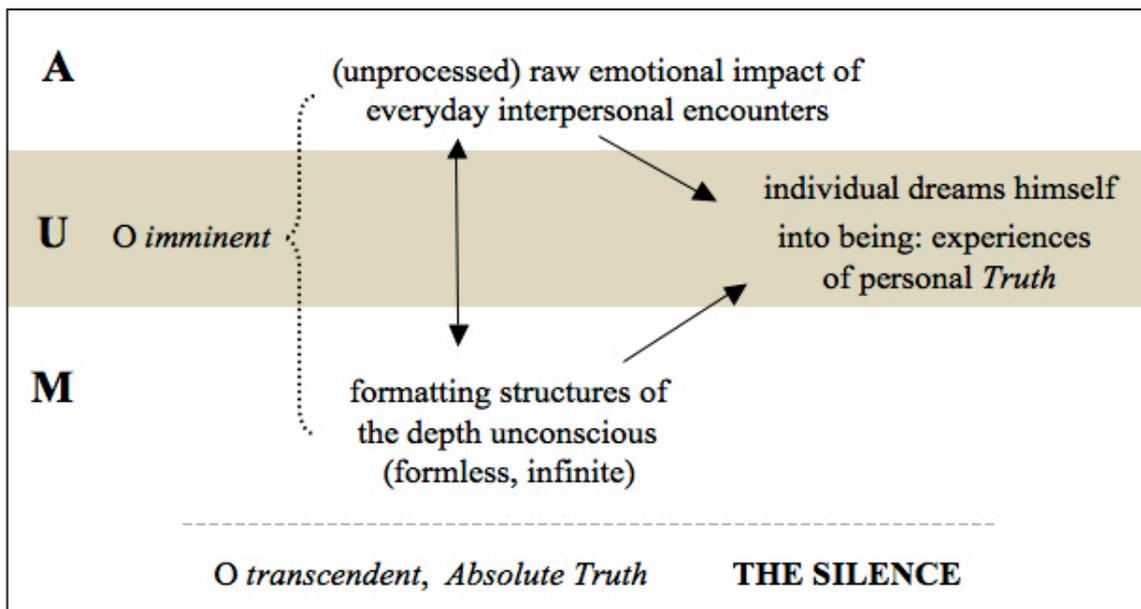
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<sup>19</sup> That is for the emergence of the *true self* out of formless experiencing as Winnicott elaborates it (Winnicott 1960, 1971).

<sup>20</sup> Bion uses the term *β-elements* to refer the raw sensory stimulation of unprocessed emotional experience (Grotstein 2007).

<sup>21</sup> Bion refers to pre- conceptions, myths, memoirs of the future and thoughts-without-a-thinker (discussed in Grotstein 2007).

into being (Ogden 2005). O, *Truth* becomes (relatively, provisionally) knowable through its sensory-based realization as dream narrative<sup>22</sup> (Figure 3).



**Figure 3.** Realization of Personal *Truth*: the individual dreams himself into being (after Bion, Grotstein and Ogden).

Indeed, without functional dream level processes the mind cannot develop at all. It is dreaming that most essentially can be understood to create and maintain the structure of the mind. It does this by differentiating, and at the same time allowing there to be a mediated conversation between its conscious (finite) and unconscious (infinite) dimensions (Ogden 2005, Grotstein 2007). Dreaming creates a “vent in the shield” (Grotstein 2000: 32) that separates our everyday mind (waking conscious awareness) from the infinite realm of our inner comic vastness. Only by keeping our conscious and unconscious worlds separate, yet also connected, can we participate successfully in life, process our ongoing experiences and at the same time remain engaged with reality at an everyday waking level without being flooded by the unconscious. Only through dreaming can we maintain our sanity and be nurtured by contact with unconscious depth (*Truth*, O).

<sup>22</sup> This is in fact an extremely complex topic that I have only partially sketched here. I intend in other articles in the series to explore the process in further detail in relation to music based dreaming through which *Truth* can be realized experientially.

Yet an innate human difficulty is that we are all limited to some degree in our capacity to assimilate (dream) *Truth* (O). That is to process the impact of life on us moment by moment and keep up with the way things are always changing and evolving (Eigen 1998). Indeed, the essential task of *psychotherapy* can be understood in relation to this. This is where the client either lacks or has an undeveloped capacity for unconscious dream level processing, or where it has been overwhelmed so that he cannot dream his experience without help, as is most obviously the case with traumatic experience that remains unprocessed (Grotstein 2000, Ferro 2005, Ogden 2005).

The therapist's task is, through participating in dreaming the client's experience with him in the session, to help the client to dream himself more fully into being where he cannot manage this alone (Ogden 2005). In as much as this can be done, it will become more possible for him to experience life as a process of being and becoming that feels *Real* and *True* (authentic) and therefore meaningful at depth. This is to experience the unconscious to be not simply the "seething cauldron" of Freud, but ultimately a realm of infinite creative potentiality as well as ineffability:

Bion was a psychoanalytic cosmologist in so far as he valued the vastness and infinite resourcefulness of the unconscious, which he was ultimately to rename "infinity". His aim was to acquaint man with the awesomeness and wonder, rather than dread, of the ineffable Otherness within and beyond him and to lead him to respect the truths that constantly evolve from it. Bion's analytic stance is to encourage man to allow himself to become incarnated by his ineffable, infinite reservoir of cosmic being (Grotstein 2007: 52).

### **3.3 Silent Music**

When the individual can allow this to happen (it can never be willed consciously) form emerges out of the formlessness at the level of deep dreamless sleep (and THE SILENCE which is its transcendent aspect) and becomes elaborated at the level of dream, music being a specific modality through which this can happen as I explore in my text (and in those that I intend will follow this one) from many different perspectives. This includes exploring how the therapist needs to participate with the client in the process (Ogden 2005).

But always before, between, during and after the notes heard in the ordinary sense of the word, is the 'music behind the music'. This is the SILENCE of AUM. To be able to 'hear' (intuit) this is to be opened to the spiritual dimension of existence (Campbell 2007). Indeed, the music we hear in the everyday sense is ultimately a resonance of this ineffable silent

essence of what *is* and can orient us towards it nurturing us with a taste of that which is ultimately *Real* and *True*. Music can be given all sorts of referential and other types of meaning but ultimately propels us beyond the sphere of meaning altogether at this level.

Whilst this might be thought of as a quasi-mystical perspective with little relevance to everyday clinical work, I believe that this is far from being the case. Thus whilst the music created or listened to in therapy can be understood to be clinically meaningful in many different ways (each of which is inevitably limited and provisional but has its own implication for practice), ultimately music has a kind of meaningless meaning (or an infinite, transcendent meaning) that simply affirms life and existence just as it is. Indeed music, because of the way it evolves in the temporal dimension, can be intimated to be a very direct manifestation of that “sense of existence - of spontaneous and willing arising - which is the first and deepest characteristic of being” to which Campbell refers (Campbell 1990: 188). It can resonate with a sense of what is *Real* and *True*, that is highly personal and intimate, yet rooted in the universal and ultimately transpersonal dimensions of consciousness, beyond knowing. It is this that at the deepest level gives music experiences in the therapeutic setting their value and significance and allows them to be so potentially nurturing and healing (Lawes 2001, 2003).

It should be added here that whilst it can be proposed that the meaning of music is difficult to put into words because of the way music is rooted in and directly evocative of the sensory-based non-verbal modalities of relating and experiencing as are central to the developmental process at the beginning of life (see 4.1, 6.1 below), what I am referring to here as music’s ineffable essence concerns its resonance of a transpersonal realm of consciousness that is not only before and beyond words but is also not sensory based (Grotstein 2007, Reiner 2009, Vermote 2011). It is transcendent of experience in any ordinary everyday sense. Yet through music, the transcendent can paradoxically be experienced to be imminent within the everyday. That is when we begin to ‘hear’ the *silent music* hidden within and beyond the notes that are actually sounded.

#### **4. Music and Waking Consciousness**

I turn now to the meaning of the *music in and as psychotherapy* (see 2. above) in relation to these same levels of consciousness.

The first level is that of waking consciousness which is the realm where everyday language functions most naturally. The words that we use to describe experience at this level

are symbolic and give us the possibility of being specific about what we mean in consensually agreed ways. One of the ways in which music can be understood to have a symbolic meaning comes about as a result of the use of words to explain its meaning at this level. For example, I may say that a piece of music expresses how I feel about someone. At the level of waking consciousness, that someone will be another person who is experienced to be separate from myself. Subject and object are separate at this level of experiencing.

Of course, I may identify a categorical feeling state like love, sadness or anger that encapsulates my feeling expressed in the music about this other person. In this way, music assumes a fixed symbolic meaning at a particular time and in particular circumstances. Words have the characteristic of fixing meaning in this kind of a way which means that others can understand what I mean even if they experience the music differently.

#### 4.1 Musical and Verbal Meaning

The experiential meaning of the music, the way I actually experience it as it evolves through time will, however, be of quite a different order. Such experiential meaning is not symbolic, fixed or communicable in the same way that verbal meaning is<sup>23</sup>. Music does not describe experience as words do, which is essentially indirectly and distant from experienced as lived, there being no formal similarity between the word and what it represents. What a word means is agreed by convention. Music, on the other hand, emerges directly out of the contours, shapes and textures of lived experience (involving *forms of vitality* - see 6. below). Whilst music does not have the same type of conventionally agreed meaning as the word, it much more closely portrays the actual forms of lived experience (Wright 2009). As Langer puts it, “because the forms of human feeling are much more congruent with musical forms than with the forms of language, music can *reveal* the nature of feelings with a detail and truth that language cannot approach” (Langer 1942: 235). Thus words enable us to talk about and comprehend experience in a way that has many advantages but words cannot ‘tell’ us what experience is actually like in quite the same way that music can<sup>24</sup>. Everyday language is not at

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<sup>23</sup> Words are generally symbolic in a discursive sense - associated with logic, rationality and left brain functioning. Music can be considered to be symbolically meaningful in the analogic domain associated with right brain functioning and intuition. *Analogic symbolization* involves non-verbal representations of experiences - dream images and narratives for example - that can hold together a deeper sense of the multi-dimensional complexity, even ambiguity of what is experienced in its wholeness (Korlin 2002).

<sup>24</sup> There is, of course, a ‘musical’ (or *protomusical* - see footnote 34) dimension to the spoken word. This is an individual’s *tone of voice* through which he directly communicates the felt quality of his lived experience drawing on his and his listener’s inherent capacity for *communicative musicality* (Malloch and Trevarthen 2000,

all suited to capturing the vitality, complexity and multi-faceted wholeness of lived experience (its *Truth*), always in a state of becoming, always flowing onwards and evolving. Music can do this and ‘tells’ us about the very *beingness* of our experience in a directly evocative rather than indirectly descriptive manner (Wright 2009).

Taking a developmental perspective, Stern writes about language, when it begins to be acquired during the second year of life, being a “double edged sword” (Stern 1985/2000: 162). Thus whilst it brings many new possibilities in terms of being able to communicate and share experience, it can only very partially embrace experience in the non-verbal domain. That is experiences of self, of interpersonal relating and of the world at a level as have not only been central in the infant’s experiencing and development up until this point, but will continue to be very important throughout the life span.

Stern refers especially to the global, amodal flux of experiencing at a non-verbal level that language struggles to capture. He describes the infant having a “highly flexible and omni-dimensional perspective” (Stern 1985/2000: 176) as he takes in a complex web of perceptual qualities often through several different sensory channels at the same time. It is language that later separates out specific aspects of this amodal flux, classifying them in terms of sensory modality: eg “look at the colour of that car - listen to the sound of that train”.

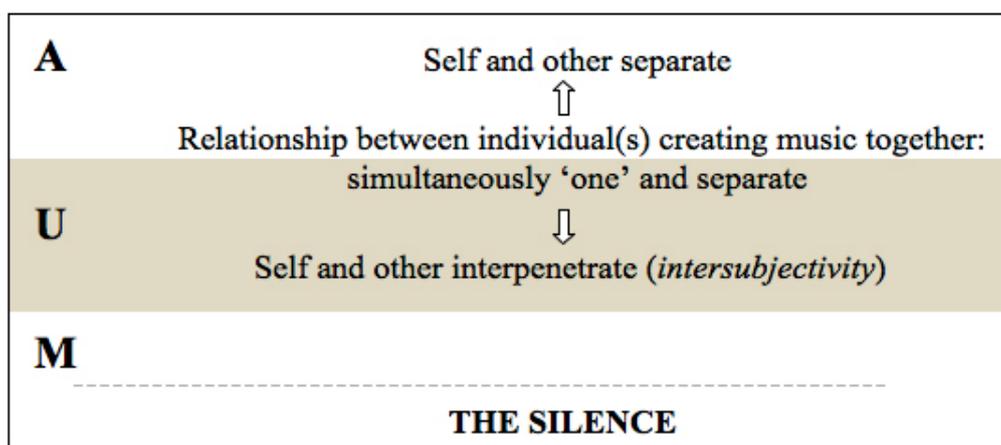
Whilst this has many advantages and tends to become the “official version” of what is experienced (Stern 1985/2000: 176), by classifying and consequently isolating specific elements of it, everyday language at best fractures, if not sends completely underground, the global flux of experiencing as it is actually perceived and taken in. Words tend at best to misrepresent it so it remains poorly understood. A wedge is created between experience as lived (in its wholeness) and as represented verbally. In the ‘space’ between the two, pathology can develop especially when, whether for reasons of nature or nurture, the infant’s experience of self was insufficiently well *contained* at a non-verbal level. Hence the need for non-verbal art forms like music in both culture and in therapy to bridge the gap (Stern 1985/2000). That is to *contain* a sense of the vitality, complexity and multi-faceted wholeness of lived experience evolving moment-by-moment at a non-verbal level as everyday language is so distanced from.

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2009) - see 6.1 below. Poetry also often emphasises the musical dimension of the spoken word and in fact can be considered to be an art form operative at the level of dream just as is music, resonant (*containing*) of lived (felt) experience at a deeper level than is everyday language.

### 5. Being One, Being Separate: Music, Intersubjectivity and Dream Consciousness.

It can be suggested that music's capacity to *contain* experience in this sense results from its operating essentially at the level of dream. In other words, music affects our waking conscious state through the work it does at this deeper level, allowing us to apprehend the *beingness* of our experience, influencing our mood, and so on. More than this, music can potentially take us into the realm of dream awake (Campbell, 1968), into a realm of experiencing in which the differentiation between subject and object is no longer so absolute as it is experienced to be at the level of everyday waking consciousness. This brings me to consider the nature of relationship at this level, focusing to begin with on improvisation based *music psychotherapy*<sup>25</sup>, where the music itself 'sounds' the dynamics of a relationship in which the participants can be considered to be simultaneously 'one' and separate (Figure 4).

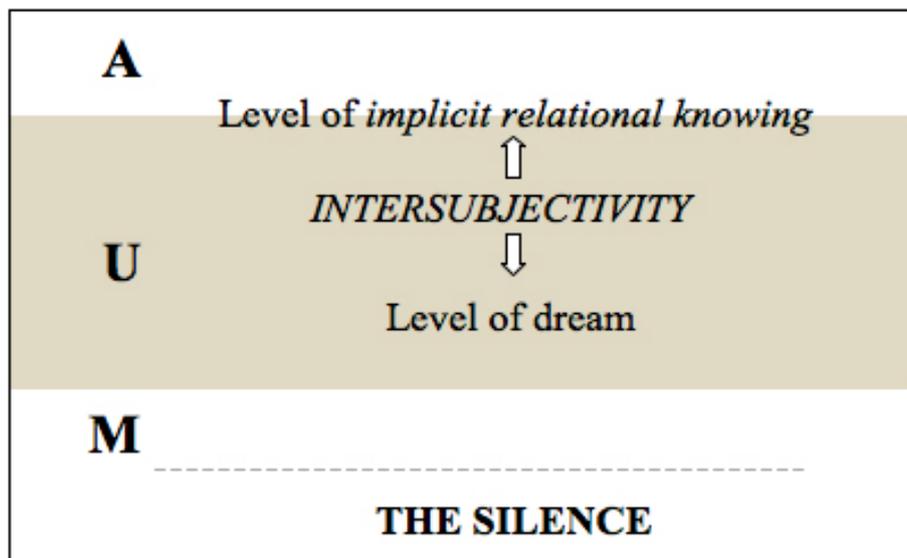


**Figure 4. Dynamics of relationship at the level of dream**

The situation is complicated by the fact that in this it is necessary to differentiate unconscious interactive processes (*intersubjectivity*) occurring at the level of dream from *intersubjective* processes occurring at the level *implicit relational knowing* as Stern terms it which are *non-conscious* (2004). I find it necessary to take both of these types of, or aspects of, *intersubjectivity* into account to fully understand the nature and therapeutic potential of the music in improvisation-based work. Indeed, it has been proposed that the two in fact work in interplay (Grotstein 2007). They can be understood as being externally and internally oriented

<sup>25</sup> In this client and therapist create improvised music together typically using tuned and untuned percussion instruments, voice, piano and possibly other instruments as well.

aspects of the same process through which lived experience is shared, communicated and processed in the interpersonal sphere (Figure 5).



**Figure 5.** Two aspects of *intersubjectivity*

## 6. Implicit Relational Knowing.

*Implicit relational knowing* is a type of relationally oriented ‘knowing’ of others and being ‘known’ by them that is non-verbal. Our ways of being and relating at this level are *non-conscious* rather than unconscious. By this Stern means that they are not defensively barred from entering conscious awareness as is the content of the dynamic unconscious (in the way he understands it that is, which is arguably too limited, certainly in comparison with the understanding I am drawing on in this text based in Bion’s re-visioning of psychoanalysis to include, for example, the transpersonal dimensions of consciousness<sup>26</sup>). *Non-conscious* experience is not repressed or hidden like this. It does not generally enter conscious awareness because it does not need to.

In everyday life, we interact with, and ‘know’ others at this level through ‘reading’ the *forms of vitality*<sup>27</sup> (Stern 2010) - the dynamic contours of timing, intensity and shape<sup>28</sup> -

<sup>26</sup> See also footnote 11.

<sup>27</sup> Stern formally used the term *vitality affects* (1985/2000, 2004). *Forms of vitality* is his more recent term (2010).

<sup>28</sup> This is the way Stern described *vitality affects* (1985/2000, 2004) as has been developed in the *music therapy* literature (Pavlicevic 1997, Smeijsters 2005). More recently, elaborating his new term *forms of vitality*, he

present in the ‘music’ of their speech, in their body movement, gesture and facial expression. These *forms of vitality* reflect the person’s way of *being-in-the-world* and can be associated with qualities of, for example, surging, accelerating, gliding, fading, halting, and so on<sup>29</sup>. Our capacity to ‘read’ another person in terms of such qualities, which is our capacity for *intersubjectivity* or *affect attunement* (Stern 1985/2000) at this level involves our coming to experience something of what it is like to be in the other person’s skin as well as in our own (Stern 2004).

### 6.1 Developmental Origins

Stern describes *intersubjectivity* as this is established developmentally between mother and infant, involving at the start experiences of being ‘one with’ or *self-resonating-with-another* (Stern 1985/2000: xxi). This is *primary intersubjectivity* featuring especially imitative dialogues and mirroring in which the mother is in synchrony with the timing of her infant’s movements. Importantly Stern maintains that separateness<sup>30</sup> is never completely swept away by the ‘oneness’ experienced at such times. The overlapping of self and other is partial not absolute<sup>31</sup>. Furthermore, interaction based on imitation in the early months does not simply involve repetition back and forth. Rather mothers constantly introduce modifying imitations or provide a “theme-and-variation format” (Stern 1985/2000: 139) with slight changes in their contribution at each dialogic turn. It is apparent that from very early on (around 3 months old) this type of response is of more interest to an infant than exact imitations (Stern 1985/2000, 2010). Thus *intersubjective* experience, in health, right from the beginning of life involves being both ‘one’ and separate.

A more sophisticated type of *intersubjectivity* (*secondary intersubjectivity*) emerges at around eight to nine months when mother and infant engage in *proto-conversations* involving *affect attunement*. This goes beyond interaction based on copying behaviour in the same modality of expression (eg vocalization to respond to a vocalization) as occurs in *primary*

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describes a gestalt of properties that comprise them - movement, force, space, time and intentionality (2010). He explains, however, that this new way of describing them does not reflect a fundamental change in his thinking.

<sup>29</sup> This could range from being the quality of a single action taking place in less than a second, for example ‘exploding’ out of a chair, or ‘exploding with anger’, or a quality more general present in a person’s way of being, for example, his always tending to have a ‘halting’ quality when speaking.

<sup>30</sup> This is at the level of *core self* experiencing as he terms it (Stern 1985/2000).

<sup>31</sup> Writing from a psychoanalytic perspective, Ogden also proposes that the infant experiences both being ‘one with’ and ‘separate from’ his mother right from the beginning of his life (Ogden 1994). See 7.1. Stern especially challenges the earlier psychoanalytic view that there is a period of *primary merger* or *undifferentiation* between mother and infant at the beginning of life (Stern 1985/2000).

*intersubjectivity*. The emphasis is now on mother and baby sharing the felt quality of their lived experience as separate yet connected individuals at a more dynamically complex as well as subtle level. Whilst imitation remains important and is the basis for *affect attunement*, in the way it occurs at this stage of development, the mother's imitation is generally cast in a different modality of expression (eg vocalization to respond to a gesture but with a similar *vitality form*). Her baby is able to sense how what she does connects to what he does through his inherent capacity for cross-modal perception. This involves his recognizing at a felt level the similar *forms of vitality* manifest in his and his mother's separate yet connected behaviour in different modalities of expression. Stern postulates that this focuses both mother and baby's attention on what lies behind the behaviour. Where simple imitation maintains their focus on the external dimension of behaviour, *proto-conversations* involving cross-modal attunement focus on the quality of feeling, the inner state, being shared (Stern 1985/2000).

Importantly, in his elaboration of this, Stern does not confine himself to the sharing of categorical affective states like sadness or joy, displays of which only usually occur from time to time in mother-infant interaction (Stern 1985/2000)<sup>32</sup>. Rather through utilizing *affect attunement* a mother can remain intimately connected to virtually everything her infant does in a continuous ongoing process. Thus through reading and responding to the *forms of vitality* present in the way he reaches for a toy or kicks his foot for example, and responding perhaps with a vocalization she can share his experience with him. Such expressive acts, one following another, in an essential way constitute his way of *being-in-the-world* which the mother can affirm and help regulate in this way. In this, the 'oneness' (connectedness) of mother and baby, in the way it is experienced inwardly by each of them as they interact at the same time as separate individuals, is present at a more subtle level than it is in simple copying or mirroring.

## 6.2 Communicative Musicality

Malloch and Trevarthen, writing also from a developmental perspective (2000, 2009), elaborate the nature of early interaction in a related but slightly different way. Their core concept is *communicative musicality* which they consider to be an "intrinsic organising principle" of healthy mother-infant interaction and in fact of adult communication as well.

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<sup>32</sup> Stern describes how *forms of vitality* are manifest in almost all the different dimensions of what we experience. Thus they are present in sensations, actions and thought processes, for example, as much as in our emotional experiences (Stern, 1985/2000, 2004, 2010).

Through it human beings structure expressive time together “synchronizing in subtle and unconscious rhythms of exchange” (Malloch and Trevarthen 2000: 5)

*Communicative musicality* has three features: ‘pulse’, ‘quality’ and ‘narrative’. ‘Pulse’ they define as:

the regular succession of discrete behavioural events through time, vocal or gestural, the production and perception of these behaviours being the process through which two or more people may coordinate their communications, spend time together, and . . . anticipate what might happen and when it might happen (Malloch and Trevarthen 2009: 4).

‘Pulse’ is thus fundamental to the way in which we experience being both ‘one with’ whilst at the same time ‘separate from’ others. By ‘Quality’ is meant “modulated contours of expression moving through time” (2009: 4). In infancy, these typically involve the *forms of vitality* (Stern 2010) of individual expressive vocalizations (featuring contours of pitch, timbre and volume) and body gesture. Reflecting Stern’s findings, Malloch and Trevarthen note that in health there is a balance between imitation (being ‘one’) and contrast (being separate) in the way these are elaborated between mother and baby. Indeed they propose that the mother, in doing more than simply mimicking her infant, adds something of her own inner life to the relationship which is very important to the infant’s development, making the relationship one of companionship. There is both a sharing and an exchange of feelings in *communicative musicality* operating on a “separation-interconnection continuum” (2009: 7). To be healthy is not to be stuck at either end of the continuum.

‘Pulse’ and ‘quality’ combine to form expressive ‘narratives’ of exchange. These are typically constellated as a sequence of vocalizations and gesture are strung together by mother and infant, underpinned by a shared sense of ‘pulse’. A characteristic narrative might feature a gradual increase in excitement leading to a climax followed by a subsidence taking place over half a minute. The mother has a very important role to play in facilitating the emergence of her infant’s expressive and communicative life through narratives like this, regulating his inner life and making sure he is neither chronically under-, nor over-stimulated (Stern 1985/2000: 194-198). Such narratives emerge as a sign of health and are central to “The Dance of Wellbeing” of early mother-infant interaction (Malloch and Trevarthen 2000).

### 6.3 Application to Music Psychotherapy

The significance of all this and particularly of Stern's work for (improvisation based) *music psychotherapy* has already been extensively explored (Pavlicevic 1997, Smeijsters 2005). This is rooted in the way that music 'sounds' the *forms of vitality* of lived experience through its rhythms and melodic shapes, through the way it surges, or accelerates, or fades, and so on. This is one of the things that makes it so well suited to being a modality of therapeutic interaction. A core clinical technique used in *music psychotherapy*, that can be understood to draw on the therapist's inherent capacity for *intersubjectivity (affect attunement)* at this level, is *matching* (Wigram 2004). In this he reflects in his own playing the *forms of vitality* present in the client's music-making<sup>33</sup>. The clients' experience of being 'heard' and responded to in this way generates a felt sense of connectedness as is foundational to mental and emotional development and to the establishment of a sense of self (Stern 1985/2000).

Using *matching* and related techniques the therapist is able to support the evolution of a therapeutic process when the client's way of *being-in-the-world*, as 'sounded' by the *forms of vitality* present by his music-making, is limited or restricted in some way (Smeijsters 2005). This may be as a result of developmental blocks associated with his health condition (eg autism), or a result of psychopathology of some kind (eg having experienced trauma).

The therapeutic process evolves through the client being supported musically by the therapist to engage in a 'dance' of *intersubjectivity* (Pavlicevic 1997). In facilitating this, the therapist does more than simply copy the *forms of vitality* present in the client's playing. Rather the technique of *matching* involves the therapist's music having the same style and quality as the client's whilst not being identical with it (Wigram 2004). He may vary, extend and develop some elements of the music whilst maintaining or conserving others (Smeijsters 2005), striving in this to draw out and develop the client's innate capacity for *communicative musicality* (Malloch and Trevarthen 2000, 2009) as the client and he co-create evolving expressive 'narratives' together. The client experiences in this way a dynamic relationship in which he is both 'one with' and 'separate from' the therapist (Wigram 2004, Smeijsters 2005). He senses that the therapist is experiencing something similar to him, that he and the therapist are intimately connected through dynamic aspects of the rhythm, movement, timing,

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<sup>33</sup> The therapist may also use music to connect with the client by 'reading' the *forms of vitality* present in his body movement, facial expression or gesture. This is most obviously when the client chooses not to play any of the instruments provided nor to vocalise. Through music it is still possible to connect with his way of *being-in-the-world* in this way, drawing on his inherent capacity for cross-modal perception (see 6.1).

melody, phrasing, articulation and intensity of the music they share (*its forms of vitality*)<sup>34</sup>, whilst at the same time they are separate from one another (Smeijsters 2005).

The therapist's elaboration of both connectedness and separateness in the music utilising *matching* (and other clinical techniques), in which he inevitably and necessarily brings something of his own inner life in responding musically to the client, as mothers do with their infants (Trevarthen and Malloch 2000, see 6.2), has the potential to stimulate the client to explore new ways of *being-in-the-world* for himself. As a result a greater range of *vitality forms* may become manifest in the client's musical play, musical and psychological development being very closely melded in the way the therapy process thus unfolds (Smeijsters 2005).

This not only supports the development of the client's sense of self. At the same time it may potentially help him to overcome, at least to some degree, developmental blocks associated with a particular health condition. Or (perhaps linked to a particular condition) it may help him work on psychological (emotional, relational) difficulties that have arisen because of what he has experienced (or not experienced) in the interpersonal sphere that has been un-conducive, even detrimental, to his development and well-being (trauma for example). In a unique way, in *music psychotherapy*, such difficulties can be addressed at a foundational non-verbal level of interaction.

Music used in this way can generate shared experiences of meaning of a type that are foundational to well-being and development, and that some client's may be unable to experience otherwise. This is meaning constellated at a felt rather than cognitive level arising through the way that music is intimated to 'sound' the way that experience including in the interpersonal domain is lived.

#### **6.4 Inter-synchronization in Improvisation Based Work**

Pulse is foundational not only to mother-infant interaction (Malloch and Trevarthen 2009) but of course to most music-based interaction. When established *intersubjectively* this is not the

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<sup>34</sup> In elaborating *intersubjectivity* from a developmental perspective here, the focus is on the (preverbal) *protomusical* aspects of music based interaction. These are based in the innate human capacity for *communicative musicality* as described in 6.2. Like all perspectives this is a limited one that, influential as it has been within the field of *music therapy*, does not account for all that music is and that music-making involves in therapy as psychological, social and cultural phenomena (Pavlicevic and Ansdell 2009). Thus drawing on musicology, for example, the *dynamic fields of tone* and *metre* as conceptualized by Zukerkandl (1956) (in the case of Western music at least,) can also be considered to be fundamental to the simultaneity of being 'one' and separate. Elaborating *intersubjectivity* from this perspective is not, however, the focus here.

rigid mechanical pulse of the metronome but something generated together in a flexible way that can accommodate rubato, for example, subtle shifts in pulse often being crucial to the expressive aliveness of a musical narrative. Pulse in this sense forms perhaps the most important bedrock for establishing a sense of shared meaning when creating/playing music with another. That is, it establishes the basis for an experience of being both ‘one with’ and ‘separate from’.

Yet many clients in *music psychotherapy* have some degree of limitation in terms of being able to interact on the basis of such a shared sense of pulse, including those who because of their health condition - for example some of those with psychosis or autism - are extremely isolated from human companionship. For these clients music may come to have especial significance in the therapeutic setting, allowing them to begin to feel connected as little else can. Thus de Backer and Schumacher have in their different but related ways identified the pivotal role that moments of temporal attunement can play in therapeutic work with such clients: moments of *synchronicity* (De Backer, 2004) or *inter-synchronisation* (Schumacher & Calvet 2008). These occur when the therapeutic dyad share the same rhythm or pulse even if only very fleetingly to begin with. De Backer, in researching his work with clients with psychosis (Schizophrenia and related conditions), describes what can happen:

Both patient and therapist have the feeling that they are able to come into a genuine shared play for the first time with an intertwining of two musical lines into one entity, or one whole, for example, where both share the same pulse with shared accents in the meter. Underpinning this is the paradoxical experience of each individual’s freedom and autonomy. The mutual dependency in the creation of a shared musical object leads to a liberating feeling of being able to make music in a completely independent way. The patient and therapist are free in relation to one another and can play, think, exist and develop their own musical thoughts. This paradox involves emerging autonomy in the patient and therapist, while at the same time, there is acceptance and recognition of mutual dependency. (De Backer 2004: 276).

Above I explore how the elaboration of such an interplay of being ‘one with’ and ‘separate from’ involves the operation of *intersubjectivity* taking place at the level of *implicit relational knowing*. To give a more complete account, processes operative at a more unconscious level, at the level of dream, need also to be taken into consideration. Though I am not able to fully explore this rich and complex topic in the current article, I can elaborate one important aspect related to my theme of being ‘one’ and separate.

## 7. Merging and the Analytic Third

*Merging* is a term sometimes used to describe the musical ‘oneness’ of client and therapist. There has at times been rich debate amongst practitioners of differing theoretical perspectives as to its therapeutic significance in improvisation based work, even whether it is ‘safe’ to engage in at all (Streeter 1999b, Brown 1999, Pavlicevic 1999). One particularly useful psychoanalytic perspective with which to approach this topic draws on Ogden’s elaboration of the *analytic third* (Ogden 1994, Brown 1999). This concerns the dynamics of *intersubjectivity* constellated at an unconscious level ‘between’ the therapeutic dyad.

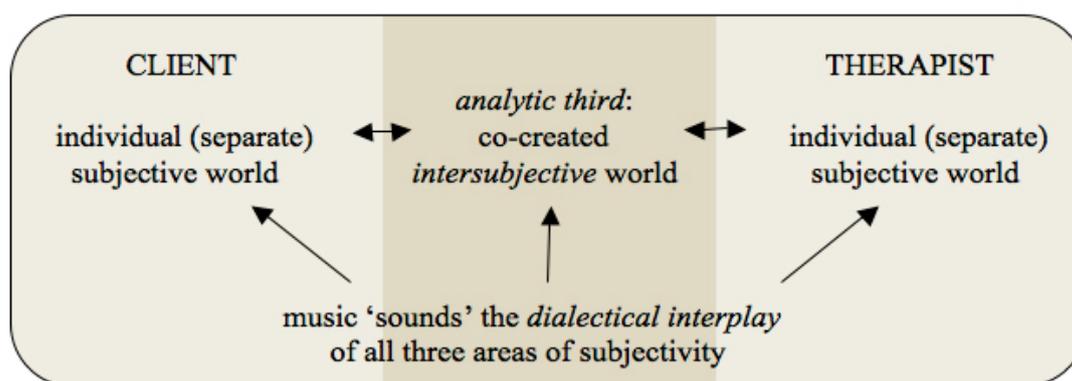
Ogden’s thinking is that whilst client and therapist are separate individuals with separate internal worlds, there is at the same time an unconscious shared area of subjectivity generated by and between their separate subjectivities. This he terms the *analytic third*<sup>35</sup>. These three different areas of *subjectivity* - those of client and therapist separately and of the *analytic third* - exist in a dynamic creative tension or *dialectical interplay* with one another (Ogden 1994, see 7.1 below). In verbal psychotherapy the *analytic third*, Ogden proposes, is an area of unconscious (dream level) *intersubjectivity* “forever in the process of coming into being in the emotional force field generated by the interplay of the unconscious of patient and analyst” (Ogden 2005: 6). This dimension of their interaction is not ‘sounded’ when they speak to one another in the sense that they have to talk separately.

In contrast, in improvisation based *music psychotherapy* (a version of) the *analytic third* is ‘sounded’ musically whilst at the same time the music resonates the therapeutic dyad’s separateness (Figure 6)<sup>36</sup>

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<sup>35</sup> Winnicott’s describing psychotherapy as taking place in the overlap of two areas of playing - in the *potential space* between client and therapist - relates to Ogden’s idea (Winnicott 1971).

<sup>36</sup> The *analytic third* is, suggests Ogden, continually being generated at an unconscious level. Whilst at one level it can become manifest in the way it is ‘sounded’ musically, the therapist may become aware of it through non-musical dimensions of his *reverie* experience including in the form of his somatic experiences (Ogden 1994). In *music psychotherapy* Pedersen most especially has elaborated on the importance of the therapist’s awareness at this level (Pedersen 2006).



**Figure 6.** *Dialectical interplay of subjectivity and intersubjectivity in music psychotherapy*

In this their separate unconscious subjectivities and the co-created *intersubjectivity* of the *analytic third* operate in “unconscious conversation” with one another (Ogden 2005: 6) in the ongoing generation of the music. This reflects the way music and music based interaction operates essentially at the level of dream although *intersubjective* processes operative in the domain of *implicit relational knowing* are also necessarily involved. Indeed as suggested in 5. above, the processes occurring at these two levels can be understood to operate together in an integrated way as internally and externally oriented dimensions of the same *intersubjective* process through which what is being dreamt both separately and together at an unconscious level comes to be ‘sounded’ (incarnated) musically.

### 7.1 The Dialectical Interplay of ‘Oneness’ and Separateness

Ogden emphasises the interplay of the separate subjectivities of client and therapist and of the co-created *analytic third*. In this whilst the *analytic third* is a creation of the separate subjectivities of client and therapist, at the same time their experience as separate individuals (in the therapeutic setting) is created by the *analytic third* (Ogden 1994). Indeed, right from the beginning of life, Ogden proposes that ‘oneness’ is a necessary condition or context for ‘twoness’ (separateness). At the same time, ‘twoness’ safeguards the experience of ‘oneness’ by providing an essential negation of it (Ogden 1994: 52). It is in this way that ‘oneness’ and ‘twoness’ exist in a *dialectical tension* in which they simultaneously “create, preserve and negate” one another (Ogden 1994: 64).

Health can be understood in terms of being able to establish and maintain this *dialectical interplay* in a mutually generative and enriching way as happens in improvised

musical interaction most especially when the music seems to take on a creative life of its own generating an experience of deep connectedness (interdependence) and yet also of mutual creative freedom and independence (Brown 1999, De Backer 2004, Lee 1995). Ogden's psychoanalytic perspective is I find particularly useful in understanding music based interaction in this aspect. In this it parallels, compliments and subtly enriches the developmentally oriented perspective on the interplay of 'oneness' and separateness at the level of *implicit relational knowing* described above.

## 7.2 The Therapist's Music in Music Psychotherapy

Whilst in *music psychotherapy* the therapist needs at one level to generate his contribution to the co-created music through the involvement of some kind of "psychological thinking" (Streeter 1999b) to reflect on what seems to be happening (relationally at an unconscious level) and help shape his musical response and use of clinical music technique, at the same time what he plays will inevitably, and indeed needs to be generated through the involvement of these more unconscious (and non-conscious) level processes. Indeed, it can be proposed that he in part he needs to 'think' his response creatively at this level (see 1.1, 1.2 and 3.2 on musical *dream-thinking*).

Thus in 6.4 above I describe how the therapist may use specific clinical techniques such as *matching* designed to promote the client's experiencing a dynamic relationship in which he is both 'one with' and 'separate from' the therapist in the music. In this it can be suggested that the therapist needs, integrated with his deliberate and consciously directed use of clinical technique, to be able to utilise the creative unconscious to 'dream' his response to the client (Ogden 2005). The *analytic third* and *dialectical interplay* of areas of subjectivity emerge at this level.

For it may only be through 'dreaming' his response that the therapist's participation with the client in the music-making, as both separate individual and *intersubjective* partner, may enable the client to realize (dream) himself musically in the way he most needs to and as he will most benefit from. In other words, it is only through utilising the creative unconscious that the therapist's music may be sufficiently attuned with the client's inner process so as to enable the client to realize experientially who he is (his *Truth* - see 3.2). That is when, whether for reasons of nature or nurture, the client is struggling or lacks the capacity to 'dream himself into being' on his own and needs another's help (Ogden 2005 - see 3.2).

It can be suggested in this that the therapist needs to elaborate a response, that in the way it is attuned to the client, is also an expression of his own authenticity as musician therapist, though this is always in service of the client's process, the aim being that the client may come to experience more fully the authenticity of who he is. Thus whilst the relationship is not a fully democratic one in the sense it may be when musicians improvise together in other contexts, at the same time the therapist needs to have available all that he is as both person and musician to bring to the co-created musical relationship if he is to fulfil his therapeutic role.

This involves the therapist through his *reverie* (Ogden 1994, 2005, De Backer 2004) 'dreaming himself into being' (Ogden 2005) musically within the bounds of his role. Yet in this, as a result of the way that the *analytic third* is not only created by, but at the same time creates the individual subjectivity of each participant (Ogden 1994), the therapist's music will be uniquely generated in each session through his encounter with the client. This however much it may at the same time reflect his own personal musical idiom and characteristic way of playing and his mood and personal experiences around the time of a session and in these ways seem unconnected to the client.

Thus the therapist needs to learn to become aware of and reflect on what he plays, and the way he plays, even in its most personal and perhaps seemingly (therapeutically) irrelevant aspects, as being generated by his experience in and of the *analytic third*, the therapist not being fully the creator of his own musical contribution in this sense (Ogden 1994). This could even be so at times when, for example, the therapist loses awareness of the client and becomes self-preoccupied in his own music-making or with his own thoughts. On these occasions the therapist may at one level nevertheless still be 'thinking' creatively (unconsciously at the level of dream) about the client. If he can become aware of it and learn to use his *reverie* thinking (musical and otherwise) emergent in such ways (how what is personal to him is shaped by his encounter with the client), it may turn out to be very important in helping the client dream himself more fully into being as he might not be otherwise able to (Ogden 1994, 2005).

Whilst it is sometimes thought that the therapist needs to inhibit the realization of his musical self at a personal level in therapy so as to be fully present with and responsive to the client, from the perspective I am considering here, rather the opposite is the case. What is more the therapist's music should also, I suggest, be understood as being potentially more

than simply a kind of unconscious counter-transference enactment. For the implication then is that “psychological processing” or thinking has not taken place in the act of generating the music itself but only occurs through (word based) reflection on it (Streeter 1999a - see 1.1)<sup>37</sup>.

Indeed, in this sense I believe that the concern expressed by some ‘music-centred’ practitioners that psychodynamic thinking can be a defence against experiencing (in the music) is not unfounded. This is most especially when the therapist’s preoccupation with analysis and interpretation make him so self-conscious that he cannot trust the creative process (Turry 1998). When there is too much emphasis on making the unconscious conscious and on verbal processing and understanding, the danger is of splitting ‘the musical’ and ‘the psychotherapeutic’ in ways that I suggest are potentially detrimental to our thinking and practice (Lawes 2013)<sup>38</sup>.

I am proposing therefore that the creative musical process itself between client and therapist itself facilitates a type of psychological processing or thinking (dream-thinking), involving the interplay of ‘oneness’ and separateness I describe. Whilst conscious (word based) reflection on the process by the therapist (and client) is also necessary and important, this is at the same time ‘secondary’ or ‘after-thinking’ (Grotstein 2007).

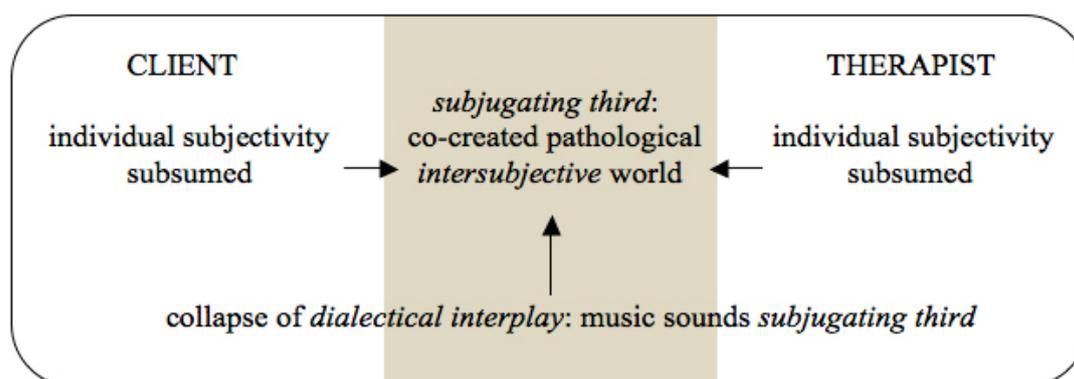
### 7.3 The Subjugating Third

During the course of the therapeutic process this interplay is, however, likely to collapse as the individual subjectivities of client and therapist becoming subsumed by the *analytic third* (loss of separateness). This then becomes what Ogden describes as the *subjugating (analytic) third* (Ogden 1994) (Figure 7).

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<sup>37</sup> In the way that counter-transference is understood in *music psychotherapy*, I believe that Ogden’s thinking has much to add that is useful. This includes the way he brings out the need to ground the concept of counter-transference in the dialectical interplay of individual *subjectivity* and *intersubjectivity* that is the foundation of the therapeutic relationship (Ogden 1994: 74). In this sense the therapist’s music is never exclusively an expression of his separate subjectivity, not exclusively a creation of the *analytic third*. Rather it is both and in ever changing ways, and it is this that needs to be reflected on.

<sup>38</sup> A further conceptual limitation in the application of psychoanalytic thinking to *music psychotherapy*, occurs I believe when improvisation is thought about in terms of its being a form of *free association*, as Streeter proposes for example (1999a, 1999b). The problem again is that this does not embrace the possibility of a type of psychological processing occurring through the creativity of the music-making itself, whether the client’s, the therapist’s or both in interplay (Brown 1999).



**Figure 7. The Subjugating Third**

In *music psychotherapy* the therapist needs first of all to become aware of the way this has happened as it tends to inevitably and even necessarily at some level. It may only be through this that the therapist can gain a sufficiently deep, experientially based insight into the client's difficulties so as to really be of help to him. Indeed, the therapist's role involves his making himself available for this to happen. His task is then to work with the client both musically and possibly in other ways (verbally) towards establishing a *dialectical interplay* of both separateness and oneness, and thus healthy interdependence in the music. Then growth and transformation will have taken place as cannot happen in any other way.

Thus successful therapy involves the superseding of the *subjugating third* with the therapeutic dyad coming to be able to relate more healthily as separate yet interdependent individuals who have both been enriched (newly created) as a result of the process. Indeed, Ogden elaborates how the therapist may be challenged, as a result of his experience in and of the *analytic third*, to work on his own experiences or difficulties as have not been fully processed (dreamt). This does not necessarily inhibit the work he does with the client. Indeed the unique way in which he becomes aware of his own unresolved issues in work with a particular client (which in *music psychotherapy* includes at a musical level) can potentially give him at the same time an insight into the client's difficulties (Ogden 2005).

Space does not permit any further exploration of this topic here. The reader is referred to accounts in the literature where this kind of process is described, if in slightly different terms - for example De Backer 2004 (the quotation in 6.3 above seeming to me to describe the emergence of a healthy dynamic of relationship of this type) and Streeter 1999a. Lee writing

from a music-centred perspective, refers to the way that for one of his clients, “the beneficial outcome” came through “a togetherness that was also intrinsically separate (Lee 1995).

That music can sound the *merged* subjectivity of the therapeutic dyad as they play together - involving the interplay of processes operative at the level of *implicit relational knowing* and at the level of dream - is one of the things that gives it music its uniqueness as a therapeutic medium. Whilst *merging* can be a manifestation of pathology that needs working through, it is important to realize it is also an aspect, even a condition, of a ‘healthy’ musical relationship in any context (including I suggest in the performance of pre-composed music and in receptive music experiences). This can be characterised as involving at the same time being ‘one with’ and ‘separate from’. In this, health consists essentially in being able to sustain the creative tension between these different aspects of the relationship dynamic.

### **8. Merging and the Transpersonal**

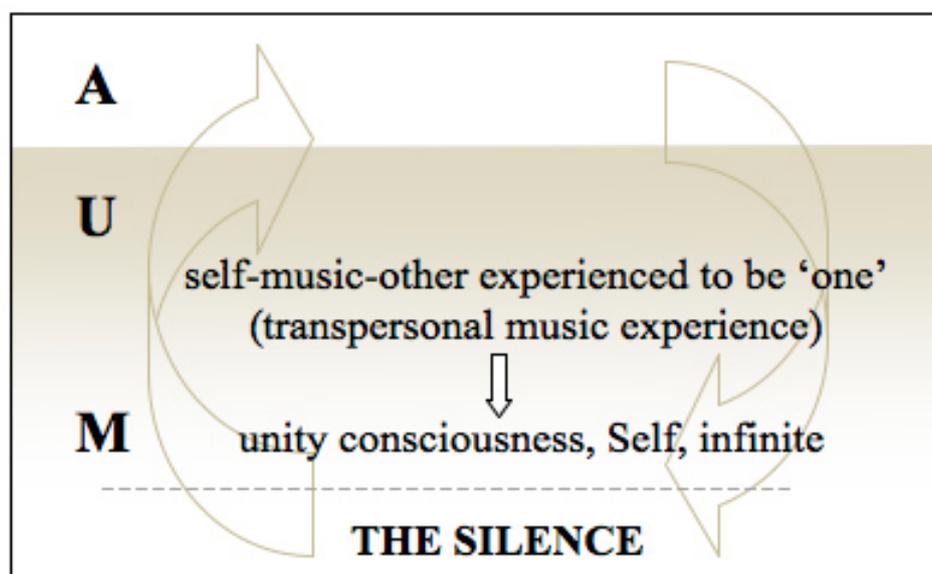
The paradox of a relational mode in which the experience is of simultaneously being ‘one’ and being separate is, as I have been exploring, characteristic of the nature of relationship at the level of dream. Because music can be understood to essentially operate at this level, it (potentially) opens our awareness to consciousness at this level awake (Campbell 1968).

In improvisation based *music psychotherapy* the more deeply this is experienced the more likely it is to feel (to both participants) like partaking in ‘one’ music together. Ken Aigen describes how in his experience, some of the most powerful experiences in *music psychotherapy* occur when there is such a *merging* in the music that transcends the personal and the relational as normally experienced in waking conscious awareness. The therapeutic dyad *become* the music or experience themselves *as* music (Aigen 2005), the therapist’s “use of self” being transpersonal at times like this (Rowan and Jacobs 2002).

When these experiences occur, the music can be understood to provide an opening to transpersonal awareness resonant ultimately of the *undifferentiated* unity consciousness of deep dreamless sleep where the separation and differentiation of phenomena is completely undone (Figure 8). Bruscia elaborates on this describing how transpersonal music experiences:

suspend the ordinary boundaries between self/music or self/other to form a new larger, expanded whole. When this occurs, the music is not a mirror of the self, the music is the self on the way to becoming Self: similarly the music is no longer a

mirror of the other or the self/other relationship, rather the three components (self, other and music) become indistinguishably one as part of the greater Self. Here the expanded consciousness includes the music as an integral but indistinguishable part of the infinite. (Bruscia 1998a: 150)



**Figure 8. Transpersonal music experience**

Transpersonal experiences of being 'one' or *merged* with the music also often occur in GIM, a type of receptive *music psychotherapy* in which the client listens to a sequence of usually classical music in a slightly altered state of consciousness so that he is more open than usual to dream level interaction (with the music) and process. Transpersonal experiences occur when the client is able to surrender to the music so that his state of consciousness expands more deeply (Abrams 2002, Summer 2009, [Mårtenson Blom](#) 2011).

When such experiences of *merging* occur in GIM, or indeed in improvisation based *music psychotherapy* as Aigen describes, it is not so much that separateness becomes subsumed in a pathological way (as Ogden elaborates in relation to the *subjugating third*) but that the essential nature of depth experiencing (and relating) is tasted directly in waking conscious awareness. Separateness is temporarily transcended as (transpersonal) experiences are opened to that can be some of the most health promoting and transformative ones it is possible to have in *music psychotherapy*.

## 9. Coda

In this text, I present a framework based on the different levels of consciousness at which music can be understood to be simultaneously meaningful and psychologically functional in the therapeutic context. I propose that music functions essentially at the level of dream and explore the nature of *intersubjectivity* at this level and interlinked with it at the level of *implicit relational knowing*. The perspectives I present on this I believe are important ones, bringing out how music based interaction involves both being ‘one with’ and ‘separate from’.

In the next article in the series, with a slight change in emphasis, I move on to explore *intersubjectivity* and the interplay of being ‘one with’ and ‘separate from’ as this is constellated in the dynamic relationship between an individual and the music itself that he creates or that he listens to. In *music psychotherapy* this dimension of *intersubjectivity* is intimately linked with the interpersonally constellated dimension of *intersubjectivity* described in the current article. I also propose to explore further perspectives on *merging* and creativity, and consider the role of different modes of perception in creating, experiencing and performing music.

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