

Jung and the Transcendent Function in Music Therapy

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In his seminal essay, 'The Transcendent Function', published in 1957 but originally completed during the First World War 1916, Carl Jung advocated the ideal of an inner dialogue taking place between the conscious and unconscious, at best like 'between two human beings with equal rights'.¹ He extended the metaphor with the following comment: 'the present day shows with appalling clarity how little able people are to let the other man's argument count, although this capacity is a fundamental and indispensable condition for any human community'.² Jung repeatedly stated that 'any psychological theory is in the first place the expression of its author's subjectivity' and 1916 is considered by one commentator as 'certainly a very special year in Jung's own life marked as it was by the solution of the severe crisis which followed his rupture with Freud and the psycho-analytic movement'.³ Jung's determination to make sense of both his own inner turmoil, his 'psychic situation' and the 'concrete reality of the outer conflict', of war in Europe, is made explicit in his autobiographical writings, where he describes

intense fears that he experienced in the forms of extended fantasies, visions and dreams.⁴

It is not insignificant therefore that the major theme of the chapter is the expansion of Jung's notion of the psyche as a synthesis of conscious and unconscious influences and the process in analytic treatment of the holding *together* of what might be understood as "opposites". To this end, Jung set out a radical idea. He suggests that emotional disturbance, both psychoses and less severe disturbance and unhappiness, 'could be dealt with, not by clarifying it intellectually' but also by giving the 'mood' an external, 'visible shape' through art media such as painting or drawing, as a way of giving fantasy free play.⁵ Jung distinguished between active and passive fantasies: passive fantasy making, was a process in which the conscious did not participate, dreams being a prime example.⁶ Alternatively the active fantasy was evoked by a conscious waking attitude 'directed to the perception of unconscious contents'.⁷ It was the giving rein to active fantasy through art-making that was advocated by Jung as being so productive, he writes, 'for here the conscious and unconscious personality of the subject flow together into a common product in which both are united. Such a fantasy can be the highest expression of the unity of a man's *individuality* [...],and it may even create that individuality by giving perfect expression to its unity.'⁸ To this end, the process of free art-making was facilitated by the imagination or what Jung later called 'active imagination' a way of 'dreaming with open eyes'.⁹ The psychological 'transcendent function' referred to the way in which conscious and unconscious tendencies could be mediated and engaged simultaneously.

He wrote that it was 'called "transcendent" because it makes the transition from one attitude to another organically possible, without loss of the unconscious'.¹⁰

In this chapter, I examine Jung's notion of the transcendent function and his method of using art media to create and to freely fantasize in the context of analytic treatment. Whilst Jung did not consider the possibilities of using music in this way except very briefly and much later on in his life—nor indeed did he consider music in his writings at any length—for some clinical practitioners it has made sense intuitively to extend his ideas in the context of music therapy practice.¹¹ As Chodorow has commented 'Jung's analytic method is based on the natural healing function of the imagination, so there are obviously many ways to express it. All the creative art psychotherapies (art, dance, music, drama, poetry) as well as Sandplay can trace their roots to Jung's early contribution.'¹² I will present some historical background to approaches to music-making in music therapy and show how there is a parallel to be found in Jung's idea of free art-making as a way of accessing the unconscious.¹³ I consider Jung's understanding of the distinct art "product" that is created within therapy as embodying both the conscious and unconscious. I discuss this within the context of current music therapy practice and consider the role of free improvisation in Jungian terms as a dynamic experience of the unconscious, 'the Unknown [*sic*] as it immediately affects us'.¹⁴

Art-Making as Transcendent Function

In the months after his break with Freud, Jung discovered for himself the emotional power and creativity unleashed in freely using art materials.¹⁵ During this time he suffered

greatly, and experienced disturbing visual phenomena and dreams that set him in pursuit of gaining ever deeper knowledge of his own unconscious. He felt driven to understand the meaning of 'the incessant stream of fantasies' released and was reminded of how as a child he would play 'passionately with building blocks'.¹⁶ It was in the making of this link with his childhood self that prompted him to experiment with stones and mud from the lake near his house, and to build 'cottages, a castle, a whole village', and which convinced him of the efficacy of play in pursuit of healing.¹⁷

It might well have been this experience of self-healing that convinced Jung of the value for his patients to work 'imaginatively' between sessions and also following the end of analysis.¹⁸ However, this poses a question: whilst the insights of the patient during their analysis are naturally integral to the process, how does the individual gain access to unconscious material after the analysis is over, without the mediation of the analyst in person? Whilst the dream is a 'pure product' of the unconscious, Jung suggests that the difficulties of analysing one's own dreams are too great and too emotionally demanding.¹⁹ There are also problems with other recognised sources of the unconscious, including those that appeared 'in the waking state, ideas "out of the blue", slips, deceptions and lapses of memory, symptomatic actions, etc.', the content of which Jung considered 'too fragmentary' and lacking in continuity between the conscious and unconscious.²⁰ Similarly, allowing the spontaneous fantasy free rein, as a means of accessing the unconscious, not only needed 'practice' in terms of 'eliminating critical attention', but the individual needed the emotional availability and strength to process the fantasy on their own. Even to access fantasy in the first place, the raw content needed sufficient 'libido

charge [...] actually lying ready'.²¹ Where this 'libido charge' is not available, where the individual is too depressed, Jung suggests that an alternative approach is needed:

He must make the emotional state the basis or starting point of the procedure. He must make himself as conscious as possible of the mood he is in, sinking himself in it without reserve and noting down on paper all the fantasies and other associations that come up [... T]he depression was not manufactured by the conscious mind but is an unwelcome intrusion from the unconscious, the elaboration of mood, as it were, a picture of the contents and tendencies of the unconscious that were massed together in the depression. The whole procedure is a kind of enrichment and clarification of the affect, whereby the affect and its contents are brought nearer to consciousness, becoming at the same time more impressive and more understandable.²²

It is at this point that Jung suggests the moving away from 'intellectual clarification' and into the domain of art, whereby the 'emotional disturbance' might be given a different kind of clarification through the act of giving it 'visible shape'. This might emerge through media other than words, namely: visual images, 'inner words' from an 'inner voice', plastic media, those shaped by the hands, bodily movement, and automatic writing.²³

Whilst there is no mention of music, Jung's proposal can, without difficulty, be extended to include all art forms and practice. The process of making art within this analytic context served the purpose of elaborating the unconscious in conscious form, not in order to interpret specific feelings or meaning, but through the experiencing of a creative tension between the two domains; 'embodying the striving of the unconscious for the light [or meaning] and the striving of the conscious for substance [or, it might be said,

concrete form]'.²⁴ The following comments in a lecture on poetry, which he gave towards the end of his life, provide further clarification:

Art by its very nature is not science, and science by its very nature is not art; both these spheres of the mind have something in reserve that is peculiar to them and can be explained only in its own terms. Hence when we speak of the relation of psychology to art, we shall treat only of that aspect of art which can be submitted to psychological scrutiny without violating its nature. Whatever the psychologist has to say about art will be confined to the process of artistic creation and has nothing to do with its innermost essence. He can no more explain this than the intellect can describe or even understand the nature of feeling.²⁵

For Jung, therefore, the availability of “psychological” meaning of the emergent art “object” had limits and lay in considering and engaging with the process of its making.

The subject/object distinction made here suggests a parallel with a line of enquiry in nineteenth-century musical aesthetics. Eduard Hanslick advocated a penetrating distinction to made in the criticism of music between the formal musical object and the feeling experience of the listening subject, together with the emotional expressiveness of the performer. Hanslick’s perspective enables us to construe one way in which Jung might have approached an account of music and the unconscious. Our relationship to the unconscious through music can be conceptualised not through a projection of meaning into the musical object, but instead through our felt experience of that same music, whether as performer or listener.²⁶

Mary Priestley, a music therapist who was amongst the first to integrate psychodynamic thinking into a music-based clinical practice expresses this synthesis in similar terms: 'The patient explores new pathways symbolically in the world of the imagination but with the bodily-expressed emotion in sound which gives her a safe toe-hold in the world of everyday reality.'²⁷ Whilst Jung is rarely accredited as an influence upon contemporary music therapy, it is noteworthy that the year in which he finally published 'The Transcendent Function', 1957, was following a brief single meeting with the American music therapist Margaret Tilly.²⁸ After the meeting he expressed that

this opens whole new avenues of research I'd never even dreamed of. Because of what you have shown me this afternoon—not just what you've said, but what I have actually felt and experienced—I feel from now on music should be an essential part of every analysis. This reaches the deep archetypal material that we can only sometimes reach in our analytical work with patients.²⁹

At the same time that the practice of improvised music as therapy was beginning to emerge in the UK; the Society for Music Therapy and Remedial Music was founded one year later in 1958.³⁰

Towards Contemporary Practices of Music Therapy

Music therapy, music healing, or music as medicine refer to a myriad of therapeutic practices, past and present, which intentionally provide help to people in different ways through music. The modern practice of music therapy that is being considered in this chapter, recognised in the UK, can be traced as having developed during the 1950s and 60s.³¹ Pioneer music therapists such as Juliet Alvin, Paul Nordoff, and Mary Priestley were principally musicians and composers, rather than medical professionals, and so had begun their professional lives as “creators”, outside of a framework of treatment outcomes. This factor may well have contributed to the way in which, during the formative years of the practice, an approach developed that was principally derived from the musicality and intuitive inter-personal sensibility of the individuals undertaking the work. Like the emphasis Jung gave to the making of art, this was an approach that emphasised process. However limited the resources of the client might be, the work entailed live music-making with both therapist and the client improvising music together across a range of musical styles, tonal and atonal, in some form or other. Additionally, many therapists composed music especially for their work with clients.

In broad terms, this improvisatory approach to music therapy in the early years of contemporary practice had both a musical and psychoanalytic context.³² That is to say, by the late 1960s, when the first formal training in music therapy began in the UK at the Guildhall School of Music and Drama in London, there was already a well-established aesthetic for the free music-making that might emerge during a clinical session. For these early cohorts of students, in addition to their studies in improvisation, a familiarity with free

sounds may well have been gained from the aleatoric and chance-derived music of the vanguard of experimental composers, including Stockhausen, Cage, and Cardew, together with improvisers such as Derek Bailey, Barry Guy, and Keith Tippett. Another source of influence, for some who had had previous careers in education, was likely to have been the graphic scores of composers who were writing for children in schools such as John Paynter, Bernard Rands and R. Murray Schafer.³³

Juliette Alvin, who founded the training at the Guildhall School, provides a snapshot of this musical context:

Music therapy benefits from the fact that musical means are becoming richer and more available to all. Musicians use new techniques, unthought of some years ago. Contemporary composers of the avant-garde act as explorers in a world of sounds and often provide us with strange experiences related to the modern scene [...] We are referring to the method of free improvisation by the individual or by a group, a technique sometimes called 'instant music' or 'collective improvisation' according to the circumstances and for which no specific musical ability is needed when used in therapy.³⁴

Against the background of this soundworld, there was, at least in theory, little need for the music therapist to feel concern as to whether or not they were playing 'music', and no difficulty for the therapist or client in freely creating all kinds of sounds and consonant or dissonant harmonies. One description of the work of Paul Nordoff and Clive Robbins can serve as illustrative here:

In the initial sessions, each child was brought to the music room and was given simple percussion instruments to play such as drum, cymbal, tambourine and bells. While Robbins facilitated or encouraged the child's participation, Nordoff improvised at the piano and with his voice, reflecting and responding to whatever sounds and reactions the child made, whether it was playing, dancing and singing or screaming, crying and rocking.³⁵

Not only did this open up the possibilities of music-making to clients with limited or no previous practical experience of playing an instrument, but it also enabled the client to lead the expressive content of the music, however minimal or sparse their contribution might be.³⁶ Furthermore, an approach to improvised music-making that was not dependent upon a specific genre or sound world could reflect with immediacy the socio-cultural identity of the client, it could enable the therapist to engage at an emotional level through such musical elements as volume, intensity, and tempo. Mercédès Pavlicevic conveys the musicality of what she calls the 'dynamic interplay' between clients and therapist:

When using clinical improvisation techniques with adults, the therapist usually asks the patient to begin playing. She listens carefully to the patient's musical utterances: tempo, rhythmic structure (or lack of it); melodic shape, phrasing, the quality of pulse or beat (is it regular, irregular, intermittently regular and irregular?) [...] The therapist then joins in, improvising in a manner which reflects or confirms aspects of his playing. Thus she will match the tempo and dynamic level, play in the same metre and pulse, if this is regular, or attempt to match or meet the pulse if it is irregular. The

therapist's first goal is to meet the patient's music, thereby providing a shared musical environment within which both players' improvisation can make sense to one another.³⁷

This freedom of music-making, led by the therapist's felt sense of the client, who in turn might respond in kind, enabled an experience in music of shared communication between the two. The intuition that in free music-making an inter-personal relationship can be formed, began to be substantiated in the observational research that began to emerge during the late 1970s, in which it was observed that parents and their infants demonstrated the musical components of early communication.³⁸ In particular, such research came to demonstrate a human capacity for 'communicative musicality', as defined in the 'dimensions' of '[shared] pulse, quality [for example, musical imitation or variation of an infant's pitches by the parent] and narrative [for example a sequence of changes in pitch together with changes in energy or excitement]'.³⁹ Colwyn Trevarthen and Stephen Malloch write how the 'rhythms, forms and affective qualities in mother-infant vocal communication [...] could be "favourably observed" in early parent-infant communication where the words cannot play a role and [are] due to the infant's and parent's desire to attune to one another'.⁴⁰ In recent years the principle that improvisation in music therapy can be understood as a kind of parallel form of communication has developed further and become central to the approach described here.⁴¹ In describing her work with adult clients with learning disabilities Watson writes how

the musical medium is used to establish relatedness between therapist and client, and to communicate something of the client's internal experience. The therapist's role is to enable, receive

and digest these communications, and to help the client to find and explore their meaning. She does this in sessions through her musical, verbal and thinking processes and interventions [...] She works to enable meaning to emerge and be understood, and patterns of relating to be recognised and modulated; thus change and progress may be possible for the client.⁴²

I have shown how Jung's theory and practice of free art-making foreshadow the developments that led to a contemporary practice of music therapy. Recent developmental theorists in psychobiology have supported the intuitive experience of music therapists in demonstrating how a therapeutic practice of free improvisation has intersubjective meaning also, with roots in the communication between infants and their caregivers: this lends further weight to Jung's original suggestion with regards to the use of art-making.⁴³ In this next section I show how Jung speaks to some of the issues of aesthetics that arise in the use of an art form as therapy. Namely, the clinical problem of the client developing 'a purely aesthetic interest' in the art-making and how this suggests a diverse aesthetic to be discerned between art-making in therapy and art-making 'for its own sake'.

Art-Making as Free Fantasy: a Diverse Aesthetic

It is worth noting that 1916, when Jung originally wrote 'The Transcendent Function', was the same year in which, in response to the war, the Dada "anti art" movement was founded in Zurich, Jung's home and country of birth.⁴⁴ Jay Sherry writes how

Jung's preference for "visionary" over "psychological" art led him to oppose modernist experimentation with its rejection of ornamentation and historical references, its preference for fragmentation, and its celebration of meaninglessness. He would make clear his antipathy for what he considered the nihilistic trends in such modernist icons as Dada, Picasso, and *Ulysses* ⁴⁵.

However, alongside his method of free art-making centred upon 'play', referred to above, it was possibly the freedom inherent in Dada that provided an aesthetic context for this particular development within analytic work. Jung's conception of art-making, like Dada, entailed an alternative aesthetic to conventional ideas of beauty and form. Unlike Dada, however, the driving aesthetic for Jung's art-making was oriented towards a particular kind of integrity. He writes, 'It is not important for the picture [in analytic work] to be technically or aesthetically satisfying but merely for the fantasy to have free play and for the whole thing to be done as well as possible.'⁴⁶

How is it possible to understand the distinction Jung makes here? In terms of music therapy, one route into this aesthetic diversity is via a consideration of notions of "value", the question of what would constitute a "good improvisation" in what might be termed a performance setting, and a "good improvisation" in a therapeutic setting. Is there an aesthetic diversity to be conceptualised between improvising "for the sake of therapy", and improvising "for the sake of music"? ⁴⁷

Gary Peters has encapsulated a flavour of this distinction in terms of Heidegger's account of 'care', *sorge*. In '*Being and Time*, care is encapsulated in a number of ways. There may be the care for something, *besorgen*, or, care for the welfare of people, *fürsorge*, the latter translated as solicitude.⁴⁸ Peters explicitly and deliberately takes the

meaning of solicitude, however, to refer to both care for the [improvisatory] work and care for others. Peter's argument is that improvisation has become caught up with 'solicitude' only in the sense of 'care for others'.⁴⁹ Put simply, for Peters, it would seem, a good improvisation is one that is concerned with 'care for the work'. For the music therapist whose approach is rooted within a psychoanalytic paradigm, a good improvisation is concerned with 'care for others', in this case, care for the therapeutic quality of the relationship. This is an important shift of emphasis between distinct approaches to music-making.⁵⁰ Listening to the saxophonist and free improviser Evan Parker and his group, for example, it is possible to hear the players giving each other opportunities to "solo" one moment and play in parallel or together at other moments. New musical ideas emerge that might or might not be taken up by another player.⁵¹ A similar account could be given of the improvisation in a music therapy group: indeed the very purpose of such a group might be to provide individuals with an experience of being heard and listening to others, being supported in a solo, or alternatively supporting another group member. However, whilst there might be a convergence of aesthetic attitude in both settings, whereby value is placed upon the intensity of relationships in music, a diversity can be identified in the coherence of the overall musical outcome. For example, in music therapy a client might play repetitively over a long period of time without variation. the therapist might support this musically and engage with both the musical aspects of the repetition and the felt *experience* of relating in that same music, without necessarily extending the ideas or transforming the repetition into an aesthetic feature in and of its self. For the music

therapist, there is an emotional meaning in the repetition, rather than a purely *musical* meaning.

Brown writes about repetition in work with a five-year-old boy with Autism:

He chooses to play the small glockenspiel and plays each note consecutively from left to right and back again in a two-note stop/start pattern. I improvise on the piano, picking up the rhythm of this, matching the volume, speed and quality of his playing, singing 'hullo', as David plays on in left/right pattern. After a minute or so, I begin to alter the speed, slowing down. David, however, continues in the same manner, showing no awareness of my change. I rejoin his speed and then, a little later, try moving faster. At this point he says 'um', stops playing and reads the letter names of the bars of the glockenspiel.⁵²

From this description it is possible to glimpse how the focus of the music-making is upon therapist's close listening to the young client's particular quality of response to her rather than necessarily (instinctively even) seeking to create an overall coherence to his music by, for example, transforming it through rhythm or melody. The music-making remains as process, or in Jung's terms as 'active fantasy'. The repetition in Parker's playing, it may be conjectured will be taken up by his colleagues, imitated, or transformed, or deliberately ignored, but in this instance this will be in the service of the overall improvisatory event.

As Jung describes the creative process of the poet,

he submits his material to a definite treatment with a definite aim in view; he adds to it and subtracts from it, emphasising one effect, toning down another, laying on a touch of colour here, another there,

all the time carefully considering the over-all result and paying strict attention to the laws of form and style. He exercises the keenest judgment and chooses his words with complete freedom.⁵³

It is notable however that so far this discussion has assumed that the client shares and understands this view of aesthetic diversity where the emphasis in the music-making is to be upon what might now be termed as therapeutic work in contrast to art work. Furthermore, it was stated above that improvisation in music therapy emerged during a period of great musical freedom and that this contributed to a sound world within the clinical setting where it was generally acceptable that anything might happen. It is possible to speculate that this appreciation of freedom does not necessarily extend to every client. What does this mean for the adult client who approaches the music therapy session expressing the wish to play particular pieces of music, already composed? How does the music therapist approach this in the context of free play within an improvisatory culture of no right or wrong?

For Jung, the use of art media was supposedly a means to circumvent a sterility occurring in the therapeutic work, to provide a constant means for the new.⁵⁴ However, he identifies this same problem: where media are used in the pursuit of free fantasy,

[whilst] authentic contents may be produced, the patient evinces an exclusively aesthetic interest in them and consequently remains stuck in an all-enveloping phantasmagoria so that [...] nothing is gained [... T]he patient is sidetracked into purely aesthetic problems of artistic expression.⁵⁵

One common scenario, which can feel like an obstacle for the music therapist, is to find themselves working with a client who wishes solely to be taught an instrument, such as the guitar or piano. For a client to be invited into a room where there are musical instruments to play and a musician therapist to play the instruments with, it is not surprising, for example, that some people ask to be taught the guitar or piano so that they can play the song they have always wanted to perform. For some clients this might be extremely worthwhile and constitute the sum of both the content and meaning of their work with a music therapist.

For other clients in music therapy, the learning of a tune could be conceptualised as the conscious form of the therapeutic work, whilst the unconscious content may be immersed within the experience of the music-making. Working within this psychoanalytic framework, it might be thought that lessons are somehow a “defence” against the more challenging freedom of improvisation. However, to paraphrase Jung, it is not the ‘historical antecedents’ but the metaphorical *purpose* of this wish for lessons that is important in seeking understanding.⁵⁶ This points to Jung’s concern with overly reductive methods of understanding clinical material per se, that something of the fantasy, artistic or otherwise, in itself, gets “lost in translation”, so to speak. Indeed, as Patricia Skar writes, there may be therapeutic gain to be had in the receiving of piano lessons outside of the clinical setting:

In my piano teaching, many of my students were adults who were returning to the piano after studying it as children. The decision to confront the instrument again after many years of not playing often symbolized the facing of an important aspect of themselves which had been neglected. Often, I

saw that the actual, physical process of playing the piano was a potent catalyst to facing long repressed feelings from childhood [...] somehow, later in life, their original desire to make music had returned. Now it was necessary to do this with someone who could hold their attempts with love and in the spirit of play.⁵⁷

A similar tension may arise where the client doesn't wish to improvise but to sing romantic songs with the much younger female therapist. The form of the music therapy sessions can be understood as being defined through the singing of pre-composed songs, whereas the unconscious content—which might be given the name “longing”—in this instance manifests in the countertransference of the therapist.⁵⁸ As Jung writes, ‘Consciousness puts its media of expression at the disposal of the unconscious content. In giving the contents form, the lead must be left as far as possible by the chance ideas and associations thrown up by the unconscious.’⁵⁹ In following our clients’s direction we have the greatest hope of gaining understanding of their inner worlds.

In addressing this question, I suggest that Jung provides a way in which to approach the tension between conscious and unconscious intention in improvisation, a problematic tension which pervades clinical thinking in music therapy. That is to say, issues of aesthetics are usually not far off, even where the agenda is therapeutic. In all, as was asserted at the outset of this chapter, in ‘The Transcendent Function’ Jung identifies in the activity of free fantasy a means of apprehending the unconscious through art-making. He not only asserts a concordance between the improvisatory/play-orientated processes of accessing the unconscious through the spoken word, art, music, and movement, but also addresses the matter of what happens when art media are put to use

in this way. As suggested above, central to an understanding of Jung's principle of the transcendent function is the way in which both these tendencies, towards the aesthetic on the one hand, towards fantasy on the other, may be bound together in a 'compensatory' relationship of conscious and unconscious, with the one needing the other.

Conclusion

In this chapter I have emphasised some key themes in Jung's account of the unconscious and the activity of free fantasy in the form of art-making as transcendent function. In doing so I have suggested some areas of Jung's thinking that may be considered as his legacy to the contemporary discipline of music therapy. Whilst Jung did not include music in the art forms that he experimented with, I have demonstrated the way in which some of the issues he raises are equally applicable to music-making. Finally, I demonstrated how Jung identifies a distinction to be made between a formal aesthetic and what might be termed a 'therapeutic' aesthetic in art-making. Whilst Jung perceives a concern with aesthetic ideals, such as beauty for its own sake, as getting in the way of a therapeutic process, his synthetic understanding of the unconscious lends the need for 'conscious substance' or form.

At the start of this chapter, I presented the idea that 'The Transcendent Function' was written during World War I and that Jung's dialectical notion of conscious and unconscious was in part a response to this fragmentation of international relations that was taking place across Europe one-hundred years ago. I have also implied throughout

this chapter that music-making, both inside and outside therapy, is inherently intersubjective. Jung adeptly links these matters where he writes that

everyone who proposes to come to terms with himself must reckon with this basic problem [of relationships]. For, to the degree that he does not admit the validity of the other person, he denies the “other” within himself the right to exist—and vice versa. The capacity for inner dialogue is a touchstone for outer objectivity.⁶⁰

Notes:

¹ Carl G. Jung, ‘The Transcendent Function’, in *The Collected Works*, Vol. 8, *The Structure and Dynamics of the Psyche*, ed. Herbert Read, Michael Fordham, and Gerhard Adler, trans. R.F.C. Hull, 2nd edition (London: Routledge Keegan and Paul, 1969), 67–91.

² Jung, ‘The Transcendent Function’, ¶ 187.

³ Jef Dehing, ‘The Transcendent Function’, *Journal of Analytical Psychology* 38, Issue 3 (1993), 225.

⁴ ‘Towards the autumn of 1913 the pressure which I felt was in *me* seemed to be moving outward, as though there were something in the air. The atmosphere actually seemed to me darker than it had been. It was as though the sense of oppression no longer sprang exclusively from a psychic situation but from concrete reality [...] In October while I was alone on a journey, I was suddenly seized by an overpowering vision: I saw a monstrous flood covering

all the northern and low-lying lands between the North Sea and the Alps. When it came up to Switzerland I saw that the mountains grew higher and higher to protect our country. I realized that a frightful catastrophe was in progress. I saw the mighty yellow waves, the floating rubble of civilization, and the drowned bodies of uncounted thousands. Then the whole sea turned to blood. [...] On 1st August [1914] the world war broke out. Now my task was clear: I had to try to understand what had happened and to what extent my own experience coincided with that of mankind in general.' Carl G. Jung, *Memories, Dreams, Reflections*, ed. Aniela Jaffé, trans. Richard Winston and Clara Winston (London: Collins/Font Paperbacks, 1983), 199–200.

⁵ Jung, 'The Transcendent Function', ¶ 168.

⁶ Carl G. Jung, 'Definitions' in *The Collected Works*, Vol. 6, *Psychological Types*, 16th edn, trans. R.F.C. Hull and H.G. Baynes (Hove, East Sussex and New York, NY: Routledge Keegan and Paul, 1971), ¶ 715.

⁷ Jung, 'Definitions' ¶ 712.

⁸ Jung, 'Definitions' ¶ 714.

⁹ Andrew Samuels, Bani Shorter, and Fred Plaut, *A Critical Dictionary of Jungian Analysis* (London and New York: Routledge, 1986), 9.

¹⁰ Jung, 'The Transcendent Function', ¶ 145.

¹¹ See William McGuire and Richard Francis Carrington Hull (eds), *C.G. Jung Speaking: Interviews and Encounters* (London: Picador, 1980), 261–63. For examples of Jungian influenced accounts of music therapy, see: Mary Priestley, *Music Therapy in Action* (London: Constable, 1975); Diane S. Austin, 'The Role of Improvised Music in Psychodynamic Music Therapy with Adults', *Music Therapy* 14, Issue 1 (1996): 29–43; Sandra Brown, 'Some Thoughts on Music, Therapy, and Music Therapy: A Response to Elaine Streeter's "Finding a Balance between Psychological Thinking and Musical Awareness in Music Therapy Theory—a Psychoanalytic Perspective"', *British Journal of Music Therapy* 13, No. 2 (1999): 63–71; Johannes Th. Eschen, *Analytical Music Therapy* (London: Jessica Kingsley Publishers, 2002).

¹² Carl G. Jung and Joan Chodorow, 'Introduction' in *Jung on Active Imagination: Key Readings Selected and Introduced by Joan Chodorow* (London: Routledge, 1997), 1.

¹³ For the purpose of this chapter, where 'art' or art-making is specified, I shall be using 'art' in the collective sense meaning all art forms, including music.

¹⁴ Jung, 'The Transcendent Function', Prefatory Note, p. 68.

¹⁵ Jung, *Memories, Dreams, Reflections*, 194.

¹⁶ *Ibid.*, 197.

¹⁷ *Ibid.*, 198.

¹⁸ Jung, 'The Transcendent Function', ¶ 144–46.

¹⁹ *Ibid.*, ¶ 153.

²⁰ *Ibid.*, ¶ 154–165. Compare with Freud's essay 'The Unconscious', published the previous year in 1915, see especially 166–171. Many of Jung's comments with regards to technique are explicitly directed in criticism of Freud's method of Free Association. Sigmund Freud, 'The Unconscious', in The Standard Edition, Vol. 14, (1915-1916), *On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works*, trans. James Strachey (London: The Hogarth Press, 1957), 159–215.

²¹ Jung, 'The Transcendent Function', ¶ 155.

²² *Ibid.*, ¶ 167.

²³ *Ibid.*, ¶ 168–171.

²⁴ *Ibid.*, ¶ 168.

²⁵ Carl G. Jung, 'On the Relation of Analytical Psychology to Poetry' in *The Collected Works*, Vol. 15, *The Spirit in Man, Art and Literature*, ed. and trans. Gerhard Adler and R.F.C. Hull (London: Routledge Keegan and Paul, 1966), ¶ 99.

²⁶ Eduard Hanslick, *On the Musically Beautiful: A Contribution Towards the Revision of the Aesthetics of Music*, trans. Geoffrey Payzant (Indianapolis: Hackett Publishing, 1986).

²⁷ Mary Priestley, 'Linking Sound and Symbol', in *The Art and Science of Music Therapy: A Handbook*, ed. Tony Wigram, Bruce Saperston, and Robert West (Amsterdam: Harwood Academic Publishers, 1995), 130.

²⁸ Margaret Tilly, 'The Therapy of Music' in Mc Guire and Hull, (eds) *C.G. Jung Speaking*, 261–63 This short account was originally prepared as a contribution to a memorial booklet compiled by the Analytical Psychology Club in San Francisco in 1961, As it is probably a unique indication of any commentary from Jung regarding music therapy practice, and probably his sole meeting with a music therapist, Margaret Tilly's description of this encounter is frequently quoted. See also Dorinda Hawk Hitchcock, 'The Influence of Jung's Psychology on the Therapeutic Use of Music', *Journal of British Music Therapy* 1, No. 2 (1987), 17; Patricia Skar, 'The Goal as Process: Music and the Search for the Self', *Journal of Analytical Psychology* 47 (2002), 631.

²⁹ Margaret Tilly, 'The Therapy of Music', 263.

³⁰ Helen M. Tyler, 'The Music Therapy Profession in Modern Britain', in *Music as Medicine: The History of Music Therapy Since Antiquity*, ed. Peregrine Horden (Aldershot: Ashgate, 2000), 375–93.

³¹ Since 1996, music therapy has had legal status as a profession allied to medicine: it is recognised by the Health Care Professions Council.

³² Rachel Darnley-Smith, 'Improvisation as Transcendent Function: The Role of the Unconscious and Jung's Active Imagination in Twentieth-Century Music Therapy' (In Review)

³³ See John Paynter, *Hear and Now: An Introduction to Modern Music in Schools* (London: Universal Edition, 1972).

³⁴ Juliette Alvin, *Music Therapy* (London: Hutchinson, 1974), 104–105.

³⁵ Tyler, 'The Music Therapy Profession in Modern Britain', 387.

³⁶ This is not to say that all music-making at this time in music therapy was atonal: one of the two trainings to have been established by the mid-1970s was inspired and taught by the American composer and pianist, Paul Nordoff. Nordoff brought to bear on the new 'clinical improvisation' a deep affinity with the nineteenth- and early twentieth-century repertoire for piano.

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- ³⁸ Mercédès Pavlicevic, 'Dynamic Interplay in Clinical Improvisation', *Journal of British Music Therapy* 4, No. 2 (1990), 7.
- ³⁸ Stephen Malloch and Colwyn Trevarthen, 'Musicality: Communicating the Vitality and Interests of Life', in *Communicative Musicality: Exploring the Basis of Human Companionship*, ed. Stephen Malloch and Colwyn Trevarthen (Oxford: Oxford University Press, 2009), 2.
- ³⁹ *Ibid.*, 4.
- ⁴⁰ Colwyn Trevarthen and Stephen Malloch, 'The Dance of Wellbeing: Defining the Musical Therapeutic Effect', *Nordisk Tidsskrift for Musikterapi* 9, Issue 2 (2000), 6.
- ⁴¹ *Ibid.* See also Mercédès Pavlicevic and Gary Ansdell, 'Between Communicative Musicality and Collaborative Musicing: A Perspective from Community Music Therapy', in *Communicative Musicality*, ed. Stephen Malloch and Colwyn Trevarthen, 357–76.
- ⁴² Tessa Watson, 'Music Therapy with Adults with Learning Disabilities', in *The Handbook of Music Therapy*, ed. Leslie Bunt and Sarah Hoskyns (Hove: Brunner-Routledge, 2002), 103.
- ⁴³ Colwyn Trevarthen and Stephen Malloch, 'The Dance of Wellbeing'
- ⁴⁴ Jay Sherry, *Carl Gustav Jung: Avant-Garde Conservative* (New York: Palgrave Macmillan, 2010), 47.
- ⁴⁵ *Ibid.*
- ⁴⁶ Jung, 'The Transcendent Function', ¶ 168.
- ⁴⁷ See Darnley-Smith, Rachel, 'What is the Music of Music Therapy?: An Enquiry into the Aesthetics of Clinical Improvisation' (PhD diss., Durham University, 2013) for an extended discussion of this this topic.
- ⁴⁸ Michael J. Inwood, *A Heidegger Dictionary* (Oxford and Malden, MA: Blackwell Publishers Limited 1999), 35–6; Martin Heidegger, *Being and Time*, trans. John Macquarrie and Edward Robinson, 7th edition (Oxford: Blackwell Publishing, 2002.), 157 (¶ 121). Gary Peters, *The Philosophy of Improvisation* (Chicago and London: University of Chicago Press, 2009), 58.
- ⁴⁹ Peters, *The Philosophy of Improvisation*, 58.

⁵⁰ Some music therapists, especially perhaps those working outside of a psychoanalytic framework, would not share this view. See Kenneth Aigen, 'In Defense of Beauty: A Role for the Aesthetic in Music Therapy Theory: Part I: The Development of Aesthetic Theory in Music Therapy', *Nordic Journal of Music Therapy* 16, Issue 2 (2007), 115

⁵¹ In recognition that each improvisation is 'unique', the following event is referred to: Evan Parker, John Russell and John Edwards, Rose and Crown, Walthamstow, London, UK. Friday, 23 January 2015.

⁵² Sandra Brown, "'Hullo Object! I Destroyed You!'", in *The Handbook of Music Therapy*, ed. Leslie Bunt and Sarah Hoskyns, 84–96 (Hove: Brunner-Routledge, 2002), 86.

⁵³ Jung, 'On the Relation of Analytical Psychology to Poetry', ¶ 109.

⁵⁴ Jung, 'The Transcendent Function', Prefatory Note, p. 68.

⁵⁵ *Ibid.*

⁵⁶ *Ibid.*, ¶ 146.

⁵⁷ Patricia Skar, 'The Goal as Process', 631.

⁵⁸ For a case study account see: Rachel Darnley-Smith, 'Music Therapy with Elderly Adults', in *Music Therapy and Group Work: Sound Company*, ed. Alison Davies and Eleanor Richards (London: Jessica Kingsley, 2002), 77–89.

⁵⁹ Jung, 'The Transcendent Function', 85.

⁶⁰ *Ibid.*, ¶ 187.