



AALBORG UNIVERSITY
DENMARK

Aalborg Universitet

Experiences of transcendence and the process of surrender in guided imagery and music (GIM)

Blom, Katarina Mårtenson

Publication date:
2014

Document Version
Early version, also known as pre-print

[Link to publication from Aalborg University](#)

Citation for published version (APA):

Blom, K. M. (2014). Experiences of transcendence and the process of surrender in guided imagery and music (GIM): Development of new understanding through theories of intersubjectivity and change in psychotherapy. Aalborg Universitetsforlag.

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- ? Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- ? You may not further distribute the material or use it for any profit-making activity or commercial gain
- ? You may freely distribute the URL identifying the publication in the public portal ?

Take down policy

If you believe that this document breaches copyright please contact us at vbn@aub.aau.dk providing details, and we will remove access to the work immediately and investigate your claim.



EXPERIENCES OF TRANSCENDENCE AND THE PROCESS OF SURRENDER IN GUIDED IMAGERY AND MUSIC (GIM)

**DEVELOPMENT OF NEW UNDERSTANDING THROUGH THEORIES OF
INTERSUBJECTIVITY AND CHANGE IN PSYCHOTHERAPY**

**By
Katarina Mårtenson Blom**



AALBORG UNIVERSITY
DENMARK

**Dissertation submitted for the Degree of Doctor of Philosophy
Department of Communication and Psychology
Aalborg University, Denmark
2014**

Thesis submitted: August 4, 2014
PhD supervisor: Prof. Lars Ole Bonde, Aalborg University
PhD committee:
Prof. Em. Denise Grocke, University of Melbourne, Australia
Prof. Em. Antoon Geels, University of Lund, Sweden
Prof. Inge Nygaard Pedersen, Aalborg University

PhD Series: Faculty of the Humanities, Aalborg University

ISBN: 978-87-89701-55-4

Published by:
Aalborg University Press
Skjernvej 4A, 2nd floor
DK – 9220 Aalborg
Phone: +45 99407140
aauf@forlag.aau.dk

© copyright by author
cover image by author: The Music – Transcendence Interface

Printed in Denmark by Rosendahls, 2014



Katarina Mårtenson Blom
kia.m-blom@telia.com

Lic psychologist, lic psychotherapist, supervisor and trainer in psychotherapy, GIM fellow, Associate GIM trainer.
Private practice in Stockholm, Sweden for psychotherapy, supervision and training.

Associate trainer and supervisor in psychotherapy at St Lukas, Ersta Sköndal University, Stockholm.

ABSTRACT

The study was developed within a pragmatic and constructivist paradigm, with a qualitative and flexible research design, using a hermeneutic - phenomenological methodology. Six previously written articles and book chapters were explored and essential themes of interest were identified:

- Music in GIM was explored as a relational agent, with musical elements metaphorically serving as relational ingredients in verbal as well as GIM therapeutic practice.
- The epistemology of implicit and subjective knowledge was considered crucial in understanding the transforming power of GIM.
- Collaboration as an unavoidable, necessary and desirable force in psychotherapy as well as in research was confirmed, and the collaborative perspective was assumed to mirror the intersubjective perspective.

The latest preliminary study (Mårtenson Blom, 2010) was written as a preparation for this larger study, leading to the formulation of the research questions:

1. *Can the categories of analysis identified in a pilot study (Mårtenson Blom, 2010) be useful in developing a new understanding of transpersonal and spiritual GIM experiences and their transforming power? If yes, in what ways?*
2. *How are the relational modes that constitute shared lived experience/ intersubjectivity expressed and described in the transcripts of GIM sessions?*

Data collection was done through two focus group interviews with GIM therapists (n=7), GIM session transcripts (n=38), and collaborative interviews with therapist and participants (n=4). Data analysis was performed through hermeneutic methodology and thematic analysis. The key concept, process of surrender (Mårtenson Blom, 2010), was explored through a triangulation of data:

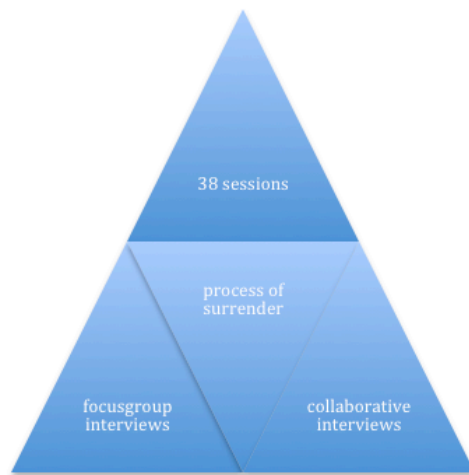


Figure 1.1. Triangulation of data collection

The Participants (n=10) configured a non-clinical sample, six with former experience of GIM receiving three sessions and four with no former GIM experience receiving five sessions (n= 38). The GIM music programs used the most were “Faith”, “Gaia”, “Sublime 1 & 2”, and “Explorations”.

The findings confirmed the applicability of the categories of analysis from the preliminary pilot study. It was possible to illuminate the GIM process in new ways, e.g. it was possible to make assumptions about patterns in the participants’ implicit relational knowing and deepening levels of interaction between therapist, music and participant. From an intersubjective perspective, the analysis contributed with new knowledge about the change process in GIM during transpersonal and spiritual experiences and about the transformational therapeutic process as a whole. The concept Relational Mode of Surrender from the small study was further explored and applied to the GIM process. A music analysis was conducted with the aim of exploring the interaction between music classification categories and experiential categories (categories of analysis). The findings illuminate important elements and connections in the intersubjective field of music, therapist and participants.

Applications for clinical practice, training of GIM therapists and further research were discussed.

ABSTRACT IN SWEDISH

Den receptiva musikterapiemetodiken Guided Imagery and Music (GIM), innebär att klienten (i detta sammanhang forskningsdeltagaren), inom en psykoterapeutisk kontext, arbetar i ett fokuserat medvetandemodus, med inre upplevelser (bilder, olika sinnesförmåelser och känslor), med hjälp av musiklyssning och bildarbete. Klienten lyssnar vanligtvis liggande, och under musiklyssningen samtalar/interagerar terapeut och klient både verbalt och ickeverbalt, och terapeuten skriver simultant ner det som sker för klienten och vad som delas och uttrycks mellan terapeut och klient, i ett sk GIM protokoll.

Denna studie har undersökt den terapeutiska processen i GIM, främst under musiklyssningsfasen, och specifikt fokuserat på transcendens-upplevelser, och överlåtelseprocessen (Mårtenson Blom, 2010).

Studien är utvecklad inom ett pragmatiskt och konstruktivistiskt forskningsparadigm, med en kvalitativ forskningsdesign. Den övergripande metodologin har varit hermeneutisk – fenomenologisk. Studien tog utgångspunkt i sex tidigare publicerade texter, artiklar och bok-kapitel, och genom en återblickande analys identifierades tre centrala teman. Dessa fick sedan ligga till grund för den fortsatta forskningsprocessen.

Den senast publicerade artikeln (Mårtenson Blom, 2010) dokumenterade en pilotstudie och skrevs som en förberedelse för denna större studie, vilket ledde till formulerandet av dess forskningsfrågeställningar:

- 1. Kan analyskategorierna som identifierades i den preliminära/pilot studien (Mårtenson Blom, 2010), användas för att utveckla ny kunskap om den transformerande potentialen i transpersonella och andliga upplevelser i GIM psykoterapi, och i så fall på vilka sätt?*
- 2. Hur visar sig de former för interaktion och relaterande, som utgör delad levd erfarenhet/ intersubjektivitet, i de skrivna GIM protokollen?*

I klagörande syfte introduceras analyskategorierna i detta abstract. I övrigt hänvisas till Mårtenson Blom (2010).

Tabell. Analyskategorier med definitioner och exempel ur (olika) GIM protokoll.

	Analyskategori	Definition	Exempel
1	Uppmärksamhetsfokus – ett delande av uppmärksamhet	Beskrivningar av och uttryck för var i upplevelsefältet uppmärksamheten fokuseras, som start för ev rörelse.	Jag ser mig själv plötsligt Nu är jag en fågel Känner vattnet Någon som drar mig B: det är otroligt djupt och mörkt Det är någonting läskigt under Ser formen högt upp i himlen Ingenting runt omkring Är i mitten av den enorma pelaren Jag är i vinden
2	Rörelse och riktning – ett delande av intentionalitet	Beskrivningar av och uttryck för intention, riktning, rörelse, upplevda som mer eller mindre avsiktliga.	Varm luft kommer emot mig Jag kanske faller Kan se runt jorden Jag landar Som om jag flyter och rör armarna och simmar Kan röra mig fritt Har fortfarande kontroll Jag stiger uppåt och stannar Tror jag rör mig neråt Kan gå in i det Kroppen kan vrida och snurra
3	Affektivitet – delande, intoning och reglering uttryckt i kropp, kännande och ord	Beskrivningar av och uttryck för affektiv kvalitet som omger och färgar interaktionen (vitalitetsaffekter och/eller kategori-affekter)	Roligt och kraftfullt Så starkt Som fjärlar i magen Känns lätt. Läskigt Flytande Konstigt Sorgligt och melankoliskt Yr Rädd (gråt, skrik, skratt, tung andning, spark)
4	Dela och reglera likhet, igenkännande, bekräftelse i uppmärksamhet, intentioner och kännande	Beskrivning av eller uttryck för upplevelser av bekräftelse, igenkännande, tillhörighet. Ofta starkt aktiverande affektivitet.	A: Jag är en fågel och jag kan se överallt, det händer så fort och jag kan röra mig fritt. Luften balanserar min kropp, kan känna berget under mina fötter. B: Jag kan ligga på spetsen av klippan Jag stiger uppåt och vilar i en stor cirkel,

			kan känna hur jag är i vinden och följer den.
5	Dela och reglera skillnad – icke-igenkännande, i uppmärksamhet, intentioner och kännande	Beskrivning av eller uttryck för spänning, brott/avbrott och/eller icke bekräftelse, övergivande. Ofta också ångest, skam eller andra hämmande affekter.	A: Plötsligt ser en klippkant, ser läskigt ut. Jag förblindas av solen, måste blunda, men ändå en rörelse. B: måste jobba för att inte falla, känner mig rädd, och yr. Vad händer? C: inlåst, i nån sorts glasbur, de skrattar åt mig. D: ingen ser mig
6	Överlåtelse – överlämnande, att öppna upp och släppa taget i relation till ngn/ngt, ngt ”tredje”, med kvalitet av ngt större bortom självet	Uttryck för att bli hållen, alt. omfatta/omfattas av hållande, av spänningsfält, av att släppa tag, transcendera gränser.	A: Är hopkopplad med, ett med Naturen B: Någon drar mig, känner kraften C: Vinden vill att vi ska blåsa tillsammans D: Jag är ljus, det är inuti och omkring mig E: Sanden rör sig och bär mig, blir ett med havet

Metoder för data insamling var två fokusgruppintervjuer med GIM terapeuter (n=7), protokoll från GIM sessioner (n=38), och samforsknings-intervjuer med terapeut och forskningsdeltagare (n=4).

Data analysen var grundad i en hermeneutisk metodik och tematisk analys. Studiens nyckelbegrepp, överlåtelseprocessen i termer av interaktions och relationsformer (Mårtenson Blom, 2010), utforskades genom triangulering av data:



Figur. Triangulering av data insamling

Forskningsdeltagarna (n=10) utgjorde ett icke-kliniskt urval, varav sex hade tidigare erfarenhet av GIM sessioner och fyra utan sådan erfarenhet. De erfarna fick tre sessioner och de icke-erfarna fick fem sessioner (n=38). De GIM musikprogram som användes hade beteckningarna "Faith", "Gaia", "Explorations" och "Sublime 1 & 2". Resultaten bekräftade användbarheten av analyskategorierna från pilot studien. De möjliggjorde att GIM processen kunde belysas på nya sätt. Antaganden kunde göras angående mönster i och utveckling av deltagarnas implicita relationskunskap, samt om fördjupning av kvaliteten i samspelet mellan deltagaren, terapeuten och musiken. Ur ett perspektiv grundat i teorier om intersubjektivitet, bidrog analysen med ny kunskap om förändringsprocessen i GIM, specifikt under transcendensupplevelser med transpersonellt och/eller andligt innehåll, och generellt om transformationsprocessen i sin helhet. Begreppet "Överlåtelsemodus" (eng. "Relational Mode of Surrender") från pilotstudien, utforskades vidare och applicerades på GIM processen.

En musikanalys utfördes i syfte att utforska interaktionen mellan musik-klassificeringskategorier (eng "music classification categories") och erfarenhetsgrundade kategorier (analyskategoriernas innehåll). Resultaten belyser viktiga element i och beröringspunkter emellan musiken, terapeuten och deltagaren i det intersubjektiva fältet.

Områden för tillämpning inom klinisk praktik, för utveckling av GIM utbildning, samt för fortsatt forskning där analysmetodiken kan kombineras med olika effektmätninginstrument, identifieras och diskuteras.

ACKNOWLEDGEMENTS

The project is finally completed and I feel a great joy and gratitude! In some remarkable way, forces and energies have cooperated and I have felt it like wind in my sails, and music in my heart. Thank you!

My first inspiration was all my clients, and I deeply thank L who let me publish the story of her work and the follow-up collaborative interview.

I would like to thank the participants of this project who let me share their deep and transforming work. I especially thank the four women whom I met in person in the collaborative interviews. Their voices were invaluable.

Thank you Lars Ole Bonde, my supervisor! with your warm and supportive way to supervise! He was always clear, prompt and patient in his directives, and never ever conveyed that he did not believe in or did not understand what I was up to, even though that sometimes might have been the case. Without his deep knowledge about GIM *and* research, this project would not have been completed. He also very generously invited me to cooperate and take part in his research project on music and strong experiences. Without that openness, this project would have taken much more efforts.

Next, I pay my gratitude to the therapist in this project, Ellen Thomasen. Her enormous generosity made it possible to conduct the collaborative interviews together with her and four of the participants. The findings of this study illuminated the crucial importance of the GIM therapist, and Ellen was providing that through her presence and skilled ways of working.

Thank you to the Aalborg Doctoral Programme! An open, non-hierarchical, dialogical and enjoyable climate for learning research! Tony Wigram in memoriam, who invited me with warmth, brightness and humour, Lars Ole Bonde's teachings on top of his supervision hours, Hanne Mette Ridde's warm, calm and patient structure-holding, Inge Nygaard Pedersen's supportive stance and exciting guiding tours in the (outer) Danish landscape, Ulla Holck, Nils Hannibal and Stine Lindal all hosting great parties,

Charlotte Lindvang, Bolette Daniels Beck and Eric Christensen, three of the forerunners on the path to Phd.

Thanks to the whole group – great presentations and discussions every time – warm atmosphere with so many dinners, parties and music making!

Cathy McKinney, a GIM fellow and guest teacher at the program who succeeded in waking up some of my buried knowledge in statistics, and gave great support with her presence and good questions.

Lisa Summer, also a forerunner, who gave me great support and advice both on my English language and on writing the thesis.

Thank you also for the engagement from my Swedish GIM colleagues! Thanks to those of you who took part in the focus group interviews and the validation analysis of transcripts. All along, I felt support and curiosity from Margareta Wärja, Gabriella Rudstam, Ingrid Hogan, Lena Uggla, Karin Johannesson and Gudrun Hofsten.

Thanks to Björn Wrangsjö, fellow in the Music, who's general support in doing research followed me, and who generously let me reprint parts from the book we wrote together.

Thanks to my dear colleague Gudrun Hofsten, who also conducted the collaborative interview of the clinical case.

Thanks to Tomas Blom, my dear husband, whose unconditional love and patience is invaluable, and who also did the proofreading.

TABLE OF CONTENTS

CV	2
Abstract	3
Abstract in Swedish	5
Acknowledgements	9
Table of Contents	11
Index of Tables	15
Index of Figures	17
Chapter 1. Introduction	19
Chapter 2. Previous Writings and Theoretical Background	22
2.1. Overview of chapter	22
2.2. Review of previously written articles and chapters	22
2.2.1. Music and Dialogue	23
2.2.2. Supervision and Gender perspectives	24
2.2.3. Implicit knowing, supervision and creative writing	24
2.2.4. Collaboration, dialogue and co-research – mutual processes in therapy and research	25
2.2.5. Transpersonal and spiritual BMGIM experiences and the process of surrender, Mårtenson Blom, 2010	25
2.2.6. Conclusions and essential themes	44
2.3. Theoretical Background	45
2.3.1. Meta-studies of psychotherapy research – a brief introduction	45
2.3.2. Ingredients of Intersubjectivity	46
2.3.3. Change and transformation in psychotherapy	54
2.3.4. Affect theory – relevant concepts	62
2.3.5. Transcendence and Altered States of Consciousness (ASC)	65
2.3.5.1. Transcendence, ASC and Music	66
2.3.5.2. Transcendence and intersubjectivity	67
2.3.6. The Concept of Surrender	70
Chapter 3. Literature review	73
3.1. Overview of chapter	73
3.2. The field of Guided Imagery and Music (GIM)	73
3.2.1. Experiences of transcendence in GIM: peak-, pivotal, transpersonal and spiritual	73
3.2.2. Therapist's and client's experiences and therapeutic process in GIM	78
3.2.3. Music in GIM - ontological and therapeutic issues concerning the presented topics	84
3.2.4. Research using GIM transcripts as source of data collection	90
3.2.5. Relational perspectives in GIM	91
3.2.6. Helen Bonny's writings on the presented topics	93
3.3. Conclusion - identification of research questions	96
Chapter 4. Methodology	97
4.1. Introduction	97
4.2. Preunderstanding concerning epistemology and ontology	98
4.2.1. Epistemological and ontological stance	98
4.2.1.1. Hermeneutics	98
4.2.1.2. Phenomenology	99

4.2.1.3. Systems Theory	101
4.2.1.4. Gender perspective	104
4.2.2. Theoretical underpinning of qualitative methodology and choice of methods	104
4.2.3. Music ontology – preunderstanding	107
4.2.4. GIM transcripts as data collection instrument, considerations and preunderstanding	112
4.3. Self inquiry	114
4.3.1. Reflexive self-inquiry – self hermeneutics	114
4.3.2. The Rep Grid inquiry	118
4.3.2.1. Introduction	118
4.3.2.2. Preparing and conducting	118
4.3.2.3. The analysis	120
4.4. Participants	124
4.5. Methodological procedure	127
4.5.1. Overview	127
4.5.2. Choice of methods for data collection	130
4.5.3. Data collection	132
4.5.3.1. Procedure – focus group interviews	132
<i>Preparation</i>	
<i>Interview format</i>	
4.5.3.2. Procedure – transcript analysis	133
4.5.3.3. Procedure – collaborative interviews	135
<i>Background</i>	
<i>General outline of themes of inquiry</i>	
4.5.3.4. Procedure – vertical analyses of cases	137
4.5.4. Data analysis	138
4.5.4.1. Data from focus group interviews	138
4.5.4.2. Categorical analysis of transcripts	138
4.5.4.3. Analysis of data from collaborative interviews	139
4.5.4.4. Transcript analysis by independent analyser	140
4.5.4.5. Validation analysis	140
4.5.4.6. Blind analysis by former focus group members	141
4.5.4.7. Music analysis	141
<i>Introduction</i>	141
<i>Analysis and classification procedure</i>	143
4.6. Time-line of the research project – transparent hermeneutics	146
Chapter 5. Results	151
5.1. Introduction – overview of chapter	151
5.2. Results from focus group interviews	151
5.2.1. Meaningfulness	152
5.2.2. Usefulness	154
5.2.3. Engagement	156
5.2.4. Summarizing results in connection to research question	157
5.3. Results from transcript analysis, horizontal analysis and the analysing process	158
5.3.1. Introduction	158
5.3.2. Transcript analysis	159
5.3.3. Horizontal analysis and the analysing process	175
5.3.4. Patterns of interactions	176
5.3.5. Levels of interactions	177
5.3.6. Occurrence of Relational Mode of Surrender	179
5.4. Music during the Process of Surrender	181

5.4.1. Introduction	181
5.4.2. Analysis of interaction between music and categories of analysed experience	184
5.5. Vertical analysis – interaction between transcript analysis music analysis and findings from collaborative interviews	191
5.5.1. Introduction	191
5.5.2. Vertical analysis 1	192
5.5.3. Vertical analysis 2	199
5.5.4. Vertical analysis 3	205
5.5.5. Vertical analysis 4	210
5.5.6. Summarizing findings	214
5.6. Results from validations of the transcript analysis	218
5.6.1. Transcript analysis done by independent analyser	219
5.6.2. Validation analysis by researcher	223
5.6.3. Blind analysis of transcript excerpts	227
5.7. Summarizing analysis of results in relation to research questions	229
Chapter 6. Discussion	233
6.1. Overview of chapter	233
6.2. Discussion of findings	233
6.2.1. Findings from focus group interviews	234
6.2.2. Findings from transcript analysis, horizontal analysis and analysing process	234
6.2.3. Findings from music analysis music during occurrence of Process of Surrender	236
6.2.4. Vertical analysis – combining findings from collaborative interviews, transcript analysis and music analysis	238
6.2.5. Findings from validating transcript analysis	239
6.3. Findings in relation to the theoretical background	240
6.3.1. Previous writings	240
6.3.2. Intersubjectivity as theoretical framework for the findings	240
6.3.3. Change and transformation	241
6.3.4. Intentionality	243
6.3.5. Affect theory	246
6.3.6. Transcendence and ASC	250
6.4. Findings in relation to literature review on GIM	252
6.4.1. Experiences of transcendence in GIM	252
6.4.2. Therapist's and client's experiences, and therapeutic process in GIM	254
6.4.3. Music in GIM	259
6.4.4. Relational perspectives in GIM	262
6.5. Limitations – methodological discussion	263
6.5.1. Focus group interviews	264
6.5.2. Participants and transcripts	264
6.5.3. GIM transcripts as documents	266
6.5.4. Collaborative interviews	267
6.5.5. Methods of data analysis	268
6.5.6. General methodology	269
6.5.7. What would I have done differently if I had started now?	273
6.6. Applications	273
6.6.1. Clinical applications	273
6.6.2. Cultural aspects and clinical applications	277
6.6.3. Applications for GIM training	279
6.7. Future research	279
6.8. Perspectives and conclusions	280

6.8.1. Summarizing findings	280
6.8.2. Confirmations and surprises	282
6.8.3. The Concept of Surrender – concluding remarks	283
English summary	286
Appendix 1	299
Clinical case	
Appendix 2	326
USB Files:	
Analysed transcripts	
Clinical case material	
Collaborative interviews	
Focus group interviews	
Previously written articles and book-chapters	
Validation analysis	
References	327

Index of Tables

Table 2.1. Categories 1-3 with excerpts from transcripts	34
Table 2.2. Categories 4-6 with excerpts from transcripts	37
Table 4.1. Areas of interest from initial proposal	116
Table 4.2. List of elements – session examples	120
Table 4.3. The most important aspect of the GIM therapy as reported by GIM-experienced and – unexperienced participants	127
Table 4.4. Definitions and examples of categories of analysis	135
Table 4.5. Development of thematic analysis	140
Table 5.1. Transcript analysis: excerpts from sessions 1-5, P7	160
Table 5.2. Transcript analysis: excerpts from sessions 1-5, P8	162
Table 5.3. Transcript analysis: excerpts from sessions 1-5, P6	165
Table 5.4. Transcript analysis: excerpts from sessions 1-3, P3	167
Table 5.5. Transcript analysis: excerpts from sessions 1-3, P1	169
Table 5.6. Transcript analysis: excerpts from sessions 1-3, P2	170
Table 5.7. Transcript analysis: excerpts from sessions 1-3, P4	171
Table 5.8. Transcript analysis: excerpts fro sessions 1-3, P5	172
Table 5.9. Transcript analysis: excerpts from sessions 1-5, P9	173
Table 5.10. Transcript analysis: excerpts from sessions 1-3, P10	175
Table 5.11. Occurrence of the Relational Mode of Surrender	181
Table 5.12. Summarized depiction of occurrence of category 6	181
Table 5.13. Faith (8/38, 21% of sessions) Music classification categories sequence: 3-4-4-2-3	185
Table 5.14. Gaia (6/38, 16% of sessions) Music classification categories sequence: 2-4-3-2-3-1	186
Table 5.15. Sublime 1 (10/38, 26% of sessions) Music classification categories sequence: 2-3-1-3-1-1	186
Table 5.16. Sublime 2 (9/38, 24% of sessions) Music classification categories sequence: 3-3-3-4-3-3	186
Table 5.17. Explorations (3/38, 8% of sessions) Music classification categories sequence: 2-4-2-4-3-1	186
Table 5.18. Caring (1/38, 3% of sessions) Music classification categories sequence: 3-1-3-1-2-1	187
Table 5.19. Interaction between MCCs and Process of Surrender	187
Table 5.20. Transcript analysis: excerpts from sessions 1-5, P7	193
Table 5.21. Explorations (8% of sessions) Music classification categories sequence: 2-4-2-4-3-1	196
Table 5.22. Gaia (16% of sessions) Music classification categories sequence 2-4-3-2-3-1	196
Table 5.23. Sublime 1 (26% of sessions) Music classification categories sequence: 2-3-1-3-1-1	196
Table 5.24. Faith (21% of sessions) Music classification categories sequence: 3-4-4-2-3	196
Table 5.25. Sublime 2 (24% of sessions) Music classification categories sequence: 3-3-3-4-3-3	196
Table 5.26. Perspectives from Collaborative Interview 1, P7	197
Table 5.27. Transcript analysis: excerpts from sessions 1-5, P8	200
Table 5.28. Sublime 1 (26% of sessions) Music classification categories sequence: 2-3-1-3-1-1	202
Table 5.29. Explorations (8% of sessions)	203

Music classification categories sequence: 2-4-2-4-3-1	
Table 5.30. Faith (21% of sessions)	203
Music classification categories sequence: 3-4-4-2-3	
Table 5.31. Gaia (16% of sessions)	203
Music classification categories sequence 2-4-3-2-3-1	
Table 5.32. Sublime 2 (24% of sessions)	203
Music classification categories sequence: 3-3-3-4-3-3	
Table 5.33. Perspectives from Collaborative Interview 2, P8	204
Table 5.34. Transcript analysis: excerpts from sessions 1-5, P6	206
Table 5.35. Caring (3% of sessions)	209
Music classification categories sequence: 3-1-3-1-2-	
Table 5.36. Sublime 1 (26% of sessions)	209
Music classification categories sequence: 2-3-1-3-1-1	
Table 5.37. Sublime 2 (24% of session)	209
Music classification categories sequence: 3-3-3-4-3-3	
Table 5.38. Faith (21% of sessions)	209
Music classification categories sequence: 3-4-4-2-3	
Table 5.39. Perspectives from Collaborative Interview 3, P6	210
Table 5.40. Transcript analysis: excerpts from sessions 1-3, P3	211
Table 5.41. Sublime 2 (24% of sessions)	213
Music classification categories sequence: 3-3-3-4-3-3	
Table 5.42. Sublime 1 (26% of sessions)	213
Music classification categories sequence: 2-3-1-3-1-1	
Table 5.43. Gaia (16% of sessions)	214
Music classification categories sequence: 2-4-3-2-3-1	
Table 5.44. Perspectives from Collaborative Interview 4, P3	214
Table 5.45. Excerpts from session 2/P7 – Music: Gaia	220
Table 5.46. Excerpts from session 1/P6 – Music: Caring	220
Table 5.47. Excerpts from session 1/P10 – Music: Faith	221
Table 5.48. Collaborative interview 1, P7. Excerpts from session 2 – Music program: Gaia	225
Table 5.49. Collaborative interview 2, P8. Excerpts from session 4 – Music program: Gaia	226
Table 5.50. Collaborative interview 3, P6. Excerpts from session 2 – Music program: Sublime 1	226
Table 5.1. Collaborative interview 4, P3. Excerpts from session 2 – Music program: Sublime 1	227
Table 5.52. Similarities and differences in interpretations between researcher (KMB) and participating analyst (PA)	228
Table 6.1. Excerpts from session 3, P10 – Music: Gaia	244
Table 6.2. Excerpts from session 3, P8 – Music program: Faith	245
Table 6.3. Perspectives on qualities in the collaboration from second collaborative interview	245
Table 6.4. Excerpts from session 5 – Music program: Sublime 2	248
Table 6.5. Categories 4, 5 & 6 in comparison to concepts from affect theory	250

Index of Figures

Figure 4.1.	121
Graphic description of rated elements and their relationships to constructs	
Figure 4.2.	123
Depiction of conceptual construction of Relational Mode of Surrender	
Figure 4.3. Flow-chart – methodological levels	130
Figure 4.4. Data triangulation	132
Figure 4.5. The collaborative interview interaction structure	137
Figure 4.6. Flow-chart – time-line	148
Figure 5.1.	177
Depiction of how sequences of categorized experiences interact and develop patterns of interaction	
Figure 5.2.	178
Depiction of how patterns in sequences of categorized experiences developed into a relational mode of surrender	
Figure 5.3.	179
Levels of interaction – relational modes – deepening into a Process of Surrender	
Figure 5.4.	180
Levels of interaction developing and paving the way for transpersonal or spiritual experiences	

CHAPTER 1. INTRODUCTION

*In the day's first hours consciousness can own the world
like a hand enclosing a sun-warm stone.
(Tomas Tranströmer)*

Inspirations and intentions

Music has always been a deeply reliable and inspiring companion of mine, probably or most certainly, a member of my inner flock of attachment figures. There are early memories of parents, perhaps in their best moods, in songs and playing piano (mother) and guitar (father). Both 'just amateurs' just as my path eventually developed. I also have very early sound memories from old LP recordings with Margareta Kjellberg and Alice Tegnér, and body memories from entering music and movement kindergarten with Gullan Bornemark, at the age of three. They were all women and all very typical Swedish icons, for those of us who were born in the late forties and early fifties, and were 'lucky' to thrive in middleclass families. Music saved my teens, both the mazurkas of Chopin on the piano and Joni Mitchells and The Beatles lyrics and melodies on guitar. I tried them all, and sometimes imagined I would be a professional.

After many years as psychologist and psychotherapist, first in child and family psychiatry and later in private practice, I found GIM in 1995. Now, almost twenty years later this thesis hopefully represents a fruitful collaboration between music as inspiration, and my experiences in the healing practice of psychotherapy.

When I embarked this research path, I was privileged to be able to build on and partly include previous writings and developed ideas. They mirror my sources of inspiration and most vital concerns.

Another inspiring ingredient, or driving force, is of course to constantly develop my skills in assisting clients in psychotherapy and GIM. This research project was very much driven by my clinical needs to better understand and help in transforming processes in general and transforming processes in GIM in particular. This project could also have been developed with clients from my own clinical practice as participants, and perhaps this will be the next step. As a first step, through the participants in this study, I got the opportunity to develop and confirm important

contributions to both clinical GIM practice and future studies on the effects of GIM psychotherapy.

A third inspiration comes from the paradox, that understanding and explaining are perhaps just vanity - humanity is a mystery. To even believe that “transpersonal and spiritual GIM experiences” can be a research focus depend on my love for aesthetics, curiosity and spirituality as crucial qualities of life, and the question that I ask myself when I sense this paradox, is: Is this project more research on KMB’s thoughts and experiences than on something generalizable and reliable? I leave that to be judged by the scientific committee, and you readers.

The steps into research as a new profession has been very inspiring and must be shortly acknowledged. During a few years I searched for the “right gate” to enter. Since I am a psychologist, I could have applied for my doctoral studies at the Department of Psychology at Stockholm University, but the field of music and psychotherapy was not satisfactory acknowledged there. I also tried a preparatory course at Uppsala University, department of psychology of religion, but did not find that site enough clinically-practically focused. This preparatory course did however help in the process of developing the categories of analysis, eventually used and reported on in the small study. At the first visit to Aalborg Doctoral Program with the atmosphere of dialogue, seriousness, curiosity, musicality, non-hierarchy, warmth and ambition, the “right place” was found.

After enrolment and some time on the path, approximately 1-2 years, I started to realize that the writing – or composing (M. C. Bateson, 1989) – of a thesis was the goal, a written text that should present the findings, but also the process of the research work. I had to find a rhythm and structure in my daily working life, and this developed eventually. The writing process along the way was enjoyment and struggle, satisfaction and striving, chaos and enlightenment, darkness and brightness.

Overview of the thesis

The research questions build on former ideas and fields of interest, and the thesis consequently starts with an introduction of Previous writings (chapter 2). From the beginning, I intended to include previous articles and book chapters, but decided to attach all but the latest one in the appendix. In the process of writing, I translated the ones in Swedish into English and this also made it possible for me to revisit, reflect

and recapitulate them. This process is also described in chapter 2. The latest article (Mårtenson Blom, 2010) was included in the chapter and leads over to the section theoretical background. During the research process, I wrote a book together with a colleague (Mårtenson Blom & Wrangsjö, 2013) on Intersubjectivity. The Theoretical background, also in the second chapter, includes some translated sections from this book. The third chapter presents the Literature review on research and writings in the field of GIM, leading up to my research questions. The Methodology chapter, with my choices of a qualitative methodology, considerations on epistemology, and issues of self-inquiry, then follows. In the Results chapter (5), findings are presented. This chapter turned out to be quite spacious and during the writing process, I decided not to include the presentation of a clinical case and instead put it in the appendix. The case illustrates the application of the findings on a clinical setting, as well as my ways of working as a clinician. The thesis ends with the Discussion chapter (6).

The attached USB contains:

the clinical case, the analysed GIM transcripts, focus group interviews on mp3 files and thematically transcribed, and collaborative interviews, as IMovie zip files and thematically transcribed and analysed, consents from participants.

Notes on terminology and abbreviations

The Bonny method of Guided Imagery and Music was abbreviated GIM. In the Result chapter I abbreviated the therapist (T), the participants (P or Ps) and the interviewer (I). In the Methodology chapter and in the sections 5.1 – 5.3 of the Result chapter *category of analysis* is sometimes abbreviated (C), but mostly written *category* together with relevant number (1-6). From section 5.4, I both used the term *category of analysis* and *experiential category*, abbreviated (EC), and the latter was consequently combined with *music classification category* (MCC) in both text and tables.

When the analysed transcript excerpts are compiled for each participant, e.g. five or three session series, they are presented in one Table. This was done both in sections 5.3 and 5.5. Each session excerpts were given a title in bold and the Table headline was printed above the whole series.

CHAPTER 2. PREVIOUS WRITINGS AND THEORETICAL BACKGROUND

*The string quintet is playing. I walk home through the humid woods
with the ground springing under me,
huddle like one unborn, fall asleep, roll weightless into the future,
know suddenly that the plants have thoughts.
(Tomas Tranströmer)*

2.1. Overview of chapter

The first part of the chapter presents previously written articles and book-chapters. In reviewing the previously written texts, essential themes and ideas will be summarized and connected to the second part of this chapter, the Theoretical background of the formulated research questions.

2.2. Review of previously written articles and chapters

As senior applicant for the PhD course, previously written articles and book chapters were presented in the research proposal. The articles and chapters listed below are in full text in the appendix, except the last one, which is presented below.

1. Mårtenson Blom, Katarina (2002): Musik och samtal. Fokus på Familien, vol.30, 114-124. (Published in English: Music and dialogue – Guided Imagery and Music in a systemic relational therapy setting. Human Systems: Journal of Systemic Consultation & Management. Vol.15:4, 227-238.)
2. Mårtenson Blom, Katarina (2003-2004): Guided Imagery and Music in Supervision: Applications of Guided Imagery and Music (GIM) for Supervision and Professional Development. AMI Journal Volume 9 (97-118).
3. Mårtenson Blom, Katarina (2004a): Kön och genus som perspektiv i handledning, from Wrangsjö, B.(ed.):*Utforska tillsammans - handledande förhållningssätt. pp 39-64.* Mareld, Stockholm. (In English in this thesis: Sex and gender as perspectives on supervision and consultation. From Wrangsjö, B.(ed)(2004): *Explore together – stance and policy in supervision and consultation. pp.39-64. Mareld, Stockholm*)

4. Mårtenson Blom, Katarina (2004b): Att ordsätta det ordlösa - en handledares dagbok, from Wrangsjö, B.(ed.). *Utforska tillsammans - handledande förhållningssätt. pp 205-235*. Mareld, Stockholm. (In English in this thesis: To formulate the unformulated – a supervisors diary. From Wrangsjö, B.(ed)(2004): *Explore together – stance and policy in supervision and consultation. pp.39-64. Mareld, Stockholm*)
5. Mårtenson Blom, Katarina (2006): Samspela, samtala, samforsa – om ömsesidiga processer i terapi och forskning. Fokus på Familien. vol. 34, 256-275. (In English in this thesis: Collaboration, dialogue, co-research – mutual processes in therapy and research.)
6. Mårtenson Blom, Katarina (2010): Transpersonal-spiritual BMGIM experiences and the process of surrender. Nordic Journal of Music Therapy 2010; 1–19

2.2.1. Music and Dialogue

In the article (Mårtenson Blom, 2002), I explored how musical elements could be analogous to elements in a therapeutic conversation, somewhat in the tradition of seeing music as metaphor. Music was metaphorically described as dialoguing partner and as such as an inner guide to the verbal psychotherapist. The question, “How could the therapist in her inner dialogue, use “musical language” to enhance the listening to clients?” was addressed. Further, the question of how this way of listening also could be a bridge into the use of GIM modifications in a systemic therapy setting was explored.

When re-reading the article, I found the theme of exploring process and movement in therapeutic work essential, and how musical elements could be applied to ingredients in dialoguing, and through that enhance this process. This illuminated the work of connecting relational modes to the interaction with music, continuously in focus of interest. The article also described how a GIM modification was applied to a systemic family therapy setting. This illuminated my intention to develop integrative ways to work in psychotherapeutic settings.

2.3.2. Supervision and Gender perspectives

In three texts, one article and two book-chapters (Mårtenson Blom, 2003-2004, 2004a &b), ideas on psychotherapy supervision and consultation were developed. The first article described the use of music and imagery in group-supervision of social workers, and how this enhanced their containing capacity with their clients. The article also summarized essential ingredients in supervision and consultation stance. These were further developed in my chapters in a book about supervision (Wrangsjö (ed) (2004).

The first chapter (Mårtenson Blom, 2004a) summarized the development of a gender perspective on psychotherapy and psychotherapy supervision. Gender issues and subjectivity as an epistemological source of knowledge were illuminated through an historical overview, rooted in professional development. The felt sense of mismatch between established theories of human psychological development and personal experiences as mother and female psychologist was described. The relational perspective on self-development formulated by Jean Baker Miller (1976), with the concept of "the relational Self" developing into a re-evaluation of the concept of attachment and deepened relational capacity in favour of individuation-separation as main driving force in self-development, was explored. I further described how this gender theory merged with self-psychology (Stern, 1985) and infant research (Stern, 1985, Trevarthen, 1993) into a new developmental psychology, entailing a new understanding of psychotherapeutic processes. The chapter underlined the importance of implicit relational knowing and "implicit tools" in therapeutic work, also informing supervisory work.

2.2.3. Implicit knowing, supervision and creative methods

Implicit relational knowing and its importance in supervision and therapeutic work was the issue of the next chapter (Mårtenson Blom, 2004b). I explored my subjective perspective as a supervisor through writing a diary in two different ways. Alongside an ordinarily written report about my experiences and ideas as supervisor, I experimented with formulations of the not yet formulated feelings, sensations, thoughts, images etc., emerging inside after a day's work, in lyrics and poetic metaphors. The essential themes in the chapter concerned how implicit, subjective knowledge could enrich and connect to explicit knowledge. In reviewing the text, I recalled how the writing process helped in establishing my professionalism. The

essential themes to bring into this research project were the importance of staying connected to this kind of knowledge both as supervisor and therapist, and through that perhaps be able to deepen understanding of GIM process in general and the transpersonal and spiritual domain of experience in particular.

2.2.4. Collaboration, dialogue and co-research – mutual processes in therapy and research

In the article (Mårtenson Blom, 2006), I described the clinical teamwork and research process at Tumba Child Guidance Clinic, in the southern suburbs of Stockholm, where I worked as a psychologist and psychotherapist between 1988 and 1996. Within the systemic family therapy tradition at that time, we were engaged in understanding what it was in the collaborative alliance that produced change. How was the client's experience of our collaboration? Together with Tom Andersen, professor at Tromsø University, Norway, we practiced and developed his 'reflecting team' model (Andersen, 1997, 1998) into a co-research method. The research focused on collaboration and interaction between therapists and clients. Taking part in and developing the collaborative research interview emerged into a profound learning experience. This confirmed the crucial importance of the collaborative climate between therapists and clients for change to take place. The experience also informed my view on research and epistemological issues and led into the further exploration of relational factors in the therapeutic process, which is one essential theme connecting the article to this research project. Secondly, the practice of collaborative interviewing as a way to explore, confirm or disconfirm, subjective knowledge, has influenced the course of this research process and its methodological turning-points.

2.2.5. Transpersonal and spiritual BMGIM experiences and the process of surrender

The last of the previously written articles (Mårtenson Blom, 2010) will be presented in full text, as a bridge to the research study.

Alongside the interest in the relational perspective on psychotherapy, I have had a strong engagement in spiritual health development and issues about spiritual

traditions. The concept of Surrender was focused through personal spiritual development. When trying to understand its specific expressions in ordinary life, psychological and relational aspects became clearer, since it concerned ways of being in relation to life as a whole. Its importance as developmental path in therapeutic work and its usefulness as a tool for clients became evident. It emerged as a natural step to combine knowledge from the relational and collaborative perspectives to deepen the understanding of GIM process.

From personal experiences with transpersonal and spiritual qualities in GIM, and from all shared moments with clients with these qualities, an urge grew to assist in the process of integrating these experiences with everyday life. One dilemma was to make all different archetypal, spiritual and mystical contents "useful" and relevant to clients' every-day life experiences. Often the GIM experience in its own right brought healing and strength, but for many clients there was also a sense of a deep "gap" between the GIM experience and life outside the therapy room. Clients asked questions like, "How am I supposed to bring these strong and deep experiences of emotions, symbols and messages into my everyday living in a meaningful way? How do they make a difference in my life?."

As a therapist I felt a need to clarify these issues in order to be more helpful in developing an understanding that really honoured the clients' experiences. I also wanted to assist in making the experiences more useful, without trivializing them. Could the transformational and changing power in the experiences be understood from a relational perspective?

In the fall of 2007, I took a course in psychology of religion at the University of Uppsala, inspiring me to deepen my understanding of the process of surrender as a way into spiritual and psychological development. As part of that course, I decided to explore the GIM process through examining protocols from sessions that contained spiritual and transpersonal experiences. The findings from the small study were presented in the latest article written before the present study was initiated (Mårtenson Blom, 2010), here in full text.

TRANSPERSONAL-SPIRITUAL BMGIM EXPERIENCES AND THE PROCESS OF SURRENDER

Katarina Mårtenson Blom

Licensed psychologist and psychotherapist, supervisor and trainer in psychotherapy, BMGIM fellow, PhD student, Aalborg University

Abstract

This is a study of BMGIM (The Bonny Method of Guided Imagery and Music) transcripts with the purpose of deepening the understanding of transpersonal BMGIM experiences. The intention was to deepen the understanding through a relational perspective. Based on intersubjective theory, categories of analyses were pre-defined and used in the analysis of two transcripts from a course of therapy with the same client. Questions addressed were, how are the relational modes that constitute shared lived experience shown in the BMGIM session transcripts? How is the emergence of the process of surrender shown in the BMGIM session transcripts? Results showed that it was possible to find examples in the transcripts illustrating the categories, and that transpersonal experiences could be described as resulting from a Relational Mode of Surrender, a concept defined as a result of this study. In this article, a new understanding of transpersonal-spiritual BMGIM experiences will be discussed from the perspectives of intersubjectivity, phenomenology, and psychology of religion.

Keywords: transpersonal BMGIM experiences; intersubjectivity; relational perspective; surrender

Introduction

In order to experience the vast space of the inner world, we need to find a balance between our own intentions, on the one hand, and ways to surrender to the power of this inner world, on the other. With support from the music in a BMGIM setting, this is possible.

In this article is a mini-study of transpersonal-spiritual BMGIM experiences appearing in session transcripts. The intentions behind the study were to explore dynamics of change in the BMGIM process in general, and, in particular, the potential for change in transpersonal-spiritual BMGIM experiences. Before presenting the study, I will present my working context and an overview of relevant theory.

As a psychotherapist in private practice, I work with different psychotherapeutic methods. Since my professional background is in child and adolescent psychiatry with training in family therapy and psychodynamic therapy, I often combine and integrate verbal therapy with different forms of receptive music therapy. When engaging in BMGIM, most of my clients receive one and a half hour individual sessions. In these sessions, there are many moments when I am amazed by what the clients are experiencing. They often comment on how these experiences dramatically change their view of themselves and the world, both positively and negatively. Very often they report a stronger sense of wellbeing, a deeper sense of meaningfulness in their lives, and a new capacity to tolerate uncertainty and anxiety and to regulate their emotions. A new dimension in their sense of faith and trust in life also often emerges.

The format I use in the individual BMGIM sessions (Bonny, 2002) is as follows: Within the therapeutic process, the therapist and client, in a prelude dialogue decide on a focus, more or less in symbolic – metaphoric form (e.g. colour, shape, image, emotion, theme), to use in the music session. The client then preferably lies down and the therapist assists with 1) a relaxation induction, and 2) a focusing induction using the focus agreed upon. During this procedure, the client is supported into an altered state of consciousness. Then the

therapist begins the music, chosen on the basis of different criteria during the interaction process, and guides the client to connect to and follow the music. During the client's music listening, the therapist is present through silence and dialoguing; the therapist is facilitating and guiding. During the "music travel" experience, the therapist also takes notes, writes a transcript, about music used, what the client communicates and displays about her/his experiences, as well as documenting the therapist's questions and comments to the client. When the music ends, the therapist guides the client back by ensuring that he/she re-connect to this/her body and breathing. Finally, in the postlude, work is done by way of drawing and dialoguing.

As a result of many years in therapeutic practice, I have collected many useful theories within which I can contain myself, and the therapeutic relationship. In the process of integrating my identities as woman and psychotherapist, one project has been making marginalized experience and knowledge visible and heard. As a consequence, I often find myself exploring the conditions of subjectivity and the importance of dependence, belonging and attachment. The experience of surrender, as a mode of being, has for many cultural, social and psychological reasons, been more familiar to women than to men (Chodorow, 1988; Benjamin, 1995; Field Belenky, Blythe McVicker, Rule Goldberger, Mattuck Tarule, 1986/1997; Miller, 1980). It is my view that we all, women and men, have a deep need to make the experiences of surrender a stronger, or more powerful, part of the explicit field of knowledge. Emmanuel Ghent, psychoanalyst and composer, stated that surrender is a deeply submitted human need, and wrote:

In many people in our culture the wish for surrender remains buried; in some it is expressed in creative and productive ways, and in others its derivatives appear in pathological form, deflected away from normal channels by that most unwelcome price-tag: dread. (Ghent, 1990, p.219)

In exploring transpersonal-spiritual BMGIM experiences of my clients, my intention was to use and integrate new relational and developmental theory (Allen & Fonagy, 2006; Meltzoff, 1995; Mitchell, 2000; Stern, 1985, 2004; Stolorow, 1994; Trevarthen, 1993), in order to search for instances of it in clinical practice. I wanted to examine how surrendering experiences emerge within the BMGIM therapeutic relational field, how they connect to the fundamental ingredients in shared lived experience. The concept of "transpersonal experience", from humanistic psychology, is largely defined via the content of the experience, as I see it. The concept of "surrender" implies a process or a way of relating. In the following, I will give a brief summary of some central theoretical concepts as a way of presenting the pre-understanding that lead me into this mini-study.

A relational perspective on Psychotherapy

Change in psychotherapy

In meta-level research examining the results of psychotherapy, there is extensive support for the importance of relational factors in favour of specific method- and technique factors, when it comes to what brings change in terms of symptom reduction and enhanced wellbeing (Norcross & Lambert, 2006; Holmqvist, 2007). In order to explore and understand the effective mechanisms in this relational field, new theories of *intersubjectivity*, *attachment and mentalization* have been used (Allen & Fonagy, 2006; Bowlby, 1982; Stern, 2004). These concepts constitute a frame of reference that can be applied to the BMGIM process.

Intersubjectivity

Intersubjectivity captures the essence of a relational perspective. Rather than a single concept, intersubjectivity is a field of concepts, a meta perspective on how we become human beings and how we develop our consciousness. It has developed out of many different disciplines: philosophy, phenomenology, self psychology, developmental psychology, neurobiology and systems theory.

In psychotherapy, we find its development through concepts like therapeutic alliance, object relation, interaction, relational, etc. Intersubjectivity was originally introduced by Self psychologists, parallel to feminist psychologists such as J.B. Miller (1980), and infant researchers, like Meltzoff (1995), Stern (1985/2004) and Trevarthen (1993). A clear and simple definition is: Intersubjectivity emerges from shared lived experience. As I see it, there are three main aspects that are shared: *Attention, Intention(s), and Affectivity* (Stern, 1985, 2004; Trevarthen, 1993). These shared and regulating processes consist of both innate and learned components. They develop both physically and mentally, in the interactional field between self and others.

- Intersubjectivity is not primarily how two individual intrapsychic systems meet and interact. It is *the emergence of experiences* (in shared interaction) *that are beyond the separate parts, more than the added parts* (Mitchell, 2000; Stolorow, 1994).
- Intersubjectivity is a common field for relating and interacting, at the same time as it develops and emerges as a result of this relating and interacting.
- Intersubjectivity captures our irretrievable participation and our “embeddedness” (Merleau-Ponty, 1945/1997) in something greater than us. We develop an intersubjective consciousness, according to Stern, (2004). Different parts of human development, like the cognitive, affective, social etc, are all embedded in intersubjectivity.
- Intersubjectivity develops through different levels of symbolisation and through qualitative leaps. One distinction, supported by most infant research (Meltzoff, 1995; Trevarthen, 1993), is between primary and secondary intersubjectivity. Another is between implicit and explicit forms of representation in the intersubjective field (Stern, 1985/2003).

Intersubjectivity is the shared mental field emerging from sharing and regulating of lived experience in terms of attentions, intentions and affectivity (Mitchell, 2000; Stern, 2004; Stolorow, 1994). The predefined categories in the mini-study soon to be presented are developed from this definition.

These three aspects, inter-attentionality, inter-intentionality and inter-affectivity, constitute the foundations of being and developing in relation. The main parts of all three are implicit, but they also appear in explicit forms. Verbal language develops within the field of intersubjectivity and emerges from affect attunement and matching.

Other concepts from the relational perspective

Two other basic concepts are important in the relational perspective or framework of psychotherapy; *attachment and mentalization*. In this study, they are more in the background, but their definitions are important as aspects of my theoretical framework:

- Attachment – internal working models to secure a *safe base* and a *secure haven* in the regulation of fear - curiosity, threat - protection (Bowlby, 1982).
- Mentalization – the mostly preconscious mental working process / activity, to apprehend and understand human behaviour in terms of intentional mental states, others as well as one’s own (Allen & Fonagy, 2006).

These three concepts have evolved in somewhat different theoretical contexts, but with similar intentions, namely to illuminate the development of human mind and consciousness. The concept of *implicit relational knowing* (Stern et. al, 1998) is also relevant to my study, and can be understood as all our implicit (not verbalized) knowledge, or knowing, of being in relation, learned through our development of intersubjective capacity, patterns of the capacity of attachment and mentalizing in cooperation.

The relationship between how we develop in terms of the three concepts above, and how we develop our verbal and narrative capacity is well researched within attachment theory (Main, Hesse & Kaplan, 2005). For example, there is extensive research on the connections between safe (good enough) patterns of attachment and the capacity to produce a coherent narrative of the self and attachment caregivers (Ibid.).

The relational perspective in psychotherapy builds on the assumption that the relational concepts mentioned above are the active mechanisms in the therapist – client relationship, and that change towards health in the client, (and also within the therapist!) is an outcome of the development of the capacity of intersubjectivity, mentalization, attachment and implicit relational knowing in that therapeutic relationship.

Surrender and transpersonal – spiritual experiences

Surrender and knowledge from psychology of religion

In all religious traditions, but using different terms, we find the concept of Surrender as a suggested way to open up to and start a spiritual development or path. This development is seen as a way of coping with experiences in life of phenomena that have the quality of “something greater” and of the “ineffable”. Surrender is also described as a way of coping with existential dilemmas like freedom, free will, the holy, unconditional love, etc (Fowler, 1981/1995; Geels & Wikström, 2005; Gilbert, 1991; Lines, 2006).

The process of surrender is often made tangible and real through verbs like *to wait, to open, to receive, to let go, to meet, to give in, to wake, to listen, to follow, to allow*. These words tell us about *ways of being and doing*. They try to embrace polarities like active – passive, powerful – powerless, know – not know. They speak about ways to handle and regulate an experience, or a course of events, by moving beyond being only strategic, active, passive, totally arbitrary or victimized. These words describe ways of sharing lived experience, with people, objects, situations, contexts, and inner states like feelings and thoughts.

Surrender and the theory of intersubjectivity

Within the psychoanalytic tradition, there is a network of therapists engaged in the development of the relational perspective, especially the concept of intersubjectivity. Within the field of phenomenology, development of theories on intersubjectivity is also moving forward. For the purpose of this study, I will now present the ideas of two contributors from psychoanalysis, and one from phenomenology, that are important to my own work in exploring the process of Surrender.

Jessica Benjamin (1995, 1998) has developed ideas concerning the increased adult capacity for developing intersubjectivity, and talks about the interdependence of two subjects in order to develop “the Shadow that falls between us”; the intersubjective field (Benjamin, 1998). As subjects we have to learn to “carry the burden of subjectivity together”, which means to stay and learn to cope with, even appreciate, differences, and give in together for each other (Ibid.). Giving in to “something third” is parallel to the process of surrender, to

give in to "something greater", according to my interpretation. Emmanuel Ghent's thoughts concerning Surrender is revisited:

In many people in our culture the wish for surrender remains buried; in some it is expressed in creative and productive ways, and in others its derivatives appear in pathological form, deflected away from normal channels by that most unwelcome price-tag: dread. (Ghent, 1990, p.219)

Dan Zahavi (2005), from the field of phenomenology, has developed thoughts from Husserl and Merleau-Ponty about embodied subjectivity, how this gives us as subjects a capacity for double sensations, and how this amplifies our interdependence as subjects and human embodied beings.

Transpersonal – spiritual BMGIM experiences

Descriptions of transpersonal – spiritual BMGIM experiences are based upon the traditions of humanistic and transpersonal psychology, for example represented by Maslow's concept of "peak experiences" (Maslow, 1968, 1999) and William James' descriptions of "spiritual experiences" (James, 1902/1985). The difference between definitions of transpersonal and spiritual BMGIM experiences has been examined by Abrams (2001). My conclusion is that the definitions of the two concepts partly overlap. Transpersonal qualities in the experience refer to a transcendence of personal physical and/or psychological boundaries. Spiritual qualities in the experience refer to a spiritual and/or religious content acknowledged by the client and/or therapist. The two aspects are often simultaneously present, but they can also be exclusively present. All transpersonal experiences are not spiritual and all spiritual experiences are not transpersonal. However, both bring a quality of awe, ineffability and surrender. BMGIM, developed by Helen Bonny, "was born" in the context of research on transpersonal – spiritual experiences. Helen Bonny has described how she, inspired by a personal spiritual experience playing her violin, started her education in music therapy, and eventually developed the receptive music therapy method, the Bonny Method of Guided Imagery and Music (BMGIM, Bonny, 1978/2002).

Brian Abrams (2001), in his PhD thesis *Defining transpersonal experiences of Guided Imagery and Music*, analysed interviews with nine BMGIM therapists resulting in a grouping of ten themes constituting definitions of transpersonal BMGIM experience. One conclusion from this research was that the experiences embrace both a strong sense of unity and diversity, a kind of paradox possible to embrace beyond time, extended through listening to BMGIM music in an altered state of consciousness.

Denise Grocke (1999) explored "pivotal moments" in BMGIM, in her PhD thesis *A Phenomenological study of pivotal moments in Guided Imagery & Music (GIM) Therapy*. She differentiated between pivotal moments, peak experiences and transpersonal experiences.

It seems obvious that, in order to have a transpersonal – spiritual experience, we need to see it as "received" more than produced. We need to give in, open up, go beyond the issue of personal will and intentions. This describes ways of relating. The process of surrender needs to happen, not *to* another, but *in the presence* of another. Then we may surrender both in relation to ourselves and to each other, and the "third", the field between us, can emerge.

This experience is connected to the concept of intersubjective consciousness, presented by Daniel Stern (2004), which he describes as an emerging consciousness outside and within, between and among us. Similarly, Donald Winnicott (1971), very early in his writings, introduced the "object beyond objects" as an ultimate relational partner.

The connection between transpersonal – spiritual BMGIM experience and the surrendering process is parallel to the connection between therapeutic content / structure and therapeutic process / movement.

Personal and professional experiences connecting the concepts of transpersonal – spiritual BMGIM experience and the process of surrender

During my personal spiritual development, the concept of surrender has become central. In trying to understand its transformational power, its psychological and relational aspects have become clear to me. Surrendering can be a way of being, a stance in relation to life as a whole. When assisting clients in processing transpersonal-spiritual experiences, I have found it helpful to connect the content of the experiences to how these experiences seem to develop.

For several years, one dilemma for me has been to make all different archetypal, spiritual and mystical imagery in BMGIM "useful" and relevant to the clients' life experiences. Often the BMGIM experience in its own right brings healing and strength, but to many clients there is also a sense of a deep "gap" between the BMGIM experience and life outside the therapy room. Clients have asked: How am I supposed to bring these strong and deep experiences of emotions, symbols and messages into my everyday living in a meaningful way? How can they make a difference in my life?

As a therapist, I felt the need to be clearer and more supportive in developing an understanding that really honoured these experiences. I also felt the need to assist in making the experiences even more useful, without trivializing them. Could the transformational and changing power in the experiences be understood from a relational perspective?

Undertaking a course in psychology of religion at the University of Uppsala inspired me to deepen my understanding of the process of surrender as a way of spiritual and psychological development. As a part of that training, I decided to explore the BMGIM process through examining transcripts from sessions that contained spiritual and transpersonal experiences.

The study

In this mini-study I chose two transcripts from one therapeutic process. The choice grew out of the intention to explore transpersonal-spiritual BMGIM experiences that, according to the client, had clearly enhanced her sense of wellbeing. In a two-year period of psychotherapy with a 30-year old woman (S), we worked with BMGIM during the second year. In this period, S struggled with her sense of meaning in life and her lack of liveliness. Several BMGIM sessions contained strong transpersonal experiences, and her eagerness to understand and acknowledge them also increased my curiosity. I decided to choose two transcripts from this process.

From the beginning, I had the idea to try pre-defined categories when analysing the transcripts. This seemed reasonable due to my experience in exploring and using relational and intersubjective theory, both as a "therapeutic tool" and as a theory for understanding change. I wanted to explore more systematically how this knowledge affected my understanding of change in BMGIM, especially change reported by the client as connected to a transpersonal-spiritual experience.

My research questions were:

- How are relational modes, ways of being in relation that constitute shared lived experience (intersubjectivity) shown in the BMGIM session transcripts?
- How is the emergence of the process of surrender shown in the BMGIM session transcripts?

Procedure

Based on definitions of the elements of intersubjectivity, I started by defining three categories to see if these definitions were useful in identifying relational phenomena, ways of being in relation, in the transcripts. The three defined categories were:

1. Focus of attention – sharing attention
2. Movement and direction – sharing intention
3. Affectivity – shared and conveyed in words and expression – attunement

The first category identifies descriptions of where in the field of experience the focus of the was, establishing a starting point for movement and direction. The second category identifies the described intention, which can be experienced as more or less deliberate. The third category identifies descriptions and expressions of the affective qualities surrounding and colouring shaping the relational sequence. The affectivity here is more connected to vitality affects (Stern, 1985, 2004) like dynamics in energy, values like positive or negative, intensity and duration. But there may also be categorical affects and emotions, like sorrow, joy, anger, fear etc.

These three categories put together would identify descriptions of the client being in relation to herself and the world. They are seen as building blocks in the creation of the intersubjective field.

When reading through the transcripts, I searched for examples that would illustrate the three categories. I underlined them and made notes for each category. Note that the examples in the tables are not whole sentences, and that they do not necessarily follow in order of content. In the tables, “A” refers to the first session, and “B” to the second session.

In the table below, I illustrate the first three categories with excerpts from the transcripts.

Table 1: Categories 1-3 with excerpts from the transcripts.

Categories	Excerpts
1) Focus of attention – sharing attention	<p data-bbox="807 331 1007 365"><i>A:</i> I see myself.</p> <p data-bbox="807 398 1118 432">Suddenly, a cliff’s edge.</p> <p data-bbox="807 465 1023 499">Now I see a bird.</p> <p data-bbox="807 533 1023 566">I can sense water.</p> <p data-bbox="807 600 1086 633">I float more than I fly.</p> <p data-bbox="807 712 1214 745"><i>B:</i> It is incredibly deep and dark.</p> <p data-bbox="807 779 1214 813">There is something scary below.</p> <p data-bbox="807 846 1198 880">I see a shape high up in the air.</p> <p data-bbox="807 913 1086 947">Nothing is around me.</p> <p data-bbox="807 981 1150 1014">Get a picture of the outside.</p> <p data-bbox="807 1048 1198 1081">There are paintings in the cave.</p> <p data-bbox="807 1115 1342 1149">I am in the middle of the enormous pillar.</p> <p data-bbox="807 1182 1023 1216">I am in the wind.</p> <p data-bbox="807 1249 1038 1283">I sense a timeline.</p>
2) Movement and direction – sharing intention	<p data-bbox="807 1317 1262 1350"><i>A:</i> Warm air is coming towards me.</p> <p data-bbox="807 1384 1038 1417">Perhaps I will fall.</p> <p data-bbox="807 1451 1150 1485">I can see around the world.</p> <p data-bbox="807 1518 975 1552">I am landing.</p> <p data-bbox="807 1585 1390 1641">As if I float and move my arms like swimming.</p> <p data-bbox="807 1675 1038 1709">I can move freely.</p> <p data-bbox="807 1787 1150 1821"><i>B:</i> I still have some control.</p> <p data-bbox="807 1854 1230 1888">I am rising upwards and stopping.</p> <p data-bbox="807 1921 1070 1955">I think I move down.</p> <p data-bbox="807 1989 1294 2022">I want to move along, but I cannot see.</p>

I could walk in to that.

My body can turn and whirl.

3) Affectivity – shared and conveyed in words and expression – attunement *A*: Pleasant and powerful.

So strongly.

Almost like butterflies in my stomach.

It is very special.

Feels light.

B: Scary.

Floating.

Strange.

Sad and melancholic.

Dizzy.

Hard and difficult.

Fear.

Sluggish.

(Showing tears).

(Heavy breathing).

After this analysis, I also discovered the possibility of developing three more categories based on the theory of intersubjectivity and the phenomenon of surrender. I had the second question in mind; how is the emergence of the process of surrender shown in the written transcript of BMGIM sessions? And again I focused on the descriptions of transpersonal and spiritual experiences. I also asked myself a third question: Is there a connection between this shown process of surrender that has been uncovered and described transpersonal – spiritual experiences? The answer to the question was "yes!"

The discovery emerged rather suddenly and intuitively when I saw how the examples in the transcript that illustrated categories 1-3 seemed to "cluster" and lead into more complex ways of relating and eventually into descriptions of transpersonal experiences (see example below).

Of course, I had a preconceived notion of how intersubjectivity could develop even further, based on the previously mentioned ideas from Merleau-Ponty (1945/1997), Benjamin (1995, 1998), Ghent (1990), and on knowledge from the field of psychology of religion. So, this connection between surrender and transpersonal – spiritual experiences was

already in my mind. This led me to define three more categories. These categories would capture this development, an elaborated and deepened sense and capacity to share lived experience. These categories are:

4. *Share and regulate coherence/correspondence in attention, intention and/or affectivity.*

This definition is based on the following assumptions: From the perspective of developmental psychology, the current standpoint is that our development as human beings has as its starting point a search for belonging, positive confirmation and experiences of mirroring, rather than conflict and separation (Stern, 1985, 2004; Trevarthen, 1993). As subjects, we start by experiencing recognition. We develop inner working models, or scripts, from these experiences. These scripts contain combinations of different experiences of sharing and regulating coherence and correspondence in attention, intention and affectivity.

5. *Share and regulate difference/non-confirmation in attention, intention and/or affectivity.*

This definition is based on the assumption that development means to be continually moving, not staying in experiences of constant coherence. The energy emanates from tensions between differences, so the experiences of sharing and regulating difference and non-confirmation generate energy and complexity in terms of our capacity to relate. To experience the small but important differences in the processes of matching and affect attunement is important in order to develop the capacity to symbolize, since symbols build on analogy, not on imitation and copying.

6. *Surrender* [Swedish: Överlåtelse] *in relation to something “third” and/or something greater.* This definition is based on the assumption that within a lifecycle perspective, one important task is to learn to handle and contain experiences of tensions between polarities and seemingly incompatible tasks or situations, to find ways to surrender in relation to something “third”, or something greater.

The transcripts were analysed once again using categories 4-6. I read through the transcripts, searched for examples, underlined them and made notes.

In Table 2, the categories 4 -6 will be illustrated through excerpts from the transcripts. Note that parts of the examples below may have appeared in Table 1 as examples of categories 1-3. In other words, categories 4-6, as shown in their definitions, capture a more composite pattern of being in relation, building on categories 1-3, representing the fundamental elements of intersubjectivity.

Table 2

<p>Category 4:</p> <p>Share and regulate coherence/correspondence in attention, intention and/or affectivity.</p>	<p><i>A: I am a bird and I can see everywhere. Things are happening very fast and I can move freely.</i></p> <p><i>The air is balancing my body, me.</i></p> <p><i>I can feel the mountain under my feet.</i></p> <p>B: <i>I am able to lie on top of the cliff.</i></p> <p><i>I am raising upwards, and resting in a huge circle.</i></p> <p><i>I can feel being in the wind, following it in some way.</i></p>
<p>Category 5:</p> <p>Share and regulate difference/non-confirmation in attention, intention and/or affectivity.</p>	<p><i>A: Suddenly, I see the edge of a cliff, it looks scary.</i></p> <p><i>I am blinded by the sun.</i></p> <p><i>I must close my eyes, but still, another movement.</i></p> <p>B: <i>I need to work in order not to fall.</i></p> <p><i>Feel fear, and dizziness.</i></p> <p><i>Moved forward, but what happened?</i></p> <p><i>Came into a dead end.</i></p>
<p>Category 6:</p> <p>Surrender (swedish: överlåtelse) in relation to something “third”/greater.</p>	<p><i>A: Feel completely birdlike – can fly!</i></p> <p><i>I am connected to, one with Nature.</i></p> <p><i>My face leans towards heaven, it glimmers in light.</i></p> <p><i>Someone pulls me, holds my arms, and I feel the power forward.</i></p> <p>B: <i>The whirling in the circle is me.</i></p> <p><i>The wall with the timeline opens up to me.</i></p> <p><i>The wind tells me to blow together.</i></p> <p><i>I am light, it is inside and around me.</i></p> <p><i>The sand moves and carries me into the ocean.</i></p>

During this second phase of analysis, I again discovered, suddenly and intuitively, how examples of categories 4 and 5 (see above), "clustered" around, or lead into examples of category 6, "Surrender"(see example below).

I see a bird (1)...I jumped, glided(2)...I am a bird(1)....(shows tears)(3)...

This sequence is now a pattern that I categorised as (6). The describes an experience of merging with the bird, surrendering to another mode of being.

Suddenly, a cliff's edge(1)..standing on the edge(1+2)..the air is balancing me(2).

This became a pattern that I categorised as (4). The describes an experience of relating in correspondence, standing on the edge of the cliff, balancing with support from the air.

I see the sea(1)...want to jump into it(2)...feels scary(3).....I lie down on the sand(2...it moves me into the sea(2)..so strong(3)

Together this became a sequence categorised as (6). The describes how she at first struggles with deliberate choices, and how she experiences a relational mode of giving in "to something bigger"; the sand moving her. This experience was also, in the processing after the session, very important to her.

When I connected the examples of the predefined categories, I discovered how the examples of the 6th category indeed described a way of relating, a way of being, a process of surrender that in this case generated transpersonal – spiritual experiences. Based on that, I defined the concept "*Relational Mode of Surrender*" as an outcome of the relational modes defined through categories 1-5, with emphasis on categories 4 and 5.

Results from the study

I found it possible to identify examples in the transcripts that illustrated all six categories. This result provided me with a "new" perspective on the therapeutic process during the two sessions/travels, and on S's experience. This "new" perspective was added to the more usual way of creating meaning and metaphors from the images. They also showed how S had developed ways of relating during the travel. These ways of relating had developed through interacting with the music and through our dialogue, both in the music and in the dialogue surrounding the musical experiences. They had expanded her (our!) implicit relational knowing (Stern et al, 1998) and our common intersubjective field.

S's experiences of the transpersonal – spiritual character, having a strong impact on her, could also be described as the outcomes of the relational process as a whole, and as outcomes of the Relational Mode of Surrender in particular.

In further BMGIM work, I can use the relational perspective and actually convey/reflect to clients the importance of remaining in a state of surrender in different situations and contexts of every day life.

Defining this concept – the Relational Mode of Surrender - was an important outcome of this study. It provided me with a broader and deeper understanding of the transforming power of experiences in BMGIM in general and of transpersonal – spiritual BMGIM experiences in particular. On this basis, I define the concept of *Relational Mode of Surrender* as follows:

Through a deepened capacity for sharing and regulating experiences of coherence and difference in attention, intentions and affectivity, in different interactive meetings, be able to find ways to surrender in relation to something “third”, something beyond the self and/or the other, or to something greater.

Such a relational mode of surrender creates a process that also may generate transpersonal – spiritual experiences.

One outcome of this study is a relational and processoriented definition of transpersonal experiencing. One way to capture the interaction between the two phenomena is to use the image of the cross. The horizontal line symbolises the process of surrender (to cultivate this quality of being in relation) and the vertical line symbolises the transpersonal – spiritual experiences (i.e. a connection in the moment, between the now moment and a sense of being beyond time, connected to the absolute).

When highlighting the concept of transpersonal-spiritual BMGIM experience from the theory of intersubjectivity, it becomes clear how it is connected to the 's ways of relating to events in her inner world, to music and to the therapist's presence. These relational modes can be understood within the intersubjective frame of reference. The content of the experiences can be understood as “transpersonal-spiritual”. The most revolutionary mode, the relational mode of surrender, seems to generate an experience with transpersonal content.

The process seems to move in spirals through the following ways of relating: 1) the client/ is sharing by giving an account of her focus of attention on different objects and events in her imagery 2) The client/ is sharing by giving an account of different directions in her intentionality, where to move and what to follow and 3) The client/ is sharing by talking about and showing her affective state and by receiving responses of attunement from the music and the therapist guiding. Through these three basic ways of relating, the client/ develops a capacity to regulate experiences of correspondence and differences, which means to be able to regulate inner states of feeling close and alike and states of feeling distant and different. Finally, the client may 4) develop the capacity to experience the process of Surrender. In this state, the client may experience a way of being and relating that enables her to stay in fields of tension between, for example, being close and distant, active and passive, powerful and vulnerable, etc. These processes of interaction by no means work linearly. Aspects of different ways of being in relation just described work together and connect and the patterns emerge in a nonlinear way.

In many ways, the three first defined categories capture the essence of guiding, the essence of how to be present as a guide, or facilitator. To guide a is essentially about staying close to the 's perspective in order to be able to share her/his focus of attention, direction of intentions and affectivity. The analysis described in this study brought these essential guidelines into the foreground. As guides, we sometimes get too pre-occupied with the content, by what the is experiencing, and this might take us too far from where the really is.

There is a flow in the different ways of being in relation. The whole implicit relational field becomes the focus of my guiding attention, and this generates an even clearer way of assisting the in her work with relational, intersubjective skills/capacities. This also brings the music even more present, since musical elements capture attention, intentionality and affectivity. BMGIM is a “method” with a high density of relational factors.

This study involved a heuristic process (Moustakas. 1990), from the formulation of questions emerging in *my* clinical work with *me* being the therapist receiving the experiences and writing the transcripts, leading me further into using *my* preconceived

knowledge about the relational perspective on psychotherapy, to the formulation of predefined categories of analysis that I thought might help me to answer the questions. The process then developed into a second step, with new questions formulated and then defining three more categories, and analysing the transcript once again. The outcomes were derived from the work of one therapist and one client, from one therapeutic relationship.

The focus of this research was to develop new concepts and new ways of understanding change and transformation in BMGIM. The next step is to explore whether these ideas and results might be useful and inspiring to other BMGIM practitioners and BMGIM clients.

Discussion

In this section, I want to focus on the question: is surrender a relational approach to the development of health and wholeness? Through my therapeutic BMGIM work, the importance of surrender as a way to develop health, acceptance and sense of wellbeing has been amplified. Among some clinical practitioners, in the intersubjective tradition of psychotherapy and psychoanalysis, the phenomenon of surrender has been explored. Within psychology of religion and mysticism, exploring the phenomenon of surrender has an even longer tradition (Geels & Wikström, 2005; Gilbert, 1991). In order to support the findings of the study described in this article, I will make connections from research from these different fields and will summarize by reflecting on the concept of surrender from a broader perspective.

What do we mean by surrender? After all, our words so deeply form our perception of the world and of each other, as much as they inform us. When I use the word surrender, an experience far beyond words, I find it both interesting and necessary to explore the word itself. I write this article in English, which is not my native language. The phenomenon of surrender is signified or described differently in different languages. I will compare the English and the Swedish words: *överlåtelse* – *surrender*. The English word is loaded with the meaning of giving in, to give up. We can all see the white flag waving. When I “look into” the Swedish word, I find some differences: it is constituted of the two syllables *over* (*över*) and *let or give* (*låta*). The Swedish word brings a flavour of a slightly more “actively intentional” behaviour. It tries to capture something in the experience of actively letting go or leave to someone/something. But still it brings a sense of a subject who remains passive in relation to her/his free will and intention. This gives the concept of surrender a tone that challenges our world of rationality where the ideal is individual freedom and self-realization. Generally speaking, one could say that the terms surrender and submission refer to the same act or feeling. Both talk about letting go of control and freedom. In western tradition, surrender means defeat, but in eastern tradition it connotes transcendence and the crossing of boundaries. Emmanuel Ghent summarizes:

To experience surrender is to experience being in the moment, totally in the present, where past and future, the two tenses that require “mind” in the sense of secondary processes, have receded from consciousness. Its ultimate direction is the discovery of ones identity, ones sense of self, ones sense of wholeness, even ones sense of unity with other living beings. This is quite unlike submission... (Ghent, 1990, p.216).

Surrendering is often followed by feelings of awe, dread and death and/or clarity and salvation/redemption, even ecstasy.

Within all religious traditions the process of surrender is described, albeit in different ways and with different vocabulary. One way to state our fundamental need for the

process of surrender is to alter our perspective in order to be able to see our smallness in all the greatness of being a human being. Throughout history we have had this need to experience, cope with and understand human smallness in relation to something greater, like Nature, Life and Death, our feelings of smallness and powerlessness in relation to all we cannot control and understand.

In order to live a life with a sense of coherence, continuity and wholeness, we need to find ways to embrace experiences of smallness and “finitude”, the fact that we will die. When comparing various definitions of health, all include the concept of “wholeness”, socially, mentally, physically, etc. A sense of wholeness and coherence is central to health and a sense of wellbeing (Antonovsky, 2000).

The word “wholeness” is etymologically related to “holiness”. The Holy is something we revere, when we meet something absolute and inviolable. In our secularized world, holiness, and the need to give it a form and space, has been marginalized (Eliade, 1957; Wikström, 2003, 2005). In the essence of experiencing holiness, we find a quality that goes beyond words. Because of that, it is easily forgotten or subordinated. Paradoxically, the thing that would help us understand this sense of “something greater than us” is something we have the least access to. Within all religious traditions, there are ways and means described that we may use in order to deal with these feelings and experiences. One way, or ritualised developmental path, described in religion and pastoral care, is the process of surrender.

As stated earlier, subjectivity has been marginalized for a long time. Experiences from a subjective perspective are rarely taken seriously. This kind of knowledge is not “real” knowledge. However, there is something amazingly unique with our experiences as subjects. Merleau Ponty, the French phenomenologist, talked about *embodied subjectivity* (1945/1997). Our body is given to us as interiority with dimensions of sensing, but it is also given as a visually and tactually appearing exteriority. Dan Zahavi (2005) writes:

When I touch my own hand, the touched hand is not given as a mere object, since it feels the touch itself The decisive difference between touching one’s own body and anything else, be it another inanimate object or the body of another, is precisely that it implies a *double sensation*, . . . that of touching and that of being touched The relation is reversible, since the touching is touched, and the touched is touching (p. 157).

This reversibility shows the interiority and the exteriority of the body to be different manifestations of the same, which is a remarkable interplay between our self-experience and experience of the other, otherness. I am experiencing myself in a manner that anticipates both the way in which an Other would experience me and the way in which I would experience an Other (Ibid.).

This *fact* makes subjectivity central in relation to the process of Surrender. If we fully understand and acknowledge this *fact*, we also have to acknowledge our interdependence. In order to be a subject in the world and to myself, I am depending on your capacity to acknowledge and recognise me as a subject. And you are dependent on me recognising your subjectivity.

So we can only surrender to the fact that we carry the burden of subjectivity together (Benjamin, 1998), that is, to help each other to survive for each other. You must survive my attacks on your differences. I must survive your attacks on my differences (Benjamin, 1995; 1998). Acknowledging our subjectivity and intersubjectivity leads us inevitably into the process of surrender.

*I notice your attacks,
Trying to stay.*

*Asking you, begging you to do the same.
We are leaving the land of submission
We are entering the land of surrender.
Give in.
Not **to** me, but **with** me.*

Conclusion

In this article, I have explored the transforming power of transpersonal-spiritual BMGIM experiences by using a relational perspective. In a mini-study of BMGIM transcripts, pre-defined categories defining relational modes were used. The analysis showed how experiences of transpersonal-spiritual quality may emerge out of a relational mode of surrender. However, this way of being, in addition to being transpersonal – spiritual BMGIM experiences, are in essence phenomena beyond words and impossible to control or deliberately produce. As such, they are of great importance to the therapeutic process and change. As psychotherapists, we contribute to the emergence of a surrendering process through the cultivation of circumstances. In BMGIM, and strongest in the music experience, surrender may contain transpersonal and/or spiritual qualities. We need to become more aware of the process of surrender, the Relational Mode of Surrender, in therapeutic practice and in everyday life.

References

- Abrams, B. (2001). *Defining transpersonal experiences of Guided Imagery & Music (GIM)*. Doctoral Dissertation, Temple University, USA.
- Allen, J.G., & Fonagy, P. (2006). *Handbook of Mentalization-Based Treatment*. West Sussex: John Wiley&Sons Ltd.
- Antonovsky, A. (1987/2000). *Hälsans mysterium*. Stockholm: Natur & Kultur.
- Benjamin, J. (1995). *Like subjects, love objects*. New Haven: Yale University Press.
- Benjamin, J. (1998). *Shadow of the other. Intersubjectivity and gender in psychoanalysis*. New York: Routledge.
- Bonny, H. L. /Summer, L. (ed.) (2002). *Music and Consciousness. The evolution of Guided Imagery & Music*. Gilsum NH: Barcelona Publishers.
- Bowlby, J. (1982). *Attachment and Loss*. London: Hogarth Press.
- Bruscia, K. & Grocke, D. E.(eds.)(2002): *Guided Imagery and Music. The Bonny Method and beyond*. Gilsum NH: Barcelona Publishers.
- Chodorow, N. (1988). *Femininum – Maskulinum: Modersfunktion och könssociologi*. Stockholm: Natur & Kultur.

- Eliade, M. (1957, 1987). *The Sacred and the Profane*. New York: Harcourt Inc.
- Field Belenky, M., Blythe McVicker, C., Rule Goldberger, N., Mattuck Tarule, J. (1986, 1997). *Women's ways of knowing*. New York: Basic Books.
- Fonagy, P. (2001). *Attachment Theory and Psychoanalysis*. London: Other Press.Sv.
- Fowler, J.W. (1981, 1995). *Stages of faith*. San Fransisco: Harper.
- Geels, A. & Wikström, O. (2005). *Den religiösa människan*. Stockholm: Natur & Kultur.
- Ghent, E.(1990). Masochism, Submission, Surrender: Masochism as a perversion of Surrender. In Michell, S. & Aron, L. (eds.) *Relational Psychoanalysis. The emergence of a tradition*. London: The Analytic Press.
- Gilbert, R. A. (1991). *The elements of Mysticism*. London: Element.
- Grocke, D.E. (1999). *A Phenomenological Study of Pivotal Moments in Guided Imagery & Music (GIM) Therapy*. Doctoral Dissertation, Faculty of Music, Melbourne. University of Melbourne.
- Holmqvist, R. (2007). *Relationella perspektiv på psykoterapi*. Stockholm: Liber.
- James, W. (1902/1985). *The varieties of religious experiences: A study in human nature*. London: Penguin Books.
- Lines, D. (2006). *Spirituality in counselling and psychotherapy*. London: SAGE Publications.
- Main, M., Hesse, E. & Kaplan, N. (2005). *Predictability of attachment behaviour and representational processes at 1, 6 and 19 years of age: The Berkeley longitudinal study*. New York: Guilford Press.
- Maslow, A. (1968/1999). *Towards a new psychology of being*. New York: Wiley & sons.
- Meltzoff, A.N. (1995). Understanding the intentions of others.: Re-enactment of intended acts by eighteen month-old children. *Developmental Psychology* 3, pp. 838-850.
- Merleau-Ponty, M. (1945/1997). *Kroppens Fenomenologi*. , Göteborg: Daidalos.
- Miller, J. B. (1980). *Den nya kvinnopsykologin*. Stockholm: Liber.
- Mitchell, S. (2000). *Relationality. From Attachment to Intersubjectivity*. New York: The Analytic Press.
- Moustakas, C. E. (1990). *Heuristic Research: Design, Methodology and Applications*. London: SAGE Publications.
- Norcross, J. C. & Lambert, M. J. (2006). *The Therapy Relationship*. Washington DC: American Psychological Association.

Stolorow, R. D. & Atwood, G. E. (1994). *The intersubjective perspective*. New York: J Aronson.

Stern, D. (1985/2003). *Spädbarnets interpersonella värld*. Stockholm: Natur & Kultur.

Stern, D., Sander, L. W., Nahum, J. P., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., et al., BPCSG (1998). Non-Interpretive mechanisms in psychoanalytic therapy: The 'something more' than interpretation. *Journal of Psychoanalysis*. 79, 903-931.

Stern, D. (2004). *The Present moment. In psychotherapy and everyday life*. New York: Norton.

Trevarthen, C. (1993). The self born in intersubjectivity: an infant communicating. In Neisser, U. (ed.), *The perceived self*, pp.121-173. New York: Cambridge University Press.

Vaughan, F. (1995). *The Inward Arc. Healing in psychotherapy and spirituality*. San Fransisco: Blue Dolphin Pupliching.

Wikström, O. (2003). *Om Heligheten, och dess envisa vägran att försvinna*. Stockholm: Natur & Kultur.

Wilber, K. (1979). *No Boundary. Eastern and western approaches to personal growth*. Boston & London: Shambala.

Winnicott, D. (1971). *Playing and Reality*. London: Tavistock Publ.

Zahavi, D. (2005). *Subjectivity and Selfhood. Investigating the First-Person Perspective*. London: MIT Press.

2.2.6. Conclusions and essential themes

The results presented in the article pointed towards conducting the larger study in this research project.

Essential themes from the other previously written texts that informed and supported further work were,

- Music is a relational agent and musical elements can serve as relational ingredients in psychotherapeutic settings.
- The epistemology of implicit and subjective knowledge is crucial in understanding change in psychotherapy.

- Collaboration is an unavoidable, necessary and even very desirable part of psychotherapy as well as research.

Each previously written article had its theoretical foundation (see references in each article), but the texts also had a common theoretical background, supporting the further research project. In the following part, this will be presented.

2.3. Theoretical Background

Alongside the formulated research questions and the search for answers, another intention was to contribute to a developed theoretical framework of GIM into encompassing relational theory and knowledge about change in psychotherapy.

The theoretical background starts with a brief perspective on meta-studies in psychotherapy research focusing on change factors (2.3.1.).

Three sections present relevant theory for the definitions of the categories of analysis from the small study; my pre-understanding on intersubjectivity, the work of the Boston Change Process Study Group (BCPSG), due to its major contribution through integration of infant research and knowledge about psychotherapeutic process, and relevant concepts from Affect Theory (2.3.2 – 2.3.4.).

In the fifth section, my pre-understanding of transcendence and altered states of consciousness is presented (2.3.5.).

Finally in the sixth section, the concept of surrender is presented (2.3.6.).

2.3.1. Meta-studies of psychotherapy research – a brief introduction

Effects of psychotherapy have been documented in many studies and clinical trials. Still, there is an on-going debate about the essential ingredients in this change process Duncan, B., Miller, S.D., Wampold, B.E. &Hubble, Mark A. (2010), Wampold, B. (2010).

Wampold (2010) summarized the research done on different kinds of psychotherapeutic methods and their theoretical framework. An important turning

point in the debate about the effects of psychotherapy came with the development of meta-analysis. In 1977 M.L. Smith and Glass compiled controlled psychotherapy research that was done up until that point in time. Wampold presented how Glass developed a standardized index for the effect size, and stated that such a high effect size was remarkable, compared to the effect size of some very commonly used medical treatments. Generally, psychotherapy proved to be a very efficient form of treatment, and this has led researchers into exploring whether some kinds of psychotherapeutic methods were more effective than others. Wampold referred to the debate among clinicians and researchers started by this meta-analysis, and its continuing discussion, eventually leading in to the assumption about "common factors", such treatment aspects that can be found in most of, or in all, psychotherapeutic work. A very old idea, originally formulated by Samuel Rosenzweig in 1936 (Duncan et al, 2010), and developed by several researchers.

Lambert (1992, in Wampold, 2012) moved on and divided the common factors leading to a successful psychotherapy, into four categories placed in order of precedence concerning how they contributed to therapeutic success: a) client factors outside therapy, b) relational factors within therapy, c) placebo, hope and expectations, d) model-and/or technique factors. Wampold discussed how this created problems when the definitions of the common factors have been categorized as entities of their own, as if possible to stir into a big pot. He emphasized the importance of further exploring the dynamic interaction between these common factors.

The focus on relational qualities – outside therapy room, inside clients, inside therapists, between clients and therapists – defined as important parts of the common factors, has inspired my search in understanding the change power of GIM.

2.3.2. Ingredients of Intersubjectivity

The following section is an edited and translated excerpt from Mårtensson Blom, K. & Wrangsjö, B. (2013). References in the text follow the text in the book, and are integrated in the reference list of this thesis.

Point of departure

Intersubjectivity, in its different shapes, constitutes the warp in the weft of human development, like a musical theme varying and moving through life. The concept captures a pattern of how we are, become and remain human beings. Another essence in humanity is development of consciousness, and the intersubjective pattern can also help in understanding how consciousness develops.

Research in developmental psychology during the last 50 years has placed the concept of intersubjectivity in the forefront, as both foundational and comprehensive in understanding of how we become humans. We have come to understand that infants respond adaptively, coordinated, intuitively and intentionally. They communicate and collaborate with intentions, affects and vitality, sensitive to shifts in these domains in the other. In sum, there is strong evidence for the innate intersubjectivity from the very start (Trevarthen, 1993, Malloch & Trevarthen, 2009, Stern, 1985/2003, 2004). Alongside attachment research, intersubjectivity is sometimes considered a motivational force, sometimes a prerequisite for human mental life. My point of view is closer to the later, considering intersubjectivity a meta-concept useful in understanding and describing patterns and processes, rather than content. In the following, I will proceed to describe the following ingredients of intersubjectivity:

The dimension of implicit – explicit knowing, pre-symbolic - symbolic are both important in the creation of deeper sense of meaning through intentionality. Intermodality/amodality, matching, attunement, affectivity and the process of sharing and regulating, colour and define the qualities of what happens in the intersubjective field.

For the sake of space and focus of this thesis, I will not account for the area about the biological correlates of intersubjectivity.

Implicit knowing

The concept refers to all that we know automatically, without conscious awareness of knowing and conscious experience of what we do. Examples are biking and swimming, partly how we play musical instruments, how is the scent of a rose, how we act and behave when we meet an unknown person. Implicit knowing is non-verbal, non-symbolic, procedural and non-conscious, meaning that it resides beyond or outside reflexive consciousness. Implicit Relational Knowing is knowing how to be,

act and feel as humans in relation to other humans and in relation to oneself, in different kinds of contexts. This knowledge generates and maintains intersubjectivity (Stern, 2004). "Explicit", refer to things we do or remember, possible to recall in consciousness in symbolized forms of episodes, information, concepts and narratives. Explicit and implicit are organized in parallel systems:

Development does not proceed only or primarily by moving from procedural coding to symbolic coding (Lyons-Ruth from Beebe et al., 2003a, s.751).

During development, the two systems deepen alongside each other. Implicit knowing remains implicit to a large extent. However, change and development implies enhanced differentiation and integration of implicit relational knowing, as well as of explicit knowing (Stern, 2004; BCPSG, 2010). The richness and importance of implicit knowing is easily neglected due to its character.

For this reason, Stephen Malloch and Colwyn Trevarthen (2009) assembled research and knowledge about the implicit dimension of intersubjectivity under the concept of *communicative musicality*, in a book with the same title. In this context, some ideas will be referred as they illuminate the importance of implicit knowing, and also underpin assumptions I rely on in this project.

With the comprehensive concept, communicative musicality, contributions from different research projects are presented. One of the first researchers noticing rhythm and turn - taking in proto-conversation and dialogue between mothers and infants, was Mary Catherine Bateson (1979). Papousek (1981) used the term *musicality* to describe mother-infant interaction. The musical qualities of mother – infant interaction and dialogue was explored in a number of studies. *Communicative musicality* is defined by Stephen Malloch in collaboration with Colwyn Trevarthen (Malloch, 1999), and points at the inherent – innate – capacity to communicate and interact musically and non-verbally, with voice, sounds and gestures. It has three components: *pulse* or regularity in spontaneous vocalizing and gesturing, *quality of phrasing* meaning that sound and body movements synchronize in phrases with various quality in voice and gesture, and finally, *narrative episode* meaning longer cycles of sharing with beginning, development and ending (Gratier & Apter-Danon, 2009). *Communicative musicality* defines a dynamic form of body and vocal communication, a format

assumed to be inherent/innate. This is parallel to the concept *dynamic forms of vitality* by Stern (2010). Both are inspired by the ideas of the American philosopher Susan Langer, now confirmed through research on infant interaction. Communicative musicality as sign of a musical container of intersubjective processes, confirms that this process is going on long before attachment, providing a sense of psychological belonging before patterns of attachment strategies are visible in behaviour.

Steven Mithen (2006) asserts that musical dialogue between parents and infants promoted developmental selection of infant attachment and through that survival together with social and emotional community of the group.

Cross & Morley (2009) refer to Mithen and state that separation of musical and verbal language probably emerged with homo sapiens (Mithen, 2006). Verbal language was a more direct and efficient communicative tool. Communicative musicality worked with an intersubjective time perspective, intending to shape and maintain social and intimate interaction, and also provide human beings with a kind of matrix for information processing and affect-regulation. Cross & Morley (2009) propose that both musicality and verbal language facilitated the emergence of modern human social and cognitive flexibility, and consider both as complementary mechanisms, or subcomponents, in human communication – through working in two different timescales and in different ways (Malloch & Trevarthen, 2009, p. 76).

Motherese is a universal way for mother/parent – infant to communicate, in spite of later verbal language and culture. Evolution has refined the innate capacity to communicate intentions and feelings. Mirror neurons, parts of this refinement do much more than just reflect the other. They constitute a kind of "cerebral machinery of self-other awareness" (ibid., p. 115).

Using communicative musicality and new ethiological assumptions, Maya Gratier and Gisele Apter-Danon present research on similarities and differences in communicative musicality between French, American, Indian and immigrant mother – infant dyads (Gratier & Apter-Danon, 2009). When coding the interaction in the different dyads, they found a subtle balance in the communicative musicality, between sameness and novelty, between "well-known trajectories and adventurous detours" (Gratier & Apter-Danon, 2009, p. 301). Immigrated mother-infant dyads expressed the least variation. This lower degree of improvisatory flexibility was assumed to be connected to insecurity and scarcity of sense of safety and belonging. When exploring the flexibility in interaction, the researchers found evidence to

describe how musical dialoguing occurred in an intersubjective time (Gratier & Apter-Danon, 2009 s. 309), characterized both by "Chronos", the measured time, and "Chairos", the subjectively experienced time. A combination of these two show as a common and mutually coordinated sequence, compared to synchronicity or "flow" by the authors.

Communicative musicality also seemed to convey a sense of structure and meaning, carrying the intentionality. Gratier & Apter-Danon suggest that a sense of belonging is being born in this musical communicative field during the first months of life (ibid., p. 310), and compare to Sterns narrative formats (2004). This is developed through dynamic forms of vitality (Stern, 2010).

The researchers continue to discuss their findings, referring to Susan Langer, and asking if this kind of meaning-making is the foundation in the sense of deep meaning we can experience encountering music and arts. The authors suggest that the infant develops "knowing of intentional practice"(ibid., p. 313), a kind of meta-knowledge.

When we connect implicit knowing, through communicative musicality, to feelings of deep belonging and meaningfulness, we can better understand the foundations of human experiences of belonging, aesthetics and beauty.

Malloch and Trevarthen, and contributors, demonstrate primary intersubjectivity, and implicit knowing as fundamental ingredient in this field.

This will be elaborated in the discussion part of this thesis.

Pre-symbolic and symbolic representation

The next aspect on intersubjectivity is the quality and extent of symbolization of a representation. Pre-symbolic assigns a stage or phase in the development of symbolization, defined differently by different researchers (Beebe et al, 2003a, b & c). Pre-symbolically stored experiences are bodily sensations of actions and affective states, expectation or preparation for such actions, depending on how the infant registers context, affective qualities of the relationship and intentionality of the other. Certain pre-symbolically stored experience is during development entwined with – or re-interpreted – and symbolically represented. However, they are not automatically accessible to memory and consciousness. The distinction between pre-symbolic and symbolic is important as it clarifies how experiences are stored. For example in psychotherapy, they thereby are differently accessible, depending on therapeutic knowledge and methodology. Pre-symbolic and symbolic representation both follow

the intersubjective process, but create different forms of intersubjectivity (Beebe & Lachmann, 2002; Beebe et al, 2003b), or different modes of interaction/relational modes.

This was developed by the Boston Change Process Study Group (BCPSG)(2010), and will be referred in the next section.

Intermodal/cross-modal perception

The emergence of intersubjectivity presupposes the innate capacity of intermodal-cross-modal perception. To register and dialogically respond to another relies on this capacity, confirmed in infant research (Stern, 1985; Trevarthen, 1993; Meltzoff, 1995). The capacity of communicative musicality builds on intermodal perception (Malloch & Trevarthen, 2009). The ability to apprehend this cross-modal correspondence between one's own and others expressions in face and body, supports the notion that we are born into a fundamental relatedness between self and other. The other is available through cross-modal matching. All five senses – hearing, sight, smell, taste and proprioception – operate with a kind of code, in order to translate what is registered through one sense, into another. If the infant sucks a comforter with a certain shape, she/he can distinguish this shape via another sense, the sight, as measured through registration of amount of time this infant spends looking at pictures of comforter showing the same shape (Stern, 1985). The capacity to translate and move between senses enriches the experiences of others and the world, and this synesthetic ability connects notes with colours, body sensations with images, scents with melodies.

This is biologically supported by systems of mirror neurons (Rizzolatti, 2005; Bauer, 2005), and active in all information processing. However, as Stern (2004) has emphasized building on Meltzoff (1995), intermodal/cross-modal perception develops dyadically and dialogically in the process of matching and affect attunement.

Matching

The essence of matching is in the meeting of two subjects. They share and confirm both what is similar (correspondence) and what is different (no-correspondence). Matching provides both subjects with simultaneous confirmation and recognition of the subjectivity of each one. In order for this to happen, the corresponding and recognizing quality – must be the starting point for exploring the differences.

Experiencing correspondence in the process of matching moves development forward, becomes a motivational force. In the matching process this movement shifts between sharing what is similar and different, like shifts in perceiving figure and ground. Energy is generated between the poles; similar – different. Matching is a corner stone in communication long before words are developed, and builds on *time, rhythm, shape and intensity*.

Cross-modal matching, in a temporal dynamic form, makes it possible for the infant to anticipate or interpret communication through analogy and metaphor, since matching means "almost similar." in this way, the infant can apprehend an intention or an affect behind or within the other. The infant discovers if there are two separate minds connected to the same affect and intention, or not (Beebe, et al., 2003b, s. 797).

Matching means finding a "fit" between two expressions, for example infant and parent, in terms of level and contour of intensity, pulse, rhythm and duration. Matching is an answer to the commonly shared emotional state, and builds on analogue behaviour/action, not copying or imitating. This is where the intermodal/cross-modal quality comes in.

Level of intensity corresponds to how the "energy" of the other is felt. A contour of intensity answers the variation over time of the "energy" of the other. Duration is about "how long". Shape communicates the gestalt, and pulse, rhythm and tempo gives the matching a specific pattern in time. This makes it possible to discover recognition, correspondence and difference in the intersubjective field – "I know that you know that I know...".

The definitions of matching and affect attunement are close. Matching is more about action and behaviour, while affect attunement is more focused on the inner affective state of the other. However, they overlap in the flow of sharing lived experiences and are ingredients in the concept of communicative musicality.

Affect attunement, affect regulation

Affect attunement is the core of shared lived experience. In a way, the affect attunement between subjects creates these subjects. Both experiences of self emerge and are confirmed in this common experience. Subjects take turns in playing and being played, like the mutual influencing between strings and the wooden body of resonance, vibrating with different intensity and frequency.

Attunement builds the fundament in development from pre-symbolic to symbolic consciousness. The essence is the "play" with analogies, giving experiences of representation, of analogy, of metaphor, of symbol, of image. This is the groundwork of verbal language.

Affect attunement is mostly happening outside consciousness (Stern, 1985), and is mainly implicit. It is also somewhat different from the communication of intentions, influence or information. Stern proposes that we distinguish between communication and *communion*, where the meaning of affect attunement is communion (Stern, 2004). Attunement is the soil of being and becoming human. It happens in the shared knowing of being and doing, of being human. Sharing beyond intentions of influence or informing creates communion, which probably also might open up for transcendence.

This field exists because there is also rupture, loss and lack of communion. Ruptures can heal and "let the light in", but also widen into collapse and breakdown. Subjects loose each other, loose their sense of play and creativity. In infant – parent interaction, the sense of self might get lost, not get enough established, or give experiences of "not-self-parts". If repeated and regularized, they become isolated parts of self, non-existent or exiled.

Sharing, regulating and turn-taking

Sharing is basic in human interaction. We share experiences or a piece of bread. To share burdens or abundances are very different, but both build on the fact that we are subjects before each other. The intention of sharing is at first just sharing, but almost immediately, interaction also is regulating. As soon as this starts, sharing and regulating gets a rhythm, and there is a turn-taking.

From the viewpoint of transformation and change in psychotherapy, the process of affect regulation is at the core. In Intensive Short Term Dynamic Psychotherapy (ISTDP)(Malan, 1963, 1979; Davanloo, 1980) and Accelerated Experiential Dynamic Psychotherapy (AEDP)(Fosha, 2000, 2009), two psychotherapeutic methods using technique and therapeutic stance in service of the transforming power of affects, affectivity is seen as the main transformative agent in the client-therapist relationship. Definitions and concepts will be reviewed separately below.

The building blocks of intersubjectivity – shared and regulated lived experiences, shared and regulated narrated experience – are sharing and regulating *attentions, intentions and affectivity*, implicitly and explicitly, consciously and unconsciously.

Intersubjectivity is a psychological field of belonging and seclusion that carries and develops the sharing of lived experience between human beings and other living beings. Intersubjectivity captures the irretrievable participation and our “embeddedness” in life.

2.3.3. Change and transformation in psychotherapy

Constituted in 1994, the Boston Change Process Study Group (BCPSG) produced a framework of connecting infant research with clinical practice, presented in different articles between 1998 and 2008. The group is composed of Nadia Bruschweiler – Stern, Karlen Lyons-Ruth, Alexander Morgan, Jeremy Nahum, Louis Sander, Daniel Stern, Alexandra Harrison and Edward Tronick. In 2010, a compilation of the important articles was edited into a book, *Change in psychotherapy. A unifying paradigm*. This compilation conveyed a developed view on psychotherapy process, building on the concepts of intersubjectivity and implicit relational knowing presented above. The framework also connected to newly revised affect theory emphasizing the importance of implicit communication and intentionality as regulators of interactive change in psychotherapy.

Findings from chapters and articles in the texts of BCPSG (2010), relevant to this project, will be summarized.

In chapter 3, the article “*I sense that you sense that I sense...*”, Louis Sander’s recognition process is revised. Sander developed his ideas from the concept of adaptation and from biologist and systems theorist Paul Weiss who used the concept of recognition. Sander considered the biological basis of fittedness between individual and her caregiving system. This was supported by his infant-parents interaction research, where he interpreted video-taped sequences of the interactional field between caregivers and infants in terms of dynamic systems theory. This made him state that “recognition process refers to the *specificity* of another’s being aware of what we experience being aware of within ourselves” (p 57). Sander continued and

described how human beings, as living systems, combine the organizational coherence of environmental context (e.g. conditions surrounding a mother-father-infant triad) with biological and psychological organization. In this complex system, there are inherent intentions towards increased coherence – more parts are integrated into more complex and adaptive ways into overall wholeness.

Recognition process is experienced in moments of meeting that conveys a fittedness, connecting inner experiencing with its outer context. Then "new levels of organization emerge in dyadic systems" (p 62).

Recognition process can operate on any of several levels of awareness, depending on the developmental levels of awareness available to the participants (p 64).

The fittedness of a relational move to the joint goals of a dyad is probably more "sensed or "apprehended" directly, rather than known reflectively in the moment. In this view, 'fitting together' carries with it an experience of positive affective enhancement termed by Sander as "vitalization"(p 65). This is comparable to the sense of being emotionally moved when some quality in a therapeutic meeting is changing and affects transformation in the client.

Sander also defined the collaborative activity between therapist and client as a resolution of tension between two diverging organizations (p. 65), also applicable to how client can interact with the music in GIM. The resolution of tension requires creative and improvisational process, with both parties making exploratory attempts to find accessible points of fitting together. This "creative and exploratory process" is inherent in classical music.

Sander's definition of recognition process, based on his infant research, lead into statements about the therapeutic relationship. At the heart of self-organization lies the task of knowing oneself, through experiencing being known. I know that you know that I know...

Edward Tronick (1998), in joint work with Sander and the BCPSG, elaborated on how collaboration between two minds can be understood, and offered the idea of "dyadic expansion of consciousness".

Louis Sander's contribution lies in how he integrated dynamic systems theory, infant research and psychotherapeutic practice and conveyed how the recognition process is needed for a living system to keep its identity and still develop.

In chapter 4, the article "Explicating the Implicit: the local level and the micro-process of change in the analytic situation", is presented. The article is the base for Daniel Stern's (2004) ideas developed in his book "The Present Moment".

The BCPSG looked for basic units on the local level of interaction, at first in mother – infant interaction and eventually in psychotherapy sessions. These units were named "relational moves", units of intentionality. Categories 1-2-3 used in the analysis of GIM transcripts are similar to units, or clusters of units, of intentionality.

Through focusing on the local level and micro-process, the implicit components of interaction and change are more fairly understood. In the article, ways to connect and understand connections between implicit and explicit layers in the relational field, were explored. The authors claimed that different kinds of relational moves, identified in the research, serve to connect the narrative/declarative level with the enactive/procedural. They proceeded and developed ideas on how the relationship between the present local interactive level and the dynamic past with transference phenomena could be understood in new ways. Relational modes emerge through relational moves. The modes and the moves develop implicit relational knowing through the process of increased fittedness. This was stated as the core of psychotherapeutic change and transformation.

We experience the move towards greater coherence as a sense of increased fittedness in the dyad, producing a feeling of enhanced wellbeing while together (p. 88).

In this context, the summarized statements about therapeutic change in the article will be further discussed in the last section of this thesis.

- Therapeutic change happens in small, less charged moments as well as occasionally in highly charged "now-moments" and "moments of meeting".

- Therapeutic change involves change in implicit relational knowing, and this change occurs in the on-going flow of each partner's relational moves at the local level.
- Change in implicit relational knowing comes about by achieving more coherent ways of being together.
- More coherent ways of being together come about through a process of recognition of specificity of fittedness between the two partner's initiatives (p 92).

The very first article published by the BCPSG, "Non – Interpretive mechanisms in psychoanalytic therapy: The 'Something More' than interpretation", was groundbreaking in how it argued against prevailing knowledge stating that interpretation of transference was the core in psychotherapeutic change and transformation. In the book published by BCPSG in 2010, this article was revisited and new ideas were developed.

As a psychotherapist in 1998, not psychoanalytically trained but deeply involved in that "dominating discourse", I still remember the relief. The article formulated, and presented support from infant research, to what was intuitively known and practice-based for many clinicians. Finding myself in the middle of my GIM training, I had difficulties with the way GIM practice tried to affiliate with/use this dominating discourse of psychoanalysis in understanding the GIM process. Today we see how the CBT movement, through its extensive investment in evidence-based research, has challenged psychoanalytic theory about change. The movement of affect-focused therapies is a hopeful integrative force, as well as the relational turn, since both emphasize implicit knowing and affectivity as change factors. The work of the BCPSG is of great importance, and I will comprise their revision in chapter 5, 2010, called "Something more than interpretation revisited: sloppiness and co-creativity in the psychoanalytic encounter" (originally published 2009).

In the introducing remarks, BCPSG's starting point was "a more challenging view", namely that intentionality is emerging, created out of the on-going communication process. It is therefore more appropriate to consider intentionality, not as a property of the individual, but of the dyad (p. 94). Supported by theories from Bruner (1990), Husserl (2002), Lakoff & Johnson (1980) and Stern (1985), BCPSG underlined the

deep relational nature of the human mind. Not just affectivity is shared, or is 'contaminating', but also intentionality. Both affectivity and intentionality are emergent properties of interaction, of the meeting of relational moves and modes. Sloppiness and co-creativity, BCPSG stated, characterize this emergent process (p 111).

As a consequence, reflections on how we may understand consciousness and the dynamic unconscious, was stated through Karlen Lyons-Ruth.

Since implicit relational knowing... represents goal-directed interpersonal action, with strong affective valence and conflictual elements, this level is also rich in psychodynamic meaning, without necessarily being a part of the dynamic unconscious (BCPSG, 2010, p. 98).

The BCPSG stated that in order for dynamic unconscious to transform, it is not necessary to interpret the content, rather, the relational moves in the here and now, restructure implicit relational knowing and thereby the dynamic unconscious. The affectivity, both in terms of categorial affects, vitality affectivity and communicative musicality, bring change in relational moves and modes in the moment (Stern, 2004). However, the group stated, it is important to connect these ideas to some of the 'old' concepts, e.g. transference and counter-transference:

The past configures the present moment through the constraints contained in the implicit relational knowings that both partners bring to the encounter (p. 120).

The BCPSG stated the indeterminacy of the therapeutic process and described the "sloppiness and co-creativity" as intrinsic, and even talked about "fuzzy intentionalizing". This is well-known to all experienced clinicians.

The sloppy and co-creative moving ahead during therapy sessions is what develops implicit relational knowing. This is transformed when senses of fittedness and recognition are "mutually ratified"(p. 123). Therapist and client at first sense this mutually then share it.

In chapter 6, "The foundational level of psychodynamic meaning: implicit process in relation to conflicts, defences and the dynamic unconscious."(p. 143-160), assumptions about implicit knowing were used to discuss how psychodynamic meaning, such as the psychoanalytic concepts of conflict and defence, is rooted in implicit knowing through affects and intentions. This means that therapists need to reconsider that meaning/knowledge is not primarily in the dynamic unconscious. This points to implications for therapeutic work. Implicit relational knowing is enacted on the local level, as the "foundation of psychic life" (p. 144). Composed of relational moves and modes, implicit relational knowing is a kind of representation based in affects and actions. This representation is not necessarily replaced or transformed into language later on. Rather, language and symbolic forms of meaning are grounded in implicit knowing. In this way, conflict and defence are rooted in relational moves and modes, action based in how for instance the recognition process and the attachment process developed in the parent-infant interactive field.

The importance of intentions as organizers of relational meaning at the implicit level was then underlined. Affects and actions are interpreted in terms of intentions. We often assume that meaning always is symbolic, or generated through symbolization, but the authors stated that "meaning need not be symbol-connected"(p. 150), and that "psychodynamic conflict and defence originate and reside in implicit forms of meaning" (p. 151).

Several examples from infant research were presented. The behaviours of the toddlers observed in "strange situation-design" to explore attachment styles, were interpreted from an intersubjective point of view. Instead of just noting the behavioural patterns, researchers also infer that attachment patterns have corresponding inner states of the infants where they implicitly try to regulate conflicting affects.

In chapter 7 the ideas were further developed: "Forms of relational meaning: issues in the relations between implicit and reflective-verbal domain" (p. 161-185), also a theoretical underpinning of the research questions in the present study. In the chapter, the authors explored the common ground of implicit and explicit meaning. Firstly, they stated that intentions, showed and shared in actions and movements, are the basic units of psychological meaning. When we sense a direction or move

our body or our attention, or register this in interaction with another, we also build expectations about expressed wishes or motives. This becomes a basis for goal direction and simple units of local meaning, like "if so...then that...", or to intend is to mean. This was called "intention unfolding process" by the authors. "A non-symbolic process representation of motivated experience that is grasped implicitly" (p. 167). We experience in episodes, with affective contours and intentional directions. One example: infants (18 months) watching experimenter trying to drop a ball in a bowl, but misses, are grasping the intention of the experimenter and complete the intended action by putting the ball into the bowl (p. 168).

Secondly, experiences that are stored implicitly as well as reflectively-verbally (narratively), share a similar micro-format, the temporal dynamic form, authors stated. Thirdly, research on mirror neuronal networks show how activations of language centres, motor and perceptual centres (depending on the modality of the concept), happen simultaneously. Different concepts are stored in speech centres as well as in the relevant regions of the brain related to the modality (James & Gautier, 2003, in BCPSG, p. 170). Examples are 'climb, walk' simultaneously stored in specific motor centres, and 'howl, cry, sing' simultaneously stored in specific auditory and affective centres. The authors stated: "In these senses words are not disincarnated symbols, but are also pathways into direct embodied experience that function implicitly and vice versa" (p. 172).

The authors then referred the foundational ideas, supporting even more how reflective-verbal (explicit) knowing emerges from implicit knowing. The notions of the 'embodied mind' and dynamic systems theory were corner stones in the paradigm shift, pointing at the evolutionary and ontological integration of movement and language. In the article, Phenomenology - with Edmund (192, 1995, 2002) and Maurice Merleau-Ponty (1945/1997) - represent the notion of embodied mind, while Thelen (1994), Varela, Thomson & Rosch (1993) represent dynamic systems theory, with Louis Sander as one of the members of the BCPSG as equally important.

In the further work of anchoring the paradigm shift in the work of others, the BCPSG referred to Lakoff & Johnson (1980), Sheets-Johnstone (1999) and McNeill (2005). Lakoff & Johnson introduced the concept of "the primary metaphor" meaning a "basic sensorimotor way of experiencing the world and conceptualizing it in forms of nonverbal mental models" (p. 173).

Sheets-Johnstone built on Husserl and argued that "the primacy of movement" implies a "corporeal consciousness with representations in body and kinaesthetics"(p. 175).

David McNeill went even further and introduced the concept of image/gesture, meaning all bodily shapings of spoken thought. He pointed at the dynamic process between the gesticulations (body, face, voicings, communicative musicality) and spoken words, and suggested that this generates a pairing and a field of tension between the two. This "throws them together in a classical dialectic process where opposites are resolved and brought together through fusion" (p. 178).

The ideas were developed by the BCPSG, contributing to the bridging of the Cartesian gap between mind and body, and crucial to the development of a new understanding of the transforming power of the GIM process.

They suggested that 1) the verbal is grounded in the implicit domain, that words/narratives and lived experience need to recognize each other and be synchronized, 2) reflexive-verbal and implicit knowing are not isomorphic, there is an inevitable disjunction between the lived and verbalized, a "gap" as an inevitable "product", and 3) disjunction in itself, between implicit and reflexive-verbal should be viewed as an emergent property,....contributing to a dynamic process leading into new levels of complexity in the intersubjective field (p. 181-182).

In the last chapter of the book, "An Implicit Relational Process Approach to Therapeutic Action", important implications for future development of therapeutic methodology were presented.

BCPSG stated that the basic premises of a therapeutic meeting are its dyadic nature, dependence on fittedness, shared intentionality, sloppiness and creativity, movement towards increasing inclusiveness, and vitalization, meaning senses of vitality, trust and care, as signs of change (p. 194-196). They further stated that the *quality of a therapeutic process* is necessarily dyadic, engaged search for fittedness and directionality, a creative negotiation of sloppiness and indeterminacy, with an increasing inclusiveness (of both therapist and client) in the relational field (p. 208-210).

In the discussion section of this thesis, implications for GIM practice will be discussed.

2.3.4. Affect theory – relevant concepts

Affects, affect regulation and core affective experiences

From the viewpoint of transformation and change in psychotherapy, shared affectivity, is central. Within the tradition of Short Term Dynamic Psychotherapy (STDP), affect theory was elaborated and connected to clinical practice through research (Davanloo, 1980, McCullough, 2003, Fosha, 2000)

The process of affect regulation in affect-focused psychotherapy was built on affect theory applied to the conflict model in psychoanalytic short-term psychotherapy developed foremost by Malan (1963, 1979) and Davanloo (1980). Essentially, the affectivity is seen as the main transformative agent in the client-therapist relationship. Affects are divided into *core affects, signal affects and defensive affects* (adaptive and inhibiting, respectively) (Fosha, 2000).

The definitions build on the idea of how they function, how and why the affects are sensed and expressed. The definitions are connected to both category affects and vitality affects. The descriptions are also devices for work in a therapeutic setting. The affective matrix is directly connected to movement and process and how they could be dealt with in the therapeutic relationship. The techniques build on *three principles of affective handling* (Beebe & Lachmann, 1996) generating change.

The first is *the principle of on-going regulations* and is about regular, ordinary moment-to-moment handling which is a slow change process.

The principle of heightened affective moments addresses the process of change characterized by intense emotional experiences and is similar to the systemic concept second order change, coming suddenly like the braking of a water surface.

Finally, *the principle of disruption and repair of on-going regulations* takes care of anomalies and deviations. Change occurs through how relational disruptions are dealt with. These changes can have a quality of second order change.

The fields of STDP and AEDP (Accelerated Experiential Dynamic Psychotherapy) encompass many theoretical and clinical topics that can deepen understanding of change process in GIM.

Core affective experience

A quote from William James illuminates the centrality of the concepts of core affects and core states.

Emotional occasions are extremely potent in precipitating mental rearrangements. The sudden and explosive ways in which love, jealousy, guilt, fear, remorse, or anger can seize upon one are known to everybody. Hope, happiness, security, resolve, can be equally explosive. And emotions that come in this explosive way seldom leave things as they found them (James, 1902, in Fosha, 2000, p. 198)

William James (1902) explored the power of intense emotions and its transforming potential, nearly a century before Beebe and Lachmann (1994). Affect theory was historically developed through the works of Darwin (1872), James (1902), Nathanson (1992) and Tomkins (1962, 1963).

A state transformation, a second order change in psychotherapy, is assumingly achieved through accessing two types of core affective experiences: *core emotions* and *core states*.

Core state is an altered state of openness and contact, of being deeply in touch with own experiences.

It is the internal affective holding environment generated by the self. The power of the core experiences lies in the relationship with the other. How the dyad can transcend blocks and barriers, how the dyad constructs safety and alleviates anxiety, and how the experience of the transformation itself leads to further adaptive transformation in never-ending cycles. (Fosha, p. 21)

The word *core* is not to be confused with *primary* or *basic*. Fosha referred to functionality, like when deep therapeutic change happens, and to quality as when affects are expressed free of defence or red-signal affects. Some categorial affects or emotions are of special interest, such as sadness, anger, joy, fear and disgust. These are found in grief, emotional pain or distress, feeling generally moved, and in

gratefulness. The core state is an altered condition with openness and contact also involving vitality affects (Stern, 1985), emerging relationally: in relation to Self when feeling vitality, empowerment, drain or vulnerability, in relation to others in intimacy, sharing, attuning, resonating, as well as in isolation or peak experiencing. Core states are often entrenched in stillness, calmness and connectedness.

Therapeutic stance and the affective model of change

The therapist's stance is informed by an understanding of the affective phenomena of empathy, affect contagion, affective attunement and resonance, and the reaching of coordinated states (p.29).

Fosha underlined that therapists need to stay connected to their own inner affective environment, especially positive emotions that nourish curiosity. If theoretical thinking and therapeutic constructs for representing and conceptualizing change and positive motivational forces are missing, then therapists will not be able to guide patients in exploring this internal and interpersonal terrain (p. 31).

In AEDP, transforming power is amplified through meta-therapeutic processing. The therapeutic task involves 1) facilitating the therapeutic experience, 2) naming and acknowledging that experience, 3) exploring the patient's experience of the therapy. In receiving affirmation and the healing affect, the meeting with the true Self comes through meeting the *true Other*. From this, peak relational moments can evolve (p. 170).

In GIM, this process also evolves in meeting with the music, connecting to musical elements and experiencing how to trust the music, listen to it and surrender to it.

The client is *receiving affirmation* in experiencing empathy, love and recognition through the music. The music both brings recognition and takes the client to strong positive *and* negative emotions in the experiential field. This needs to be processed by the therapist, more or less explicitly. At least, the therapist must convey the meta-processing stance implicitly. Fosha states, "taking in deep appreciation can make the therapist feel vulnerable" (p. 178).

2.3.5. Transcendence and Altered States of Consciousness (ASC)

Transcendence and Altered States of Consciousness (ASC) have been studied in different contexts; spontaneous occurrence, in spiritual practices, in relation to drugs, in relationship to music, in psychotherapy and in music psychotherapy.

The phenomenon of Altered States of Consciousness (ASC) is connected to a process of transcendence. As Edelman (2004) stated, consciousness itself is a process, and the transcending of levels of consciousness, of borders of self, of a field of experience, of a relationship, of mentally/psychologically/phenomenologically apprehended boundaries or limits, happens more or less intentionally or willingly (James, 1902, Maslow, 1968, 1969). Transcendence occurs spontaneously, without any inducing agent like music and/or psychotherapist, in many different contexts and developmental life stages (Thornstam, 2005). Transcendence and ASC as phenomena are ingredients in spiritual development and religious practice (Geels & Wikström, 2005). The topic is vast and cannot be fully reviewed in this context.

Cardena and Winkelman (eds.)(2011), collected writings of forty-five authors in two volumes on Altering Consciousness. The first focuses on history, culture and the humanities, and the second on biological and psychological perspectives. The volumes encompass a huge field of knowledge with definitions of concepts and findings from research in all the five areas. Historical perspectives present how the phenomenon of altering consciousness has been experienced, understood and integrated in human life since at least 5000 years. Cultural perspectives focus on altered states in different societies, cultural settings as counterculture, religious practice and shamanism. Perspectives from the humanities encompass religion, philosophy, the arts and music. The second volume focuses on biological and psychological perspectives exploring the issue of altering states of consciousness through presenting quantitative as well as qualitative studies.

None of these volumes will be reviewed in detail in this context. The questions in this research study point towards a more focused perspective.

2.3.5.1. Transcendence, ASC and Music

In this context, the contribution from Jörg C. Fachner (2011) is relevant. He concluded that music and ASC is very complex and context bound. One variable that Fachner found important in the connection between music and ASC, apart from therapeutic or non-therapeutic context, was the variable time and rhythm.

Aldridge & Fachner (2006) presented an overview on music in relation to varieties of experiences in altered states. They explored music's contribution to inducing altered states and their therapeutic potential. They discussed the concept of ASC in a historical context, connected their argumentation to Charles Tart and William James, who early stressed how the term "altered" implies a "normal" or "natural" state of consciousness. Through emphasizing the mutuality inherent in the word "consciousness", and the notion of consciousness as an act of knowing together, Aldridge & Fachner focused on the dependence of interaction in altering consciousness. The concept was also explored through a presentation of a summary of definitions of spirituality and religion, connected to the issue of health and healing practice in palliative care.

Alf Gabrielsson (2008, 2011) collected and analysed more than 900 reports of strong experiences with music, presumably in an altered state of consciousness. The experiences appeared in many different contexts, and to people in ages ranging from 8 to 80 years. Gabrielsson stated that music itself could induce the altered states. The narratives often included important relational ingredients superior to any specific situation, such as being with Self, being with parts of self, being with aspects of the inner world, being with the music, being with inner "evoked companions" (Braathen, 1998), or being with friends or relatives.

Helen Bonny's writings on ASC and music (1972, 1975, 1977, 1979, 1980, 2001, 2002), with focus on GIM, will be reviewed in section 3, The Literature review.

2.3.5.2. Transcendence and intersubjectivity

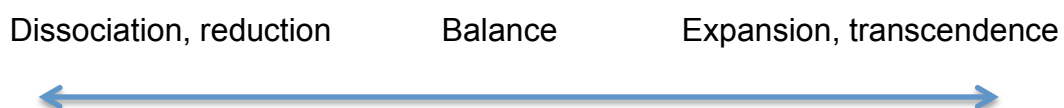
Mårtenson Blom, K. & Wrangsjö, B. (2013) developed the concept of transcendence in relation to different experiential qualities, relevant to the understanding of different clinical situations, like dissociative states. The centre of the experience of transcendence is assumed to be localised within the subject, and the descriptions are relevant to this context of developing understanding of GIM in clinical practice. The following is an edited and compiled excerpt from the book.

Consciousness and transcendence

The concept *transcendence* is generally about transcending borders or boundaries, e.g. between what to know and not know. In this context, the individual or subjective perspective is in the foreground, in order to understand the concept on the level of interaction, meaning that transcendence describes *trans-personal* phenomena and *transcendence of the boundaries of self-experiences*. In terms of experiencing, it is perhaps more a question of expanding boundaries of self, rather than transcending, in order to let the experiential field of the subject comprise something that usually is not possible to comprise, or contain. This could be different, both in terms of quality and quantity. These levels are reached in meditation and practices of mindfulness (Kabat-Zinn, 2005), and are assumingly connected to experiential levels influenced by cognitive aspects through activity in neo-cortex as well as in the middle brain and limbic system. The subject initially moves into the “dream world” – inner symbolized layers – and then further ‘down’ into an ‘absolute’, perhaps less conventionally symbolized world. This world can perhaps be characterized by ‘dissolved paradoxes’, absolute silence with stillness, perception of time moving and simultaneously being still, noticing of ‘absoluteness’ like peace beyond relaxation and calmness, absolute love where the experience of the self is characterised as ‘embodied love’. In this state, we open up to, or surrender to, ‘forgetting’ ourselves, letting go of self-egotism. This may lead into senses of wholeness and a transcending quality. But the sense of wholeness can also be reduced into a very limited part of our selves, something similar to the psychodynamic concept of regression, and the world shrinks. This leads into a suggestion of a continuum for the movement of the self-experience. The movement is about transcending, expanding, balancing, compressing and splitting. The continuum is depicted in figure 2.1.

Figure 2.1.

Continuum showing the movement in transcendence and dissociation



Flexibility in the self-experience depends on context, situation, relation, constitution and level of consciousness. When the subjective experience is balanced, the self is

centred in a state of presence, “myself at best”, with awareness of emotions towards oneself as well as towards other people, and with an openness towards compassion. From the point of balance, we can move “inwards”. Sometimes we “shrink”, or feel reduced, in our capacity to preserve this contact inwards and outwards. The self-experience is dissociated, reduced or scattered. This can happen, not just when we meet difficult or traumatizing experiences. It can also happen during stress, or when inner vulnerable issues are activated. Dissociation is also a “normal” defence strategy, when affect regulation breaks down.

We can also move “outwards”, expand, merge or transcend the boundaries of the self. This can happen spontaneously, in meetings, in psychotherapy with or without music. When integrated and acknowledged, this kind of experience is mostly enriching and transforming. Paradoxically, the expansion conveys an awareness of the human smallness and vulnerability.

Both the reducing and the expanding movement in the self-experience can be induced through drugs.

Gero-transcendence

The Jungian concept of the “Higher Self” (Hark, 1997) is similar to this expanded state. It is also similar to states developed in deep communion, sense of flow in teamwork or to group-intersubjectivity (Stern, 2004).

The tendency to expand and transcend was defined by Thornstam (2005) as gero-transcendence, assigning a quality in aging, when apprehension of time changes, old or familiar parts of identity are changed into more openness towards parts of the self that have been disguised. Relationships change towards a need for deeper and fewer relationships, together with a more constructive satisfaction in being alone.

Transpersonal phenomena

The expansion may also proceed into more exceptional experiences like transpersonal phenomena, common in GIM practice. These have been thoroughly explored within humanistic and transpersonal psychology (Maslow, 1968/1999; Vaughan et al, 1993/1995; Wilber, 1980/1996; Grof, 1985), mainly focusing on their content, and defined through an experienced change of bodily shape and/or boundary. Even though the experience can have different affective qualities, positive or negative, they are often described as providing an opening and healing energy.

The definitions of transpersonal experiences are rooted in individual psychology, dominating the 20th century. The understanding of these kinds of experiences from a relational and intersubjective perspective, is scarcely developed.

Transcendent intersubjectivity

Within the phenomenological tradition, Edmund Husserl developed the concept *transcendent intersubjectivity* (Husserl, 2002). He emphasized its emergence through interaction between subjects, and stated that transcending one's subjectivity means to encompass the quality of "otherness" in the other subject, and at the same time be able to reach out and transcend one's own subjective boundary, to comprise the subjectivity of the other. In this state, we might simultaneously experience both an expansion and a merging, as if the concepts "inside" and "outside" are no longer meaningful.

Martin Buber (1990, 1997) developed similar ideas, and stated that this transcendence is a prerequisite for a genuine 'I-Thou-meeting'. When the subject transcends its boundaries, and gets 'objectified', she/he connects both to the deep dependence or belonging to others and the existential aloneness, contrasted by the "otherness" of the other. In this process, it becomes clear how transcendence and surrender are connected. Jessica Benjamin (1995) developed ideas from a psychoanalytic perspective connecting surrender and transcendence and this was developed by Mårtenson Blom (2010).

In sum, the ideas of Mårtenson Blom & Wrangsjö (2013), on how transcendence and ASC can be understood from the perspective of experiential ingredients and intersubjectivity, will be discussed in relation to findings in the study.

Steen Halling (2008) presented phenomenological studies on the issues of intimacy, disillusionment, forgiveness and transcendence. Through interviewing and conducting phenomenological analysis of the material, he presented a process happening "in ordinary life", where experiences of transcendence are naturally developing. Important steps through the process were described as seeing a significant Other 'as if for the first time', being disillusioned by the significant other, forgiving another and recovering one's future, experiencing the humanity of a disturbed person. Finally, Halling stated that genuine love is a form of transcendence. This led him into the work of Emanuel Levinas, and defining transcendence as

the "forward moving nature or capacity for openness" making humans "transcending beings" (p 184).

2.3.6. The Concept of Surrender

From the previous topic, transcendence and ASC, Edmund Husserl (1995, 2002), created a bridge in introducing the concept of transcendent intersubjectivity. The state, or movement, implied that through surrender, we transcend the boundary between the Self and Other, between two subjects. Stated with a spiritual vocabulary, we discover (re-discover) ourselves through giving up ourselves. Maslow (1968) talked about "voluntary surrender" and Marion Milner (1950) about "creative surrender".

In this context, I will not refer the huge area of mysticism and spiritual practice, even though the phenomenon of surrender is frequently described (Johnston, 2003, Stinissen, 2004). Some connections between this area and the field of psychotherapy were illuminated in Mårtenson Blom (2010), where the concept of surrender also was explored and defined through the works of Emmanuel Ghent and Jessica Benjamin.

Emmanuel Ghent (1990) stated that when we surrender, we approach a liberating quality of experiencing our Self, since we dare to let go of defences. Ghent connected to Michael Eigen (1981), who said that faith and surrender, both origins of creativity and symbolization, meet when the infant resides in the sense of non-differentiation between self and other. According to Winnicott (1971), regression and surrender have similarities, in that regression also contains a longing for meeting the true Self, a hope for a new opportunity.

Ghent understood the meaning of surrender as not an act of will, which is the force in submission, since surrender is often accompanied by feelings of dread, fear and death and/or clarity, liberation, even ecstasy. Surrender is an experience in the here and now, needing the presence when past and future, both dependent on 'mind' and explicit thinking, reside in the non-conscious. The innermost intention of Surrender is discovering identity, sense of Self, wholeness and unity with life. Unlike in submission, control and dominance are absent. Submission is a distorted defence against surrender. Ghent moved on and reflected on the relationship between fear and wish.

In surrender he found that a common room was created, where we could experience both, none of them winning.

Before Ghent, Judith Feher (1984) contributed with ideas and statements concerning the concept of Surrender. She stated that "surrender means that the subject of the experience will become one with its object" (p 215), meaning that subjectivity and objectivity in a way collapses through a transcending movement. Feher's ideas contributed to understanding surrender on a micro level of experiencing.

One comes back, exhilarated because of the taste of ideal love and for having faced the image of one's own death, but surviving, yet full of fear roused by the confrontation with the image of death and full of frustration because of the impossibility of bathing in unlimited love forever. (p 216)

Psychotherapist Joseph Bobrow (1997) stated that we carry the capacity to experience action in two ways, letting go - surrender, is one, and emerging – emerging patterns, is the other. Both capacities are crucial and needed in being able to both know and not know. Bobrow stated that to let go means to open up to the emergence of something new. In the cleft, difference, discrepancy, dissatisfaction, loss, mourning, death etc, is always there.

Hidas (1981) contributed in defining important ingredients in the process of surrender, within a psychotherapeutic context. Firstly, he distinguished therapeutic surrender from conversion and acceptance. He then stated the centrality of every transformative discipline, the need for transcending the ego-bound self and surrendering to the more universal identity, in a leap beyond ego-bound constructs. Thirdly he explained its implications for psychotherapy, meaning acknowledging vulnerability and risk, need for underlying ego integration into an integrating surrender. In this he underlined the role of the crisis, the grace of "point zero". Finally, Hidas described the transference dynamics of the therapeutic relationship, the importance of therapist's own orientation and spiritual development, and the challenges of this work underlining an approach with sensitivity and subtlety.

Roy Barsness (2006) argued that the role of transcendence and surrender in therapeutic process depicts a pull towards the Other, and our innate nature of seeking the Other. This seeking of meaning and search for the holy in life, is both a movement towards authentic living and transcendence, Barsness argued. He continued stating that surrender and transcendence most often appears in moments of pain and doubt, and used a case study in demonstrating how feelings of terror, mystery and hope, in analyst as well as in analysand, enforced them to surrender to unknowable domains and revelation of the transcendent.

Fosha (2009) developed the model for Accelerated Experiential Dynamic Psychotherapy (AEDP) where, in the stage of meta-processing during therapy, therapist and client together share and communicate about how it is to expose, explore and share strong emotional states *together*. Fosha used the term *surrender* to define the letting go and the opening up necessary for this stage in the transformative process.

Wired for transformance, we naturally seek contexts in which we can surrender to our transformance strivings. (p. 176)

Mitchel Becker and Shalgi Boaz (2013) explored, with case illustrations, the importance of non-being, or disappearing experiences in the human psyche. They connected this to a necessary surrendering process, and stated that the self's will to surrender to the non-existent, the negative, is a prerequisite to change. Becker and Boaz, used theory of intersubjectivity to understand how interaction between two subjects, in love, hate, creativity etc., and mutual movement between absence and presence is a movement of surrender.

The most inner sanctuary core of surrender is its infinite quality, and the most sanctuary core of infinity is absence, the essential ingredient that differentiates being from becoming. (p. 426)

CHAPTER 3. LITERATURE REVIEW

The quintet says that we can trust something else. What else? Something else, and it follows us a little of the way there.

Like when the light goes out on the stairs and the hand follows – with confidence – the blind banister that finds its way in the darkness.

(Tomas Tranströmer)

3.1. Overview of chapter

The literature review focuses on relevant research in the field of Guided Imagery and Music (GIM), in the following areas:

- Experiences of transcendence – such as peak-, pivotal, transpersonal and spiritual experiences in GIM.
- Therapists' and clients' experiences, and therapeutic process in GIM
- Music in GIM, ontological and therapeutic issues concerning the previous topics
- Transcripts in GIM
- Relational perspectives in GIM
- Helen Bonny's writings on the presented topics

Finally, a conclusive part will lead into the identification of the research task and questions in this study.

3.2. The field of Guided Imagery and Music (GIM)

3.2.1. Experiences of transcendence- in GIM: peak-, pivotal, transpersonal and spiritual

In this review, I use the concept of "experiences of transcendence in GIM". The concept transcendence refers to a physical or psychological action or interaction, indicating a *process* often leading to peak, transpersonal and/or spiritual qualities of the experience.

Abrams (2002) summarized historical roots and development of the transpersonal dimension, and stated the early connection to William James' definition from 1902, the development of theoretical foundations by Carl Jung, Abraham Maslow, Roberto Assagioli, Stanislav Grof and Ken Wilber, all contributing to the building of GIM a theoretical framework for the clinical practice of GIM. These pioneers also inspired Helen Bonny who grounded her work in humanistic psychology and stated that GIM in itself is a medium for transpersonal work (Bonny, 1978). The components of music and inner experiences (imagery) together have, according to Abrams, been documented as important for transpersonal work and experiences of transcendence, referring to McClelland (1980) and Panzarella (1980). The importance of those components was also confirmed by the descriptive-phenomenological research of Alf Gabrielsson (2001, 2008). Abrams summarized three theoretical models: Helen Bonny's (1975, 1978b) cut-log diagram of human consciousness consisting of several concentric circles, each representing one layer of consciousness, secondly Kenneth Bruscia's (1998a) four-quadrant model based on Ken Wilber, showing how music experiences in GIM can become or be experienced as transpersonal and thirdly Lisa Summer's (1992) proposed model on how classical music used in GIM when experienced with sufficient depth, accesses music's "transcendent beauty, and thus gains opportunities for entering the realms of consciousness beyond individual identity" (p. 345). Summer's research and writings will be thoroughly presented below. Abrams presented several "typologies", organised definitions of transpersonal experiences in GIM, for the purpose of training GIM facilitators (Bruscia, 1996a, Stokes-Stearns et al, 1998). Several case studies in clinical practice have also contributed (Bonny, 1976, Clark, 1998-99; Clarkson, 1998-99, Grocke, 2004, Summer, 2009).

Abrams stated the need for an "indigenous theory of transpersonal GIM phenomena"(p. 352), including all components of GIM uniqueness; classical music listening, imagery, consciousness and guiding. He pointed at what is missing in the contributions made so far from different researchers and clinicians (Abrams, 2001; Bonny, 1975, 1978b, Bruscia, 1998a, Summer, 2009), namely the inclusion of a process model, leading to the understanding of the phenomena of transcendence through combining all elements of GIM and its unique context. Abrams stated that "a process model must delineate a developmental progression of transpersonal

phenomena, specifically as they manifest within and across GIM sessions. The model must also specify the contexts surrounding the emergence of transpersonal GIM phenomena” (p. 354).

In his dissertation, Abrams (2000) explored definitions of GIM transpersonal experiences through interviewing nine experienced GIM practitioners. All were interviewed three times, in this way the interviewees were engaged through three steps in developing definitions of transpersonal GIM experience. The process resulted in a comprised definition of transpersonal GIM experience, through ten themes: 1) body and physicality, 2) healing and wholeness, 3) core sense of self, 4) relationship, sharing with- or unifying with, dialoguing with- or surrendering to, 5) collective experience of humanity, 6) life meaning, wisdom, 7) spirituality, 8) qualities of consciousness, expansion of 9) ways of experiencing the Music, embracing, unifying or merging with-10) ways of experiencing the guide.

Abrams (2002) discussed clinical implications and underlined that GIM inherently entails “transcendence of inner limits, expansive awareness of beauty and creativity, of reality as it is given, and living in sacred and comprehensive ways” (p. 121). These effects are comparable to ingredients in the surrendering process, and will later be discussed as such.

Goldberg (1992) formulated a process oriented model of how imagery develops in the music-listening experience in GIM, and illuminated the rhythm and turn-taking between affective/emotional experiential peaks and development of imagery, or imaging process, containing and processing the affective/emotional states of the traveler.

She developed this further into the Holographic field model (Goldberg, 2002), emphasizing the process and movement in how GIM develops the traveler’s Self.

Goldberg connected experiences of transcendence in GIM to assumed inherent integrative and transforming forces within the self, and her model contributed to a model-in-progress that understands transcendence-experiences such as transpersonal, spiritual and peak-experiences. Close to this topic is a recently written article by Goldberg and Louise Dimiceli-Mitran (2010), where they emphasized how Helen Bonny in many ways was ahead of her time, and through that needed to find a balance in the dilemma of staying true to her knowledge of the power of GIM in

developing the travelers spirituality without being looked upon as a suspect mystic. Today, the dilemma is still here, Goldberg and Dimiceli-Mitran stated, but the trend within general psychotherapy moves towards integration or at least inspiration from spiritual practice, like Mindfulness and Compassion focused therapy. Daniel Siegel (2010) is one example presented by Goldberg and Dimiceli-Mitran.

Marilyn Clark (1998-99) explored the transformational process in GIM using concepts from transpersonal psychology as represented by Ken Wilber, and spiritual developmental theory represented by John Fowler. She illuminated the dilemma as GIM practitioner in finding adequate and meaningful concepts to explain and clinically process transpersonal and spiritual transformation in clients and in facilitators, and referred to both the psychoanalytic and the cognitive behavioural paradigm as non-inclusive concerning explanations of experiences of transcendence.

Kirstie Lewis (1998-99) analysed 128 GIM transcripts and searched for frequency and nature of transpersonal experiences. She also explored and compiled which GIM music programs that seemed to stimulate a greater frequency of these experiences. Lewis developed categories of analysis from the Spectrum of Consciousness by Ken Wilber (1980). His nine levels of consciousness defined in "The Atman Project", guided Lewis in defining her eight categories. She did not distinguish between the content/"the what" of the experience and the quality/mode/"the how" of the experience. However, she concluded that of the 128 sessions, only 23 did not include transpersonal experiences, and this supported the conclusion that 82% of the GIM sessions had the potential to evoke such experiences.

Leslie Bunt (2000) explored the "complex matrix of transformations"(p 44), continually taking place through the changes in consciousness, images and structural aspects of the music. Within these three components of a GIM session, there is inherent movement and process, and through that change and transformation. Bunt's focus on transformational process links to the topic of this study. All three components described by Bunt can be connected through intersubjectively/relationally defined ingredients, which will be further developed in the discussion.

The concept of a "pivotal experience" in GIM was explored in a phenomenological study by Denise Grocke (1999).

Grocke explored pivotal moments in GIM, building on definitions of "turning points" in psychotherapy (Böhm, 1992). Grocke's definition has some similarities with the concept of "moments of meeting" (Stern 2004), which will be further discussed. The study by Grocke was qualitative and phenomenological. She interviewed seven clients about their experiences of pivotal moments, and two therapists about their experiences of being with clients during their experienced pivotal moments. Twenty themes emerged, defining pivotal moments in GIM, and fourteen themes emerged defining therapists' experiences. The defining themes describe a high degree of remembrance and insight into the meaning of the moments. They were embodied and emotional with lasting effect and impact on the client's life. There was a relational ingredient in that the therapist's presence was important, and that therapists also remembered, were emotionally moved, felt that time was suspended, and tried to intentionally facilitate for the client. Both client and therapist noted observable change. The pivotal moments in this way could be mutually confirmed. To the clients, pivotal moments often followed uncomfortable or even frightening moments. This will be further discussed and compared to results from this study.

Grocke also analysed the music played during the pivotal moments, using the Structural Model for Music Analysis (SMMA) (Grocke, 1999, 2007), including fifteen elements of the music. This will be reviewed below.

In the following, the Phd thesis by Summer (2009) will be reviewed with focus on experiences of transcendence.

In the thesis, Summer's analysis of client experiences generated thirteen themes representing the participant's perspectives. Five themes, (7. Music brought a receptive, transpersonal experience, 8. Music gave access to the true self, 11. Music brought a here and now experience, 12. Music experienced as aesthetically beautiful, 13. Participant merged with the music) (p. 269), were discussed in relation to one previously written article, "Music: the Aesthetic Elixir" (Summer, 1992). Summer reported the finding that out of six participants, four had sessions with a transpersonal experience, which was noteworthy since each participant only had one session. The two participants that did not have a transpersonal experience, were both non-music therapists. Summer concluded that the study confirmed the

statements that GIM sessions stimulates transpersonal experiences. In the article, Summer stated that GIM music stimulates transpersonal experiences when combined with an altered state of consciousness, that also creates transcendence of time. She also underlined that themes 12 and 13 both connect to transpersonal experiences: classical music's aesthetic beauty and the traveler's merging experience with the music; both are essential preconditions for transpersonal experiences. It can be argued that both qualities convey that the traveler is in transcendence, eventually leading into transpersonal experience. Transcendence can occur in relation to experience of time, or in relation to the self (Maslow, 1968). Summer also raised the question about what prerequisites within the client might contribute to transpersonal experiences (p. 276).

In the thesis, Summer discussed how the other themes from clients perspectives connected to her previous writings. In this context, these parts of her discussion will be reviewed below.

3.2.2. Therapist's and client's experiences and therapeutic process in GIM

The review of GIM research and literature about the topic of therapeutic process, showed the diversity of the theoretical orientations in GIM. In Bruscia & Grocke (eds.,2002), four main orientations were presented: the jungian, the psychodynamic/psychoanalytic, the gestalt, and the humanistic-spiritual. In this section, the focus is on therapeutic process and concepts about therapeutic relationship, and this was mostly found within the psychodynamic orientations.

Bruscia (1995, 1998) presented an overview of the psychoanalytic-psychodynamic concept of transference – countertransference, first in two articles and later in a book (1998). In the first article, definitions and ethiological issues were presented, and the second article described transference processes and how this is part of a therapeutic methodology aiming at change and transformation. Through case examples in the second article, Bruscia encouraged other GIM practitioners to search for other, and more helpful constructs that could clarify the process of GIM psychotherapy.

In the book, Bruscia (1998) developed psychodynamic theory and practice and its applications on GIM. Bruscia explored through the psychodynamic perspective, how transference-countertransference develops in a broader field in GIM, both in relation to the therapist and in relation to the music. In one chapter, Summer (1998) developed the concept of 'pure music transference', meaning that the client works also or predominantly, in relationship to the music with transference issues. This could facilitate the therapeutic process and broaden the interactional field between therapist, music and client.

Isenberg-Grzeda (1998) discussed how GIM theory evolves and how it at that time started to include object-relations theories and self-psychology. She also explained how development demands certain shifts in the use of concepts, e.g. from 'guide' to 'therapist' and from 'traveler' to 'client'. She also developed thoughts on the relationship between music and therapist, through examining how music could be a co-therapist, an extension of the therapist and a gift from the therapist.

Bruscia (2002) continued to develop and compare the psychodynamic - psychoanalytic orientation to GIM, assuming that concepts of resistance, transference-countertransference are central in understanding therapeutic change process. One reason for the adherence to psychodynamic theory is that GIM works with, and in, the unconscious, including both therapist and client.

Bruscia (1998), in the last chapters of his book, developed ideas and methodology through a heuristic exploration of his own therapeutic practice. Through this, he also developed a relational orientation to GIM. His method of using transcripts will be referred below. His conclusions about a GIM therapist's stance, as being part of a field of consciousness, with the task to stay present, 'being there' for the client, and to attune in the time-space of the music, were summarized in the book. He focused on concepts of timing, moving consciousness with the client, moving between levels of worlds and experiential qualities like sensory, affective, reflective and intuitive.

Wrangsjö (1994) made a comparison of psychoanalysis and GIM, and found similarities, like patients lying down on a couch and becoming more open and vulnerable, the state of consciousness during therapeutic work, and the focus on the 'primary process' which today is redefined within new psychodynamic theory. Wrangsjö also found differences. Psychoanalytic theory focuses more on human

pathology and conflict as a driving developmental force, while GIM emphasizes growth through recognition and self healing. Psychoanalytic meta-theory does not encompass human spiritual development, a major deficit, and most importantly, psychoanalysis and psychoanalytic-psychodynamic therapy do not include music, which creates a completely different relational field between therapist and client.

Clarkson and Geller (1996) also explored the similarities and differences between psychoanalysis and GIM, through discussing and comparing Geller's (psychanalyst) experience of having a GIM session with Clarkson, being the GIM therapist and conducting the session.

In summary, the psychodynamic-psychoanalytic perspective on GIM (Bruscia, 1998, 2002; Isenberg-Grzeda, 1998; Summer, 1998) has entailed a view of therapeutic change in GIM as understandable in terms of this perspective.

Today, psychotherapeutic change and transformation is understood, still within the therapeutic relationship, but from a wider perspective where transference – countertransference is assumed to be one part of the intersubjective field, consisting of non-conscious, implicit and explicit, and dynamic unconscious dimensions.

Psychotherapeutic preunderstanding of GIM was explored in several research projects focusing on clients'/travelers' experiences and therapists'/guides' experiences. The perspectives, sometimes examined through phenomenological methods and sometimes through more hermeneutic, were closer to the humanistic school of psychotherapy represented by e.g. Carl Rogers, and the tradition close to Helen Bonny's early writings. In addition to phenomenology and hermeneutics, this perspective has more in common with a constructionist view on knowledge, also central to collaborative and intersubjective perspectives on psychotherapy.

Researchers and clinicians, such as Abbott (2005, 2007-08), Hibben (1999), Grocke (1999) and Summer (2009), have explored the subjective experiences of the GIM therapists and the clients/travelers, and through that they have connected to the tradition of phenomenology, intersubjectivity and constructionism.

Elaine Abbott (2005) did a qualitative phenomenological inquiry through interviewing clients about their negative and positive GIM experiences, and concluded that the experiencing of both qualities were important to the overall process. She underlined the need for process-oriented ways to understand more about clients experiences in GIM.

Abbott (2007-08) videotaped six therapists during the guiding in a GIM session, and she interviewed them while watching the video about their experiences, moment-to-moment actions and rationales for their actions. Data analysis was done phenomenologically, eventually leading to Abbott's formulation of the therapists' four fundamental intentions and within each one, more concrete descriptions of the intentions.

1. Managing the therapist-client relationship; fostering a relationship, being there for the client, maintaining the t-c relationship, maintaining appropriate boundaries between t and c.
2. Understanding the client; identify c's main therapeutic issues, assess c's readiness to work. Continually listen for confirming or negating information.
3. Focusing and containing c's therapeutic work; guide c to make contact and stay in contact with main issues, create initial structure for self-exploration, provide a musical holding environment, help c to feel safe and comfortable, manage the musical environment.
4. Helping the client engage in therapeutic work; be here-and-now, experiential explorations, sometimes change music, help in clarifying and exploring and concretizing, using verbal and physical interventions.

Abbott's results illuminated therapeutic qualities in the interaction between therapist and client and ingredients in the intersubjective field of music, therapist and client in GIM.

Jane Hibben (1999) presented clients' experiences of different kinds of music therapy settings. Client experiences of GIM were reported through their direct written reports, through the therapist's gathering of reports, and through researchers gathering of reports. The latter was done by Denise Grocke who interviewed seven participants asking them to describe moments of insight during GIM sessions. Grocke

summarized this into a distilled content description.

Denise Grocke (2005) summarized the guidelines from Helen Bonny referring to Summer & Bonny (2002). The article put focus on therapeutic stance in how Grocke emphasized the skills of the therapist. She also captured the local level of interaction through words like "open-minded, open-ended, receptive, allowing and caring" (p 271). She summarized the role of the therapist during the different phases: "Phase 1, building a line of supportive contact (p274), sympathetic, allowing, supportive in the listening response (p 275); phase 2, modulation of voice, dynamic range, tone and pace during relaxation or deepening clients contact with emotions" (p 275). Grocke exemplified from her own cases in a clear and illuminating way, with the third phase as the core phase about choosing music and then being "non-directive and very present". Grocke finished by quoting Bonny about the last fourth phase, "guiding back, not interpreting, reaching the heart of message of the session" (p 285). In her summary about therapeutic relationship and therapists' assessments, Grocke relied on Bonny's statements (p 276), based on Bonny's roots in the humanistic tradition. Within that perspective, the task of assessment and diagnostics has relied on psychiatric knowledge and tradition at the time.

Summer (2009), reviewed above concerning the topic of transcendence, will now be reviewed concerning clients' experiences. In her thesis, three previously written articles were illuminated by themes from clients' perspectives. The first, "Considering classical music for use in psychiatric music therapy" (Summer, 1994), argued for music therapists to apply matching and affect attunement (Stern, 1985) in their interaction with clients. Summer connected this to theme 1, participants related personally to the music, and theme 6, music was completely dependable, from findings in the study (p. 271). She argued that these themes reflect how participants experienced the music as well as the therapist and compared how two participants were attuned and misattuned respectively. The process of attunement seemed crucial to how the participants could engage in the process and perhaps be prepared for transcendence.

The second article, "Melding musical and psychological processes: The therapeutic musical space" (Summer, 1995), described the analogies between psychological growth and musical development. Summer's results developed this issue through the

relational qualities of the music-centered GIM and through showing how repeated music becomes a musical holding. In the analysis of clients' perspectives in her recent study, the movements earlier described in the article, through the Winnicottian concepts of "me", progressing to "not-me", and then "beyond me", were defined through Kleinian theory as a projection-reintrojection circle. In both cases, the melding process between the client's self development and musical development, was confirmed.

In the third article, "The Pure Music Transference in GIM" (Summer, 1998), Summer suggested that the therapist's intention in GIM should be to help traveler to primarily use the music as object of transference and let the music be the 'primary therapist'. In the thesis, examples from clients' experiences illuminated the character of this relationship, and Summer underlined her previous statements in the thesis. Summer also interpreted participants' experiences as reactions to parental figures, saying that this could be understood as work on implicit relational knowing, through support by therapist, in relation to the music. This issue will be elaborated in the discussion.

When summarizing her Phd thesis, Summer pointed towards a relational perspective in understanding the music experience in GIM. She formulated new questions that need to be researched. Her analysis that generated thirteen themes defining clients' experiences put focus on simultaneous relational processes with music and the self. She referred to (among others) Garred's dialogical perspective (Garred 2001), but in the end she interpreted the process in terms of projection-introjection using theory from psychanalyst Melanie Klein. The main topic of her thesis, music-centered guiding, will be reviewed below.

Another theoretical construct sometimes used in GIM work is Stanislav Grof's concept of COEX systems, Systems of Condensed Experience (Grof, 1985). It is a "dynamic constellation of memories and experiences", and has some similarities with Stern's relational concepts of scripts, RIGs, inner working-models. However, the latter focus more on Implicit Relational Knowing/relational modes than on the contents of the experiences, as the concept of COEX systems.

Körlin (2002) applied knowledge from the field of neuropsychology to an applied form of GIM for traumatized patients, and developed this further into his method Music Breathing (Körlin, 2007-2008). There are important connections between neurology,

neuropsychology and affect theory. However, this topic moves too far from the focus on the research questions of this study, and for this reason, I decided not to search other relevant literature on neuropsychology in this context. The work of Körlin (2007-2008) on finding methods for affect regulation when working with dissociative states have several points in common with the relational and intersubjective perspective.

McGraw Hunt (2011) aimed at connecting phenomenological data with neurological findings in order to understand the GIM music experience. The data came from a non-clinical setting with no guiding, and therefore the results were considered of less relevance to this study.

3.2.3. Music in GIM - ontological and therapeutic issues

This review includes the topics 1) analysis of GIM music, 2) GIM music and transcendence experiences, such as transpersonal, peak, pivotal and spiritual, 3) GIM music and therapist-client experiences, including the relationship between music and imagery.

Analysis of GIM music

Abrams (2002) summarized different kinds of methods for analysing GIM music in a general overview. He classified the methods into musical, phenomenological and heuristic approaches, stating that they build on each other, with the first one as primary or basic for the other two.

Bonny (1978) developed *the musical approach* for analysis that suited the development of GIM programs. She considered musical elements and their variability, stated their metaphorical implications and how these could reveal or express a psychodynamic process. In addition she used Hevner's (1937) mood wheel as point of reference in order to characterize emotional or mood quality of a piece of music. She also formulated the affective-intensity profile to capture the movement in intensity and energy over a course of music pieces in a program and also within one piece of music. Bonny formulated basic assumptions behind the development of GIM

music programs in the so-called Monograph #2, later reprinted in "Music and Consciousness" (Bonny & Summer, 2002, chapter 20). Most of the characteristics of GIM music refer to a process. Music is seen as provider of tension and release, a changing container for the experience that stimulates the flow and movement of imagery, conveying different kinds of moods or emotions. Bonny's idea of giving the GIM music program an affective – intensity profile' connects to affect theory.

The intensity profile was related to assumptions about clients' needs by Summer (1995) and developed into the continuum of "holding – stimulating" as description of the music space, with holding referring to periods of stability or balance in the music, and stimulating referring to less stable or balanced episodes. In accordance, their psychodynamic implications are "safe or recognising" and 'challenging or exploring', respectively. The intensity profile as analytic instrument expands the analysis from purely musical into phenomenological or psychological.

Phenomenological music analysis focuses on descriptions of the music as it is heard in the lived experience of the analyzer. Examples are Kasayka's (1991) phenomenological analysis, and Grocke's (1999) Structural Model for Music Analysis (SMMA) developed in her investigation of pivotal moments (see below).

Grocke also used the Event Structure Analysis, developed by Tesch (1990), as a way to track events unfolding in time. The method is relevant when data from a GIM music experience is recorded – and later analysed – in real time, which is not the case in this study.

The Heuristic Music Analysis is related to the phenomenological approach and was developed by Bruscia (1999, 2005). Researcher or therapist explores the music from four perspectives: in a normal state of consciousness, in an altered state of consciousness, and in each state focusing on either the music or the imagery.

Bonde (2005) explored the question about which elements describe the relationship between music and imagery transformation, through analysis of two music selections, a piece by Bach and one by Brahms. The selection of pieces was based on a review of which music was used often in the 60 sessions of the study, and in order to determine the character of the music used, Bonde used a "grounded theory inspired categorization"(p. 247), resulting in three categories: supportive, challenging and mixed intensity profiles. These definitions were then validated through a RepGrid

analysis. In this way, he combined the musical and phenomenological approaches of analysis.

Bonde's conclusions concerning the relationship between music and imagery transformations were that the relationship was influenced by the 'travel style' of the client, such as reporting and degree of interaction with the therapist. The challenging elements of the music were clearly and immediately reflected in the imagery.

Bonde underlined how parameters like level of intensity and tension in the music was reflected in the imagery, more than impact from parameters like musical genre and style. Other parameters in the music that influenced imagery were form, mood, dynamic change and conciseness in melody.

After having investigated the validity of the categorization of music selections, Bonde gave an overview of the music selections used in all sessions and concluded that general principles guiding the performance of a GIM session series, like supportive music in the beginning and then gradual use of more challenging music, fosters mutual trust and development of the therapeutic alliance.

Bonde's music analyses supports the meaningfulness of using the Intensity Profile in combination with music classification categories, when analysing the transforming process during the music experience in GIM, which will be the case in this study.

The categorization of music selections is further developed by Bonde and Pedersen (2014) and in the taxonomy by Wärja and Bonde (in press).

Summer (1995) argued for another way of conceptualising the use of music in GIM. Summer rejected "the concept of choosing a correct music program..in favour of a theory which entails providing a 'good-enough musical space'..for each individual's session" (p 37). The argumentation was supported through analyses of Pachelbel's *Canon in D* and excerpts of Mozart's *K331 Piano Sonata*. Through that, Summer showed how a prescriptive and simplifying approach in choosing music in GIM goes against inherent musical qualities and elements defining and providing a musical space. This space contains and fuels the client-therapist relationship, making it a major transforming agent similar to the mother-child dyad, and Summer argued that a GIM therapist's primary task is to attune to the client's need of a musical homebase, in terms of an auditory reflection of the inner state of the client.

The metaphor "music as mother" was also explored by Wärja (1999).

GIM music and experiences of transcendence, such as transpersonal-, peak-, pivotal- and spiritual experiences

Several studies have explored the connections between experiences of transcendence and GIM music programs/programming (Kasayka, 1991; Lewis, 1998-99). In a general overview, Lewis stated that of the GIM music programs used in the 128 sessions analysed in her study, the programs *Peak Experience*, *Mostly Bach*, *Positive Affect* and *Quiet Music* were the ones most likely to evoke psychic or transpersonal experiences in clients.

Grocke (1999) analysed the music played during the pivotal moments, using the Structural Model for Music Analysis (SMMA)(Grocke, 1999, 2007), including fifteen elements of music. Through that analysis, a phenomenological depiction of the music underpinning pivotal moments was presented, condensed into music having a clear structure with repetitions, and slow, consistent tempos. Music during pivotal moments was predictable in melodic, harmonic and rhythmic elements, and there was often dialogue between instruments.

Summer (2009) developed theory and methodology about Music Centered guiding and Music Centered GIM, and also touched upon the topic of how the music's role in the occurrence of transcendence and transpersonal experiences can be further investigated. Of the six participants in her study, having a solitary GIM session, four had transpersonal experiences. Summer referred to Abrams' study of transpersonal experiences and, within the ten themes that built his comprehensive definition of transpersonal experiences, found how these participants descriptions "featured" the music, even though there was no direct identification of *how* music experiences became transpersonal (p. 275). Summer stated that the question of what contributes in the unfolding of transpersonal music experiences is still not fully answered. Questions for further investigation were formulated, addressing client variables, therapist variables and context variables.

GIM music and therapist-client experiences, including the relationship between music and imagery

In defining the boundaries of GIM, Bruscia (2002) described the continuum along which music in GIM can function. The continuum also relates to where and how the music works in relation to therapist, imagery and client. Bruscia stated that music could work *as therapy or transformational agent* in one end of the continuum, and *in therapy or as one of several agents of transformation*, at the other end. When music in GIM works *as transformational agent*, "change process is evoked, worked through and completed through the music listening experience" (p 44), and when GIM work proceeds more at the other end, transformation process, is worked through and completed in imagery experience, body and art work, and in the verbal processing. The guiding, as part of the therapist-client relationship, was also considered to be different by Bruscia, depending on where on the continuum the therapist works with the client.

The next issue discussed by Summer connects to this description by Bruscia: the relationship between music and imagery, and between the clients' and therapists' experiences, within the GIM music experience.

Summer stated that the intention of music centered guiding, the focus of her study, is to "direct the client's focus away from the imagery generated by the music, in favor of an exceptionally strong focus on the music itself" (p. 278). She illuminated how one participant's experience in her study pointed in the direction of understanding the interaction through a meta-perspective, that could unveil how e.g. "imagery" as a concept polarizes between imagery experiences and music experience. She stated that there may be a kind of entity, or concept, that connects the two. Summer suggested that simultaneous examination of the interaction between client, music and therapist could give a more accurate picture.

Garred (2001) developed a dialogical view on the ontology of music. Even though he did not specifically cover GIM, Garred suggested a triangle as metaphor for the interactive field between client, music and therapist. This could be developed into a use of the circle and eventually a spiral as metaphor, paralleling a hermeneutic spiral,

also applicable to the GIM setting. Firstly, even though music in GIM is pre-recorded, the selection process done by the therapist contains "a relation between the two (therapist and client) mediated by music" (p 4).

In GIM, the therapist's task is to create a musical holding environment through matching the inner state of the client. This is done through conscious selections among the recordings, but on an implicit, intuitive level, the field between therapist and client is full of communication and music is taking part – mediating - through the therapists relation to the music, and a hermeneutic spiral of implicit interaction is evolving. Secondly, in GIM, the therapist takes active responsibility for how the client relates to the music. She must herself 'be in the music', be present and attuning to the client, share the experience and be prepared to choose the next piece, or change piece of music. Thirdly, in GIM, the client mediates the therapist's relationship to the music through her/his implicit and explicit interaction with therapist in the ASC. In the context of psychotherapy – mutually agreed upon by both – the client's needs are priority and through that the therapist mediates the relationship to the music, in the here and now.

Garred underlined the importance of interactive components and how they are understood as having transforming power. He suggested that this is how we may understand that the same piece of music in GIM always generates different experiences – music in itself is meta-process, meta-movements, meta-affectivity (Langer) – and on this meta-level, process and movement is always inter-, in-between, mediating, as Garred formulates it.

The ontological status of music in music therapy may, in accordance with a dialogical view be considered to be between these two, as a medium, a medium for the integration and development of the person.

The effect of music thus considered is not to be found in music itself.

The way music works is seen rather in and through its interrelations. This suggests that the place to look for the actual effect or real power of music may be in the various ways in which it mediates, between means for an end, and end in itself: music as a medium.(p 6)

Even Ruud (2003) stated that music in GIM can be seen as a self-object, a concept from self psychology. The statement is in accordance with the assumption that GIM

music, even though it is pre-recorded, can be a relational partner, possible to interact with, in the relational modes that constitute lived experience and the intersubjective field. This is in accordance with the definitions of my categories of analysis. The idea of understanding music as 'self-object' is developed into regarding music as a 'relational partner' (even if it is pre-recorded, as it is in GIM).

3.2.4. Research using GIM transcripts as a source of data collection

Bruscia (1998) used GIM transcripts when he explored his own therapeutic work through examining how the therapist expands, centers and shifts in levels of consciousness while guiding a GIM session. In a GIM transcript, he identified and categorized different levels of consciousness: being with client's world, his own personal world and own professional therapist's world; and levels of experience in those three 'worlds' – defined as 'sensory, affective, reflective and intuitive'.

Lewis (1998-99) analysed 128 GIM transcripts and searched for frequency and nature of transpersonal experiences. Lewis developed categories of analysis from the 'Spectrum of Consciousness' by Ken Wilber (1980). His nine levels of consciousness defined in "The Atman Project", guided Lewis in defining her eight categories. Lewis did not distinguish between the content of the experience and the quality or mode of the experience.

Bonde (2000) presented a hermeneutic framework for understanding imagery in GIM, using the concept of metaphor. He used transcripts as one source of data. However, he also looked into the GIM sessions as a whole, and his ideas will be more thoroughly presented below, in section 3.2.5.

Short et al (2011) used GIM with six clients who had undergone complex cardiac surgery. The text produced during the audiotaped sessions was analyzed for semiotic meanings, altogether 31 sessions and texts. The analytical framework drew upon a Jungian interpretive system, and the use of interpretive theory in developing a methodology using concepts like "signs, semiotics, texts as coded signs", and application of communication theory to GIM. Results showed that it was possible to

use interpretive theory and concepts, like semiotics and coded signs, to understand the text produced during the audiotaped sessions, and the interpretive method had the capacity to integrate aspects of the GIM session relevant to therapeutic management of client's post-surgical recovery.

3.2.5. Relational perspectives in GIM

Bonde (2000) suggested that phases in the GIM process correspond to levels of complexity in the development of metaphors. He discussed how the four phases of a GIM session have specific metaphorical tasks, and identifies three levels:

1. the basic level of the core metaphor, the discovery of hidden meaning through the imagery.
2. the level of metaphors of ego and self, the discovery of the client's personal voice.
3. The narrative level of joined metaphors, the discovery of plots and other configurations in the client's imagery and life story.

Bonde referred to Lakoff & Johnson (1980), who stated that metaphors are closely related to body and the development of body schemata. They underline the connection between word and action – metaphors can connect relational modes with imaging process, and Bonde took a somewhat relational perspective on the GIM process when he applied a metaphorical perspective on each part of the session.

In the discussion part, I will connect to Bonde's ideas and explore the relationship between metaphors and relational modes, how this process of symbolization can be understood as a bridge between implicit and explicit modes of interaction and forms of representation.

Even Ruud (2003) suggested that Jon Monsen's (1997) 'affect consciousness' perspective and Heinz Kohut's self psychology (with the concepts of 'scenes' and 'scripts') may constitute a new theoretical fundament for GIM therapeutic practice. Ruud also reflected on the mismatch between older psychoanalytic theory and GIM.

Garred (2006) further developed his dialogical perspective on music therapy. The main part concerns expressive music therapy, and Garred illuminated the process through the work of the Boston Change Process Study Group(BCPSG).

Garred applied a dialogical perspective on GIM. In doing so, he tried to integrate the client's relationship to music with his/her relationship to imagery. Through a dialogical perspective, the differentiation between music *in* therapy and music *as* therapy can be solved and the process or movement between the two becomes more like a figure-ground phenomenon, Garred stated. Depending on the therapeutic process and the needs of the client, the one or the other can be in focus, also in GIM. This way of overcoming the contradiction is to understand the ontology of music as dialogical, meaning that everything that emerges does so *in between*, in the interactive field, and not just *inside* any of the interacting parts. Garred emphasized that music *as* therapy in GIM is a process where the client's implicit relational knowing is changing, not primarily through transference issues, but through the meeting of music, self and therapist, in the here and now creating emotional intensity, which is congruent with how therapeutic change is understood today. Garred stated that "music is listened to as an image, a created image in sound" (p. 296). And further, "such music-focused reception .is not about content..but more the process" (p. 296). Garred also reflected on how the therapist and the therapeutic relationship in GIM contains a sharing of intentions of "mediating music therapeutically for the client" (p. 303).

Geiger (2007) focused on the relational field between therapist and client and explored the concepts of self-domains (Stern, 1985) as a new theoretical foundation in understanding change and development for clients in GIM. Geiger argued that, since the interactive field between therapist and client during music listening in GIM is most intimate and full of non-verbal, implicit interaction, and in an ASC, the change and development taking place is similar to self development and development of implicit relational knowing. She also argued that this perspective implies that imagery is co-created in the intersubjective field between therapist, client and music. Geiger also underlined the importance of theoretical underpinning of therapeutic action, through the concepts of attunements, regulations, mis-attunements in terms of over- or under-attunements, which is crucial through the introducing dialogue, the induction, the choice of music, the guiding and the processing.

3.2.6. Helen Bonny's writings about the presented topics

In the following I will refer to Helen Bonny's writings as they are edited and collected by Lisa Summer, in Bonny, H. L., & Summer, L. (2002). *Music & Consciousness: The evolution of Guided Imagery and Music*.

The founder of GIM, Helen Bonny, formulated from the start her ideas on music, altered states of consciousness, transpersonal and spiritual experiences and therapeutic process in an integrated way. Her writings are referred in this section as separate from the writings of others.

Helen Bonny developed her work with GIM during two periods in time, divided by her heart/cardiac problems. The first period was between early 60s and approximately 1979, and the second from approximately 1987 up to mid 2000.

She early used mindfulness, inner imagination and altered states of consciousness to deepen transforming processes in psychotherapy and self exploration. These phenomena can nowadays be integrated from the perspective of new relational theory and practice. This study is rooted in much of what Helen Bonny herself formulated as the essence of GIM work.

I will refer some of her writings with the purpose of underpinning the development of the questions in this study.

In the autobiographical essay (chapter 1, p. 1-19), Bonny related to the four forces in psychotherapy during the 60s and advent of GIM: Psychoanalysis, behaviorism, humanistic psychology and transpersonal psychology. She reflected on the early point of view, that humans are inherently capable to explore inner potentialities and through that heal psychological illness, and this became an ethical foundation for GIM practice, closely related to the models of Abraham Maslow and Carl Rogers.

The roots of GIM in client-centered therapy as well as in the collaborative stance building on qualities in collaboration between therapist and client were developed in relational theory and the social constructionist point of view.

In chapter 6, "Music and Consciousness", written 1975, Bonny developed her ideas

about the connection between altered states of consciousness and psychotherapy, paving the way for the use of music, techniques for imaging, relaxation and focusing, somewhat similar to today's mindfulness-techniques. She described how different qualities in the experiential field capture the traveler's attention, and emphasized the "how" in the experience, more than the "what", through her statements about the importance of "symbolic life experiences, aesthetic music experiences, colour experiences, physical energy release trips, experiences with extra sensory perception qualities, and transpersonal experiences" (p. 88 - 89).

In chapter 7, "GIM: Mirror of Consciousness", written 1979, Bonny was more explicit in stating GIM as a therapeutic method, and theoretically relying both on humanistic psychology and psychoanalysis, using concepts like catharsis, insight and action. Catharsis is comparable to affectivity, shared and regulated in the here and now. Insight is found to have less change power unless it is connected to timing and sharing in the relationship. Action is important and the interactive field in GIM, in the here and now, between client, music and therapist, contains many opportunities for acting and transforming implicit relational knowing. Bonny underlined that GIM work should be holistic and based on a stance of allowance, pointing towards the importance of surrender, in both therapist and client.

Chapter 8, "Music: The Language of immediacy", captures Bonny's statements about music that were process-oriented and relational. She stated that "music is the language of immediacy" and that the therapists task was to remain in that language. Through this Bonny also connected the experiencing of music to consciousness and awareness

When you break the barriers of limitation, necessary limitations – through the barriers of limitation into All-That-Is. It is then that Music becomes the language of immediacy; only if you allow it to remain in the language of immediacy and not relegate it to the format of recall (p. 107).

The continued focus on process was developed in the ninth chapter, "Music and Healing", and Bonny formulated characteristics of music contributing to its therapeutic use:

Music is non-verbal, multi-dimensional. Music evokes emotional

responses. Music evokes physiological responses. Music stimulates symbolic representation. The sensory stimulation of music can create synesthesias of other senses (p. 120-121).

In regarding music as "a meta-language", Bonny inspired her followers to search for new ways in understanding GIM process with concepts that illuminated both musical and human interaction in the GIM relational field.

In chapter 11, "Twenty-one years later: A GIM update", (1994), Bonny focused on development of the method and statements on how to structure training of GIM therapists, how to assess and execute safety, and touched on ethical issues for psychotherapists. This connects to one of the last chapters (19) in the book, actually formulated earlier, in 1978, "Facilitating GIM sessions" (originally the so-called "Monograph #1"), where Bonny answered the question "who should serve as a guide?" and explored "therapeutic functions of the guide", stated as representing "patience, forbearance, courage, determination, open-mindedness, open-endedness, receptive, allowing and caring" (p 271). She continued and stated that "a GIM facilitator is at home in the disciplines of music and psychology with knowledge and understanding of each" (p. 272).

Therapeutic functions of the guide are: reflector and resonator, relaxer, listener and sharer, observer and recorder, empathic, allowing, supportive, intuitive, sensitive, non-directive, innovative, imaginative, serving...(p. 274-275).

The chapter also covered advices and directives for each part of a GIM session.

In chapter 14, "Music Therapy: A Legal High"(1977), Bonny presented two maps of consciousness, 'the Cut Log Diagrams', interpreting various levels of altered states of consciousness (ASC), as models for how experiences in ASC could move with the help of the music during a GIM session.

Finally, Bonny's statement on the core issue in spiritual development, from chapter 13, "Music and Spirituality"(2001), is referred:

Spiritual growth demands a subjective stance, an allowing of immediacy, a melding with the music. This is an issue that often arises in BMGIM: a loss of control, or an imagined loss of control.....The letting go process is an important part of spirituality (p. 183).

3.3. Conclusion - identification of research questions

A preliminary identification of the area of research emerged already in the process of conducting the pilot study. The presented review of literature on theory and research in the relevant areas, confirmed the relevance of the focus.

GIM psychotherapy is in great need of a developed theory on change and transformation. Identifying, defining and understanding the *process in GIM, specifically experiences of transcendence in the field of music – client – therapist*, needs to be developed. The aim is to explore and integrate knowledge from the presented areas.

Based on the results from the pilot study (Mårtenson Blom, 2010) and the literature review, the following research questions were formulated:

Can the categories identified in the pilot study be useful in developing a new understanding of transpersonal & spiritual GIM experiences and their transforming power?

If yes, in what way?

How are the relational modes constituting shared lived experience/intersubjectivity expressed/described in the transcripts of GIM sessions?

CHAPTER 4. METHODOLOGY

*Deep in the forest there's an unexpected clearing which can be reached only by someone who has lost her way.
(Tomas Tranströmer)*

4.1. Introduction and overview of chapter

I will now move into the empirical part of this study, a development of the small study (Mårtensson Blom, 2010). Two research questions guided this empirical part:

3. *Can the categories of analysis identified in a pilot study (Mårtensson Blom, 2010) be useful in developing a new understanding of transpersonal and spiritual GIM experiences and their transforming power? If yes, in what ways?*
4. *How are the relational modes that constitute shared lived experience/ intersubjectivity expressed and described in the transcripts of GIM sessions?*

The primary choice of doing a qualitative study with a flexible design, was guided by the character/nature of the small study with its qualitative analysis of GIM transcripts. In order to investigate "in what ways" the categories of analysis could provide new understanding of transpersonal and spiritual GIM experiences and their transforming power, a flexible design grounded in hermeneutic methodology was chosen. The research process and questions needed openness to choices of other methods of data collection and analysis than the predefined categories of analysis from the small study. The preunderstanding behind this was presented in 4.2.2 (Theoretical underpinnings of qualitative methodology and choice of methods), and the process in 4.5. (Methodological procedure).

The chapter includes, apart from the Introduction, five sections, outlining the different methodological parts.

4.2 Preunderstanding concerning epistemology and ontology

4.3 Self inquiry

4.4 Participants

4.5 Methodological procedure

4.6 Time-line of the research project – transparent hermeneutics

4.2. Preunderstanding concerning epistemology and ontology

4.2.1. Epistemological and ontological stance

The epistemological questions, what is possible to know? what is valued as knowledge? what kind of knowledge is highly valued and less valued? etc., have been central throughout my practice as psychotherapist and researcher.

The ethical issue of staying connected to the power of knowledge and to the power in being an expert, means to continuously be moved by the dilemma of having power through knowledge and simultaneously sharing knowledge in dialogue and collaboration. The task is to stay connected to the position of "not-knowing", illuminating the impossible task to actually know anything about another human being. This axiological issue is the point of departure, from which my curiosity continuously moves.

Two philosophies are connected to this stance; hermeneutics and phenomenology. Their methodological dimensions/levels will be elaborated on further down. Here are the philosophical dimensions.

4.2.1.1. Hermeneutics

To know as human beings always means to interpret, to construct meaning and to identify patterns. To know as human beings *about* humanity and human beings underlines even more, that the *only* way to know is to interpret and thereby understand, to develop interpretative practice in order to deepen understanding. Hermeneutic philosophy developed during 19th and 20th centuries from the renaissance tradition of interpreting the Bible. Eventually, the philosophy developed into different movements, one "objectivist" and one "alethic" (Greek *aletheia*, meaning uncoveredness, revelation of something hidden), and this in turn branched out into the existential according to Heidegger, poetic according to Ricoeur, and suspicious hermeneutics as represented by Marx, Freud and Nietzsche (Alvesson & Sköldberg, 2008). In this context, the existential and the poetic hermeneutics make philosophical sense. The first assumes that what is hidden can be revealed, and is the original structure or essence of a phenomenon. In a similar way, GIM transcripts are assumed to contain some of the essence of the interaction between therapist, and

music. Poetic hermeneutics assumes that since language not just informs but even more, forms how we interpret the world, the exploration of metaphor and narrative helps human beings to understand how meaning and knowledge is developed (Ruud, 2005). To regard verbal language as forming, not just informing, points to ambiguities and layers of meaning in what is said. Through this, the relationship between explicit and implicit language becomes important. Exploring traces of the implicit in a GIM transcript is connected to poetic hermeneutics.

The process of symbolization and development of language, from the perspective of developmental psychology, follows the intrinsic dynamics of a hermeneutic spiral/circle. Metaphors and narratives in language are developmental steps (Loewald, 1977, Stern, 1985, Stern, 2003). Narratives and metaphors found in GIM transcripts also mirror that process of symbolization, central in the restructuring and healing process of GIM psychotherapy.

The hermeneutic philosophy, and hermeneutic approach is fundamental when the inquiry concerns new meaning, and the interpretation can be informed by different perspectives, such as developmental psychology and narrative theory (Ruud, 2005). The hermeneutic circle, or spiral, is metaphorically a philosophical stance, a way of being and acting in the world. It is also a method, and as such will be described below. As philosophy, it also has ethical implications. Human beings can only strive to be cognitively moving, guided by empathic emotional movement, between a new part or a new local phenomenon and the whole, always including preunderstanding and established views, etc. and when moving through the spiral, explore and develop new meanings and understandings. Ethically, this implies positively valuing dialogue and collaboration. Pre-understanding interacts with new, local understanding. New knowledge emerges in the interaction between the new and the old. Change happens when old and new knowledge keep pace with each other (Mårtensson Blom, 2006). Knowledge and power must be negotiated in relationships.

4.2.1.2. Phenomenology

What is phenomenologically inspired in this study? As soon as an inquiry concerns *experiences* during GIM sessions, and *experiences* during the collaborative interviews, phenomenological philosophy is present.

Intersubjectivity is a theoretical framework that is deeply connected to phenomenology (Husserl, 1995, 2002). The concept of "lived experience", underlying how I defined the categories of analysis, is connected to phenomenology. However, intersubjectivity is also connected to infant research, which is not phenomenological, though inspired by it (Stern, 2004, 2010). In this study, the phenomenological perspective is present in how the researcher values the importance of knowing through "lived experience", and particularly in "sharing and regulating lived experience". This connects phenomenology to hermeneutics, which is more clearly a relational-interactive-dialogical epistemology with the hermeneutic circle/spiral. Intersubjectivity is both a prerequisite for and a result of human interaction. Its dynamics are similar to the hermeneutic spiral – "I know that you know that I know"-we share and regulate lived experience continuously and never ending. We are hopelessly involved and fortunately participating in each others lives.

*The individual never concerns another human being
without holding something of the life of this human being in her hand
We are each others world
And in the guise of each other*
(Knud E. Lögstrup, 1956, 1992, p. 48)

One phenomenological philosopher of great importance is Maurice Merleau-Ponty(1945/1997). His concept of "embodied knowledge" has inspired the data analysis. As human beings, we phenomenologically experience the world from a "double perspective". This is due to how our body perception is constituted. Every sense organ and each perception through these sensing systems is inherently constructed for us to simultaneously apprehend/perceive/experience a phenomenon from *two perspectives*. One from within and one from outside. Auditory perception, as well as visual and kinesthetic perception, works two ways. We hear through our ears and we hear through our body, skull vibrations etc. at the same time (Tomatis, 1996). When we see, we immediately register how we are being seen. When we touch, we sense the other's skin simultaneously with sensing our own skin. "The toucher and the touched are the same" (Zahavi, 2005). The biological correlates for this essence of phenomenological perception can be found in the mirror neurons (Rizzolatti, 2005).

As soon as we explore the essences of lived experience – the focus of phenomenology – we touch the field of psychology and thereby a "neighbour" whose epistemological and ontological view, in addition to phenomenological, is also naturalistic and positivistic. In this context, I will not go into the domain of debates and discussions about this huge issue. Instead, I will try to stay connected to the intentions of this project and to my preunderstanding which includes valuing integrative efforts positively, when it comes to the complexity of understanding human nature. I am convinced that we need both phenomenology and psychology. And one aim of this inquiry is to present knowledge that serves to integrate the two fields.

4.2.1.3. Systems theory

Another cornerstone in the philosophy of science behind this study is systems theory. This field is meta-theoretical, and developed into a complex interdisciplinary field when it was influenced by cybernetics (Ruud, 2005). Cybernetics was originally concerned with the dynamics of how to regulate change and movement within and between different types and levels of systems. Today, systems theory is applied to living systems, as developed by Bateson (1972), Keeney (1983), Varela and Maturana (1987), and is frequently used in order to understand change mechanisms within individuals (one level of a living system), families and groups (Hoffman, 1981). I will give a brief description of the key concepts of systems theory, as an important part of my preunderstanding, and therefore relevant to this study. The concepts "solve" five epistemological issues.

Circularity – is about causality in all living systems; change moves circularly or in spirals, similar to the dynamics of hermeneutics. The linear "cause - effect" movement is only a "punctuation" of a circular/spiraling process. This has practical and ethical implications. When we deal with living systems, we can never rest and be convinced that we "know", that e.g. "Harry is sad because Sally left him".

Meta levels of information and learning – is about how knowledge is developed. According to systems theory, knowledge is equal to information that makes a difference (Bateson, 1972). The movements of change and development in a living system, through circular causality, go through levels of complexity that generates layers of space for reflection and new knowledge. One issue in the debate of how new knowledge – new information - develops, is whether this happens "bottom up"

or "top down". This phenomenon of "meta leveling" is fundamental in the development of living systems, and probably, the issue of bottom-up or top-down, is another "punctuation" of a complex spiraling process.

Emerging patterns – is about the products of development in living systems. Change and development, continuously ongoing and of course the essence of all living, also have an inherent quality of generating emerging patterns. These patterns connect and develop interdependently. There is an inherent aesthetic in how patterns connect and develop their complementarity, e.g. light and darkness, sound and silence (Bateson, 1972). According to systems theory, living systems develop similarities between different levels of development. The parts represent the whole, like in a hologram. The pattern, or shape, of a broccoli resembles a tree. Psychological representations, e.g. of "being with mother", is a pattern that develops similarities on different levels of complexity, that eventually connect into a "whole" pattern of "being with another".

Stability and change (homeostasis and morphogenesis) – is about the dynamics of living systems. In the process of ever ongoing change, there needs to be balance between the force that keeps the system "the same"(homeostasis) and still allows for adjustments and development (morphogenesis). No living system can continue to live without that mechanism. When change stops entirely, or moves too quickly, the system dies - it stiffens or dissolves. Flexibility is a living systems potential space for change, and dependent on this balance (Keeney, 1983).

Second order cybernetics – is a very abstract label of what is essential in the dynamics within and between living systems. When all the first four concepts, or issues, interact, which they inherently do, the deep interdependence among living systems becomes evident. We cannot "stay outside" any living process. We can only be parts of, take part in change and development.

The dynamics of systems theory are meta-theoretical, and as I see it, they "rule" living processes, be it of a phenomenologically described subjective or intersubjective phenomenon, a psychological state inferred through "observation" of behaviour or a biological "fact" measured through hormonal or neurological activity (Panksepp, 1998, Siegel, 1999). In that sense, systems theory - to me as researcher and clinician - constitutes an ethical foundation.

The development of the methodology of this study has been systemically informed. The circular moves in the hermeneutic spiral followed the emergence of new patterns of knowledge, segmenting themselves in layers or meta-levels. There has been a balancing between "old" (research questions) and "too new" ideas (irrelevant questions), in order to stay flexible but still not abandoning the "identity" of the project. The researcher deeply relies on the knowledge that she is a living part of the research process, and cannot but be immersed except from "moments of perspective". These moments connect to Kennys et al (2005) analysis of the hermeneutic inquiry.

The hermenteutic circle is a way of thinking about how one derives meaning for an experience. Interpretation is not simply understanding and interpreting words and texts, nor is it only gaining insight into how the text fits into the history of its context or the cultural reference of the reader. The circle is the way in which access to the phenomenon is achieved, and there is always a deeper meaning assigned and uncovered. These meanings, understood through text, must then be resynthesized and brought back to the original source, where new insights are illuminated. The hermenutic circle is as much a way of knowing through our own translations as it is the insights that then are uncovered and renamed.

We must come into the circle the right way... leaping into it primordially and wholly. In the circle, there is a positive possibility of the most primordial kind of knowing' "(Heidegger, 1962, p 195, in Kenny et al, 2005, p 341).

The primordial kind of knowing that Heidegger, and Kenny et al, talk about, I understand as the moment of perspective, of phenomenological "stillness", often moments of emotional movement, containing knowing from a not-knowing position. Like, "now I know!" or "I have no idea!" or "stillness and emptyness - wow!" or "not-knowing makes me so curious!"

In this context, as a methodological corner stone, systems theory supports the choice of a methodology, spacious for the dynamic search for knowledge about how change is generated in transpersonal and spritual GIM experiences.

4.2.1.4. Gender perspective

Another perspective of importance to my philosophy of science, is that of sex and gender. Awareness of its influences on epistemological and ontological issues is part of my intention to connect concepts like intersubjectivity, hermeneutics, second order cybernetics and gender perspective, into an ethically grounded epistemological stance. In one of the chapters from my previous writings and in recent reflections on that text, it is obvious how the concept of *connected knowing* (Field Belenky et al., 1997), is relevant to the development of this research project. It is also very important to link this project to one of my most vital concerns since many years, the intention of enhancing what sometimes is called "tacit knowledge", or hidden discourses. It is with great satisfaction that I can acknowledge how today's development of epistemological issues much more take into account and interpret what is perceived implicitly. The challenge is more and more to move the inquiry between what is conceptualized in verbal language (lived and narrated experience) and what is experienced (lived experience). Since this perspective is such a deep part of my way of being in the world, explained through previously written material, I will say more about this in the Self-inquiry (4.3).

4.2.2. Theoretical underpinnings of qualitative methodology and choice of methods

The four epistemological and ontological corner stones – hermeneutics, phenomenology, systems theory and gender perspective – as background to my research questions, lead into a qualitative methodology. The issues of "usefulness" and "meaningfulness", central in the research questions, demanded a methodology that could explore and return rich and complex answers. In order to connect to the former small study, and the developed analysis of GIM transcripts, a methodology was needed that could develop along the way and follow the main intention of developing a new understanding of transpersonal and spiritual GIM experiences. Experience and interaction as human phenomena can best be understood through experiencing and interaction by researcher and participants (Bruscia, 2005). Bruscia's statements about qualitative research have supported and confirmed my intuitively felt intentions in this project. Bruscia (2005) formulated how the design of a qualitative research project should cherish variability, since it is

1. *An emergent process with approach to the phenomenon in an exploratory way. Design is not fully decided and known on before hand. Designing and doing is parallell.*
2. *An inextricably personal process. There is no sharp line between knower and known. It is a personal creation.*
3. *An interpersonal and relational process. Human beings study other human beings and the conditions of being human.*
4. *Although presented in a quasi-logical or chronological sequence, a researcher may do these tasks in any order, work on several at the same time and repeat them throughout the study. (Bruscia, 2005, p.129)*

In this study, hermeneutics and systemic thinking worked as an overall approach, as a meta-perspective. This needed a flexible design – a "hermeneutic flexibility" – in choosing and combining different methods for data collection and analysis. There were three levels of hermeneutic methodology: self-hermeneutics, data collection and data analysis. The processes of collection and analysis were two strands that moved in a turntaking and dialoguing manner. The hermeneutic inquiry also had phenomenological, narrative and participant action based ingredients. The phenomenological concept of "embodied knowledge" from Merleau-Ponty was used as point of reference both in the data analysis, when coding transcripts and interviews, and as a point of reflection in the self-hermeneutics.

In the analysis of transcripts, the narrative ingredients were present in treating the transcript texts as metaphors of lived experience. However, as soon as the inquiry concerns lived and narrated experience, a phenomenological perspective is needed. Primarily on the level of immediateness – when the researcher meets the phenomenon and meets her own response to that phenomenon. Then, almost in parallell, the interpretive process involves hermeneutics and metaphoric "dialoguing" with the written material. But, as a checkpoint, Merleau-Ponty's concept of "embodied knowledge" inevitably guided into moves from my subjectivity to the subjectivity of the "Other", from sensing within and sensing from outside.

As subjects we inhabit this dilemma. Understanding contains guessing and explaining contains a subjective act of creating a reflexive space for validation. Kenny et al. (2005) wrote,

In fact, it is virtually impossible to separate hermeneutic from phenomenology, since the practice of phenomenology also requires a deep reflexivity on the part of the researcher. Like hermeneutics, phenomenology keeps returning to the subject of the study and continues to reanalyze and reinterpret data until essences have been discovered, or as some might say, the essences of consciousness has been revealed. (Kenny, 2005, p. 342)

Since my field of inquiry is GIM experiences, and one of my choices of data sources is GIM transcripts, I need to relate my study to the narrative methodology. Many GIM practitioners have also used a narrative stance in their research (Isenberg-Grzeda, 1998, Bruscia, 1998, Bonde, 2000). Narrative inquiry, however, is more suitable when the focus of research is on *contents*. The GIM practice, since its birth by Helen Bonny, relies heavily on a rich flora of different traditions to understand contents of the GIM experience. Almost none of them let the contents move altogether into the background in favour of letting the process into the foreground. This is one of the main issues of this project. Mostly because of the conviction that it is in the process, movement, relationship between the participants in a GIM session, that change and transformation emerges.

GIM transcripts contain narratives of participant/client and therapist respectively, and the therapist has of course stayed as close as possible to the expressions of the participant, but the process is in-between, and this collaborative space is very important to explore.

The participatory action based ingredient in this study can be found in collecting data through collaborative interviews. Some epistemological premises of Participatory Action Research are relevant. Stige (2005) presented several epistemological questions, and explained how various theorists have contributed to the answers. One question was "what counts as knowledge?", and this addresses how the concepts of "personal knowledge" and "local knowledge" (Stige, 2005) are important. The intention behind the use of collaborative interview format in this study, emerged from the researchers own personal and professional experiences and collaboration with Tom Andersen whose interview format was developed to illuminate the importance of "personal and local knowledge" (Andersen, 1994, 1997).

Connecting back to participatory action research, a few more ideas are of interest. Stige wrote:

..there is a continuum of collaborative research practices with goals ranging from practical problem solving to societal transformation. ...the line between problem solving and emancipation is often difficult and somewhat meaningless to draw.(Stige, 2005, p. 408).

The spirit of the collaborative interview is a good example of this thin line. Originally it was developed to solve the problem of giving clients access to therapeutic knowledge in a more transparent way, but also with the deeper intention to involve clients more in their transforming process, which in the long run will have an emancipatory effect.

One could also compare the intentions and effects of CBT – problem solving practice, with the intentions and effects of GIM – effects on transformation and wellbeing, sometimes in an emancipatory way.

In the current debates of what is evidence based and not within psychotherapeutic practice, the question "Who's knowledge counts?" is burning (Duncan, Miller, Wampold & Hubble, 2009; Wampold, 2010). As a researcher, I have a personal agenda to illuminate and assist in formulating clients' experiences of psychotherapy in general and their experiences of spiritual character, sometimes in music, in particular.

Another important preunderstanding behind the methodology of collaborative interviews, is Systems Theory and the concept of second order cybernetics, accounted for in the previous section.

4.2.3. Music ontology – preunderstanding

An important part of my preunderstanding of music is the assumption that music can be understood as a "relational agent". This will also be developed in the *Reflexive self-inquiry* (4.3.1.). Although this was not the main focus of this study, the basic assumption needs to be connected to relevant issues in music ontology.

It is well stated that there is no direct connection between GIM music and GIM imagery (Bonde, 2007). Instead, connections between music and imagery in GIM are related to the interplay of the music/musical elements and relational patterns, of the music/musical elements and the imaging process or the imaging modes and less to the interplay of music and imagery contents (Bonde, 2007).

Bonde (2009), in his book "Musik og menneske", presented several ontological models for how music and human being interacts and creates meaning. This meaning is found in different representational forms and on different levels of meaningmaking. The overarching model, presented by Bonde (2005, 2009), builds on Ruud and suggests the following four levels:

Music as sound phenomenon: The physiological level of neuronal and hormonal networks corresponds to music as a physical sound phenomenon.

Music as structural phenomenon: The level of music as non-referential meaning, i.e. a language or syntax with specific musico-linguistic and aesthetic rules and principles, corresponding to music as structure or interplay of specific musical parameters.

Music as semantic phenomenon: The level of music as referential meaning, i.e. as metaphor, symbol, icon or index in a person's experience or in a cultural context, corresponding to music as a means of both interpersonal and individual, yet culturally framed expression and meaning.

Music as pragmatic phenomenon: The level of interpersonal communication and interaction, corresponding to music as a specific form of social and cultural interaction or practice.

Each one of these four levels corresponds to important assumptions relevant to the categories of analysis used in this study (Table 4.4, p. 135). All six categories contain all four levels of meaningmaking, but in the first three categories, the first two levels are prevalent.

1. Physiological level - the assumption that music interacts with bodily processes through representations of procedural, non symbolized scripts about interaction, body-memories of "being – with – self and others".
2. Structural level - the assumption that musical structure, musical elements interact with fundamental building blocks in "lived experience", like catching attention, providing direction and intentionality, and colouring with forms of vitality and affectivity.

3. Semantic level – the assumption that musical elements also interact with presymbolic and symbolic forms of memory, episodic memory and narratively stored experiences of sharing and regulating states of being known, attuned, not confirmed, abandoned, ashamed, etc.
4. Pragmatic level – the assumption that music conveys a context of communing; as in this context 'now I am in GIM therapy, which means that I will experience my inner world with the help of music' and therapist.

The four levels of understanding music point towards more relevant knowledge, also part of my preunderstanding.

1. The first three categories of analysis – shared attention, shared intentions, shared affectivity – are linked to the concept of *communicative musicality* (Malloch, 1999, Malloch & Trevarthen, 2009) which primarily is connected to the first level of understanding music. The sharing of change in attention, of movement or primary intentionality and of the dynamics in vitality and affectivity, contains a contour that resides in the *pulse in communicative musicality*. Another kind of contour or form emerges from the *quality in communicative musicality*, attached to something that begins to cluster together into a vocal and/or bodily gesture in the perceived inner world. This continues into the *narrative in communicative musicality*, where the three building blocks in shared lived experience cluster into longer sequences and naturally become episodes (in episodic memory) about what happens in the inner world. This third quality, the narrative/episodic, constitutes a bridge between the first three levels of understanding music. In the categories of analysis, this bridging can be seen in how categories 4-5-6 build a process of surrender, and in turn build on smaller episodes of categories 1-2-3, 2-1-3, 1-3-2, 3-1-2, etc., (in endless combinations).

Another assumption is that the three levels of understanding music are relevant in all six categories of analysis and that the concept *forms of vitality* (Stern, 2010), is an ingredient in that connection. This will be addressed further in the discussion of results.

2. The level of syntax contains the musical grammar, or a meta-level of meanings. Bonde wrote, "we are always in an interpretative relationship to music, we may call this the metaphoric potential of music" (p. 156, my translation). He continued referring to Ruud, and stated that the foundation is perceptive – experiential body

schemes, providing us with the capacity to ascribe meaning to sound structures. Meaning is not just a syntactic phenomenon. Meaning emerges in the interactive field between physiological, syntactic, semantic and pragmatic levels of understanding music (Bonde, 2009, p. 157). As I previously stated, the assumption is that the categories of analysis capture this bridging and meaning making of the music.

I will connect my preunderstanding to one dimension in the huge concept of intersubjectivity. Bonde (2009) referred to Randi Rolvsjord and her discussion of musical communication and language, when she used Stein Bråtens definition of "intersubjectivity's foundation before- and beyond verbal language" (p. 159), which builds on the whole idea of dynamic development between primary and secondary intersubjectivity (Stern, 1985, 2004). Assuming this dynamic development, and its similarities with dynamics between levels of understanding music, is fundamental to the categories of analysis in this inquiry.

3. Bonde referred to thoughts from Mary Butterson (2004), who described the level of semantics in the music experience. She also connected to Trevarthen and Stern, whose concepts (see above) created a "matrix for the musical experience"(p 169). Music is coming from the outside – the objective side – meeting the persons inner psychological field – the subjective side – and the meeting creates an intersubjective field of meaning.

4. The level of pragmatics in understanding music is deeply relevant since this inquiry is aiming at deepening understanding of how GIM experiences, particularly transpersonal and spiritual, in a psychotherapeutic setting enhances mental and spiritual health. As a practitioner of GIM psychotherapy, and as originator of the categories of analysis, I will connect to Ruud's axiological standpoints summarized by Bonde (2009, p 186).

Music can enhance the sensation of vitality and consciousness of affectivity.

Music can enhance agency and senses of competent action.

Music can stimulate experiences of belonging and communing.

Music can enhance the sensation of existential meaning and coherence in life.

Music in GIM

The four levels of understanding music all relate to how music is used in GIM. Helen Bonny (1978) developed her way to compose the music programs – sequences of different pieces of classical music – from assumptions grounded in music ontology. One concept of main importance was to provide a music program with an "affective – intensity profile". Bonny also stated that music in GIM should match a presumed self image, and provide the with "me-music", at least to start with. Lisa Summer (1992) developed the variable of "holding – stimulating" as another dimension to take into account when choosing music in GIM. In a similar way, theories of intersubjectivity, contributes with concepts about process, relating and interacting, that may be relevant when analysing GIM music. As part of my preunderstanding, and rooted in the previously described music ontology, music in GIM might ontologically represent building blocks of shared lived experience;

- *shared attention*: music catches attention, music meets,
- *shared intentionality*: music invites to follow, music follows,
- *shared affectivity*: music attunes, music evokes emotionality, music communicates energy and dynamics, music communicates harmony, music communicates disharmony,
- *attachment*: music as safe base – holding, music as secure haven from which explorations can happen–stimulating.

Music and the ineffable – basic assumptions

One assumption, central to this inquiry, is that human beings' relationship to music also is "beyond meaning", just as intersubjectivity encompasses "the third", something "greater" than its parts. This will be discussed more thoroughly further on, but in this context of methodology and self hermeneutics, some aspects will be mentioned.

I consider myself as taking part in a long tradition. Some predecessors were pioneers in psychology, some were researchers in issues of self and consciousness, some were mystics and searchers within different traditions of spiritual practice. The ineffable, the numinous, God, the Other world, all names on this experiential quality that inherently cannot be named, described or depicted. The definitions of categories of analysis, especially categories 4,5 and 6, spring from this tradition, although they also try to integrate this tradition with new knowledge about human psychological and spiritual life.

William James (1902), in "Varieties of religious experiences", defined the experiences as ineffable, giving deep confirmation and insight, being very volatile and impossible to control, only there as given or received.

Abraham Maslow (1968), explored the nature of "peak experiences". Within the mystical tradition, in all great religions, or traditions as I learned to call them, these kinds of experiences are said to initiate a spiritual journey, like a calling (Wikstrom, 1999).

Music is often the guide into, or source of these "strong experiences", and the Swedish professor in music psychology, Alf Gabrielsson (2001, 2008) contributed through his research with descriptive knowledge about these experiences.

Music, and art, can be a crack in time, into experiencing the otherworldly or the numinous.

In this methodological section, the intention is just to briefly state the connection between the sketched tradition and the defined categories of analysis, particularly categories 4-5-6, the process of surrender, that in a psychotherapeutic setting with GIM, might open up to a transpersonal or spiritual experience, akin to the mystical and numinous.

4.2.4. GIM transcripts as data collection documents - considerations and preunderstandings

In this section I will present the relevant preunderstanding prior to my decision of using transcripts in my data collection. The broader issue of discussing "what kind of document is a GIM transcript?" will be taken care of in the Discussion chapter.

The idea to study transcripts developed from my need as a clinician to be able to help clients better in processing their GIM work. As a guide, my priorities still are very true to Helen Bonny's early descriptions (Bonny, 1978). When staying in your absolute presence, trying to be a "encourager, helper, comforter, listener, sharer, observer and recorder" (p. 6-7), as Helen Bonny stated, you can also say that you are striving to stay in the "not-knowing-position". What then becomes possible could be defined as a meeting, an attunement, a matching and a regulation (Stern, 2004, 2010). When I decided to look into GIM transcripts in the small study (Mårtenson Blom, 2010), I chose at the same time not to look into any (audio or video) recorded material from a session. My experience was that what happened in the interaction

between guide, client and music would be very difficult to register properly, or satisfactory. I also had a sense that transcripts contained far more information than just "content", that they could provide us with more information about the process in GIM. This was how I argued at the beginning of my inquiry, and I still do. At this point in time, however, I can see reasons and options to expand the study with another/new research question, exploring and studying how my pre-defined categories may appear in a recorded material.

A GIM transcript is of great clinical value. The client gets a copy of the transcript to take home, thus giving the client material enabling further processing of the experience, to recall and develop what is going on, to transform and elaborate the work, to connect to the material between sessions and from one session to the next. It also provides the therapist with the same options, and of course for both to share and deepen their relationship. All this is dependent on how skillful the therapist is in writing during the session. A transcript can of course never be fully accurate, since it is a written selection of what happens in the session (verbally and non-verbally), and therefore it is not a plain phenomenological description but a hermeneutic interpretation of a sequence of events or a process.

At its best, e.g. when the therapist includes important questions and intervention from the therapist, plus specific comments about the music, it can contain at least partly the field of dialoguing between guide and P.

Even though it is written material, it can also include notes about implicit expressions, such as emotions, body expressions, sounds etc. from both guide and P. It also contains information about the music played, which of course is fundamental to how we can understand the ongoing process.

The transcripts used in this inquiry were written by the therapist with a clear structure. Methodologically, the use of GIM transcripts for data collection through the developed categories of analysis, is new, and the exploration of its usefulness is part of the research questions. A further discussion of the GIM transcript as part of an overall meaning-making process will be elaborated in the Discussion chapter of this thesis.

4.3. Self inquiry

4.3.1. Reflexive self inquiry – self hermeneutics

Professional and personal context of the inquiry

My professional background is as psychologist and psychotherapist within child and adolescent psychiatry for 20 years and in private practice since 1996. Since 1992, I have been engaged as teacher and supervisor in different psychotherapy training programs in Stockholm: family therapy, individual psychodynamic therapy and GIM.

In my work as psychotherapist, the following issues have always caught my interest:

- the perspective on subjectivity and self – from the viewpoint of women’s psychology, developing a one-person psychology into an intersubjective psychology and to explore the unformulated and implicit domains of knowledge.
- explore and understand change and movement in psychotherapy.
- be informed by and sensitive to the client’s perspective, the collaborative alliance between therapist and client.
- understand and explore the importance of the implicit domain of interaction and communication.
- understand music’s importance in the development of mental and spiritual health.

Both personal experiences of moments of transpersonal and spiritual character in GIM work, and all the moments with clients, have forced me to develop creative ways to assist in the process of integrating these experiences with everyday life. One dilemma has been to interpret all the different archetypal, spiritual and mystical contents into more "useful" or relevant topics for the clients. Often the GIM experience in its own right brings healing and strength, but to many clients there is also a sense of a deep "gap" between the GIM experience and life outside the therapy room. Clients often ask: "How am I supposed to bring these strong and deep experiences of emotions, symbols and messages into my everyday living in a meaningful way? How can they make a difference in my life?"

As therapist I felt a need to be clearer and more helpful in developing an understanding that really honoured the clients’ experiences. I also felt a need to assist in making the experiences more "useful", without trivializing them. Could the transformational and changing power in the experiences be understood from a relational perspective?

In the fall of 2007, I did a course in psychology of religion at the University of Uppsala, and it inspired me to deepen my understanding of the process of surrender as a pathway into spiritual and psychological development. As a part of that course, I decided to explore the GIM process through examining session transcripts that depicted spiritual and transpersonal experiences. The small study with findings is presented in NJMT 2010 (see previous chapter). In the research proposal, I summarized my preunderstanding and areas of interest as follows:

Table 4.1. Areas of interest from initial proposal

1. Change and the relational perspective on GIM

This area is vast, since its focus is on developing a new theoretical background, suitable for GIM, with clinically useful concepts. One example: in most of what is written about GIM from a psychodynamic perspective, different writers/clinicians use transference-countertransference as a central clinical concept in understanding the process. In addition to that, concepts from transpersonal and humanistic psychology are used. A few writers try out new concepts like *narratives and metaphors* (Bonde, 2000), *scripts* (Ruud, 2003), *implicit relational knowing* (Garred, 2006), *Self domains* (Geiger, 2007), and *neuroscientific concepts* (Körlin, 2007-2008).

The whole GIM session is of course a complex relational field, and in its verbal and nonverbal, interacting parts, similar to a verbal psychotherapy session. The focusing induction, the transfer into ASC, the music experience and the processing are the unique ingredients that should be investigated from a relational perspective.

2. Transpersonal and spiritual GIM experiences and the relational perspective

As previously stated, this second area was initially explored in a small study and lead directly into proposing this inquiry.

3. Music and the relational perspective – music as a relational agent

This area of interest taps into the next section about music ontology, and preunderstanding relevant to how I understand the music and its transforming power through my categories of analysis.

Beliefs about ontology, epistemology and values/axiology

The starting point for personal epistemological and methodological preunderstanding is presented in the chapter about previous writings and in the previous parts of this chapter. Here, I will summarize and clarify central issues.

As female psychotherapist and clinician, I early developed a sensitivity towards the importance of a gender perspective and to honour subordinated discourses. I have always hosted a deep conviction that all of us carry an inner subjective – and implicit – "truth", which through its implicit nature needs to be listened to and dialogued with in order to emerge. Most of our implicit knowledge must remain implicit in its essence, but on a meta-level, this knowledge also needs to be made explicit in order to be accounted for. Implicit knowledge, with its non-conscious and procedural qualities, constitutes human lived experience. The gender perspective and issues of intersubjectivity very early became parts of my "ways of knowing" (Field Belenky et al., 1986, 1997). In this context it has guided in being sensitive to how I understand and interpret what happens during a GIM experience, during writing and guiding as therapist and during this research process.

During the 80s, the annual meetings in Northern Norway, among researchers and clinicians supported my "ways of knowing". Concepts like dialoguing, collaboration, constructionism and hermeneutics captured the essence of how important clinical knowledge emerged. In the project of formulating implicit knowledge I practiced these concepts, and the exploration of clients' knowledge – their experiences of mutual collaboration – became totally decisive in developing my epistemological stance. In this research project, I feel deeply committed to this point of view.

When the constructionist view on language and therapy and research lead in to exploring the importance of the *meeting* in psychotherapy, I also carried a conviction that constructionism *only* was not enough as frame of reference and understanding. In the therapeutic meeting we also find ingredients that we need to explore and research through quantitative methods as in natural science, and through more qualitative methods as in social and humanistic science. Even though this study is altogether qualitative, a great deal of the knowledge from infant research underpinning relational theory and my predefined categories of analysis, is developed through mixed methods and quantitative designs (Beebe, 2002, Lyons-Ruth, 2007, Trevarthen, 2009).

Through collaboration with the network of therapists and researchers at the conferences in Sulitjelma and Tromsø between 1987 - 1997, I learned a useful perspective on knowledge (Andersen, 1994, 1997, 1998). Four aspects of knowledge are often needed in order to get a whole "gestalt" of the human phenomenon of "being known", and sometimes the essence of this phenomenon provides us with the necessary distinctions. As clinicians and researchers we need rational knowledge, practical knowledge, relational knowledge and bodily knowledge.

All four facets connect to how we apprehend the essence of that which we explore. They are "windows" through which we study a phenomenon. We make distinctions and have a preunderstanding guiding that process. We distinguish between different essences of the explored phenomenon. Is it an immovable and immobile substance, movable and moving substance, or a moving and meaningmaking substance? And our preunderstanding affects *what* we see and hear, *how* we see and hear that which we see and hear, *how* we describe what we see and hear, and *how* we understand what we describe.

In this inquiry, my aim has been to search for rational, practical, relational and bodily knowledge about GIM experiences, whose essences are "a moving and meaningmaking substance". As female researcher, I wanted to embrace all four kinds of knowledge, and try to approach the essences of these experiences. This is also my bias, since I for such a long time have been interested in "the implicit", the "hidden discourse" and the "meaning-making process".

To ensure that the inquiry developed good enough trustworthiness, data triangulation was used. GIM experiences were explored through focus groups with GIM therapists, through GIM transcripts and through collaborative interviews with participants (one client at a time) and therapist.

Research diary

The project is developed from the years of my clinical and professional practice, and the thesis includes previously written texts about these steps. To "continue" the self-hermeneutics through writing a diary, as described in the text "To formulate the unformulated – a supervisors diary" (Mårtenson Blom, 2004), seemed natural. In that still ongoing process, the "researchers diary" contains reflections on data collection,

data analysis, theoretical assumptions and personal process including notes from sessions with supervisor, not on a daily basis but more or less weekly and monthly depending on work periods. This project has been conducted through four years, with more intense periods of work, and the diary worked as my personal space for inner dialoguing. It was not included on the usb appendix since I considered it too casually structured with too many personal notes.

4.3.2. The Rep Grid inquiry

4.3.2.1. Introduction

The Repertory Grid inquiry is a suite of tools that was developed to help researchers and others in relevant professions to explore how cognitive constructs and presumed definitions of concepts are developed, and how constructs are defined through the preunderstanding of the researcher/professional/person. The tool is theoretically based on George Kelly's *Personal Construct Psychology* (Abrams, B. & Meadows, A. (2005).

In order to explore my preunderstanding and background knowledge about the concepts developed in the small study, I conducted a Rep Grid inquiry, with my supervisor as interviewer.

4.3.2.2. Preparing the inquiry and conducting the analysis

The first task was to identify and choose eleven "elements" = excerpts of GIM transcripts; five illustrating the Process of Surrender leading into a Relational Mode of Surrender ("yes-examples"), and six illustrating a process that *did not* contain a full process leading into the Relational Mode of Surrender ("no-examples").

Within each group of examples, three to four were picked from the session transcripts analysed within the research project, and two from the clinical material of my private practice.

The process of identifying the transcript excerpts started by choosing from the pool of research participants' sessions, three "yes" and three "no" examples.

I decided to choose the examples of my own clinical practice from the pool of current ongoing therapies. I found it important to use a fairly freshly illustrated

preunderstanding, and rather recent GIM processes, that could be most illustrative of the "yes" and "no" examples. I read through briefly approximately 20 session transcripts, and then choosed/picked four, two tentative "yes" and two tentative "no" examples. They were analysed according to my predefined categories, in order to finally decide which examples to use in the inquiry.

The two "yes"-examples were from one, since 4 years ongoing therapy with a woman of 54. The two "no"-examples were from two different therapeutic processes, one ongoing since 2 years with a woman in her 40s and the other ongoing since 6 months with a man in his 50s.

In a Skype meeting, my supervisor professor Lars Ole Bonde conducted the interview, filled out the RepGrid (grids) and processed the material in the Rep Grid/WebGrid computer program.

In the interview, I named each session, preparing them to be used as elements in the analysis:

Table 4.2. list of elements – session examples

Examples of "yes"	Examples of "no"
Music-Body-Dolpin	Safe-Sorrow
Nature-Music-Earth	Landscape-Sadness
Eagle-Tree	Family-Rope
Well-Water-Baptism	Positive- As if
Water-Music-Spirit	Old house-Old me
	Meeting myself

The elements were then compared in a process where three elements were chosen randomly by the computer program while I would identify one of these as "different" from the other two in some way. The purpose was to identify pairs of concepts ("poles" or opposites/polarities) that illuminated the maximum differences – example of "yes" versus example of "no" - between the elements. These pairs of concepts are called constructs, and in this interview they were labeled:

Relation to gestalt	Relation to music
Categorial affect	Core state

Implicit spirituality	Explicit spirituality
Immanence	Transcendence
Outside body	Through body
Music outside field of attention	Music in focus of attention

Each element – session example – was then rated from 1 to 5 to indicate their position within these six different constructs.

4.3.2.3. The analysis

The procedure follows primarily the steps presented by Brian Abrams (2002) in his analysis of each participant’s preconception of a *transpersonal GIM experience*, from his PhD study, “*Defining transpersonal experiences of Guided Imagery & Music (GIM)*” (Abrams, 2001). In this context, I consider myself similar to one of Abrams participants, but with the purpose of illuminating my own preunderstanding as researcher of the concept “Relational mode of Surrender” (Mårtenson Blom, 2010).

The first figure, a focus repertory grid, shows a graphic description of how the elements and their ratings on the six pairs of constructs are related to each other and clustered in terms of similarity and difference.

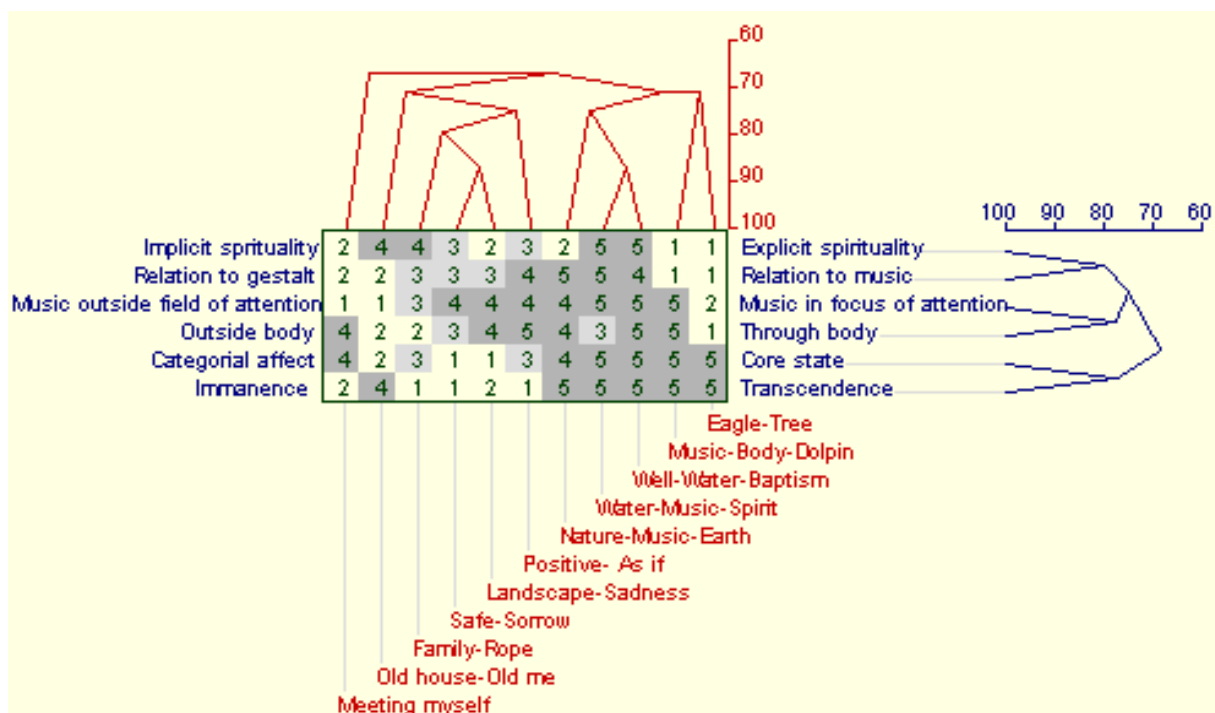


Figure 4.1. Graphic description of rated elements and their relationships to constructs.

The eleven elements – GIM transcript examples – cluster in relation to both content and process. In content, the group of elements that contain personal history/psychodynamic material, self imagery, general inner world imagery (Safe-Sorrow, Landscape-Sadness, Family-Rope, Positive- As if, Old house-Old me, Meeting myself) are fairly similar in terms of *immanence, categorial affects, outside body, relationship to gestalt and implicit spirituality*. These are all the elements illustrating a "no Process of Surrender".

The group of elements that contain transpersonal ingredients, archetypal material, and explicit spiritual imagery (Music-Body-Dolpin, Nature-Music-Earth, Eagle-Tree, Well-Water-Baptism, Water-Music-Spirit), are fairly similar in terms of *transcendence, core states, through body exp, music in focus of attention* and (less prominent) in terms of *relationship to music and explicit spirituality*. This is just another more systematic way to describe and confirm my preconception of the concept of Process of Surrender.

The figure also illuminates how the concept *Implicit spirituality - Explicit spirituality*, both can differentiate between and connect two elements that I considered similar in terms of "P o S". The same seems to be the issue with *Relation to gestalt - Relation to music*. These two constructs seem to be less important for how I define the Process of Surrender, which is interesting and a bit surprising. A preliminary understanding is that within a GIM process as a whole– or intrinsic in a GIM process – we find the issues of spirituality no matter how implicit or explicit, and the relationship to music, which is after all what distinguishes it from other psychotherapy processes.

The most congruent/clear constructs, in terms of how they differentiate between elements, are *immanence – transcendence* and *core affect – core state*. It seems clear that these two are strongest connected to how I understand a *process of surrender*.

This will be further illuminated through analysis of the second figure, and serve as clarifications of my core concepts (Abrams, 2002, 2005).

In the PrinCom diagram, the lines through the center represent the constructs. The degree of horizontal axis versus vertical axis alignment for each construct line indicates the construct's relative loading magnitude of the first (horizontal) versus the second (vertical) component.

A component is a combination of relative loadings, or weightings, of each construct.

Abrams (2002) wrote:

Because PrinCom computed and displayed the interrelationships among all constructs and elements across all components simultaneously, the PrinCom diagram represented a single, composite whole known as a construction. (Abrams, 2002, p. 113)

In this context, the PrinCom below shows my conceptual construction of *Relational Mode of Surrender*.

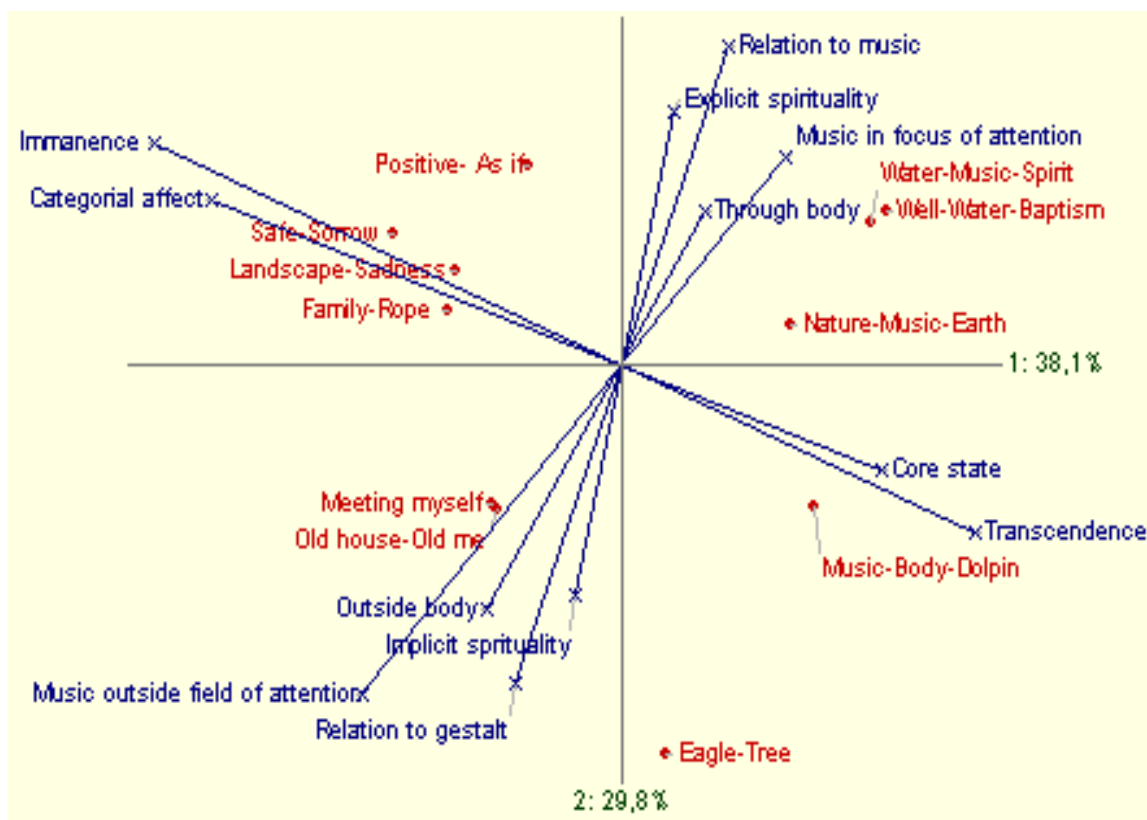


Figure 4.2. Depiction of conceptual construction of *Relational Mode of Surrender*.

There are clearly two "axes" – two main components – in the concept. The groupings of constructs show two dimensions in my understanding.

The long stretched left-right dimension contains only two concepts, but with "heavy weight" – core affectivity (or affect)-core state and immanence-transcendence. The analysis brought forth how the general character of this axis is about *process-characteristics of the concept*. Four elements show a process that "does not" (yet?) lead into a Relational Mode of Surrender, and two elements show a process that does so.

The other grouping, from upper right to lower left, contains four constructs with much more differentiated weightings. I understand this axis' general character as *content-characteristics of the concept*. The "heaviest" constructs are both about music, which makes them second most important compared to the whole "process-group", which indeed makes sense. Still, they capture more of content than process, which is interesting information about how music might be understood as *both a moving process and a gestalt in terms of content*.

Within the upper right quadrant of the diagram, I find three elements (GIM session examples), that illustrate how a process of surrender leading into a Relational Mode of Surrender provides for a *spiritual experience* – they all share relationship to music and body on level of content. Within the lower right quadrant of the diagram, I find two elements (GIM session examples) that lean more towards contents other than music and/or body, but with strong transcendence and core states.

Within the lower left quadrant, I find two examples with different kinds of contents, apart from music and body, but with less/no affectivity and in the upper left quadrant four examples with different kinds of contents but with stronger affectivity than in the lower left, and therefore more process. These six examples altogether show strong process but not (yet?) a process of surrender or a Relational Mode of Surrender.

To summarize, the RepGrid analysis showed how my preunderstanding of the concept of Relational Mode of Surrender contains mainly or primarily process-characteristics, with content-characteristics as subordinate. However, the interdependence of content and process, with process as a "meta-level", becomes clear in how I understand the role of the music; it moves between content and

process – like a "meta-process" on a third level. In that sense, one could say, music "*is the third*".

The RepGrid confirmed that, when I analysed the transcripts and focused on Process of Surrender and the Relational Mode of Surrender, I based my assumptions on using mainly components about affectivity (Core affects – core states) and interaction/movement (immanence – transcendence) in distinguishing between a 'yes' and a 'no' experience of Relational Mode of Surrender.

4.4. Participants

As a clinician, my primary focus of interest is the person I meet and work with, why that person has requested my service or help, and how our collaborative work may be of use or be helpful. The meeting is always taking place in-between us, so my primary interest is simultaneously directed towards myself. The focus of interest becomes both myself and the other – what is meaningful and useful for us in our collaborative project in developing qualities of life. As stated earlier in this thesis, usefulness and strong impact from transpersonal & spiritual experiences in the GIM setting is at the heart of this development.

As researcher, this primary interest is still fundamental, but with an added level of perspective in order to understand more generally how this collaborative work between therapist, client and music may help in generating this change. The research questions developed from my clinical work, and the first idea was to use participants' material– transcripts from sessions – from my own clinical practice. This was done in the small study, and in this study I wanted to try out the analysis method on transcripts written by other therapists and on GIM processes that did not involve myself as therapist.

Through Lars Ole Bonde's explorative study of non-clinical participants' experiences of selected GIM music programs, constructed with the specific purpose of facilitating and supporting peak or transpersonal experiences, I was offered the possibility to look into a clearly limited amount of sessions, conducted by the same therapist, with a non-clinical group of participants, and with music that was supposed to encourage strong experiences. This would make it possible to clearly explore the developed

concept "process of surrender" (Mårtenson Blom, 2010) and the formulated research questions within a clearly defined context.

Participants

Six experienced GIM participants were offered three sessions and four inexperienced participants were offered five sessions. The first session was an assessment session. This generated 38 session transcripts for the thematic analysis.

Participants were not informed about the specific goal of the project. They were informed that they were participating in an investigation of the image potential of selected music programs.

Recruitment procedure

GIM participants, trainees or facilitators with a minimum experience equal to completed level 2 of GIM training, were invited through the national GIM societies of Denmark and Norway.

GIM-naïve participants were recruited through announcements in selected institutions or media.

Inclusion criteria:

Personal development and exploration of consciousness as a life goal.

Existential and musical openness and curiosity.

Ability of mental imagery and readiness to report imagery experiences.

Exclusion criteria:

Psychiatric diagnoses or issues.

Acute personal crisis or deep psychodynamic conflicts.

Use of anti-psychotic medicine, drug abuse.

Four of the ten participants were interviewed together with the therapist in Collaborative interviews (method, see 4.5.3.3). The work done by these four, resulted in the decision to compile four vertical case analyses in addition to the horizontal transcript analysis, focus groups and collaborative interviews.

The procedure of recruiting four participants to the collaborative interview engaged the therapist in a certain way, which will be described below.

In order to give a presentation of all participants, I will use one sentence answering the question *"When reflecting on this process in retrospect, what was the most important for you?"*, from each participant, from the questionnaire/interview conducted by Lars Ole Bonde, post-sessions.

Table 4.3. The most important aspect of the GIM therapy as reported by GIM-experienced and – unexperienced participants.

A. Inexperienced participants

Part 6: It did me so well. The frame is well defined and safe. The process amplified what I am already working on.

Part 7: Being able to surrender, trusting that the music would be benevolent and that I would be 'sounded' by it. Experiencing myself in a different way.

Part 8: The most important was the span between the physical and the non-physical world. That I could exist in both worlds at the same time.

Part 9: It was the experience of a process. I think there is a longterm effect, and that the outcome will have a lasting influence.

B. Experienced participants

Part 1: The chance to engage in my inner life through the music.

Part 2: The experience of serenity and at the same time feeling alive in body and mind was very strong – including the experience of being a small part of a great community with everyone, feeling good.

Part 3: Admiration of the therapist's professionalism (I have always been a rather critical person) – plus enjoyment of my focused mandalas.

Part 4: Deep existential themes were worked through.

Part 5: Reexperiencing the strong growth potential of GIM.

Part 10: The music travels: experiences of struggle, grief, inner support and transformational powers.

Participants in the collaborative interviews

The procedure of recruiting four participants to the collaborative interviews started with a dialogue between the researcher and the therapist, since the main intention with the interview format was to explore the collaboration between therapist and participant. In this research context, there was also the researcher's intention to connect the issue of collaboration to the exploration of the process of surrender, but it

was the therapist who knew the participants, and a "blind choice" would be less informing.

Four participants, 3 experienced GIM clients and 1 inexperienced GIM client, were selected by the therapist for the collaborative interviews. These four participants were chosen because of their strong positive (or negative) process and because of the therapist's curiosity about their process.

A presentation of these four participants will be more elaborated in the vertical case analyses.

Informed consent

There was an overall form for consent administered when the participants embarked on the project as a whole (see appendix). In addition to that, the four participants taking part in the collaborative interviews, signed a consent form allowing the recording and use of the recorded interview in specified settings within the research context (see Appendix USB). This entailed that these four participants are identifiable on the DVDs. All participants were informed about the guaranteed anonymity through the coding procedure.

4.5. Methodological procedure

4.5.1. Overview

The overall methodological procedure was guided by my epistemological and ontological stance and developed hermeneutically.

The primary choice of doing a qualitative study with a flexible design guided me along the way. Methodologically, the re-reading and translation of previous writings was done after having made the data collection. The movement into the data collection phase contained a process of choosing methods for data collection, that was also hermeneutic.

As a consequence, the main data collection methods – focus group interviews, analysis of session transcripts and collaborative interviews - were accompanied by smaller changes and developments that interacted with the methods for data analysis. For example, the case study format grew hermeneutically from the experience of collaborative interviews. The session transcripts were analysed in sequences, and

the method of categorial analysis developed into letting categories 4,5 & 6 be more in focus. The focus group interviews, analysed through thematic analysis, interacted with the proceeding transcript analysis.

As an overview of the methodological process, two flowcharts are presented. The first, presented below, shows a process "beyond time" with three methodological levels, and the second, presented in the end of this chapter, moves *in* time as a never-ending hermeneutic spiral.

As an introduction and an overview to the methodological procedure, the first flowchart will be presented.

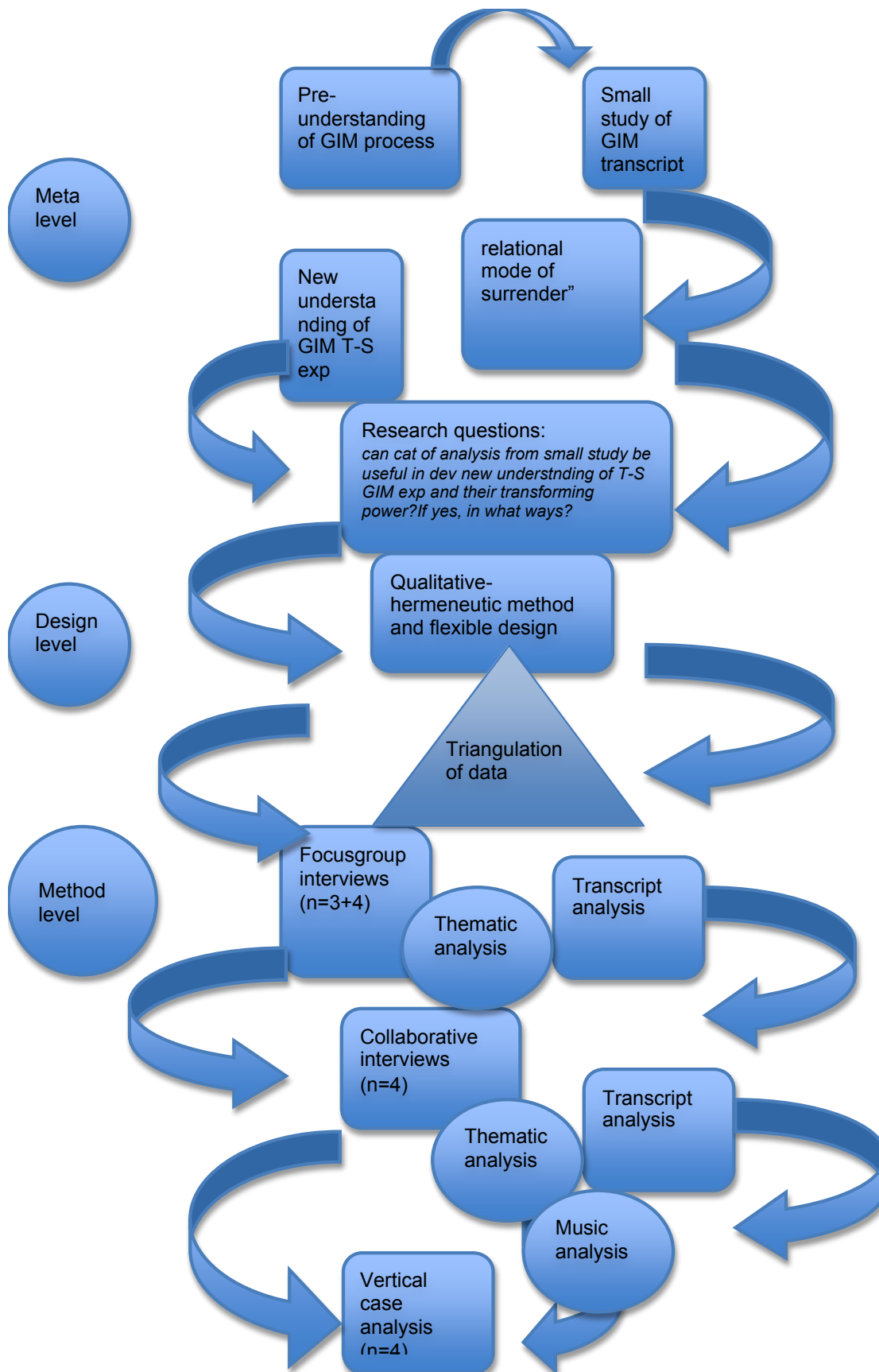


Figure 4.3. Flowchart – methodological levels

In the section 4.5.2, *Choice of methods for data collection*, a figure showing the *data triangulation* will be presented.

Thirdly, the more structured procedures of *data collection and data analysis* will be reported.

Finally, in 4.6, the hermeneutic process showing a time-line of the project will be depicted in Figure 4.6. The time-line will also be narrated as a story, telling about the interaction between data collection and data analysis.

4.5.2. Choice of methods for data collection

Focus group interviews with other GIM therapists

I chose to use the focus group method to explore how my research questions resonated with interests of other GIM practitioners. I could have chosen individual interviews, but that seemed less efficient when the need was to get as many different ideas as possible concerning how to proceed.

Further analysis of GIM transcripts

The very center of the first small study was the development of new categories of analysis in analysing a GIM process from session transcripts. A continuation of that procedure on a larger transcript sample seemed evident and natural.

Collaborative interviews with therapist and participants together

I had my own experience as psychotherapist taking part in the collaborative research interview, as something deeply meaningful. I knew its potential as generator of interesting knowledge. When embarking on this PhD project, I knew this experience could be a useful method as one way to look into the field of inquiry, and find answers to my research questions. See more about this in discussion of methodology.

One way to still be true to personal interest and at the same time be true to the standards of *trustworthiness* (Stige et al, 2009; Robson, 2011), was to use *triangulation* (Robson, 2011) in the methodological design. Triangulation of the data collection is - metaphorically spoken – to look in to the field of interest through three

windows, or three prisms. It is a process of moving around in a hologram, connected to a search for new understanding of one and the same phenomenon. The collaborative interview was chosen as one window of exploration of the Process of Surrender (Figure 4.4).

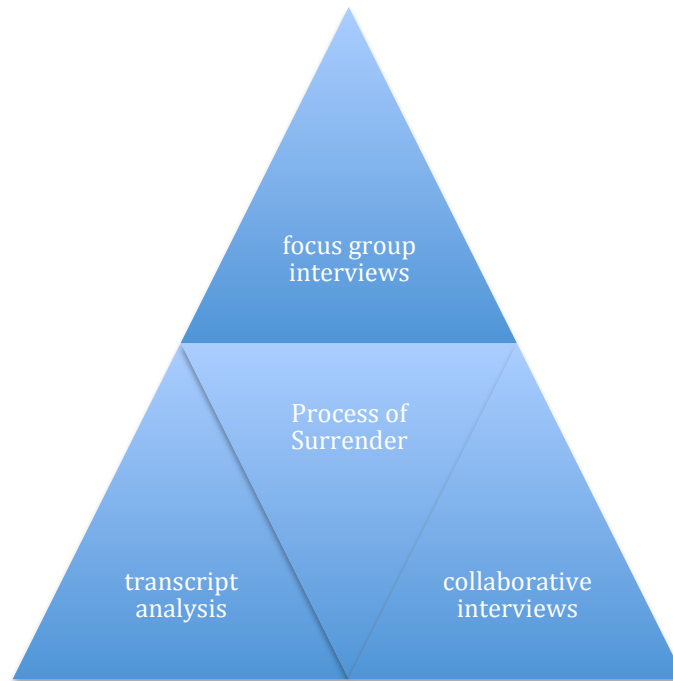


Figure 4.4. Data Triangulation

Vertical case analysis

The decision to compile case-specific data from collaborative interviews and the session transcript analysis from those sessions, emerged as a possible way to deepen the vertical analysis of the data, and in that sense was not a primary data collection method, rather a method of data analysis.

During the process of composing the thesis, I wanted to apply the categories of analysis and a collaborative interview to one clinical case, namely to a more extensive work with myself as therapist. During fall 2011, I found a suitable case in terms of length of therapy (2,5 years), focus (dissociative problems and existential themes and occurrence of spiritual experiences and development), termination included, and willingness from client to participate. The analysis of all transcripts was done in late spring 2012, a collaborative interview (client, interviewer, therapist) was conducted in june 2012. The whole material was compiled in july 2012. All analysed transcripts are attached in the usb appendix.

4.5.3. Data collection

4.5.3.1. Procedure – focus group interviews

In order to continue the research process from the study described in the article (Mårtenson Blom, 2010), the next step was to explore the question,

Are the results from the small study, and the defined categories of analysis used in the study, meaningful and useful to other GIM practitioners?

In the following I describe a) the preparation, b) the format of the interviews, c) the procedure. The method of analysis will be described under Data analysis.

Preparation

From a group of 18 practitioners (8 fellows, 10 trainees) who received an invitation, 10 were positive and willing to come. As a preparation for the focus group interview, each participant got an invitation together with the following material:

1. Read the article *"Transpersonal-spiritual GIM experiences and the process of Surrender"* (Mårtenson Blom, 2010).
2. Three questions – tasks to prepare/answer.

The three questions were:

1. Having read the article about the study and the concepts of surrender etc., what is your spontaneous impression concerning its relevance and clinical meaningful/usefulness?
2. Recall a session where your client had a transpersonal and/or spiritual experience. If possible, look into the transcript, and try the categories of analysis presented in the article. Bring your transcript and your thoughts about the attempt to the interview!
3. From your personal experience of your own GIM work, what is your experience reading the article?

The questions are connected to three themes:

Meaningfulness – did my ideas and concepts about new understanding of transpersonal and spiritual GIM experiences presented in the article make sense to

other GIM practitioners, and if so, in what ways? "The question of validity is one of meaning." (Moustakas, 1990, p.32).

Usefulness – To proceed and explore whether the defined categories, used in transcript analysis, could be used by other GIM practitioners was crucial. I wanted to know if the categories were understandable through their definitions and clinical examples or if they needed to be further elaborated or revised.

Engagement – I wanted to explore transpersonal and spiritual experiences from within, since subjectivity is a perspective that can confirm or negate the power of the experiences. The quality called "transpersonal and spiritual" needs to be validated from the subject itself, in a mutual, collaborative process with the other, the witness, or the therapist (Abrams, 2002, Benjamin, 1995, Ghent, 1990). In this context, I wanted the focus group participants to connect to this deeper subjective layer of knowledge, from their own personal work, in order to illuminate my study.

Interview format

Despite many dual relationship issues, two focus group interviews with members of the Swedish GIM community were held. I led the group meeting to facilitate the group dynamics and to collect each group member's responses to the three questions I had assigned.

4.5.3.2. Procedure – transcript analysis

The transcript analysis procedure (from Mårtenson Blom, 2010) was as follows:

1. First reading: comprehensive view of material
2. Second reading: search for categories 1-3 from the small study
3. Third reading: search for categories 4-6 from the small study

The analysing process developed through reading and searching for patterns that connected into descriptions of episodes that fit with the six modes of relating. As a way to illustrate the procedure of transcript analysis, examples from the small study will be presented.

Table 4.4. Definitions and examples of categories of analysis

	Category of analysis	Definition	Example
1	Focus of attention – sharing attention	Descriptions and expressions of where in the experiential field is the attentional focus of the , establishing a starting point for movement and direction.	<i>I see myself, I can sense water.</i>
2	Movement and direction – sharing intention	Descriptions and expressions of intention, directions, movements, experienced as more or less deliberate.	<i>Warm air is coming towards me. Perhaps I will fall.</i>
3	Affectivity – shared and conveyed in words and expression – attunement	Descriptions and expressions of the affective qualities surrounding and colouring the relational sequence, (vitality affects and/or categorial affects)	<i>Sad and melancholic, Pleasant and powerful</i>
4	Share and regulate coherence/correspondence in attention, intention and/or affectivity.	Expressions of experiencing qualities of recognition and/or confirmation and belonging. Often also strong activating affects.	<i>The air is balancing my body, me. I can feel the mountain under my feet.</i>
5	Share and regulate difference/non-confirmation in attention, intention and/or affectivity.	Expressions of experiencing tensions, differences, ruptures and/or non-confirmation. Often also anxiety, shame or other inhibiting affects.	<i>I need to work in order not to fall. Feel fear, and dizziness.</i>
6	Surrender [Swedish: Överlåtelse] in relation to something “third”, something “greater” and /or “beyond”.	Expressions of containing or encompassing fields of tensions, letting go and transcend.	<i>I am connected to, one with Nature. I am light, it is inside and around me.</i>

4.5.3.3. Procedure – collaborative interviews

Background

As a clinician I had former experience from the collaborative interview format, in evaluating family therapy work at a child guidance clinic. This work and its basic assumptions were presented in the section about former publications.

I wanted to get simultaneous reports from therapist (T) and participants (P) about the whole process and its relational ingredients, particularly “strong or specific moments” – perhaps indicating T & S experiences and a process of surrender. P was invited to take part in a follow-up interview with the intention to explore simultaneously, the experiences of T and P of the GIM process, and to be given opportunity to comment on how the GIM process was experienced.

What kind of data is it possible to collect through the collaborative interview? Primarily, the format was developed as a way for therapists to better learn from clients about their mutual collaboration and quality of alliance. In this context, my concern was to illuminate the complex GIM process and not just confirm it through transcript analysis.

Preparation and engagement of the therapist in the endeavor was done through presenting the theory and sharing my former experience, giving the therapist guidelines for inviting the participants, the therapist read the article, *Mårtensson Blom, Katarina (2006): Samspela, samtala, samförska – om ömsesidiga processer i terapi och forskning. Fokus på Familien. vol.34, 256-275 (English version, see USB Appendix).*

Choice of participants – the researcher asked the therapist to invite two participants that she considered benefited easily from the sessions, two that she wondered if and how they benefited. At first, two Ps were asked and later two more were added. All Ps, but one (P9), that were asked agreed to participate.

The collaborative interview format is a three-part interview with all participants – interviewer, participant and therapist – meeting in the same room. The interviewer keeps the structure of inquiry, and starts by asking the therapist questions while the participant is asked to listen and eventually reflect. Next, the interviewer turns towards the participant and asks about her thoughts and reflections, while the therapist is in a reflecting and listening position. Thirdly, the interviewer invites into an open dialogue. Below is the general outline of inquiry.

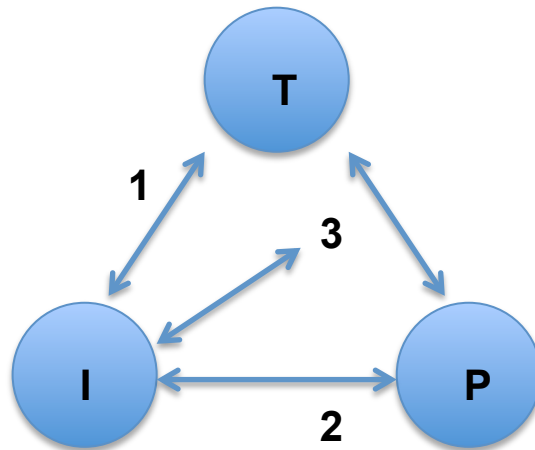


Figure 4.5. The collaborative interview interaction structure

General outline of themes of inquiry

Analysis on the level of dialogue and reflection during the interview:

I. Therapist is asked to formulate questions and reflections, while P listens, on

How was it to ask P to come and meet again and talk about their collaboration?

1. T's exp of P in spec moments
2. T's exp of guiding P
3. T's exp of music's "fit"

II. Participant is asked to reflect on the dialogue between T and interviewer, with follow up on

How was it to be asked to come and meet again, and listen?

4. P's exp of spec moments
5. P's exp of guiding
6. P's exp of music's "fit"

III. Open dialogue with follow up questions from interviewer

Predefined themes that were explored on the level of content:

Therapist's exp of client in specific moments

Therapist's exp of guiding

Therapist's exp of musics "fit"

Participant's exp of therapist in specific moments

Participant's experience of guiding

Participants exp of music s "fit"

Examples of first questions to the therapist:

How was your experience of meeting P?

Anything specific that you think about/wonder how this might have been for P, any specific moment?

What is your curiosity about understanding more, concerning the meeting and the collaboration you had with P?

Anything about the guiding?

Anything about the music, your choice, how it seemed to P, from your point of view?

Do you have any specific question to P?

The interviewer then conducted a follow-up of these questions through asking the client an open question, "how was it to listen?", followed by specific questions about how P experienced the therapist, the music, or any specific moments during the sessions.

During two of the interviews, we also listened to the music that had been played during a sequence when P had had a strong experience.

Since both T and P were present in the room, the idea was to explore the defined themes not just as "question-answer-dialogue" with each one. The point was to let both parts reflect on each other's answers and then give space for a dialogue in order to get a deeper and broader understanding of the themes.

4.5.3.4. Procedure – vertical analyses of cases

In the process of implementing and conducting the collaborative interviews, I found that they contributed with data providing deepened answers to the research questions.

As a consequence, I decided to add the vertical analyses of cases as a data collection method. They will exemplify a more thorough vertical analysis, and the structured procedure of the analyses comprised the following parts:

- *Tracking the Process of Surrender – transcript analysis*
- *Music during Process of Surrender*
- *Findings from collaborative interview*

- *Summary*
- *A summarizing analysis focusing on the research questions:
"Can the categories of analysis identified in a pilot study (Mårtenson Blom, 2010) be useful in developing a new understanding of transpersonal and spiritual GIM experiences and their transforming power? If yes, in what ways?"*

4.5.4. Data analysis

4.5.4.1 Data from focus group interviews – transcription and analysis

In preparing for the focus group interview, each participant received questions and themes to reflect on (see 4.5.3.1). As a consequence, the method of analysis was thematic and deductive with the predefined themes *meaningfulness, usefulness and engagement*. The interviews were dvd recorded.

The analytic procedure contained:

- Open listening - listening through the whole interview.
- Focused listening – listening with the three themes in mind, writing down quotes of whole sentences and words that I found central, moving and illuminating.
- Thematically analysing and clustering quotes around the three themes (see above).
- Checking back listening – after the clustering procedure, the interview was listened through a third time while the written text/clustering of quotes was followed.

4.5.4.2. Categorial analysis of transcripts

The predefined categories of analysis from the small study were used in a new context – on the 38 session transcripts. In that sense the categorial analysis was thematic, deductive and directly connected to my research question. This was also the first time categorial analysis was tried on session transcripts written by another therapist than by the researcher. The procedure described above (4.5.3.2) was used, and during the analysing process small changes in focus during analysis developed. The first three categories were less in focus, and categories 4,5 & 6 came into the

foreground. During the analysing process a hierarchy of themes developed. Categories 1,2,3 were considered "buildingblocks" on a lower level, and categories 4,5,6 patterns on a meta-level (see table 4.5).

Table 4.5. Development of thematic analysis

Thematic level of analysis	Theme		
Level 3	Process of Surrender		
Level 2 (recognition, nonconfirm., surr.)	4	5	6
Level 1 (attentions, intentions, affects)	1-2-3	1-2-3	1-2-3

4.5.4.3. Analysis of data from collaborative interviews – transcription and analysis

The collaborative interviews were recorded on dvd, in order to clarify the structure of the interview and make it easier to follow the dialoguing between participants during the analysis. In this context, with the research questions in mind, I decided not to analyse the implicit, visually available material, such as gestures and body language. Such an analysis could be a research project in itself.

In the analytic procedure, steps of editing and analysing went hand in hand. The editing program used was IMovie, a Mac program. The method of analysis followed the structure of the interview (see 4.5.3.3.), meaning that analysis searched for themes both on the level of content and on the level of process (dialoguing and collaboration).

The steps of editing and analyzing data involved watching and listening four times.

- Open watching-listening
- Listening-watching and taking notes about parts that connected to predefined structure and themes (see 4.5.3.3)
- Listening-watching and editing according to themes
- Listening-watching through the edited version and writing down the dialogue
- Reading through the transcript, adding headlines for the different parts of the interview structure.
- Translating the transcript into English

4.5.4.4. Transcript analysis done by an independent GIM fellow

The external or independent assisting researcher was recruited from the participants of the focusgroups, through an open question to all.

From the 38 transcripts, 10 were picked out, from both unexperienced and experienced participants, with different characteristics in terms of clarity, representation of all categories, according to my analysis and q-marks in the margin.

The following were picked out: P-1:2, P-1:3, P-3:3, P-3:4, P-5:1, P-5:2, P-7:1, P-8:4, P-9:1, P-10:1.

All transcripts were printed out with 14p and double-spacing. In addition to this, a brief summary of definitions of categories was compiled.

As a short introduction, one analysed transcript was presented to the analyser (A), together with a table showing the definitions of the six categories. Then A chose three transcripts out of 10, picked out from the total group of 38 transcripts. In addition to the three, A was asked to analyse one transcript in Swedish, used during the earlier conducted small study, to provide A with a transcript in Swedish to get initial practice in her native language.

Out of the ten transcripts (see above), A chose nr 1, 5 o 9. In addition she analysed a transcript in Swedish. The analysing procedure lasted 1,5 hour, during which A was by herself. After the analysis, an interview was conducted and recorded, covering the following questions:

Can you describe your own procedure?

How was this for you?

Did you have any questions coming up during the procedure?

What problems did you identify?

The transcribed interview recording, is in Swedish on the usb appendix. Translated excerpts are presented in the Results section.

4.5.4.5. Validation analysis

The transcript analysis done by A, generated a need to look into the issue of interpretation and its threat to validity of the transcript analysis. Specifically concerning the process of surrender as interpreted through categories 4,5 and 6. The validity analysis focused on comparing how cat 4,5 & 6 were interpreted and analysed in one session transcript from each of the four participants also interviewed

in collaborative interviews. This was in order to provide for the possibility to use information about experiences from transcripts that were also validated from the participants and the therapist.

The more general discussion concerning GIM transcripts as sources of information about the GIM process is presented and reflected upon in the Discussion chapter. The full validation analysis is presented in the Results chapter. Following this analysis, I re-analysed one transcript from the Ps that I also met in the collaborative interviews, to make the interpretation more transparent. This is presented in 5.6.2., (p. 224).

4.5.4.6. Blind analysis of transcript excerpts done by former focus group members

As a further check in evaluating the usefulness of the categories of analysis, I asked all former focus group participants to conduct a blind analysis of excerpts of transcripts presented in the Result chapter. The idea of conducting a blind analysis emerged during a discussion seminar at one of the Aalborg PhD courses, november 2012. I decided not to send out full transcripts – only the excerpts edited into the presentation of results. The full context of these excerpts was accessed in the analysis done by A (see above).

Procedure

Ten excerpts were picked, five CLEAR and five with Q – MARK(S), marked by me in the first analysis. These were mixed and pasted into one document and sent to each participant analyser (PA). Along with the excerpts, each participant got a copy overviewing the definitions and examples of each category (see app). Five informants delivered answers in due time, and were labeled participating analyser a, b, c, d, e. Comparisons were done with a document containing my former analysis of the relevant excerpts. Results from this blind analysis are presented in the Results chapter, section 5.6.3.

4.5.4.7. Music analysis

Introduction

As a first step in addressing the music used during sessions, I used Lars Ole Bonde's guidelines for the decision process when method of music analysis is to be considered. His five themes of inquiry served as guide in making the choices of music analysing method explicit (Bonde, 2007).

1. The trace - availability of the music?
2. The scope – segments, sessions, series of sessions?
3. Focus and purpose – of analysis in general and of the function of the music in particular?
4. The representation – how can the music be presented in a relevant way according to research questions?
5. The presentation – connects to p 1.

The themes of inquiry guided my decision process as follows:

1. The music in this study was available as ordinary GIM programs (most of them selected specifically for the study as potentially affording ‘strong experiences’), and as such familiar to myself both as GIM practitioner and researcher.
2. Since there was no documentation of parallel sequences in music, participants’ experiences and notes in transcripts (e.g. as in an Event Structure Analysis), the analysis needed to take into account each music selection as a whole.
3. The focus of this study was on exploring new ways of understanding and interpreting the *musical experience in GIM*; and the *relationship between the music and the experience*, described in session transcripts and analysed through categories built on a clearly defined theoretical framework (see part 4.3.3).
4. The music selections needed to be addressed as a whole (see p 2), and the focus of the study was on the exploration of experiential/therapeutic processes during music listening in GIM (through categories of analysis 4-5-6), "assuming some correlation between experience data/analysis and music data/analysis" (Bonde p. 260). This supported analysis and representation of the music in accordance with this process, and the concept of "intensity profiles (IP)"(Bonde, 2005, 2009) in combination with the classification systems developed by Margareta Wärja (2009), using the categories of 1) the safe field, 2) the opening field, and 3) the exploring field, and Bonde & Nygaard Pedersen’s elaboration of Wärja’s categorizations into three specific types of more demanding music (2011, 2012).

As a next step in exploring the interaction between music and experiential categories, a classification of all music pieces used in the study, was conducted.

In the following, the Bonde – Nygaard Pedersen classification categories, developed within the project "Receptive group music therapy with psychiatric outpatients", are presented. Based on their results, Bonde & Nygaard Pedersen (2014) developed the pre-defined intensity profile into three discrete sub-categories, connecting to and developing from the third category in Margareta Wärja's classification (2010).

1. *The supportive - exploring field.* Music that invites exploring movements but within a safe and holding soundscape (Wärja).
2. *The explorative field with surprises and contrasts.* Music often presents a non-familiar soundscape (with surprising shifts in melody, harmony and specific instrumental texture). The musical course of events contains at least one major surprise, and there is moderate harmonic tension.
3. *The explorative and deepening field.* This is music that invites the listener into an emotional field, a certain mood or emotion, and holds the listener there, even though this can be challenging. The music is often in a minor or modal key, expressing a "dark" atmosphere, typically through intense and expressive melody.
4. *The explorative and challenging field.* Music in this category offers some surprises and contrasts, often with a rather high degree of melodic or harmonic tension. The balance is often obtained by letting the piece begin and end in a calm and supportive character/quality.

(Bonde & Nygaard Pedersen, 2014)

Music analysis and classification procedure

All pieces were parts of full music programs. Categorization of session transcripts followed the described experiences, which in turn followed the music piece sequencing within each program. The classification procedure had to take this into account. I listened to one program at a time, taking one piece at a time, in the iTunes program. Each piece was listened to twice. The classification was done right after having listened to each piece. Before the listening, I had looked in depth into the definitions of classification categories presented above. The first listening focused on shifts in intensity in relation to point in time. The second listening followed a heuristic approach (Abrams, 2002) where I centered myself and focused on what kind of "exploring qualities" were evoked in me. This was of course done with my own

experiences from both guiding and travelling, as background, and knowing where in the program each piece was placed.

If taken out of their contexts, perhaps to be used in another clinical setting, the pieces may very well have been classified differently. In the following, the classification of each piece is presented. Music Classification Category is abbreviated MCC. The definitions of the MCCs and the result of the music analysis is also briefly presented in the Results chapter.

1. The supportive - exploring field (Wärja´s 3rd category) MCC 1

Handel, Pastorale (Gaia 6)

Mozart, Clarinet Quintet in A, larghetto (Sublime 1:3)

Sibelius, Scaramouche (Sublime 1:6)

Pachelbel, Canon in D (Explorations 6)

Puccini, Humming Chorus (Caring 2)

Bach, Christmas Oratorio, Shepherd´s song (Caring 4)

Warlock, Capriol Suite (Caring 6)

Bach, Piano Concerto in F(Largo) (Sublime 1:5)

2. The explorative field with surprises and contrasts, MCC 2

Saint-Saens, Symph.#3 (adagio) (Faith 4)

Delius, North Country Sketches (Gaia 1)

Bach-Respighi, Chorale Prelude (Gaia 4)

Chopin, Piano Concerto #2:2 (Sublime 1:1)

Respighi, Gianicola (Explorations 3)

Dvorak, Serenade in E, larghetto (Caring 5)

Beethoven, Piano Concerto #5:2 (Peak Exp 1)

3. The explorative and deepening field, MCC 3

Pärt, Cantus in memory of Benjamin Britten (Faith 1)

Messiaen, O sacrum convivium (Faith 5)

Elgar, Sospiri (Gaia 3)

Strauss, Four last songs (Gaia 5)

Elgar, Cello Concerto (Sublime 1:2)

Mendelssohn, String Symphony #7 (Sublime 1:4)

Mozart, Ave Verum Corpus (Sublime 2:3)
Rachmaninoff, Vesper, Ave Maria (Sublime 2:5)
Kedrov, Our Father (Sublime 2:6)
Ravel, Daphnis and Chloe (Explorations 1)
Brahms, Symphony #1, allegretto (Explorations 2)
Chesnokov, Salvation is created (Explorations 5)
Haydn, Cello Concerto in C, adagio (Caring 1)
Vivaldi, Gloria; Et in Terra Pax (Peak Exp 2)
Bach, Adagio in C (Sublime 2:2)
Debussy, String Quartet Op.10, (andantino) (Caring 3)
Finzi, Eclouge for piano and strings (Sublime 2:1)

4. The explorative and challenging field, MCC 4

Ives, Unanswered Question (Faith 2)
Alwyn, Hydrotaphia (Faith 3)
Pärt, Fratres (Gaia 2)
Vaughan Williams, Symphony #5, Romanza (Sublime 2:4)
Debussy, Nocturne, Sirenes (Explorations 4)

The following is a list of the programs used in the study, with MCC for each peace.

Sublime 1

Chopin, Piano Concerto #2:2 (MCC 2)
Elgar, Cello Concerto (MCC 3)
Mozart, Clarinet Quintet in A, larghetto (MCC 1)
Mendelssohn, String Symphony #7 (MCC 3)
Bach, Piano Concerto in F(Largo) (MCC 1)
Sibelius, Scaramouche (MCC 1)

Sublime 2

Finzi, Eclouge for piano and strings (MCC 3)
Bach, Adagio in C (MCC 3)
Mozart, Ave Verum Corpus (MCC 3)
Vaughan Williams, Symphony #5, Romanza (MCC 4)
Rachmaninoff, Vesper, Ave Maria (MCC 3)

Kedrov, Our Father (MCC 3)

Gaia

Delius, North Country Sketches (MCC 2)

Pärt, Fratres (MCC 4)

Elgar, Sospiri (MCC 3)

Bach-Respighi, Chorale Prelude (MCC 2)

Strauss, Four last songs (MCC 3)

Handel, Pastorale (MCC 1)

Faith

Pärt, Cantus in memory of Benjamin Britten (MCC 3)

Ives, Unanswered Question (MCC 4)

Alwyn, Hydrotaphia (MCC 4)

Saint-Saens, Symph.#3 (adagio) (MCC 2)

Messiaen, O sacrum convivium (MCC 3)

Explorations

Ravel, Daphnis and Chloe (MCC 2)

Brahms, Symphony #1, allegretto (MCC 4)

Respighi, Gianicola (MCC 2)

Debussy, Nocturne, Sirenes (MCC 4)

Chesnokov, Salvation is created (MCC 3)

Pachelbel, Canon in D (MCC 1)

Peak Experience (excerpts)

Beethoven, Piano Concerto #5:2 (MCC 2)

Vivaldi, Gloria; Et in Terra Pax (MCC 3)

Caring

Haydn, Cello Concerto in C, adagio (MCC 3)

Puccini, Humming Chorus (MCC 1)

Debussy, String Quartet Op.10, (andantino) (MCC 3)

Bach, Christmas Oratorio, Shepherd's song (MCC 1)

Dvorak, Serenade in E, larghetto (MCC 2)

Warlock, Capriol Suite (MCC 1)

4.6. Timeline of the research project – transparent hermeneutics

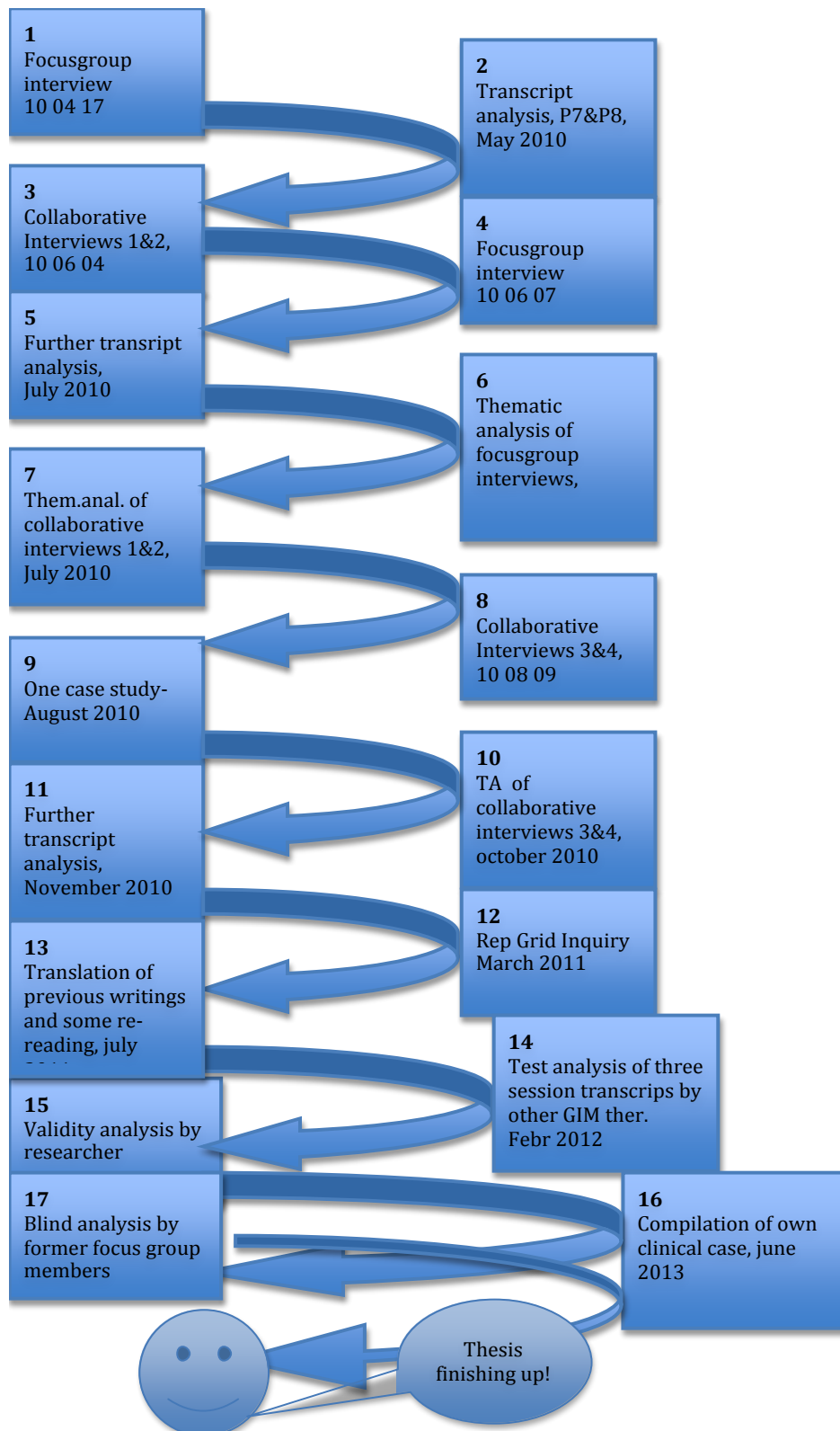


Figure 4.6. Flow-chart – time-line.

The flow of arrows through the hermeneutic spiral of data collection represents the analytic process, guided by methods of analysis, but also by the fact that each step generated new knowledge that informed the next analysis.

1. Data collection started with the first focus group interview, and the first meeting with fellow therapists brought affirming and encouraging information (see results).

Even though the formal analysis of the interview material was done two months after that, I understood that the categories were helpful tools in understanding the GIM process in new ways, and this informed the next step, namely preparation of collaborative interviews 1 & 2 and the transcript analysis from sessions with those participants.

2. When starting the transcript analysis with 2x5 transcripts from the two interview participants, I was more focused on the search for patterns of categories 4,5 & 6, the Process of Surrender, and how music and therapists actions had contributed.

3. The collaborative interviews 1 & 2 opened up for new thoughts concerning how to understand the dynamics that were registered through the transcript analysis. It became clear that it was possible to get confirmation and modification from participant and therapist of experiences that were categorised as 4,5 & 6 in transcripts.

4. The experience of the interviews informed my stance during the second focus group interview, taking place almost two months after the first one due to schedule issues. The predefined themes were even more important to illustrate.

5-6. During July 2010, both further transcript analysis and the final analysis of focus group data was finished. The two tasks mingled even though the transcript analysis was in priority due to the fact that two more collaborative interviews were planned to take place in August.

7. As a preparation for that, I also started analysing the first two collaborative interviews, to see if anything from the first experience could inform the second round.

It encouraged to clarify the themes of inquiry and distinguish questions about the dialoguing from questions about content.

8. The collaborative interviews 3 & 4 were conducted.

9. Somewhere between the interviews taking place and the actual analysis of their data, the idea of including the case study method emerged. This was later developed more into the vertical method of analysis. Having met with the four participants and therapist created a deeper involvement on my behalf. The possibility to do a deeper vertical analysis of data, could deepen answers to my research questions.

10. During the Fall of 2010, the analysis of collaborative interviews 3 & 4 was done.

11...and the last session transcripts were analysed.

12. In late 2010, a period of reflection on collected data started, and the need for a more systematic self inquiry, even though I've had that idea all the time, resulted in doing the RepGrid inquiry.

At first, the RepGrid inquiry more blurred than cleared my perspective, but the material probably needed time to ripen.

13. During summer 2011, I revisited the previously written articles and chapters included in the thesis, and also translated into English the ones that were written in Swedish. This process gave new perspective on my field of knowledge, my ontological and epistemological stance.

By the time of Aalborg seminar in november 2012, I went deeper into thesis work, its structure and disposition, and I began reflecting upon results.

14. A final procedure of conducting a test analysis of three session transcripts by an independent GIM therapist took place in February 2012. Procedure and data will be described in the Results section.

15. In order to further check the validity of interpretation, an analysis of validity was

conducted. It focused on comparing how cat 4,5 & 6 was interpreted and analysed in one session transcript from each of the four participants also interviewed in collaborative interviews.

16. compilation of a clinical case from my own clinical practice, including analysis of 21 sessions and conducting a collaborative interview with an external interviewer (2012-06-13). This material will be in appendix, as a longer case study, but not included in the Thesis.

The process of compiling the results and outlining this part of the thesis was in focus during the Fall of 2012. My "inner professional space" had been very occupied by the process of writing a keynote presentation and a case presentation for the European GIM Conference in Vadstena, september 2012. I decided to include the case in the thesis appendix. The writing of the keynote became an ingredient in the processing of results.

A blind analysis of transcript excerpts was conducted during november-december 2012.

During the period december 2012 – march 2013, in the process of compiling and interpreting the results, I conducted a music analysis of the music used in the 38 sessions.

From june 2013, the final compilation of the Thesis started, and continued approximately until july 2014.

CHAPTER 5. RESULTS

*The heart of the thesis
The kitchen is the heart of the house -
kitchen talk and daily doings...
(Katarina Mårtenson Blom)*

5.1. Introduction – overview of chapter

In the presentation of the findings, I have tried to make explicit the steps in the process and indicate both similarities and differences between "just data" and "analysed data". My main guideline for the presentation has been to stay as transparent as possible.

In each section, this differentiation between presenting "just data" and "analysed data" will be indicated as clearly and as close to the hermeneutic process as possible.

The chapter has the following subheadings:

5.2 Results from focus group interviews

5.3 Results from transcript analysis, horizontal analysis and analysing process

5.4 Results from music analysis - music during occurrence of Process of Surrender

5.5. Vertical analysis – interaction of findings from collaborative interviews, transcript analysis and music analysis

5.6 Results from validating transcript analysis

5.7 Summarizing analysis of results

5.2. Results from focus group interviews

The continuation of the research process from the study described in the article (*Mårtenson Blom, 2010*) lead to the research questions,

5. *Can the categories of analysis identified in a pilot study (Mårtenson Blom, 2010) be useful in developing a new understanding of transpersonal and spiritual GIM experiences and their transforming power? If yes, in what ways?*

6. *How are the relational modes that constitute shared lived experience/ intersubjectivity expressed and described in the transcripts of GIM sessions?*

In order to anchor these questions in the context of GIM practice, the next step was to ask:

Are the results from the small study and the defined categories of analysis, used in the study, meaningful and useful to other GIM practitioners?

I decided to explore this question through focus group interviews with GIM practitioners.

For a full description of preparation, procedure, inquiry and analysis, see the Methodology chapter. The recorded interviews on mp3 files, as well as transcriptions according to the themes are on the usb appendix. The compiled quotes illustrate the issues of *meaningfulness, usefulness* and *engagement* for the participants. In the text, quotes from participants are in italics.

5.2.1. Meaningfulness

All participants (P) emphasized the importance and relevance of the new categories and the concept of "Relational mode of Surrender".

Useful. I think about the gap between therapy and reality. How can we take care of this in the real world? I think I find an answer here.

In both groups, Ps expressed different feelings in meeting the concept of "surrender". It evoked needs for comparing explanations and understandings. In the discussion, its meaningfulness became clearer as the participants could confirm how the concept seems to be at the core of GIM.

The whole setting in GIM is about surrender...to lie down, to sit beside...so close..intimate and naked.

Could see the GIM process in a new way. It helped in understanding what we take part in as therapists.

Ps expressed how the material in the article had given them a new view and a new understanding of GIM. In that, the role of the therapist as role model of giving in to the whole context became clearly identified. The article clarified how the trust in moving between feelings of confirmation and feelings of disconfirmation – feeling held vs feeling abandoned – could be healing in itself.

We are first in the tension between the similar and different, and then it lifts...and that this is healing in itself. This has given me an answer in some way.

It makes a difference to understand a GIM transcript in this way.

The meaningfulness was also found in the shift from just looking at content in the travel, into really describing and understanding the process, the 'how' instead of the 'what'.

The categories are very useful. They prepare for a new theoretical framework for us, for the interaction in the triad in GIM. We've had, as GIM therapists, too large sweeping explanations, and much focus on content in the process. This is more useful on a micro-level, it's another point of entry.

Ps in one of the groups discussed the definition of categories 4-6, for example what is the difference between category 4 and 6? Can categories 4 be seen as the "cradle", the prerequisite? Faith and trust is necessary, or can you surrender without trust and faith?

The difference between a peak experience and a transpersonal experience was discussed. Ps developed a consensus that both were dependent on the process described through categories 4-6.

And I see differences between this and peak experiences and transpersonal experiences..surrender starts already in the meeting, in preparing the room, to let go..(I: perhaps this is more about trust..? yes..and the relationship between trust and surrender. Is Surrender

possible without trust? .. I see it as a crescendo that we build, from trust to surrender.

Category 5 needed more explanation and discussion. The movement between categories 4 and 5 could be connected to the music's shifts in consonance and dissonance, or "me-music, not-me music" (Summer, 1995).

It is not so easy to find the categories of 4,5 and 6. Perhaps in a more comprised form. Surrender is the cradle of the whole experience, to dare to experience.

Finally, one P talked about using the categories to analyse also the verbal parts of a session; the prelude, focusing, processing and postlude.

I see how this happens in micro meetings, also when I use 'therapist-glasses' in general. This way of understanding the process can be applied also to the talking parts of a session, and to therapeutic dialogue in general.

5.2.2. Usefulness

All participants gave examples of using the categories on transcripts from their practice, especially of dynamics in categories 4, 5 and 6. They rather easily found categories in their session transcripts, and this enhanced their sense of meaning about what happened in the sessions. All Ps, particularly trainees, expressed how the analysis helped in developing how they understand the guiding.

When I tried the categories on a transcript, I felt the connection to the guiding. They help in developing the guiding! In understanding what we do. Even though we are occupied by the words, this makes the non-verbal more visible.

Ps discussed how small units of description can fit into one category. (*"I walk slowly forward (1+2)...dark stone walls(1)...get a sting(1+2)...dark blood(1)..I am standing looking at my hands(1+2)... strange(3)....it does not hurt!(4+5)"*)

In the next example, one P told the story of how she remembers the shifts, back and forth, between categories 4 and 5, and then eventually category 6, that in that case brought a spiritual experience. The client was highly prepared and ready in his spiritual development. For P, the reading of the material/article brought a sense of strong confirmation of what had been going on in that process, now several years ago.

(Participant reads aloud (32:50) from a transcript, and then says:)

there were strong shifts between categories 4 and 5, and eventually a category 6, with an experience of wholeness.

In the discussion of how the participants tried and used the categories on their own transcripts, the clear dynamics between categories 4 and 5 and the progress into category 6, was striking. We discussed that perhaps movement back and forth between categories 4 and 5 is needed for the emergence of category 6.

..flies and moves in the air with a sense of positive rest(4)..then exploring and taken by the wind..into a desert landscape with threats (5)..leading through power struggles(4+5)...difficult tasks...into merging with a flower(6).

One P described session material from work with a severely traumatized woman who experienced becoming younger and younger, being capable with the help of music and imagery to remove the face of the perpetrator and then feeling the growing of her body. We discussed if her very strong experience of connecting to her "core state", healing her Self, could be seen as a category 6. In a way, the client let go of her traumatization.

She travelled backwards through different ages, and worked with her traumatic experience. She touched the face of the perpetrator, who then

disappeared. She met herself as five years old, receiving herself. Is this is surrender?" but she let go of the old trauma – she let this happen – is that surrender? ..to let go of the trauma!

I can understand this as moves between categories 4 and 5.

In the discussion, the group talked about different ways to understand how the movement between categories 4 and 5 as experiential qualities can be made possible by letting the client stay with the music in category 4, or with the therapist if music evokes category 5. Analysing the experiences through categories 4,5 and 6, and through that applying relational theory on GIM, is an alternative and meaningful way to understand what traditionally often has been interpreted through more traditional/old psychodynamic theory, as processes of transference – countertransference.

Can see more levels of understanding, in such short sequences, so much happens! They work on many levels.

5.2.3. Engagement

When addressing the question about engagement through personal GIM experiences, participants in both groups moved into their individual and personal stories. The participants confirmed the healing power of experiencing the process of surrender. The expressions illuminate how the perspective on personal experiences provided by the categories of analysis, confirmed subjective experiencing formerly described more through contents.

To me, GIM in essence is mystical experiences, where the strong transforming body experiences actually gives an experience of incarnation...this enormous transformative power points at the importance of very responsible and well educated therapists. How can we take care of this?

GIM made such a difference - nothing was the same afterwards. I experienced how someone, beyond myself met me and took care of a

burden of mine, and I surrendered to that and let go. I surrendered to something greater. Without this experience I could not follow my clients.

Having experienced the surrendering, has provided me with strength in handling difficulties in life. It has changed my view on life, it is easier to be in difficulties.

The experiences of surrender has given strength in managing burdens in life, another view of life, easier to stay in difficulties. I remember my need to find the music with a maximum of dissonance! – to really experience the field of tension, to experience differences!

5.2.4. Summarizing analysed results in connection to research questions

The first research question is positively answered through the analysed data from focus group interviews. The categories of analysis were found both meaningful and useful, in how they enhanced therapists understanding of what is happening in a GIM session. Through this deeper understanding, the therapists could think of new ways to contain and interpret the process in GIM. It seems clear that the experience of “surrender” became possible to understand at a deeper level, in terms of interaction and movement. The concept “Relational Mode of Surrender” and the experiential qualities that could be identified through categories of analysis 4,5 and 6, was considered very meaningful.

Finally, the participants confirmed the healing power of experiencing the process of surrender, by exemplifying from their own personal GIM experiences.

One new question was formulated through the focus group discussions:

When the music and therapist can contain differences (category 5) and allow movements between sameness – difference, does that provide us with more surrendering opportunities? Can we prepare for the surrendering process?

This question put focus on the surrendering process as captured by categories 4,5 and 6, and influenced the further analysis of transcripts done as a second step in the data collecting procedure.

5.3. Results from transcript analysis, horizontal analysis and the analytic process

5.3.1. Introduction

Before presenting the compiled analysis of all 38 transcripts, I will present the emerging process of how analysis of focus group data and the entailed formulated question, influenced the analysis of the first transcripts, bridging over into the process of conducting the two first collaborative interviews (see below).

In accordance with characteristics of a flexible design as described by Robson (2011), the steps of data collection informed each other (Figure 4.6, p. 147).

Between conducting the two focus group interviews (the first 2010-04-17; the second 2010-06-07), I analysed transcripts ($n=10$) from sessions with the participants that had accepted to take part in the two first collaborative interviews, scheduled at 2010-06-04. During this period (april 17th – june 7th), the focus on development of a new understanding of the surrendering process became clearer. This led to less focus on the categories 1,2 and 3 in the transcript analysis. After the second period of data collection with approximately the same "turntaking" between focus group interview (1), transcript analysis ($n=8$) and collaborative interviews (2), the final transcript analysis ($n=20$) was done.

In accordance with the research questions,

1. *Can the categories of analysis identified in a pilot study (Mårtensson Blom, 2010) be useful in developing a new understanding of transpersonal and spiritual GIM experiences and their transforming power? If yes, in what ways?*
2. *How are the relational modes that constitute shared lived experience/ intersubjectivity expressed and described in the transcripts of GIM sessions?*

I therefore made the choice to present transcript analysis illustrating the appearance of a surrendering process (focusing on categories 4, 5 and 6). For full transcripts with the analysis using all categories, see usb appendix.

The excerpts consist of those pieces of texts in transcripts (second column) that were analysed as illustrating one or more of categories 4-5-6. In the first column the piece of music played during this experience is noted. The experience is far from connected to any exact sequence of the piece of music. The music will consequently

not be analysed in a detailed, structured way, e.g. with SMMA (Grocke, 1999, 2000, 2007). However, one assumption underlying the analysis is that the explicitly formulated experience, written down by therapist, is just "a tip of an iceberg"- part of an implicit process that has been going on during the whole piece. It is important to analyse the pieces of music, and their places in the programs, as a whole. In this presentation, this will be addressed below.

5.3.2. Transcript analysis

When presenting the analysed transcript excerpts, I found it most congruent with the analytic process to present excerpts in the same order as the whole transcripts were analysed. Each participant's process will be introduced by depicting the participant's statement of most important outcome from the experience. In the tables (5.1. - 5.9.), transcript notes are translated from Danish and edited. The first four series are from the participants that also took part in a collaborative interview. The q-marks in the transcript excerpts are from my analysis, not from the therapist. In the text, the series do not have any ordinary table – subheadings, since they are presented in a cohesive lay-out depicting each participant.

Table 5.1. Transcript analysis: excerpts from sessions 1-5, P7.

P 7 (first collaborative interview, participant inexperienced in GIM)
"Being able to surrender, trusting that the music would be benevolent and that I would be 'sounded' by it. Experiencing myself in a different way."

Excerpts from session 1 – Music program: Explorations

Music	Transcript notes	Category analysis	of
Ravel	Happiness to be alive. Grateful, warmth in chest and stomach.	4	
Respighi	Music is moving around in my body. Really nice!	4	
Debussy	Grand Canyon – on the edge, deep down, amazing! Heavier in my left side of body..can fall down..lonely.. Hold myself like a small child..feel all is ok.	4 5 4	
Chesnokov	..(no words)..(Ther:"noetic")	6?	

Pachelbel	dancing with grandchild..fully connected	4
------------------	--	---

Excerpts from session 2 – Music program: Gaia

Music	Transcript notes	Category analysis	of
Delius	I am under the earth in a dark tunnel...a door..am high up..as if throw myself out.. a deer says "you can"..	5 4	
Pärt	..winds come..have control..now I do it..like the eagle..all free ..I AM the eagle, large wings, notice my bird's body..FREEDOM	4 6	
Elgar	Enormous wings..I am the wind..no body, only wind and breath (spir)..can see everything..no limits..want people to notice	6	
Bach /Respighi	me..difficult..different frequencies..takes a lot of energy see the sea...the wind says..be patient...darkness...fall asleep	5 5?	
Strauss	..climb a tree...the tree and me!..follow the seasons...humbling..tree likes my presence..can come inside the tree...great to be a tree!!	4 6	
Handel ##	Amazing! Can reach far, see far..	6	

Excerpts from session 3 – Music program: Sublime 1

Music	Transcript notes	Category analysis	of
Chopin	The eagle is there...we join..soft mountains... Dark colours..sharp rock..a land/stoneslide.Can't get through. Dangerous..Climb?...now on the other side	4 5	
Elgar	..all soft...folding..like to be a small child. Notice the love..the eyes..(Mother?)	4 4	
Mozart	its decided I should be here.		
Mendelssohn	playing with schoolmates..nasty boys...Blue colour wipes away..I become the blue..	6?	

Bach	Strange, unfamiliar..estranged to myself..blue tongue..angry with myself..	5
Sibelius	The wind swept it away..warmth behind eyes..sadness..(know?)...no.. Blue comes back...means protection..(sense of swaying above mat)	5 4

Excerpts from session 4 – Music program: Faith

Music	Transcript notes	Category analysis	of
Pärt	Church dome..I light candles for M & F	4	
Ives	Still there...blue colour everywhere inside...strange..music sounds soft but sticks/hurst	5	
Alwyn		
Saint-Saens	red colour from the heart..it is meant to be..a toad!..huge and nasty..I am also big and heavy..	5	
Messiaen	perhaps not so nasty! Red colour encloses it. Can like it. It is just as it is. Grateful! Got something from the frog! The right to be me. Bubbles in my body. Nice! Like waves through my body.	4 6?	

Excerpts from session 5 – Music program: Sublime 2

Music	Transcript notes	Category analysis	of
Finzi	I am all the notes, when I'm struck I leave the paper. Weightless...birds..so nice to be a "note-bird"and be strucked!..body weightless, moves like water	6!(from the start..)	
Bach	Sit on the water..waves lap.. A wedge at my right..don't know..(eyelids vibrate)..	5	
Mozart	..like a mountain...sad to be a mountain..needs to cry.. it knows that	4+5	
Vaughn W.	...(sensations in body)..in legs..heart...(is rowing a boat)..strenuous, hard...tired..(wind helps)..My body is large and flat like a pancake! Remarkable! Cannot turn..(cries)..	5	
Rachmaninov	Huge landscape! Need that since I'm so big..sad and happy now..	4+5	
##	can unfold now..no more a pancake..(smiles through tears)..New sensation to be me. I know what its like to be different! Great!		

###	Unlock/open up towards the world. Good to know.	4/6
-----	---	-----

Table 5.2. Transcript analysis: excerpts from sessions 1-5, P8.

P 8 (second collaborative interview, participant inexperienced in GIM)

“The most important was the span between the physical and the non-physical world. That I could exist in both worlds at the same time.”

Excerpts from session 1 – Music program: Sublime 1

Music	Transcript notes	Category of analysis
Mozart	Pure love(deeply moved) – tenderness-not sentimental.(body?).So nice. Inside my organs, feel that very strongly.	4
Mendelssohn Bach	to Deep notes behind, warmth inside. Melancholic...leaves in the wind, reminds me of death	4 5?
(POST:)	(in painting, an eye comes, and mixed feelings about it, which makes me categorize a 5 in the last sequence) *	

**when a session ends in cat 5, I have searched in the therapists POST-notes and often found expressions from that I categorised as 6.*

Excerpts from session 2 – Music program: Explorations

Music	Transript notes	Category of analysis
Ravel	Landscape ... dark trees..”Stampe”/Rabbit comes ... nice but dangerous (cries) ... comes closer, not so easy. Animals grin.smile ... stand on a border, dare-not dare	4+5 5 4+5
Brahms	They bow and say, come inside ... don’t know	5
Respighi	(through light) a magic wand-diing! A part of all that is enlightened. Rabbit says”she begins to understand ...”	4
Debussy	exhausted ... must sit down(cries)	5

	... fall asleep ... went into a state of decomposition ... became part of the forest ...	6 5
Chesnokov	can wake up ... who am I? big and clumsy ... feel need to practice ... (what?)...	6
##	to see life in all, to talk to all, ... (gets help from Music) we just lie down (by the door)... (moved)... Earth sings to us...(talks to Earth about a climate conference)	6

Excerpts from session 3 – Music program: Faith

Music	Transcript notes	Category of analysis
Pärt	(cries to bells)..must be attentive when something ends...presence(cries)..awe	4 5?
Saint-Saens	Blue...Universe is speaking...about all its love and care..it congratulates me..all friends of my fathers come..it is true he is dead!	4 5-4
Messiaen (POST:)	It is all over. Hard to understand. (during processing, H speaks about her sense of gratitude and how she now feels strong need to use her life, "eat the cake")*	4

Excerpts from session 4 – Music program: Gaia

Music	Transcript notes	Category of analysis
Delius	Music shows me some..Northern light..Magnificent!...Crystal	4
Pärt	opens up... Am a girl, holds boy's hand...everything at once..can be in all..feel grownup...woman and man	4
Elgar	Grateful towards life (moved, tears)	6
Bach-Respighi	Lie on a sarcophagus, like queen Margrete	5

	..landscape shown to me, calm..a nice garden.. crystals are villages	4
Handel	The best thing is my calmness	4

Excerpts from session 5 – Music program: Sublime 2

Music	Transcript notes	Category of analysis
Finzi	(Memory of childhood landscape)..so much my father..cannot understand. Father says I'm all alive..life tucks my hair..	4 5 4
Mozart	music is in all my cells..am an instrument..(noetic)	6
V.Williams	like the queen(sess 4)..am prepared for something...exciting..(crescendo in m)	5
Rachmaninov	father brings music(?) into my field of attention..presence, openness...space...his energy...red coat...he is the Rabbit	4 4
Kedrov	..warm waves..	4

Table 5.3. Transcript analysis: excerpts from sessions 1-5, P6.

P 6 (third collaborative interview, participant inexperienced in GIM)

"It did me so well. The frame is well defined and safe. The process amplified what I am already working on."

Excerpts from session 1 – Music program: Caring

Music	Transcript notes	Category of analysis
Haydn	Soft movements..positive experiences from choir..hard to hold..(do you need to..?).it's safe..a shift in the music.. would like to be with them instead of just looking	4 5 5-4
Puccini	-----	(1-2-3)
Debussy	-----	(1-2-3)
Bach	All safe..something in my	4

	back..supportive	
Dvorak	Surprise..lightening..fragile sound(cries)..tension in breast and stomach..miss grandmother's fragile voice.	5
Warlock	(about little sister)..we understand each other..	4

Excerpts from session 2 – Music program: Sublime 1

Music	Transcript notes	Category of analysis
Chopin	(Senses of being in nature)	
Elgar	on a bridge...melancholic, longing...both happy and sad...long to be held...	5
Mozart	(breathing)(body?)...bubbles in stomach...embrace a tree...good to be there alone.	4 4
Mendelssohn	On the back of a bird...carries and guides me...	4
Bach	I love this music!...	
Sibelius	Echo sounds...into a boat...feel light, flourishing, cold...flute makes the boat calmly glide	4

Excerpts from session 3 – Music: Brahms viol.conc + Bach conc f two viol.

Music	Transcript notes	Category of analysis
Brahms	Good feelings..know the music so well..	4
Bach	(music)Suitable to a long walk..can see far..(describes what she sees)..Good sensations in body..The whole in stomach is locked up (from presession)	4 4

Excerpts from session 4 – Music: Sublime 2

Music	Transcript notes	Category of analysis
Finzi	(moves through a landscape by car)	4
Bach	nice..a soft, nice skirt on..suites	4

	me well..	
Mozart	known this music since 17..dream to 5	
##	sing..harshness..can't(cries)..feel left out and sad..longing in stomach..music fills wholes.. 4	
###	nice memories..new hope	
V.Williams	(let music be with your 4 hope..)mountains..beauty..feel like just be quiet...(long pause in dialogue)...just want to be still...	
Rachmaninov	(cont. quiet)...blue colour... 4	

Excerpts from session 5 – Music program: Faith

Music	Transcript notes	Category of analysis
Pärt	Horrible sounds..from all places..don't know what it 5 is..cold...(and the fire?)(from focus)...burns down there...music blends with it..nice colours.. 4	
Ives	Fire is burning in the middle of winter..move towards...hesitant..a bit dangerous..wolf?..but exciting.. 5	
Alwyn	Not so afraid..forced to be awake..strong power at 5 stake...familiar but also dangerous..	
Saint-Saens	Huge staircase...huge room...people, 4/5 gobelins..orchestra..richness....sad.. not to take part...but I turn...more like a church..good feeling in throat..	
Messiaen	awake out in my toes..open all 4 senses...have sung this..the blending of parts..to listen..	
##	very special place..white 6 light..sense of energy in arms and legs..peace..	

Table 5.4. Transcript analysis: excerpts from sessions 1-3, P3.

P 3 (fourth collaborative interview, participant experienced in GIM)

“Admiration of the therapist’s professionalism (I have always been a rather critical person) – plus enjoyment of my focused mandalas.”

(The transcripts were full of shifts, not easily read. Below, only the parts noted that were clear enough to analyse)

Excerpts from session1 – Music program: Sublime 2

Music, parts	Transcript notes	Category of analysis
Bach	Walk away and grab the rope – made of plastic	(1, 2, 1)
Mozart	My hands..tired of holding..up under roof..good for me, notice lightness and courage	4
V.Williams	Dad..sit by him, 4years..Mum appears..cold, trouble, but I hold tight, stay with dad..double feeling..mum wishes me away from dad..	4 5
Kedrov	Church..love this..notice opening throat, new sensation..(guide asks, more M?)	4
##	..Connect myself with the rope..	4

Excerpts from session 2 – Music program: Sublime 1

Music	Transcript notes	Category of analysis
Chopin	Envious on all and everything in this house! Mother is rage..and a classy lady..the small fragile one does not belong!!..alone on stairs..	5 5
Mendelssohn	(memories/imagery from new years party and interaction with a man)..	4-5—4-5(shifts)
Bach	(how is this for you?)...the little girl is there..says'don't know'	4
Sibelius	feel a need to dance...like 'I don't want any thing more to do with it..'trust my creativity to emerge..good positive movements..swaying...	4 6?

Excerpts from session 3 – Music program: Gaia

Music	Transcript notes	Category of analysis
Pärt	Darkness feels safe..knocking sound..not	4

	frightening..makes some thing come into its place..holds my back...through my hip(?)	5
Strauss	A bit heavy..but in a good way..warm center..flute is calling but need not follow	4

Table 5.5. Transcript analysis: excerpts from sessions 1-3, P1.

P 1 (experienced in GIM)

“The chance to engage in my inner life through the music.”

Excerpts from session 1 – Music program: Faith.

Music	Transcript notes	Category of analysis
Pärt	Music plays on my body. Expectation. Let myself float.	4?
Alwyn	I can relax, become rocked by the music.	4
Messiaen	A kind of graveyard for burial of old wounds..	5

Excerpts from session 2 – Music program: Gaia.

Music	Transcript notes	Category of analysis
Pärt	Music is inside my body	4
Elgar	Demanding; release is near. Energy ..	5
Bach	Steady lump behind my ear..now a part of me..wonder why I should have it?	5
Strauss Handel	Recieve a cup with something to drink.. ..my room..inner room	4

Excerpts from session 3 – Music program: Sublime 2.

Music	Transcript notes	Category of analysis
Finzi	Mixed feelings..good to play...and a bond/tie holds me..responsibility..should I, should I not..	5
Bach	(hurt in chest)..float with the music	4
V.Williams	sink into the music..music expands my body..I AM-without anybody..a sort of vessel for the music	6
Rachmaninov	good to be part of the choir...	4

Table 5.6. Transcript analysis: excerpts from sessions 1-3, P2.

P 2 (experienced in GIM)

"The experience of serenity and at the same time feeling alive in body and mind was very strong – including the experience of being a small part of a great community with everyone, feeling good."

Excerpts from session 1 – Music program: Sublime 1.

Music	Transcript notes	Category of analysis
Mozart	Two things; a large ship steadily moving, and something more volatile..I am heavily, calmly moving..self-evident.	4
Sibelius ##	Both nice and strange sensation in my stomach. Upper part and legs are bare, stomach is a kettle with boiling bubbles..	5

Excerpts from session 2 – Music program: Gaia.

Music	Transcript notes	Category of analysis
Delius	On a cliff, steep on one side..not uncormfortable..adventure to follow..	4-5
Pärt	A living space. Everything is in there, am part of it. Something gathers..(crater opens up..)	4
Respighi	(heavy breathing)..Earth IS..more life in nothingness..people live their ordinary lives..life is what it is...	6
Strauss	Perhaps we are one...perhaps we are many..BEING...	6

Excerpts from session 3 – Music program: Sublime 2+ Handel fr Gaia.

Music	Transcript notes	Catgory of analysis
Finzi (end)	Earth opens up..towards heaven..	4
Mozart	In Toledo church. Virgin Mary and child..smiles with love..(moved)	4
V.Williams	Something will arrive..but steady posture(violin)..now I stand in front of a very spacious hall..	4
Rachmaninov	Singers along the walls..gather in the center, in a circle...	4-6

Handel ##	I AM just taking part... The center of the church folds like a huge flower...	6
----------------------	---	---

Table 5.7. Transcript analysis: excerpts from sessions 1-3, P4.

P 4 (experienced in GIM)

“Deep existential themes were worked through.”

Excerpts from session 1 – Music program: Sublime 1.

Music	Transcript notes	Category of analysis
Chopin	Carried by the air..lightness..now on earth..worrying..something holds me down Music drags me up again. Moving to surrender..	4 5 6
Elgar	Own children, greatest gift! Hold them..gratitude.	4
Mozart	Pain..from passed times.. Music loosens up around heart..	5? 4
Mendelssohn	Dance of life..heart in the center from where all movements come..long threads..sense of veil	4
Bach	By the tree..share something with it; roots, seasons. Feel completely received..	4-6?
Sibelius ##	Back against stem..strength, persistence Feel given and recieved. Understood and held.	4-6

Excerpts from session 2 – Music program: sublime 2.

Music	Transcript notes	Category of analysis
Finzi	Tree in its nakedness. Moving. Has its pride..	5?
Bach	Lonely in a way..but..everything sprouts..waits below surface..tree naked..	4
Mozart	Peoples’ voices..wish nothing but receiving them	4
V.Williams	Earth sings her song..good to witness..without need to do	4-6?

	anything..enormous view..	
Rachmaninov	Choir behind and in heaven..singing it's power inside me..	6
Excerpts from session 3 – Music program: Faith.		
Music	Transcript notes	Category of analysis
Ives	My tree..unfamiliar place..can't be sure of being alone..	5
Alwyn	Crawled into the tree...inside being held	4
Saint-Saens	Music lifts me up into the branches..want to hold them...now on ground..huge choreography..dance.. Sense of lying in a coffin again...as a contrast	4 5
Messiaen ## ###	Hold me and sing for me..in a church..is ok..sun through glass windows..moving to just not need to do anything...	4/6?

Table 5.8. Transcript analysis: excerpts fro sessions 1-3, P5.

P 5 (experienced in GIM)

“Re-experiencing the strong growth potential of GIM.”

Excerpts from session 1 – Music program: Faith.

Music	Transcript notes	Category of analysis
Pärt	Cold as ice!..darkness..people dressed in black..sense of dying..lit- de-parade..	5
Alwyn	A bell into solar plexus.Ok ! helps to open me up..shall not be responsible	4
Saint-Saens	Glimmering sea..sailing..good to sit there.. the base: hits me: like let go- free-faith-trust—OPENS in solar plexus..	4 6
Messiaen	Open church, no roof..choir sings. All seasons at once. Cathedral.	4

Excerpts from session 2 – Music program: Sublime 2.

Music	Transcript notes	Category of analysis
Finzi	Pressure in forehead and eyes..senses in throat	5

	..music into jaws..good floating..sink into deep. Blue.	4
Bach	Expanding in body..energies..waves from me... Pain in stomach..comes and goes..	6 5-4
V.Williams	Music lifts me up from sea..dolphins dancing form me...	4
Rachmaninov	Warm inside..silvery dancer.. I become silvered	6
Kedrov	Voices overtake..convey I am precious..	4

Excerpts from session 3 – Music program: Sublime 1.

Music	Transcript notes	Category of analysis
Chopin	Music lifts me up..floating..silver-gilding!	4
Elgar	Feel music's movements..is it music steering me-or me steering music?..on a huge mountain ..	4/6
Mozart	Music weaves a thin spider's net around me..a little itchy, uncomfortable..	5
Mendelssohn	In golden..am clearly different. Knot in solar plexus..kind of cernel..	5
Bach	Itching sensation in hands..and warmth..solar plexus..black lump— dissolving	5 4
Sibelius	Lifted up again..sky and sea are one..dolphins dancing..I AM a dolphin. Sky IS sea. Sea IS sky..	6
##	Need grounding...	4

Table 5.9. Transcript analysis: excerpts from sessions 1-5, P9.

P 9 (inexperienced in GIM)

“It was the experience of a process. I think there is a long-term effect, and that the outcome will have a lasting influence.”

Excerpts from session 1 – Music program: Explorations (only Respighi, Debussy & Chesnokov, due to cd-trouble) +Beethoven, Vivaldi, Warlock.

Music	Transcript notes	Category of analysis
-------	------------------	----------------------

Respighi	(as a small girl) see her watch birds.	(1-2-3)4?
Debussy, Chesn.	She understands what they say	4?
Beethoven		(1-2-3)
Vivaldi	My body gets very warm. Experience it as one whole piece, as if I float in the music.	4 4

Excerpts from session 2 – Music program: Sublime 1.

Music	Transcript notes	Category of analysis
Chopin, Mozart, Mendelssohn, Sibelius	Elgar, Bach, (During this session, only cat 1,2 & 3. See note below!)	

(experienced several shifts in imagery, and attention to music, but there was not much process or depth, mostly relaxation? The guide worked hard.)

Excerpts from session 3 – Music program: Faith.

Music	Transcript notes	Category of analysis
Pärt	Space in my stomach. Notice heaviness. Fits the music.	4?
Alwyn	Music is connected to stomach. Inspiring energy.	4
Messiaen	Relax completely. My hands are merging/melting together.	4

Excerpts from session 4 – Music program: Sublime 1.

Music	Transcript notes	Category of analysis
Chopin, Mozart, Mendelsohn, Sibelius	Elgar, Bach, Feel moved (emotionally),(looks relaxed). I disappeared into the music. Nice.	(1-2-3 during all pieces)

(Reflection: The guide reports in notes that does some important work in her painting afterwards, towards deeper levels.

My reflection is that Sibelius seems to be a fitting container for her to let go into more emotionally connected work.)

Excerpts from session 5 – Music program: Sublime 2.

Music	Transcript notes	Category of analysis
Finzi, Bach		(1-2-3)
Mozart	As if I am a part of the music, feel that in my chest.	4
V Williams,		(1-2-3)

Table 5.10. Transcript analysis: excerpts from sessions 1-3, P10.

P 10 (experienced in GIM)

“The music travels: experiences of struggle, grief, inner support and transformational powers.”

Excerpts from session 1 – Music program: Faith.

Music	Transcript notes	Category of analysis
Pärt	In a church..walk on the musical bows..	4
Ives	Throat hurts..monks’ choir..makes sounds..memory..voices from childhood..they become shy..won’t hurt me..	5
Alwyn	(angry) why the h-ll do they come..!?(cry)...’big me’ walks towards ‘small me’ and lifts her up..she comes inside me..	5 5 4
Saint-Saens	corroded sword through stomach....little girl helps and pushes it with her finger...thats it!.. (fighting with monks...they become black balls...)	5 4 5
Messiaen	little girl holds my hand..nice but lonley...	4
##		

Excerpts from session 2 – Music: Sublime 1.

Music	Transcript notes	Category of analysis
Chopin	(U has many bodily reactions)..irritated at music..(wants space and contact with place from sess 1)..enormous ball in space..inside the church again and kick the black..feel am there and not at same time...	5 5
Elgar	feet on earth...so many things to be said in the family...	
Mozart	pain and anger..now sinking down into my feet..through toes away from body...	4 6?

Bach	see into darkness ..(noetic)..see a new quality	6
Sibelius	like being a black key...	6
##	see my body from within..growing..blue sea..floating (smiling)..plant is growing...	

Excerpts from session 3 – Music: Gaia.

Music	Transcript notes	Category of analysis
Delius	The water and me..glowing white fireball..feels good..red surrounds me..inside someone's body..	4 5
Pärt	(Exploring the space)	(1,2&3)
Elgar	reminds me of the mummy-experience, but I am not locked in..filling myself altogether..huge universe with stars...mother and child on beach..	4 6?
Bach	stand on the edge of a deep steep..look down..afraid to fall... on the edge..ready to dive....	5
Strauss	Like to be in the water...toes at the bottom..a woman in the sky...she invites me inside her...see from above: mother and child, care, love..	4
Handel	Float down..legs grow..am bigger than the landscape..sit down..shrinking..want to be like other people..	6

5.3.3. Horizontal analysis and the analyzing process

The analytic procedure was recapitulated in the beginning of this section. Even though each participant's process is cohesively presented, the analysis will first be reflected on from a horizontal perspective. I refer to the four participants below for the vertical analysis. With reference to the research questions, the most relevant issue was to sum up how analysis of 38 transcripts developed and deepened the knowledge from the smaller study of two transcripts (Mårtenson Blom, 2010).

A primary intention was to develop ways to understand the process in GIM in terms of the Ps' ways of relating, since this focus on relational process instead of content is assumed to explain, or illuminate, the underlying transformative power in GIM.

5.3.4. Patterns of interactions

I found how the first set of categories - 1, 2 and 3 - could be used to follow the micro level, or primary level of interaction, between P, T and Music, in all transcripts. The patterns in how these sequences of categories 1, 2 and 3 connected into longer sequences that could be categorised as 4 and 5, were already found in the small study, but during this analysis they developed even more clearly and consequently. This is illustrated in figure below, including the P10/3 excerpts, the last one above.

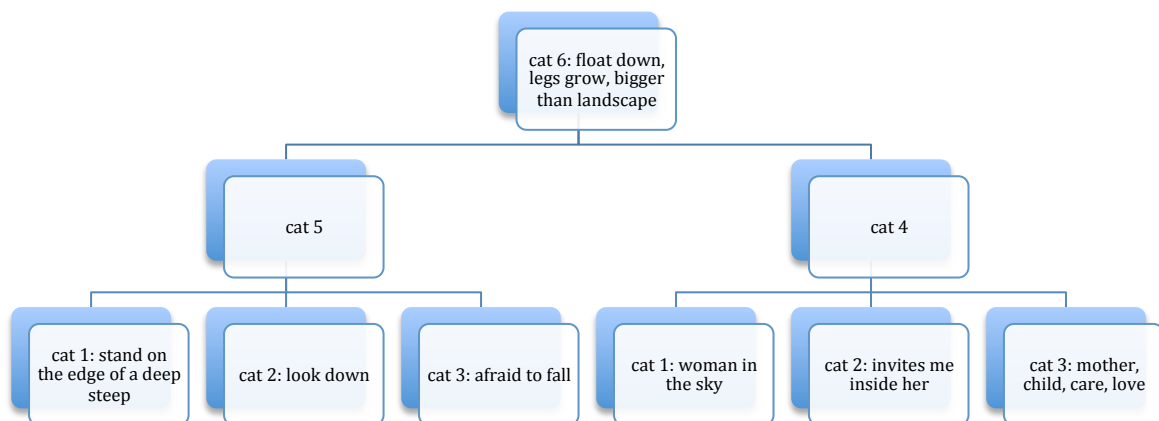


Figure 5.1. Depiction of how sequences of categorized experiences interacted and developed patterns of interaction.

I assumed that this mirrored a fundamental pattern of how P interacted with inner world, therapist and music. The analysis illuminated how P's levels of relational modes worked and seemed to create transformation in the experiential field of interaction as well as in the depths of consciousness. The excerpts illuminated analysis of categories 4, 5 and 6. Within each sequence several "pieces" of categories 1, 2 and 3 chunked up, stated in data both from the small study and from

the focus group interviews. One assumption is that this can be understood as a patterning of how complexity grows, as shown in the figure.

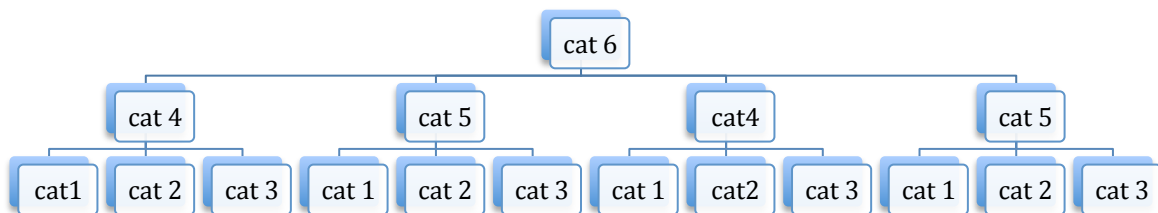


Figure 5.2. Depiction of how patterns in sequences of categorized experiences developed into a relational mode of surrender.

The development of patterns is assumed to mirror how interaction between P, T and M and the experiencing of this interaction, deepens and becomes more complex. Patterns of interaction seemed to develop into levels of interaction. Complexity in interactive patterns is assumed to eventually develop levels of interaction.

5.3.5. Levels of interactions

Occurrence of movement or shifts between relational modes categorised as 4 and 5, was assumed to mirror a relational process in a field of both strong confirming recognition and strong non-confirming disruptions. This was found in all session transcripts but six. In all but one of P9's sessions (pp. 173 – 174), relational modes categorised as 4 were found. This is assumed to mirror how P9 mostly related in the less complex and less deep modes, through sharing and regulating attention, intentionality and affectivity, however moving into, or receiving, at least once in all but one session, strong sense of confirming recognition. P9 was an inexperienced GIM and both therapist and researcher would have liked to meet in a collaborative

interview, in order to explore this through the voice of the participant. Of course, I can assume that P's reluctance to come told a great deal about how this was for her. Perhaps lack of understanding what was important, perhaps just ignorance, or at worst lack of feeling understood. The statement, *"It was the experience of a process. I think there is a long-term effect, and that the outcome will have a lasting influence"*, can perhaps be interpreted as conveying a combination of all three, and some hope for a continuing process.

A somewhat similar process can be assumed in P6's third session (p. 166) where she solely moved in a relational mode categorized as 4. The process as a whole will be addressed in the third vertical analysis.

To move and shift between strong confirming recognition and strong non-confirming disruptions, interpreted through categories 4 and 5, was the case for P10. This was also confirmed in the collaborative interview, presented in the fourth vertical analysis below.

In the majority of session excerpts (31 sessions out of 38, 82 % of sessions, and for seven out of ten participants, 75% of participants), the levels of interaction or relational modes deepened into a Process of Surrender, with different contents in the experiential field. The Process of Surrender contains relational modes that move between experiences categorised as 4, 5 and 6. The last, a Relational mode of Surrender, paves the way to a possible transpersonal or spiritual experience on the level of contents. The following figures depict this in two ways.

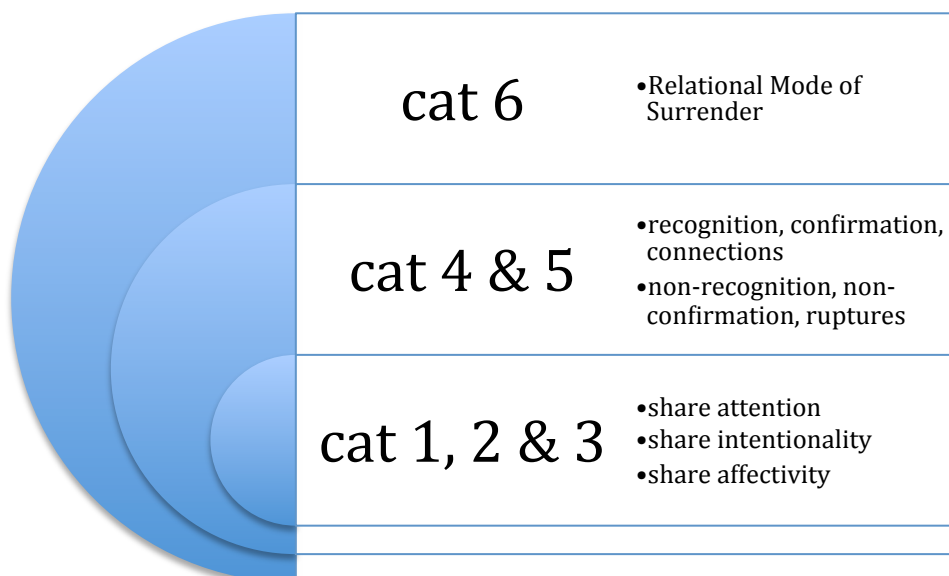


Figure 5.3.

Levels of interaction – relational modes – deepening into a Process of Surrender

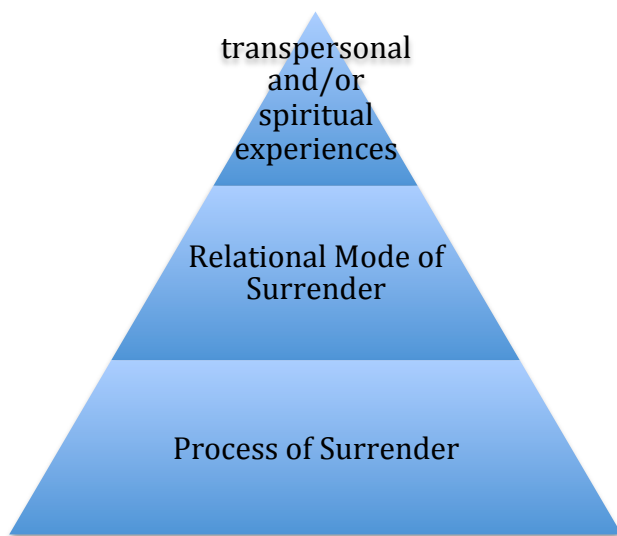


Figure 5.4.

Levels of interaction developing and paving the way for transpersonal or spiritual experiences

In the first figure, the process is depicted as more 'circular' with the three layers of interaction as growing or expanding from an assumed center, namely the smaller interactive building blocks. The second figure shows the possible connection between the process of surrender, a relational mode of surrender, which is not a 'forever-achieved' state, but still an 'unforgettable' experience, and a transpersonal and/or spiritual experience. A third image, or metaphoric depiction, could be the cross, with the horizontal axis as the process and the vertical axis as the transpersonal or spiritual experience. In this context however, I found that image perhaps too 'contaminated' by one religious tradition.

I assume that the process mirrors a deepening both of the intersubjective field, in implicit relational knowing and of levels of consciousness, through interaction between participant, music and therapist.

5.3.6. Occurrence of Relational Mode of Surrender

In the following table, occurrence of this process in the session transcripts is depicted. The participants are grouped in "inexperienced" and "experienced" to better depict the difference between the two groups.

Table 5.11. Occurrence of Relational Mode of Surrender (category 6).

Session	1	2	3	4	5
Inexperienced- 5 sessions:					
P 6 coll int					x
P 7 coll int	x	x	x		x
P 8 coll int		x		x	x
P 9					
Experienced – 3 sessions:					
P 1			x		
P 2		x	x		
P 3 coll int					
P 4	x	x	x		
P 5	x	x	x		
P 10		x	x		

In the table, the (x) is indicating occurrence of category 6 once, even though this in the transcript excerpts, might have happened twice during a session.

Category 6, Relational Mode of Surrender, occurred in 19 out of 38 sessions, or in 50%.

Among the inexperienced participants, category 6 occurred in 8 out of 20 sessions, or in 40%.

Among the experienced participants, category 6 occurred in 11 out of 18 sessions, or in 61% .

The Relational Mode of Surrender occurred in a final session, in 8 out of 10 processes (80%) and in a first session, in 3 out of 10 (30%) processes.

Altogether a fairly high frequency, also obviously connected to the experience of the participant, either as formerly acquired or through the course of sessions.

Table 5.12. Summarized depiction of occurrence of category 6.

	Experienced Ps (n=18)	Inexperienced Ps (n=20)	Final session (n=10)	First session (n=10)	All sessions (n=38)

Category 6	61%	40%	80%	30%	50%
-------------------	-----	-----	-----	-----	-----

Two of the participants, P3 and P9, did not experience any “relational mode of surrender” in any of their sessions. According to transcript analysis, P3 experienced shifts between categories 4 and 5 in the three sessions. The transcripts also contained sequences of experiences categorized as 1, 2, and 3 that did not sum up into experiences categorized as 4, 5 or 6. P3 had former experience of GIM and was interviewed, and the fourth vertical analysis illuminates the process, which confirmed that P3 did important work and felt strongly during several sequences but still did not fully ‘let go’.

P9 (pp. 173-174) was inexperienced in GIM, and had experiences categorized as 4 during all but the second session. In the first session, therapist noted some trouble with the cd player in the beginning, which of course affected the atmosphere, especially in a first meeting and most certainly when the person is totally new to the situation. But very slowly, with short intervals of category 4 - experiences, P moved on. The understanding of P9’s experiences could unfortunately not be further explored since P did not come to a collaborative interview.

The differences in transcript analysis and lack of a Process of Surrender, noted in P3 and P9, will be discussed in the Discussion chapter.

5.4. Music during the Process of Surrender

5.4.1. Introduction

The procedure of music analysis was described in the Methodology part. For the sake of clarity, a short summary of the procedure leading into presentation of the Music Classification Categories with definitions will be presented here. In the text, Music Classification Category will be abbreviated into MCC. For the sake of clarity when showing interaction between Music Classification Categories and Categories of Analysed experience, the latter will in the following be labelled Experiential Categories, abbreviated ECs.

Mainly five GIM programs were used in the study. Exceptions were one session when the *Caring* program was used, and one when problems with cd player occurred during use of *Explorations*, and therapist switched to three pieces from the *Peak*

experience program. All programs were regarded as a whole and the process of surrender as (potentially) appearing during the whole time sequence. However, it was of interest to explore how the different selections within each program interacted with the appearance of the four categories, and how the program as a whole interacted with the appearance of a full process of surrender (cat 4-5-6).

With reference to Wärja (2010) and Bonde & Nygaard Pedersen (2014), the following categories were used:

5. *The supportive - exploring field*. Music that invites exploring movements but within a safe and holding soundscape (Wärja, 2010).
6. *The explorative field with surprises and contrasts*. Music often presents a non-familiar soundscape (with surprising shifts in melody, harmony and specific instrumental texture). The musical course of events contains at least one major surprise, and there is moderate harmonic tension.
7. *The explorative and deepening field*. This is music that invites the listener into an emotional field, a certain mood or emotion, and holds the listener there, even though this can be challenging. The music is often in a minor or modal key, expressing a "dark" atmosphere, typically through intense and expressive melody.
8. *The explorative and challenging field*. Music in this category offers some surprises and contrasts, often with a rather high degree of melodic or harmonic tension. The balance is often obtained by letting the piece begin and end in a calm and supportive character/quality.

(Bonde, Nygaard Pedersen, 2014)

The six programs used in the study contained pieces of music representing all four categories. Most of them also include even more advanced and challenging music. In the music programs, the categories are distributed with a high degree of variation, providing each program with its specific character.

In the following, each program as a whole is presented with MCC of each piece.

Sublime 1

Chopin, Piano Concerto #2:2 (MCC 2)

Elgar, Cello Concerto (MCC 3)

Mozart, Clarinet Quintet in A, larghetto (MCC 1)

Mendelssohn, String Symphony #7 (MCC 3)

Bach, Piano Concerto in F(Largo) (MCC 1)

Sibelius, Scaramouche (MCC 1)

Sublime 2

Finzi, Eclouge for piano and strings (MCC 3)

Bach, Adagio in C (MCC 3)

Mozart, Ave Verum Corpus (MCC 3)

Vaughan Williams, Symphony #5, Romanza (MCC 4)

Rachmaninoff, Vesper, Ave Maria (MCC 3)

Kedrov, Our Father (MCC 3)

Gaia

Delius, North Country Sketches (MCC 2)

Pärt, Fratres (MCC 4)

Elgar, Sospiri (MCC 3)

Bach-Respighi, Chorale Prelude (MCC 2)

Strauss, Four last songs (MCC 3)

Handel, Pastorale (MCC 1)

Faith

Pärt, Cantus in memory of Benjamin Britten (MCC 3)

Ives, Unanswered Question (MCC 4)

Alwyn, Hydrotaphia (MCC 4)

Saint-Saens, Symph.#3 (adagio) (MCC 2)

Messiaen, O sacrum convivium (MCC 3)

Explorations

Ravel, Daphnis and Chloe (MCC 2)

Brahms, Symphony #1, allegretto (MCC 4)

Respighi, Gianicola (MCC 2)

Debussy, Nocturne, Sirenes (MCC 4)

Chesnokov, Salvation is created (MCC 3)

Pachelbel, Canon in D (MCC 1)

Caring

- Haydn, Cello Concerto in C, adagio (MCC 3)
- Puccini, Humming Chorus (MCC 1)
- Debussy, String Quartet Op.10, (andantino) (MCC 3)
- Bach, Christmas Oratorio, Shepherd’s song (MCC 1)
- Dvorak, Serenade in E, larghetto (MCC 2)
- Warlock, Capriol Suite (MCC 1)

Peak Experience (excerpts)

- Beethoven, Piano Concerto #5:2 (MCC 2)
- Vivaldi, Gloria; Et in Terra Pax (MCC 3)

5.4.2. Analysis of interaction between music and experiential categories (ECs)

The classification of music pieces was combined with the appearance of the process of surrender (as described by ECs).

The following tables will show how ECs 4-5-6 appeared (horizontally) during each selection/track (vertically) in a specific music program, in the sessions (see first column) where the program was used, and the classification of each music selection can correspondingly be seen in the first row of the table.

The symbol '-' indicates when none of ECs 4-5-6 were found. Instead, there were sequences of ECs 1-2-3.

Table 5.13. Faith (8/38, 21% of sessions)

*Music classification categories sequence: 3-4-4-2-3, *repetition of piece*

SESSION (part.+nr)	PÄRT 3	IVES 4	ALWYN 4	SAINT- SAENS 2	MESSIAEN 3
P7- 4	4 - 5	5	-	5	4
P8 - 3	4 - 5	-	-	4	5 -4
P6 - 5	5 - 4	5	5	4 - 5	4 - 6*
P9 - 3	4	-	4	-	4
P10 - 1	4	5	5	5	4
P1- 1	4	-	4	-	5
P4- 3	-	5	4	4 - 5	4 - 6*
P5- 1	5	-	4	4 - 6	4

Table 5.14. Gaia (6/38, 16% of sessions)

Music classification categories sequence: 2-4-3-2-3-1,
*repetition of piece.

SESSION	DELIUS 2	PÄRT 4	ELGAR 3	BACH 2	STRAUSS 3	HANDEL 1
P7 - 2	5 - 4	4 - 6?	6	5	5 - 4	6 *
P8 - 4	4	4	6	5 - 4	-	4
P3 - 3	-	4 - 5	-	-	4	-
P2 - 2	4 - 5	4	-	6	6	4
P10 - 3	4	-	4 - 6	5	4	4
P1 - 2	-	4	5	5	4	4

Table 5.15. Sublime 1 (10/38, 26% of sessions)

Music classification categories sequence: 2-3-1-3-1-1

SESSION	CHOPIN 2	ELGAR 3	MOZART 1	MENDELSSOHN 3	BACH 1	SIBELIUS 1
P7 - 3	4 - 5 - 4	4	4	5	5	5 - 4
P8 - 1	-	-	4	5	5	5
P6 - 2	-	5	5	4	4	4
P3 - 2	5	-	-	4-5-4-5	5	4-6
P9 - 2	-	-	-	-	-	-
P9 - 4	-	-	-	-	-	4
P2 - 1	-	-	4	-	-	5
P10 - 2	5-5	-	4	-	6	6
P4 - 1	4-5-6	4	5-4	4	4-6	4-6
P5 - 3	4	4-6	5	5	5-4	6-4

Table 5.16. Sublime 2 (9/38, 24% of sessions)

Music classification categories sequence: 3-3-3-4-3-3,

*repetition of piece

SESSION	FINZI 3	BACH 3	MOZART 3	V.WILL. 4	RACHM. 3	KEDROV 3
P7 - 5	6	5 - 4	5	5-6	5-6	-
P8 - 5	4-5-6	-	6	5	4-6	4
P6 - 4	4	4	5-4*	4	-	-
P3 - 1	-	-	4	5	-	4*
P9 - 5	-	-	4	-	-	-
P2 - 3	4	-	4	4	4-6	6*(Handel) 1
P1 - 3	5	4	-	6	4	-
P4 - 2	5	4	4	4-6	6	-
P5 - 2	5-4	6-5	-	4	6	4

Table 5.17. Explorations (3/38, 8% of sessions)

Music classification categories sequence: 2-4-2-4-3-1

*due to problems with cd player, only pieces 3,4,5 were used+ Beethoven, Vivaldi, Warlock – classification 2, 3 and 1

** repetition of piece

SESSION	RAVEL 2	BRAHMS 4	RESPIGHI 2	DEBUSSY 4	CHESN. 3	PACHELB. 1
---------	------------	-------------	---------------	--------------	-------------	---------------

P7 - 1	4	-	4	4-5-4	6	4
P8 - 2	4-5-5	4	4-5	5-6	4-6**	-
P9 - 1	*	*	4	*	*	4(Vivaldi)*

Table 5.18. *Caring (1/38, 3% of sessions)*

Music classification categories sequence: 3-1-3-1-2-1

SESSION	HAYDN	PUCCINI	DEBUSSY	BACH	DVORAK	WARLOCK
	3	1	3	1	2	1
P6 - 1	4 - 5 - 4	-	-	4	5	4

Next, it was possible to look into how experiential categories interacted with music classification categories.

Table 5.19. *Interaction between MCC and Process of Surrender in terms of ECs 4,5 and 6*

Experiential category	EC 4 (53%) % of total appearance	EC 5 (31%) % of total appearance	EC 6 (16%) % of total appearance
Music Classif Cat (% of total repertoar)			
MCC 1 20%	19%	10%	19%
MCC 2 26%	17%	32%	10%
MCC 3 40%	50%	38%	55%
MCC 4 14%	15%	20%	16%

The first row shows the distribution of ECs in relation to *music for the supportive - exploring field (MCC 1)*.

Supportive and *exploring* both connect to relational modes or qualities, containing a positive (affects of joy and curiosity) sharing of focus and movement (attention and intention), balancing the tensions in trust and faith through supportive qualities.

The distribution was equal between EC 4 and 6, 19% in each. These pieces of music, familiar to all GIM therapists, when used as singular pieces, could move the listener

directly into a surrendering process with transpersonal or spiritual experiences, and therefore also contained experiences categorized as 5 (10%).

The second row shows distribution of analysed experiences in relation to *music for the explorative field with surprises and contrasts (MCC 2)*.

Exploration is, compared to MCC1, expanding the relational modes, and the can meet *surprises and contrasts*, meaning that attention may shift more unexpectedly, affects change beyond control or will, and movement (intentionality) can leap, jump, stop, stumble, fall or even fly. This musical category emphasizes exploration of focus and movement (attention and intention) before affectivity. However, the process can be expanded through getting acquainted with shifts and movements in intensity (affectivity), without necessarily categorizing the affective quality. *Surprise and contrast* seemed to be less affected by any specific affective value, but still surprises and contrasts conveyed more experiences categorised as 5 (32%), than 4 (17%). Quite few, 10% surrendering experiences (6) occurred, since this relational mode relies heavily on core affectivity.

The third row shows distribution of analysed experiences in relation to *music for the explorative and deepening field (MCC 3)*.

The *exploring relational mode* is in this music expanding through *deepening* and adding complexity, which of course also deepens relational capacity on the implicit level. Music "invites, holds and challenges", and through this expands emotional - affective capacity in how the P can relate, both to music, therapist and her/himself. These pieces of music generated a majority of experiences in all the three ECs, distributed into 50% in EC 4, 38% in EC 5, and 55% in EC 6. Emotionality and affectivity came strongly into the foreground, and it seemed as if this in itself, on a meta-level, was strongly confirming and brought a major part of experiences categorised as 4 (50%), and also the largest part of surrendering experiences (55%). However, this must be connected to the fact that pieces classified as MCC3 constituted the largest part, 40% of all pieces.

The fourth row shows distribution of analysed experiences in relation to *music for the explorative and challenging field (MCC 4)*.

Again in relational terms, the exploring qualities of this music evoke the *challenging* mode of being in relation. *Challenging* can be both positive and negative, but nevertheless challenging. In relation to the music, can push, fight, lead, be lead or forced, give in, dissociate, fragment, etc, but all within the music - therapeutic container. This generated a few more surrendering experiences compared to those in MCC 2 (20% compared to 16%), but fewer experiences of both ECs 4 and 5, than in MCC 2. This music category provides necessary and unavoidable challenging movements in the process of surrender.

The first column - EC 4 – shows that this was the most frequent experiential quality (53%) irrespective of music classification category, in comparison to the other two categories of analysed experience. One interpretation is that it depicts the fundamentally confirming quality of the music experienced in GIM. EC 4 was also most frequent during music classified as *explorative and deepening*, which could mean that the relational mode of sharing and regulating attention, intention and affects in coherence – recognition (EC 4), thrives with these musical qualities providing a deepening experience with strong confirming affective power and through that, transforming power.

The second column – EC 5 – occurred altogether in 31% of the experiential qualities, and was fairly evenly divided between the music classified as mainly explorative (MCC 2, 3 and 4). The non-confirming experiential qualities (EC 5) can emerge in all explorative music, but less in the first, supportive - exploring music category (10%). Its occurrence with MCC 2,3 and 4, was fairly evenly distributed, compared to the distribution of ECs 4 and 6.

The third column shows the least frequent category (16%), and as the definition says, this experiential quality is a conclusive part of an assumed on-going process of surrender, making sense of this distribution. It was most frequent during the music categorized as *supportive and exploring* (19%), and *exploring and deepening* (55%). This shows that *surrender*, apart from being the third phase or the shift into the "third" as experiential quality, thrives in music that provides strong affectivity in terms of support and depth.

Finally, I will take the perspective of searching for patterns in relation to the process of surrender – ECs 4-5-6.

As just stated, the Process of Surrender as relational mode of experiencing, is a three-part movement emerging during a whole music program - or a whole GIM session - or a whole therapeutic process with a series of sessions. But it can also be experienced during one piece of music. To search for patterns in the Table 5.19 showing separate pieces of music is questionable, since all pieces were taken out of their contexts. Alternatively, I will return to the Tables 5.13-18 and look into each music program, its sequencing of music classification categories and the participants experiential categories.

From Table 5.13: The *Faith program* was used in **21%** of the total amount of sessions. MCCs sequence was **3 – 4 – 4 – 2 – 3**. Of these 21%, a Process of Surrender, ECs 4-5-6, was found in **38%**.

From Table 5.14: The *Gaia program* was used in **16%** of the total amount of sessions. MCCs sequence was **2 – 4 – 3 – 2 – 3 – 1**. Of these 16%, a Process of Surrender, ECs 4-5-6, was found in **67%**.

From Table 5.15: The *Sublime 1 program* was used in **26%** of the total amount of sessions. MCCs sequence was **2 – 3 – 1 – 3 – 1 – 1**. Of these 26%, a Process of Surrender, ECs 4-5-6, was found in **40%**.

From Table 5.16: The *Sublime 2 program* was used in **24%** of the total amount of sessions. MCCs sequence was **3 – 3 – 3 – 4 – 3 – 3**. Of these 24%, a Process of Surrender, ECs 4-5-6, was found in **67%**.

From Table 5.17: The *Explorations program* was used in **8%** of the total amount of sessions. MCCs sequence was **2 – 4 – 2 – 4 – 3 – 1**. Of these 8%, a Process of Surrender, ECs 4-5-6, was found in **67%**.

From Table 5.18: The *Caring program* was used in **3%** of the total amount of sessions. MCCs sequence was **3 – 1 – 3 – 1 – 2 – 1**. Of these 3%, a Process of Surrender, ECs 4-5-6, was not found in the session when Caring was used.

Overviewing the six programs, music classification sequence and appearance of a process of surrender in terms of ECs 4,5 and 6, show the complexity of the process even clearer.

The following interactive forces between music and analysed experience, were found:

- A single music piece classified as MCC 3 and ECs 4 or 6 are strongly connected, 50% of EC 4 and 55% of EC 6, appeared in music classified as MCC 3.
- Music programs with MCC 3 pieces *in a majority, or embedded with* at least one MCC 4 piece, provided for the majority of a Process of Surrender, 67%.
- The "fit" of a specific music, and who/where the participant was considered to "be" in the process, were necessary prerequisites for a Process of Surrender to occur.
- The interactive relational qualities between therapist and participant parallel to the experiential categories, including therapist's relationship to the music, defined through a transparent dialogue, was another necessary prerequisite.

In the tables 5.13 - 5.18 it is clearly *Explorations*, *Gaia* and *Sublime 2* music programs that provided for a majority of experienced surrendering processes (in 67% of sessions when each program was used). The two participants (P7 and P8) who experienced this during *Explorations*, were also interviewed and could confirm this quality in their experience (see the vertical analysis). The participant (P9) who did not experience any process of surrender during this program, was one of two participants that did not at any time experience a surrendering process.

With all this accounted for, the interaction between music classification categories and experiential categories, must eventually be understood within the context of the relational field of participant, music and therapist, which will be further discussed.

5.5. Vertical analysis – interaction between transcript analysis, music analysis and findings from collaborative interviews

5.5.1. Introduction

The possibility to do a more thorough vertical analysis was developed through conducting collaborative interviews. This gave the researcher the opportunity to meet four participants together with the therapist. Each of the four participant's "voices" in dialogue with the therapist deepened understanding and interpretation of the results mostly collected and analysed horizontally. The complexity of the process of surrender was illuminated.

In each case I combined findings from transcript analysis and music classification with findings from the collaborative interview. The choice of participants was based on the assumption and structure behind the collaborative interview, described in the Method chapter.

Analysed excerpts of transcripts showing the Process of Surrender are presented and commented upon, leading into a presentation and analysis of music (programs) played during the sessions, and finally findings from the collaborative interview are presented.

The sections are structured as follows:

1. Presentation of four vertical analyses, each presented in the same format:

- *Tracking the Process of Surrender – transcript analysis*
- *Music during Process of Surrender*
- *Findings from collaborative interview*
- *Summary*

2. A summarizing analysis focusing on the research questions:

"Can the categories of analysis identified in a pilot study (Mårtensson Blom, 2010) be useful in developing a new understanding of transpersonal and spiritual GIM experiences and their transforming power? If yes, in what ways?"

5.5.2. Vertical analysis 1 - participant 7, inexperienced in GIM

Tracking the Process of Surrender – transcript analysis

It became clear from the horizontal analysis, that participant 7 experienced a Process of Surrender during four out of five sessions. Excerpts from transcript analysis, depicted on pp. 160 - 162, showed how ECs 4,5 and 6 emerged in each session. When presented again in this vertical analysis, two numbers are noted in the third column, one with q-mark and one in brackets with excl-mark, the first number designated the first transcript analysis and the second what was confirmed in the collaborative interview. In addition, the music connected to the dynamics between ECs 4, 5 and 6, will be highlighted in this vertical analysis.

Table 5.20. Transcript analysis: excerpts from sessions 1-5, P7.

Excerpts from session 1 – Music program: Explorations

Music	Transcript notes	EC - Category of analysis
Ravel	Happiness to be in life! Grateful, warmth in chest and stomach.	4
Respighi	Music is moving around in my body. Really nice!	4
Debussy	Grand Canyon – on the edge, deep down, amazing! Heavier in my left side of body ... can fall down..lonely.. Hold myself like a small child..feel all is ok ...	4 5 4
Chesnokov	(no words) ... (Ther:”noetic”)	6?(6!)
Pachelbel	dancing with grandchild..fully connected	4

Excerpts from session 2 – Music program: Gaia

Music	Transcript notes	EC - Category of analysis
Delius	I am under the earth in a dark tunnel ... a door ... am high up ... as if throw myself out ... a deer says ”you can”..	5 4
Pärt	winds come ... have control ... now I do it ... like the eagle ... all free I AM the Eagle, large wings, notice my bird’s body ... FREEDOM	4 6
Elgar	Enormous wings ... I am the wind ... no body, only wind, as my breath ... can see everything...	6

Bach /Respighi	no limits ... want people to notice me ... difficult ... different frequencies ... takes a lot of energy	5?(5!)
Strauss	see the sea ... the wind says ... be patient ... darkness ... fall asleep... ... climb a tree ...	4
Handel	the tree and me! ... follow the seasons ... humbling ... tree likes my presence ... can come inside the tree ... great to be a tree!! Amazing!	6
##	Can reach far, see far...	

Excerpts from session 3 – Music program: Sublime 1

Music	Transcript notes	EC Category of analysis
Chopin	The Eagle is there ... we join..soft mountains ... Dark colours, sharp rock ... a land/stone-slide. Can't get through. Dangerous ... Climb? ... now on the other side	4 5
Elgar	all soft ... folding ... like to be a small child. Notice the love ... the eyes ... (Mother?)	4
Mozart	its decided I should be here ...	5
Mendelssohn	playing with schoolmates ... nasty boys ... Blue colour wipes away ... I become the blue ...	6?(5!) 5
Bach	Strange, unfamiliar ... estranged to myself ... blue tongue ... angry with myself ...	5
Sibelius	The wind swept it away ... warmth behind eyes ... sadness ... (know?)... no ... Blue comes back ... means protection ... (sense of swaying above mat)	4 4

Excerpts from session 4 – Music program: Faith

Music	Transcript notes	EC Category of analysis
Pärt	Church dome ... I light candles for M & F	4
Ives	Still there ... blue colour everywhere inside ... strange ... music sounds soft but sticks/hurts	5
Alwyn	red colour from the heart ... it is meant to be ... a toad! ... huge and nasty ... I am also big and heavy...	5

Saint-Saens	perhaps not so nasty! Red colour encloses it. I do like it. It is just as it is. Grateful! Got something from the frog! The right to be me.	4
Messiaen	Bubbles in my body. Nice! Like waves through my body.	6?(4!)

Excerpts from session 5 – Music program: Sublime 2

Music	Transcript notes	EC Category of analysis
Finzi	I am all the notes, when I'm struck I leave the paper. Weightless...birds..so nice to be a "note-bird"and be strucked!..body weightless, moves like water	6!(from the start..)
Bach	Sit on the water..waves lap.. A wedge at my right..don't know..(eyelids vibrate)..	5
Mozart	..like a mountain...sad to be a mountain..needs to cry.. it knows that	4+5
Vaughn W.	...(sensations in body)..in legs..heart...(is rowing a boat)..strenuous, hard...tired..(wind helps)..My body is large and flat like a pancake! Remarkable! Cannot turn..(cries)..	5
Rachmaninov	Huge landscape! Need that since I'm so big..sad and happy now..	4+5
##	can unfold now..no more a pancake..(smiles through tears)..New sensation to be me. I know what its like to be different! Great!	4/6
###	Unlock/open up towards the world. Good to know.	

The analysis showed how the participant immediately went into an intense transforming work. This was also stated by the therapist, and confirmed during the collaborative interview. The transcript analysis put focus on the intense process emerging during only five sessions. Through the categories of analysis, it became easy to keep track on movements and shifts in affective intensity and quality, and in how relational patterns emerged through P interacting with T and music. The contents, in terms of images, scenery, beings, things, archetypes, etc. became

important gestalts that contained and symbolized the experience. Bodily sensations emerged as symbolizations on another level.

Music during Process of Surrender – interaction between transcript analysis and music analysis

According to the analysis, shifts between ECs 4 and 5, and eventually transfer into EC 6, were clearly identified in sessions 1, 2 and 5. The music programs during all sessions, with the sequences of music classification categories are presented below.

Table 5.21. Explorations (8% of sessions)

Music classification categories sequence: 2-4-2-4-3-1

SESSION	RAVEL	BRAHMS	RESPIGHI	DEBUSSY	CHESN.	PACHELB.
P7 - 1	4	-	4	4-5-4	6	4

Table 5.22. Gaia (16% of sessions)

Music classification categories sequence 2-4-3-2-3-1

SESSION	DELIUS	PÄRT	ELGAR	BACH	STRAUSS	HANDEL
P7 - 2	5 - 4	4 - 6	6	5	5 - 4	6

Table 5.23. Sublime 1 (26% of sessions)

Music classification categories sequence: 2-3-1-3-1-1

SESSION	CHOPIN	ELGAR	MOZART	MENDELSSOHN	BACH	SIBELIUS
P7 - 3	4 - 5 - 4	4	4	5	5	5 - 4

Table 5.24. Faith (21% of sessions)

Music classification categories sequence: 3-4-4-2-3

SESSION (part.+nr)	PÄRT	IVES	ALWYN	SAINT-SAENS 2	MESSIAEN
P7- 4	4 - 5	5	5	5	4

Table 5.25. Sublime 2 (24% of sessions)

Music classification categories sequence: 3-3-3-4-3-3

SESSION	FINZI	BACH	MOZART	V.WILL.	RACHM.x3	KEDROV
P7- 5	6	5 - 4	5	5-6	5-6-4	-

The participant's experience moved through a process of surrender in the very first session, starting with confirmation and recognition (EC 4) in exploring music with surprises, contrasts (MCC 2) and challenges (MCC 4). In the fourth piece, (Debussy,

MCC 4), P also moved into EC 5, experiences of non-confirmation, which seemed to make a surrendering movement (EC 6) possible in Chesnokov (MCC 3).

In the second session, P7 moved into deep transformative experiences twice, with a music program containing exploring and deepening music (MCC 3) as well as exploring, surprising and challenging pieces (MCC 2 and 4). The ending sequence of exploring and deepening (MCC 3) and supportive - exploring music (MCC 1), also seemed important.

Finally P7, in her last session, continued and confirmed her transforming work in almost exclusively exploring and deepening music (MCC 3). However, the longest piece (12:21) was more exploring and challenging (V. Williams, MCC 4).

The complexity of the interaction between musical and experiential qualities is vast. The effort to capture the interaction through Music Classification Categories (MCC) and transcript analysis of experiential qualities (Categories 4,5,6), must be looked upon as just one way to "see the world in a grain of sand". Sequences from the collaborative interview with P7 and therapist (T), added another grain.

Findings from the collaborative interview

The interview with P7 was the first of four. It conveyed a process containing strong transforming experiences, and also a process that the therapist found "easy" to work with.

The findings illuminated interactive and collaborative qualities between participant, therapist and music in the Process of Surrender. Two perspectives met, participant and therapist, and a third, the collaborative perspective, emerged during the interview. The three perspectives are depicted in Table 5.26. For a full overview of the interviewing structure, see the Method chapter and for a dvd recording, see usb appendix.

In this context, the three perspectives were used to find answers to the research question.

Table 5.26. *Perspectives from Collaborative Interview 1, P7, inexperienced in GIM*

	Special moments in sessions?	Music?	Guiding?	Collaboration during sessions?
Participant's perspective	<i>(a) Music becomes part of me., we become colours,</i>	<i>Music has given me much joy, became part of</i>	<i>Trust..present, supporting, demanding and</i>	<i>Trust already before start, in mail contact.</i>

	<p>strongest the experience of becoming an eagle.</p> <p>(b) When the wedge came..strong..polarity to the eagle, then comes the other and closes (the wedge).</p>	<p>my life. I have received it.</p> <p>As if I've become the music and it becomes me.</p>	<p>confirming step by step.</p>	<p>Trust in how T selected music.</p>
Therapist's perspective	<p>Some body sensations P had?I wonder how this was, something with a wedge.</p>	<p>Felt easy to select.</p>	<p>Should we have talked more about that (the wedge)?</p>	<p>(a) Was brave and open and went in to it all very fast.</p> <p>(b) Was about trust, didn't notice any reservations.</p>

Shared perspective during interview:

T: Nice to meet again, Was a strong meeting.

P: Exciting to listen to T's considerations.

T: This is like 'golden moments', very moving.

P: Like closing a shape/gestalt.in that sense revealing.

Summarizing reflection – interaction between findings from transcript analysis, music analysis and collaborative interview

Both participant and therapist described a sense of strong openness in meeting each other again. P told about her early sense of trust in the therapist, and its crucial importance in making her ready to open up. It became clear that the issue of receiving instead of giving or providing, as a basic stance in life, was an important experience to P. She received both the music and the therapist's presence and care. P found some ingredients in therapist's way of guiding to be important: her presence, curiosity and encouraging stance.

Participant and therapist compared their experiences of different specific moments during the course of sessions.

The therapist started by remembering a sequence with strong body experiences leading eventually into painting work with a yellow wedge (session 5). She was curious to know if P remembered this, and the question for the therapist was if this sequence could be understood a little more, and if her guiding was experienced as sufficient by P. It became clear that this sequence had a quality of relating in

difference and non-confirmation to P (EC 5), yet still "good enough" handled and held by the therapist.

At first, in the interview, this moment was not a special moment or sequence for P, perhaps due to its discomfoting (emotional sadness etc) quality. P started in the interview, by acknowledging the sequence in the second session when she experienced becoming an eagle. This started in a challenging relational mode (EC 5), leading into experiencing confirmation and recognition (EC 4), and then into surrender, with a transpersonal experience "becoming" the eagle. The last sequence was also categorized as a process of surrender (EC 6) in the transcript analysis.

Later on in the interview, therapist and P compared the "eagle-experience" with the strong body experience, and P, during the interview, acknowledged the importance of the wedge. In the conversation, T and P reconnected and continued processing. P concluded that the opening eagle experience and the narrowing/closing wedge were like two poles on a continuum, familiar to her from ordinary life, and that she sometimes needed more openness and less reluctance in life.

The overall transformational process during the five sessions included several shifts between relational modes categorised as 4 and 5. The strongest experience with a challenging-discomfoting affectivity was found in the last session. It seemed as if the strong confirming quality in session 2 built up to a surrender in order to deepen P's capacity to meet another layer of bodily symbolized affects of "red-light" character. If the therapeutic process had continued, as in an ordinary psychotherapy, this might have prepared for even more spiritual work.

When asked about the music, P talked about "joy", how she had continued to listen and had made music "part of her life". The difficulty to describe its importance, and "fit", eventually was depicted in P's words: "both receive something outside myself and from myself", and "it is as if I become the music, and it becomes me". P met the music, started to interact. Her consciousness met the music and *this* interaction was experienced both inside and outside her. On a meta-level this happened, in the interactive field of trust between P and T, who also provided the music.

5.5.3. Vertical analysis 2 - participant 8, inexperienced in GIM

Tracking the process of surrender – transcript analysis

After the first horizontal analysis, the first session transcript contained a question-mark for EC 5. Based on the transcript text, it was difficult to judge, but after a check in the post-session notes, where T described how P painted an eye, with a scary quality reminding her of a similar experience during meditation. It seemed that P brought this experiential quality from the last sequence of the travel, which was also confirmed in the collaborative interview, depicted by a (5!) in the table.

Table 5.27. Transcript analysis: excerpts from sessions 1-5, P8.

Excerpts from session 1 – Music program: Sublime 1

Music	Transcript notes	EC - Category of analysis
Mozart	Pure love(deeply moved) – 4 tenderness-not sentimental.(body?).so nice. Inside my organs, feel that very strongly.	
Mendelssohn	Deep notes behind, warmth 4 inside. Melancholic ...	
Bach	leaves in the wind, reminds 5?(5!) me of death	

Excerpts from session 2 – Music program: Explorations

Music	Transript notes	EC - Category of analysis
Ravel	Landscape ... dark 4+5 trees.."Stampe"/Rabbit comes ... nice but dangerous (cries) ... comes closer, not so easy. Animals 5 grin.smile ... stand on a border, dare-not dare 4+5	
Brahms	They bow and say, come inside ... 5 don't know	
Respighi	(through light) a magic wand-diing! 4 A part of all that is enlightened. Rabbit says"she begins to understand ..."	
Debussy	exhausted ... must sit down(cries) 5 ... fall asleep ... went into a state of 6	

	decomposition ... became part of the forest ...	5
Chesnokov	can wake up ... who am I? big and clumsy ... feel need to practice ... (what?)...	6
##	to see life in all, to talk to all, ... (gets help from Music) we just lie down (by the door)... (moved)... Earth sings to us...(talks to Earth about a climate conference)	6

Excerpts from session 3 – Music program: Faith

Music	Transcript notes	EC - Category of analysis
Pärt	(cries to bells)...must be attentive when something ends...presence(cries)...awe	4 5?(5!)
Saint-Saens	Blue...Universe is speaking...about all its love and care...it congratulates me...all friends of my father come...it is true he is dead!	4 5-4
Messiaen (POST:)	It is all over. Hard to understand. (during processing, H speaks about her sense of gratitude and how she now feels strong need to use her life)	4

Excerpts from session 4 – Music program: Gaia

Music	Transcript notes	EC - Category of analysis
Delius	Music shows me some...Northern light...Magnificent!...Crystal opens up...	4
Pärt	Am a girl holds boy's hand...everything at once...can be in all...feel grownup...woman and man	4
Elgar	Grateful to life (moved, tears)	6
Bach-Respighi	Lie on a sarcophagus, like queen Margrete	5

	...landscape shown to me, calm...a nice garden... crystals are villages	4
Handel	The best thing is my calmness	4

Excerpts from session 5 – Music program: Sublime 2

Music	Transcript notes	EC - Category of analysis
Finzi	(Memory of childhood landscape)...so much my father...cannot understand. Father says I'm all alive...life tucks my hair...	4 5 4
Bach	
Mozart	music is in all my cells...am an instrument...(noetic)	6
V. Williams	like the queen(sess 4)...am prepared for something...exciting...(crescendo in m)	5
Rachmaninov	father brings music(?) into my field of attention...presence, openness...space...his energy...red coat...he is the Rabbit	4
Kedrov	...warm waves...	4

The process during five sessions, condensed P's work with her relationship to her father, his death, and her own relationship to death. The analysis illuminated how P moved a lot back and forth between the relational modes categorised as 4 and 5, and through that rather intense movement during all sessions, also moved into a process of surrender almost as fluently as P7 in the first case.

Music during Process of Surrender - interaction between transcript analysis and music analysis

According to the analysis, shifts in the experience between categories 4 and 5 and transfers into EC 6 were found in sessions 2, 4 and 5. The music programs with sequences of music classification categories (MCC) for all sessions will be presented

below, to give an overall view of the process, facilitating the understanding of the dialogue in the collaborative interview below.

Table 5.28. Sublime 1 (26% of sessions)

Music classification categories sequence: 2-3-1-3-1-1

SESSION	CHOPIN	ELGAR	MOZART	MENDELSSOHN	BACH	SIBELIUS
	2	3	1	3	1	1
P8 - 1	-	-	4	5	5	5

Table 5.29. Explorations (8% of sessions)

Music classification categories sequence: 2-4-2-4-3-1

SESSION	RAVEL	BRAHMS	RESPIGHI	DEBUSSY	CHESN.x2	PACHELB.
	2	4	2	4	3	1
P8 - 2	4-5-5	4	4-5	5-6	4-6	-

Table 5.30. Faith (21% of sessions)

Music classification categories sequence: 3-4-4-2-3

SESSION (part.+nr)	PÄRT	IVES	ALWYN	SAINT- SAENS 2	MESSIAEN
	3	4	4	3	3
P8 - 3	4 - 5	-	-	4	5 -4

Table 5.31. Gaia (16% of sessions)

Music classification categories sequence 2-4-3-2-3-1

SESSION	DELIUS	PÄRT	ELGAR	BACH	STRAUSS	HANDEL
	2	4	3	2	3	1
P8 - 4	4	4	6	5 - 4	-	4

Table 5.32. Sublime 2 (24% of sessions)

Music classification categories sequence: 3-3-3-4-3-3

SESSION	FINZI	BACH	MOZART	V.WILL.	RACHM.	KEDROV
	3	3	3	4	3	3
P8 - 5	4-5-6	-	6	5	4-6	4

During the second session, there was almost a turn-taking between experiences categorized as 4 and 5, like a rhythmic movement through Ravel, Brahms and Respighi. The first and third pieces were classified as exploring with surprises and contrast (MCC 2), and the second as exploring and challenging (MCC 4). In Debussy (MCC 4), P moved into EC 6 and stayed there more or less – with a few shifts into cat 4 in between – through Chesnokov (MCC 3), which was also repeated by T.

In session 4, a somewhat similar process seemed to happen but P stayed more or less in experiences categorised as 4 during the first two pieces (MCC 2 and 4). In Elgar (MCC 3), P moved into EC 6, seeming to continue during Handel (MCC 1).

In the last session, P moved through ECs 4,5 and 6 during the first exploring and deepening piece (Finzi, MCC 3), and then stayed in that experiential – relational mode during most of Bach and Mozart (MCC 3)(see interview).

Summarizing all sessions and comparing the different pieces, the Finzi piece facilitated the most surrendering processes, which was also the case for the Sublime 2 program as a whole.

Again, the interactive complexity will be illuminated through data from the collaborative interview.

Findings from the collaborative interview

The findings illuminate interactive and collaborative qualities between participant, therapist and music in the Process of Surrender. Two perspectives met, participant and therapist, and a third, the collaborative perspective, emerged during the interview. The three perspectives are depicted in Table 5.33.

Table 5.33. Perspectives from Collaborative Interview 2, P8, inexperienced in GIM

	Specific moments in sessions?	Music?	Guiding?	Collaboration during sessions?
Participant's perspective	<i>The bells (in the music) brought me directly to my fathers death.</i> <i>Suddenly music was in all my cells (session 5).</i>	<i>Music a living force of its own.</i> <i>Sometimes a guiding factor together with T.</i>	<i>Good at asking 'what do you experience?', sometimes also a bit annoyed.</i> <i>T was spacious and confirming.</i>	<i>It was good for me, natural.</i> <i>T's enormous 'spaciousness' and perceptiveness..fantastic, surprised me!</i> <i>T had connection to church..knew..a gift..moves me.</i>
Therapist's perspective	<i>Strong experiences of the earth singing..and the Rabbit.</i> <i>The death of P's father.</i>	<i>The death of P's father..difficult to choose music, will it be too strong?</i>	<i>At some moments, strong experiences of earth singing..if I could have facilitated it more, <u>underlined the serious, how was this for P?</u></i>	<i>It was deeply moving to work with P. Felt personally moved..(connects to) the death of my own father.</i>
Shared perspective during interview:				
<i>T: This is a chance to talk together. I wonder if P was surprised that her father's death appeared so fast.</i>				
<i>T: It's a gift to get this back.</i>				

P: A gift to be in this process.

P: (T is) Guiding on the wings of the music!

P: Impressive..to be in the doubleness..the deep and at the same time holding on to the real..that it's possible. T holding this.

Summarizing reflection – interaction between findings from transcript analysis, music analysis and collaborative interview

In this interview, the collaborative aspects were more in focus compared to focus on follow up on P's specific experiences. The participant had no former experience of GIM, and T had more specific questions about how the experience was for her. This was also the second time for interviewer and therapist to collaborate in this setting, which contributed to a somewhat easier flow through the process; a shorter and more focused interview.

The therapist specifically asked about how she was experienced by P during the rather fast and emotionally opening process. The transparency of T connected to P and she experienced T as "spacious, perceptive and surprising". Once again, the importance of therapist's stance as part of building trust came into focus. The therapists subjectivity and resonance in accordance with P's loss of father, was shared. In this interview, the meta-perspective of the process made it relevant to share what could not, and should not, have been shared *during* the process. The sharing illuminated collaboration as one transforming power of the process.

Finally, the "special moments", as tentative depictions of a process of surrender, were explored. This was done through sharing perspectives on the music as well as on the guiding. When comparing the transcript analysis, P confirmed two strong or special experiences – the one in second session when she met the rabbit and also merged with the earth, and in 5th session when she was close to her father, shifting into being with music inside her cells. Both experiences have been analysed as a Process of Surrender – ECs 4,5 and 6. In the last session 5 with Sublime 2 as music program, P described how "suddenly I noticed that the music was in all my cells!!..it vibrated..it had a very noticeable, textural structure". The experience developed from the end of Finzi (MCC 3) and during Bach and Mozart (both MCCs 3), all three exploring and deepening music according to the music classification categories.

P's openness to the feeling of gratitude in the fourth session, came in Elgar (MCC 3) and was analysed as EC 6. It was not pin - pointed by P in the interview, but could

still be interpreted as a surrendering move without any transpersonal or spiritual content.

5.5.4. Vertical analysis 3 - participant 6, inexperienced in GIM

Tracking the Process of Surrender – transcript analysis

The excerpts from the horizontal analysis, illustrating how ECs 4, 5 and 6 emerged in each session, will be repeated below, even though the first analysis did not contain any q-marks. However, the therapist conveyed a sense of uncertainty about what had been going on during the process. This was illuminated in the collaborative interview.

Table 5.34. Transcript analysis: excerpts from sessions 1-5, P6.

Excerpts from session 1 – Music program: Caring

Music	Transcript notes	EC - Category of analysis
Haydn	Soft movements...positive experiences from choir...hard to hold...(do you need to..?).it's safe...a shift in the music... would like to be with them instead of just looking	4 5 5-4
Bach	All safe...something in my back...supportive	4
Dvorak	Surprise...lightening...fragile sound(cries)...tension in breast and stomach...miss grandmother's fragile voice.	5
Warlock	(about little sister)...we understand each other...	4

Excerpts from session 2 – Music program: Sublime 1

Music	Transcript notes	EC - Category of analysis
Chopin	(Senses of being in nature)	
Elgar	on a bridge...melancholic, longing...both happy and	5

	sad...long to be held...	
Mozart	(breathing)(body?)...bubbles in stomach...embrace a tree...good to be there alone.	4 4
Mendelssohn	On the back of a bird...carries and guides me...	4
Bach	I love this music!...	
Sibelius	Echo sounds...into a boat...feel light, flourishing, cold...flute makes the boat calmly glide	4

Excerpts from session 3 – Music program: Brahms viol.conc + Bach conc f two viol.

Music	Transcript notes	EC - Category of analysis
Brahms	Good feelings...know the music so well...	4
Bach	(music)Suitable to a long walk...can see far...(describes what she sees)...Good sensations in body...The hole in stomach is locked up (from pre-session)	4 4

Excerpts from session 4 – Music program: Sublime 2

Music	Transcript notes	EC - Category of analysis
Finzi	(moves through a landscape by car)	4
Bach	nice...a soft, nice skirt on...suits me well...	4
Mozart	known this music since 17... dream to be able to sing	5
##	...harshness...can't(cries)...feel left out and sad...longing in	4
###	stomach...music fills holes... nice memories...new hope	
V.Williams	(let music be with your hope..) ...mountains...beauty...feel like just being quiet...(long pause in dialogue)...	4

	just want to be still...	
Rachmaninov	(cont. quiet)...blue colour...	4
Excerpts from session 5 – Music program: Faith		
Music	Transcript notes	EC Category of analysis
Pärt	Horrible sounds...from all places...don't know what it is...cold...(and the fire?)(from focus)...burns down there...music blends with it...nice colours...	5 4
Ives	Fire is burning in the middle of winter...move towards...hesitant...a bit dangerous...wolf?...but exciting..	5
Alwyn	Not so afraid...forced to be awake...strong power at stake...familiar but also dangerous..	5
Saint-Saens	Huge staircase...huge room...people, gobelins...orchestra..richness....sad...not take part...but I turn...more like a church...good feeling in throat...	4/5
Messiaen	awake out in my toes...open all senses...have sung this...the blending of parts...to listen...	4 6
##	very special place...white light...sense of energy in arms and legs...peace...	6 (cont)

In a mixture of vague psychodynamic imagery and clearer bodily sensations, P worked, perhaps on a less symbolised level of content, in the relational modes of ECs 4 and 5. This was understood as a process helping her to build, what she describes as "homeland" inside herself, a clear expansion of her implicit relational knowing. P also moved into a surrendering experience. The work was understood as deeply transforming independent of content and imagery.

Music during Process of Surrender - interaction between transcript analysis and music analysis

An overview of how the music worked for P showed the complexity in the interaction. It was clear how supportive and exploring music (MCC 1) worked as a fairly suitable container in building recognition and confirmation (EC 4). It was also clear how all the other music classification categories, with different qualities in explorative modes could move the P in any of the two experiential qualities categorised as 4 or 5. In Messiaen (MCC 3) in the last session, after hard work, P moved into a surrendering experience, which also was confirmed in the interview. Here's the overview of all sessions:

Table 5.35. *Caring (3% of sessions)*

Music classification categories sequence: 3-1-3-1-2-1

SESSION	HAYDN	PUCCINI	DEBUSSY	BACH	DVORAK	WARLOCK
P6 - 1	4 – 5 - 4	-	-	4	5	4

Table 5.36. *Sublime 1 (26% of sessions)*

Music classification categories sequence: 2-3-1-3-1-1

SESSION	CHOPIN	ELGAR	MOZART	MENDELSSOHN	BACH	SIBELIUS
P6 - 2	-	5	5	4	4	4

In 3rd session, the therapist played *Brahms viol.concerto + Bach conc f two violins* and P6 moved into experiences categorized as 4 during both pieces. The music choice was an exception due to therapeutic judgements of a specific situation.

Table 5.37. *Sublime 2 (24% of session)*

Music classification categories sequence: 3-3-3-4-3-3

SESSION	FINZI	BACH	MOZART	V.WILL.	RACHM.	KEDROV
P6 - 4	4	4	5-4	4	-	-

Table 5.38. *Faith (21% of sessions)*

Music classification categories sequence: 3-4-4-2-3

SESSION (part.+nr)	PÄRT	IVES	ALWYN	SAINT-SAENS 2	MESSIAENx2
P6 - 5	5 - 4	5	5	4 - 5	4 - 6

As stated, P moved into a full Process of Surrender in the last session. P worked hard during all sessions, and T found it necessary in session 1 and 3 to choose music from other programs than the main ones. Probably, P would have benefited

from a more "taylor-made" process with more sessions, starting with singular pieces of music classified as supportive and/or exploring. However, during the interview, P conveyed how her experiences, categorized as 4 and 5, moved her deeply and helped her to reconnect to classical music in general. A good example of how complex the interaction is, and how this analysis through categorization of music and transcripts does NOT develop any instrumental approach to induce, or understand, the Process of Surrender, which will be further discussed.

Findings from the collaborative interview

In this interview, the responses and reflections from P rather strongly connected to her own therapeutic process.

Table 5.39. Perspectives from Collaborative Interview 3, P6, inexperienced in GIM

	Specific moments in sessions?	Music?	Guiding?	Collaboration during sessions?
Participant's perspective	<p>(Haydn) was pleasant, opened up to another dimension.</p> <p>Strongest, the one with Messiaen (session 5), incredibly strong and deep, an experience of beauty..something inside me..an everlasting place.</p>	<p>Ominous and intense, with possibilities.</p> <p>The power of the music (made it possible to)..meet a lot of pain and also experiences of beauty.</p>	<p>A travel guide with long experience.</p> <p>Perceptive, real attentiveness, to be at hand.</p> <p>Go into deep dialoguing without getting a hangover.</p>	<p>(about performing) Found out in first session (not to perform), through the power of the music and T's professional attitude.</p> <p>Met a lot of pain and also very strong experiences of beauty.</p>
Therapist's perspective	<p>P searched for..solid ground..in first session, during Haydn..said it was good with change.</p> <p>Remember the focus, a fire (in Messiaen)(confirms P's wordless experience).</p>	<p>Clear attachment to the music.</p> <p>(refers to Haydn in first session), remember thinking, 'does this shift make her unsafe?'</p>	<p>Wasn't just easy, wondered if it sometimes was too hard for P.</p>	<p>Sometimes felt P's heaviness from all she had to carry. She said she needed to 'walk over a mountain'.</p>

Shared perspective during interview:

T: Wonder how is life for P now? It was not easy, a lot of work.

P: Talk so seriously about what gave me much joy. But afraid there would be no images. Supposed to perform?

P:(sessions)Helped me to find a more calm place within myself. I have found a sense of homeland within. It's as if I cannot go astray, closer to my own core. It is moving to talk about

it.

P: Both good and difficult to meet again.

Summarizing reflection – interaction between findings from transcript analysis, music analysis and collaborative interview

In the process of deciding which participants to invite to the collaborative interviews, therapist and researcher initially wanted to ask two participants that T felt clearly had benefited from the GIM experience and two that had evoked more questions and hesitations in. Participant 6 represented the second quality from the therapist's point of view. The other "difficult" participant did not come to the interview. As a consequence, the interviewing process with P6 moved closer to the former therapeutic process, and the focusing on special experiences needed to be subordinated to this. The interview started with T expressing her questions and her need to check in with P, conveying her concern and empathy. This contributed to how P, during the interview, opened up and shared on a new integrated level, what the GIM process had meant to her.

P conveyed how therapist's stance of "professionalism – perceptive, attentive, receiving" – helped in building trust and letting go of performance anxiety. Strongly connected to classical music, P told that the experience re-awakened that connection. Because of P's closeness to her own process, the interview at some moments balanced between going into that, and staying on a meta level. However, this developed a strong confirming experience to both P and T.

Towards the end, the interviewer checked about the process of surrender, (asking more specifically about ingredients), and P confirmed how Haydn (session 1) gave experiences that fit with ECs 4 and 5, and that P in the last session, with Messiaen, moved into a relational mode of surrender, EC 6.

5.5.5. Vertical analysis 4 - participant 3, experienced in GIM

Tracking the Process of Surrender – transcript analysis

There were no question-marks in the horizontal analysis of P3's session transcripts. As the only experienced GIM participant with no full Process of Surrender, this vertical analysis of P3's process, contained interesting information about the usefulness of the experiential categories. Findings from the collaborative interview

will illuminate this. A recapitulation of the transcript analysis will introduce this fourth vertical analysis.

Table 5.40. Transcript analysis: excerpts from sessions 1-3, P3.

Excerpts from session1 – Music program: Sublime 2

Music	Transcript notes	EC - Category of analysis
Bach	Walk away and grab the rope – made of plastic	(1, 2, 1)
Mozart	My hands...tired of holding...up under roof...good for me, notice lightness and courage	(1) 4
V.Williams	Dad..sit by him, 4years...Mum appears...cold, trouble, but I hold tight, stay with dad...double feeling...mum wishes me away from dad...	4 5
Kedrov	Church...love this...notice opening throat, new sensation...(guide asks, more M?)	4
##	...Connect myself with the rope...	4

Excerpts from session 2 – Music program: Sublime 1

Music	Transcript notes	EC - Category of analysis
Chopin	Envious on all and everything in this house! Mother is rage..and a classy lady..the small fragile one does not belong!!..alone on stairs..	5 5
Mendelssohn	(memories/imagery from new years party and interaction with a man)..	4-5—4-5(shifts)
Bach	(how is this for you?)...the little girl is there..says'don't know'	4
Sibelius	feel a need to dance...like 'l	

don't want any thing more to do 4
 with it.'..trust my creativity to
 emerge..good positive
 movements..swaying...

Excerpts from session 3 – Music program: Gaia

Music	Transcript notes	EC - Category of analysis
Pärt	Darkness feels 4 safe...knocking sound...not frightening...makes some thing come into its place...holds my back...through my hip(?) 5	
Strauss	A bit heavy...but in a good way...warm center...flute is 4 calling but need not follow	

One issue, during this analysis, was to understand when P's relational modes categorised as 1, 2 and 3, moved into a more complex or deeper level of relating categorised as 4 or 5. It seemed as if P shifted a great deal in her emotionality. It was not so easy for her to stay in affectivity, especially not in positive affectivity. The affective flavours of relating in both recognition and non-recognition needed a certain rhythm or pace in order to develop. Shifts went rather fast in this process. During the interview this tempo, and other reasons behind it, became more understandable.

Music during Process of Surrender - interaction between transcript analysis and music analysis

This participant was, according to transcript analysis, working in ECs 4 and 5, (and in ECs 1-2-3) during all three sessions. The music programs included a variety of music classification categories. In three exploring and deepening pieces (MCC 3), P experienced confirmation and recognition (EC 4), but seemed to find it hard to settle in that relational mode even though the music used by the therapist provided several opportunities. P did not settle in during the MCC 1 pieces, perhaps due to the fact that they never appeared as first pieces. This analysis illuminated the complexity of the interaction between music and experiencing, which was explored through the collaborative interview, which contributed with some understanding of the reasons for this level of work.

Table 5.41. Sublime 2 (24% of sessions)

Music classification categories sequence: 3-3-3-4-3-3

SESSION	FINZI	BACH	MOZART	V.WILL.	RACHM.	KEDROV
	3	3	3	4	3	3
P3 - 1	-	-	4	5	-	4*

Table 5.42. Sublime 1 (26% of sessions)

Music classification categories sequence: 2-3-1-3-1-1

SESSION	CHOPIN	ELGAR	MOZART	MENDELSSOHN	BACH	SIBELIUS
	2	3	1	3	1	1
P3 - 2	5	-	-	4-5-4-5	5	4

Table 5.43. Gaia (16% of sessions)

Music classification categories sequence: 2-4-3-2-3-1

SESSION	DELIUS	PÄRT	ELGAR	BACH	STRAUSS	HANDEL
	2	4	3	2	3	1
P3 - 3	-	4 - 5	-	-	4	-

Findings from the collaborative interview

In this interview, the reflecting format was less clear and the themes of content were more or less explored with T and P in dialogue with I. One reason for this was the dynamic shifts in what was going on inside P, her need for processing, and the fact that she and T had decided to continue work.

Table 5.44. Perspectives from Collaborative Interview 4, P3, experienced in GIM

	Specific moments in sessions?	Music?	Guiding?	Collaboration during sessions?
Participant's perspective	Very strong experience (last session), also second session, got images of lightness, like an elf in sunlight. Have contemplated that before, now I understand that GIM can be transforming.	The music in relation to that lightness..music provided the lightness,,a sense of tones of love.	T understood and mirrored. She was with me, very open and curious. T summarizes and says 'stay with..', 'use the music', etc.	T has been with me. I really need mirroring. That rope (first session) might also be T, can also mean her. In that moment when I let go, I got hold of the rope!
Therapist's perspective	In the last session (P was) very much in the body.	Also my sense, that music was important (referring to lightness).	I doubted that we collected all, but P says now that she brought it with her.	P showed trust, P is an experienced . It was exciting, good energy.

Shared perspective during interview

T: We continued working, P showed trust, it was exciting, good energy. Richness in such a short period. Should really start these follow-up interviews!

P: Creates deeper meaning.

Summarizing reflection

Of all four, this interview deviated the most from the predefined structure. The fact that the therapist had continued working with P, which I knew but still didn't anticipate the full consequences of, made the reflecting format much more permeable. Still, due to the fact that P was an experienced , and one out of two among all ten that according to transcript analysis did NOT experience a full process of surrender, this meeting was very important and could shed light on many questions. The on-going process probably made P's three sessions in this context more like part of a longer journey that as a whole eventually might contain a Process of Surrender.

To look into an on-going collaboration certainly gave useful knowledge. The therapist expressed sincere need for check-up concerning how P felt contained and composed. P expressed how she was in the middle of the process of building trust, without just "competition and idealization". She found that T was "with her", and during the interview she understood her image of the rope as a metaphor also for the therapeutic relationship. The interview was helpful in deepening P's trust.

P also confirmed how she had just enough to handle, in clear psychodynamic work, through relating in what was categorized as 4 and 5 modes. Closeness to a full surrender was described as "images of.." and P described her "former contempt" towards experiences of light, etc. P could also confirm that her personal process was just there, not further, and that she *during the interview* put words to how transforming GIM might be.

5.5.6. Summarizing findings

Similarities between the four vertical analyses

The following section is also revisited in the Discussion chapter, but in spite of the redundancy, I found it relevant to report it here since the results from the collaborative interviews are also on the level of methodology, in terms of collaboration and dialogue.

The findings from the collaborative interviews deepened the answers of the research questions. They made it possible to look into the collaborative field between participant, therapist and music, and compare the perspectives of participant, therapist and eventually the “third”, mutual perspective. They made it possible to listen to both participants’ and therapist’s voices, in order to compare if and how the transcript analysis contributed with new understanding of GIM, how the music and the therapeutic qualities contributed.

The combination of exploring transcripts with the categories of analysis focusing on relational modes, with an opportunity to deepen this exploration through the perspectives of both therapist and participant, underlines the usefulness of both a horizontal and vertical analysis, and gives confirming answers to the research questions.

The interviews also contributed in processing on a meta-level, the relatively short term, non-clinical GIM processes.

The dilemma inherent in the structure of the collaborative interview, making it necessary to also question the “freedom of speech” for the participant, and the therapist, was illuminated in Method chapter, and will be discussed in the Discussion chapter.

The opportunity for the researcher to meet with and listen to the voices of some of the participants, gave a deepening understanding of how these relatively short term processes could bring profound transformation. The main intention behind conducting the interviews, to understand if and how the analysis of transcripts could be confirmed as useful, was also met. To get the opportunity as researcher to meet in the field of intersubjective collaboration between participant, therapist and music, shed light on the importance of the experience of “togetherness” in the whole GIM endeavour.

All four participants underlined the importance of collaborative, relational qualities as prerequisites in order for them to open up, relate to the music and to their own process. These were qualities in the therapist’s general stance and in the guiding, with emphasis on building trust:

From interview 1, P7: T was present..and supporting..and also demanding or confirming in proceeding”, ..like “ahaa! Yes..thats it!” (P imitates the

guiding)...exploring" (I: so, much in the voice and intonation?), P: yes, very!..she was there , step by step, on the tour.

From interview 2, P8: experiences T as "spacious, perceptive and surprising". T's enormous `spaciousness` and perceptiveness..it was for me..fantastic. T really took..surprised me! Many times!

From interview 3, P6: conveys how therapist's stance of "professionalism – perceptive, attentive, receiving" – helped in building trust and letting go of performance anxiety.

From interview 4, P3: says "T is with me".

All participants conveyed how music as such moved them into a relational mode of recognition and confirmation, functioning as a container to whatever was eventually brought forth to them in the experience. Music was also described as an entity that the participants interacted with, related to and surrendered to. The therapist got the opportunity to check in on the interviewed participants, which also illuminated the uniqueness of each process and the complex interaction between imagery experiences and music.

Case 1 "music has given me much joy, the months after, I listen to it often, it has become a part of my life, it is as if I become the music, and it becomes me".

Case 2 "the music was really alive for me, not just a sounding image, it was a real being, yes, it was clearly a living force of its own, it was an amazing experience".

Case 3 "it helped me to find a more calm place within myself, in relation to the music, don't know how to explain this". "It is as if I have found a sense of homeland within, inside myself!, in relation to the classical music."

Case 4 "music provided the lightness, very clearly, a sense of tones of love".

Differences between the four vertical analyses

Each case had its unique process, surprisingly transformative in spite of its short duration. None had the character of a clinical process, even though the fourth participant, P3, actually did continue work in GIM.

Interestingly, this case was the only one where the participant *had* former experience of GIM and *did not* work in all the relational modes of a full Process of Surrender. One could speculate that these circumstances interacted. The participant was in a therapeutic process in relation to the therapist and knew she could continue. She

was occupied with important psychodynamic work, needed to stay in that, but could also have felt reluctant to let go. However, the interview helped on the way, more trust was built to the therapist, and the transcript analysis done prior to the interview, saying that relational modes categorized as 4 and 5 were the only ones present, was confirmed.

The third case, P6, was unique in the way that the therapist during two sessions needed to select music from other programs than the primary ones. This was probably one reason that helped this participant to move beyond her 'performing anxiety' and depressed affective mood state, in combination with the therapist's implicitly conveyed faith in the participant. Even though she perhaps seemed too vulnerable to actually take part in a non-clinical survey, she proved to be the one of the four cases that surprised the most with her transforming work. This work had not been illuminated without the collaborative interview. From the perspective of developing the implicit relational knowing, P6 moved bravely between strong recognition and non-confirmation accompanied by both "red and green" signal affects, and very much felt basically recognized ("found my homeland") enabling her to surrender in the end of the last session.

In the first case, P7, the overarching focus was the collaborative qualities of the therapeutic relationship. Since transforming power can be found in experiencing the process of surrender, and transpersonal and spiritual experiences, the interaction between the collaborative qualities of the therapeutic relationship and this experiential field was of special interest.

The participant acknowledged her trust in the therapist from the very beginning. The qualities in this trust were not easily described in words, but they were clearly connected to competence, authority and presence; in the email contact prior to the meeting, in different implicit qualities and then in the guiding. P7 stated: "without this sense of trust, I would never have opened up, never had continued the series of sessions."

These qualities became the main prerequisites in the collaborative relationship.

In this case, the transforming process and its movement between relational modes of correspondence/recognition (cat 4) and more estranging or non-confirming modes (cat 5), were confirmed through the dialogue between therapist and participant. They both acknowledged two key sequences, though from different perspectives. Both lead into a surrendering process, the first into a clear transpersonal experience, the

second more into an experience of a "core state" (Fosha, 2000). These experiential qualities were confirmed by the participant's subjective experience stated in the collaborative interview.

The vertical analysis of transcripts from the four participants' sessions, focusing the experiences of a Process of Surrender in terms of categories 4-5-6, were all confirmed through the participants' statements building on their subjective inner experiencing. This meant that the categories of analysis could be used to track relational modes in GIM transcripts that convey how the moves and deepens the experience, eventually into a relational mode of surrender that may open for a transpersonal or spiritual experience.

The differences in processes, and uniqueness of each case, made it possible to look into different patterns of relational modes explored by the participants, in the relational field of therapist and music. The categories of analysis illuminated this field and made it possible to differentiate and better understand how the process generated transformation.

Both similarities and differences between the four vertical analyses positively answered the research question,

Can the categories of analysis identified in a pilot study (Mårtenson Blom, 2010) be useful in developing a new understanding of transpersonal and spiritual GIM experiences and their transforming power? If yes, in what ways?

5.6. Results from validations of the transcript analysis

5.6.1. Transcript analysis done by an independent GIM therapist

The procedure was accounted for in the Methodology chapter. In the following, results will be presented. Firstly, comparison between analysis done by the researcher (KMB) and analysis done by an independent GIM therapist (A) will be presented. Secondly, the issues that came up, and then were discussed in the follow

up interview with A, are presented and illuminated. Finally, I will reflect on the whole procedure.

Comparison of analysis

The tables below show a comparison of the analyses done by KMB and A. From both transcripts analyses, the same sequences are compared, in order to illustrate differences and similarities.

Table 5.45. Excerpts from session 2/P7 – Music: Gaia

Music	Transcript notes	Category of analysis A	Category of analysis KMB	of
Delius	I am under the earth in a dark tunnel...a door..am high up..as if throw myself out.. a deer says "you can"..	5	5	
			4	
Pärt	..winds come..have control..now I do it..like the eagle..all free		4	
	..I AM the eagle, lagre wings, notice my bird body..FREEDOM	6	6	
Elgar	Enormous wings..I am the wind..no body, only wind and breath (spir)..can see everything..no limits..	6	6	
Bach /Respighi	want people to notice me. difficult..different frequences..takes a lot of energy	4	5	
	see the sea...the wind says..be patient...darkness...fall asleep...	4	5?	
Strauss	..climb a tree...the tree and me!..follow the seasons...humbling..tree likes my presence..can come inside the tree...great to be a tree!!	6	4	
			6	
Handel	Amazing! Can reach far, see far..		6	
##				

Table 5.46. Excerpts from session 1/P6 – Music: Caring

Music	Transcript notes	Cat analysis A	of	Cat of analysis KMB
--------------	-------------------------	-----------------------	-----------	----------------------------

Haydn	Soft movements..positive experiences from choir..hard to hold..(do you need to..?).it's safe..a shift in the music..		4
	would like to be with them in stead of just looking	5	5-4
Puccini			(1-2-3)
Debussy	-----	1-2-3	(1-2-3)
Bach	All safe..something in my back..supportive	6	4
		4	4
Dvorak	Surprise..lightening..fragile sound(cries)..tension in breast and stomach..miss grandmother's fragile voice.	5?	5
Warlock	(about little sister)..we understand each other..	4	4

Table 5.47. Excerpts from session 1/P10 – Music: Faith.

Music	Transcript notes	Cat analysis A	of	Cat of analysis KMB
Pärt	In a church..walk on the musical bows..			4
Ives	Throat hurts..monk's choir..makes sounds..memory..voices from childhood..they become shy..won't hurt me..	5		5
Alwyn	(angry) why the h-ll do they come..!?(cry)...'big me' walks towards 'small me' and lifts her up..she comes inside me..	5 4		5 5 4
Saint-Saens	corroded sword through stomach....little girl helps and pushes it with her finger...thats it!..	5 4		5 4
	(fighting with monks...they become black balls...)	5		5

Messiaen ##	little girl holds my hand..nice but lonley...	4	4
------------------------	--	---	---

When comparing analysis of the three transcripts, one crucial difference was found. In Table 5.46 (P6#1) A used categories 6-6-4 where KMB used 4-4.

The difficulty in discriminating between 4 and 6 is also discussed in the interview.

In Table 5.45 the analysis is almost identical – the differences are more shown in timing; when does a category 4 starts or stops and when is the change into a category 6?

Table 5.47 is identically analysed, except from a category 4 during the first piece, where A only uses categories 1, 2, and 3.

The main issues leading into hesitations during the analysis were

1. when to make the shift into identifying categories 4, 5, and/or 6, and not just the first three, 1, 2 and 3, which are understood more like building-blocks constituting and preparing for categories 4, 5, 6. This problem, or question, is shown in the analysis of transcript 9, and illustrated in the interview:

A: I started with the first three categories, putting them into the transcript..then I felt that the next three categories, 4,5 and 6, sometimes were there but not always..as far as I have understood , unless I have misunderstood...

KMB: no..that was how you proceeded..I understand.

A: I don't think categories 4,5,6 were there all the time...to me, they had a special value..making them..present when something happened, so to speak..there was more of a process.

KMB: Ah yes that's right

A: When they were added...but the first three are actually there all the time, more like building blocks.

2. How to distinguish between categories 4 and 6 – when is a deepening shift happening and a relational mode of surrender at hand? This problem is shown in transcript 5 and illustrated in the interview:

A: I was sometimes hesitant in how to distinguish between 4 and 6..

KMB: it is good to..

A: when it was a category 4 or a category 6..had a feeling that...I am quite kinaesthetic..when I had the feeling of something liberating..or something moved one more step..it was more freedom in category 6..?

Later on in the interview, we look into this more deeply in connection to transcript in Table 5.46:

A: mmm..this transcript with "Caring"(music program)..in the beginning it is mostly like a description of the experiences...and the music.. and a landscape..but I think I found a category 5 in the end..(when P talks about being outsider and longing to be part of).

KMB: yes, exactly

A: cat 5 is about some kind of resistance...a work to do

KMB: yes ..when change is needed..but that happened in the end..

A: then she/he is not there..

KMB: yes, good, you proceed..and you..sort of evaluate..how can we express it?..can you say that the categories can help in evaluating the level of the ?..leading question..

A: yes, perhaps levels..(quote from transcript: some are dancing..want to slide into..I can sing..") and there I used category 4, actually, because there was something confirming..but category 6..you become something greater..not just come closer?..

KMB: yes..

A: cat 4 is when your needs are met, when you feel support..6 is beyond that...but I am still a bit uncertain. But category 5 is always about resistance, still..

In the transcript, A actually used category 6 instead of category 4, and the discussion in the interview mirrors her uncertainty, and the difficulty to make a distinction, and a decision.

Reflections

The analytic process seemed overall to move very well. When comparing the transcripts analysed by the researcher with the same transcripts analysed by A, there were only two deviations found (see above). The differences could be illuminated through the interview conducted afterwards. Both issues, how to identify shifts from categories 1-2-3 into 4-5-6, and how to distinguish category 4 from category 6, were discussed and described as something to be developed through practice, more like a difference in judgement or evaluation.

In the analysis, A very clearly captured the differences in level of analysis between categories 1-2-3 and categories 4-5-6. She also saw the categories 4-5-6 as mirroring a deeper process, and how they showed something different from content:

A: it (the analysis) can provide another way to acknowledge the process, not analysing the symbols...more like a movement.

KMB: yes, ..like it's

A: ...the process of getting through a resistance, no matter what..

A brief conclusion at this point is that the categories of analysis produce a similar picture also to another GIM therapist, and help in deepening knowledge about the dynamic GIM music--therapist process of change. However, in order to further check the validity of interpretation, an analysis of validity was conducted. It focused on comparing how categories 4, 5 and 6 were interpreted and analysed in one session transcript from each of the four participants also interviewed in collaborative interviews.

5.6.2. Validation analysis by researcher

The transcript analysis done by A generated the need to look into the issue of interpretation and its threat to validity of the transcript analysis. Specifically concerning the process of surrender as interpreted through categories 4,5 and 6. The validity analysis focused on comparing how categories 4, 5 & 6 were interpreted and analysed in one session transcript from each of the four participants that also took part in the collaborative interviews. This was to provide for the possibility to use information about experiences from transcripts that were also validated from the participants and the therapist.

The more general discussion concerning the GIM transcripts as sources of information about the GIM process was presented and reflected upon in Method chapter (4.2.4.) of the thesis. Here, I will describe and exemplify how I analysed the transcripts, considerations that were made and then how the checking process during the collaborative interviews influenced the interpretations.

Table 5.48. Collaborative interview 1, P7. Excerpts from session 2 – Music program: Gaia

Music	Transcript notes	Category analysis	of
Delius	I am under the earth in a dark tunnel ... a door	5	
	... am high up ... as if throw myself out ... a deer says "you can"..	4	
Pärt	winds come ... have control ... now I do it ... like the eagle ... all free	4	
	I AM the Eagle, large wings, notice my bird's body ... FREEDOM	6	
Elgar	Enormous wings ... I am the wind ... no body, only wind, as my breath ... can see everything...	6	
Bach /Respighi	no limits ... want people to notice me ... difficult ... different frequencies ... takes a lot of energy	5?(5!)	
Strauss	see the sea ... the wind says ... be patient ... darkness ... fall asleep...	4	
	... climb a tree ...	6	
Handel	the tree and me! ... follow the seasons ... humbling ... tree likes my presence ... can come inside the tree ... great to be a tree!! Amazing!	6	
##	Can reach far, see far...		

From the five sessions with P7, the second session transcript contained one of the clearest processes of surrender, moving through several shifts between categories 4, 5 and 6. The session exemplified differences between all three categories. Interpreting the difference between categories 4 and 6 relied on how I acknowledged the shift from having some control and comparing the experience to an eagle, into letting go of control and moving deeper into the ASC becoming the eagle.

Category 4: *..winds come..have control..now I do it..like the eagle..all free*

Category 6: *..I AM the eagle, large wings, notice my bird's body..FREEDOM*

During the collaborative interview, the participant also confirmed the experience as one of the strongest during the course of sessions. She also confirmed the strong negative quality of the experience during Bach/Respighi, from (5?) to (5!).

Table 5.49. Collaborative interview 2, P8. Excerpts from session 4 – Music program: Gaia

Music	Transcript notes	Category of analysis
Delius	Music shows me some..Northern light..Magnificent!...Crystal	4
Pärt	opens up... Am a girl holds boy's hand...everything at once..can be in all..feel grownup...woman and man	4
Elgar	Grateful to life (moved, tears)	6
Bach-Respighi	Lie on a sarcophagus, like queen Margarete ..landscape shown to me, calm..a nice garden.. crystals are villages	5 4
Handel	The best thing is my calmness	4

P8 experienced shifts categorised as 4 and 6 during the 4th session. The differences between the two, were found in how P moved from a general positive sensation into gratefulness beyond that and through this opened up to life's greatness. According to analysis, the content was more of a spiritual experience, and not transpersonal, and the process of opening up beyond, came partly from imaging movement through ages into experiencing death (sarcophagus).

The second sequence contained more of that, and P moved into feeling like a queen with huge visions of villages like crystals. In the end, P settles in a sense of calmness, categorised as 4.

The changes between categories 4 and 6 in this session were not so clear, and P experienced more like a continuous flow, described as very affirmative and healing.

Table 5.50. Collaborative interview 3, P6. Excerpts from session 2 – Music program: Sublime 1

Music	Transcript notes	Category of analysis
Chopin	(Sensations of being in nature)	
Elgar	on a bridge...melancholic, longing...both happy and sad...long to be held...	5
Mozart	(breathing)(body?)...bubbles in stomach...embrace a tree...good to be there alone.	4 4
Mendelssohn	On the back of a bird...carries and guides me...	4
Bach	I love this music!...	
Sibelius	Echosounds...into a boat...feel light, flourishing, cold...flute makes the boat calmly glide	4

P6's second session transcript contained shift from category 5 into cat 4. This interpretation also relied on how P described being clearly within bodily borders and in contact with her movements and affectivity. In the interview, P could confirm that the strongest experience came in the last session, and that she in the second session still was working on connecting to the process and the music, which was also confirmed by the therapist.

Table 51. Collaborative interview 4, P3. Excerpts from session 2 – Music program: Sublime 1.

Music	Transcript notes	Category of analysis
Chopin	Envious on all and everything in this house! Mother is in rage..and a classy lady..the small fragile one does not belong!!..alone on stairs..	5 5
Mendelssohn	(memories/imagery from new year party and interaction with a man)..	4-5—4-5(shifts)
Bach	(how is this for you?)...the little girl is there..says'don't know'	4
Sibelius	feel a need to dance...like 'I don't	

want any thing more to do with	4
it.'..trust my creativity to	
emerge..good	positive
movements..swaying...	4(6?)

P3's second session was analysed as mainly containing several shifts between categories 4 and 5. Some shifts, according to interpretation, went quite fast and P moved between confirming and non-confirming experiences. In the interview, P described this as work with clear psychodynamic family issues. In the end, the q-marked category 6 was hard to straighten out completely; P seemed to sense a very strong positive and confirming feeling, but more "on the edge" of a surrendering mode. In the interview, the therapist's experience also contributed to how the interpretation finally was confirmed.

Reflection

This interpreting process, done in four cases from both transcripts and interviews, validated on a meta level how even a subjective experience of the participant is contextually dependent, emerging in the relational field of music and therapist, and finally contained multiple layers of meaning.

The validity of the transcript analysis must be understood within this context. The usefulness of the categories of analysis has already generated new understanding, and will hopefully continue to do so.

5.6.3. Blind analysis of transcript excerpts

As a further check in evaluating the usefulness of the categories of analysis, I asked all former focus group participants to conduct a blind analysis of ten transcript excerpts presented in the Results chapter, five clear and five with q-mark(s) (see procedure in Methodology chapter, 4.5.4.6).

In the table, differences in interpretation between researcher and participating analysts (PA) are marked with PA's category first and researcher's (KMB) second, ex: (cat 4 is PA – 6 is KMB).

Table 5.52. Similarities and differences in interpretations between researcher (KMB) and participating analyst (PA). Category is abbreviated to (cat). Numbers indicate the analysed transcript-excerpts.

Participant analyser	CLEAR analysis (5 session ex) by researcher	Q-MARKED analysis (5 session ex) by researcher
a	3. diff (cat 4 (PA) – 6(KMB)) 4. similar 6. similar 9. similar 10. diff (cat 5 – 4)	1. similar 2. diff (cat 4 – 5?) 5. diff (cat 6 – 4) (P9!) 7. diff (cat 4 – 6) 8. diff (cat 4 – 5)
b	3. diff (cat 4 – 6) 4. similar 6. similar 9. similar 10. diff (cat 5 – 4)	1. similar 2. diff (cat 4 – 5?) 5. diff (cat 6 – 4)(P9!) 7. diff (cat 4 – 6) 8. diff (cat 5 – 4)
c	3. similar 4. diff (cat 6 – 4)(P3!) 6. similar 9. diff (cat 5 – 6) 10. diff (cat 5 – 4)	1. similar 2. diff (cat 4 – 5?) 5. diff (cat 6 – 4)(P9!) 7. diff (4 – 6) 8. diff (5 – 4)
d	3. similar 4. diff (cat 6 – 4)(P3!) 6. similar 9. similar 10. diff (cat 5 – 4)	1. similar 2. diff (cat 4 – 5?)+(6 – 4) 5. diff (cat 6 – 4)(P9!) 7. diff (5 – 6)+(4 – 6) 8. diff (cat 5 – 4)+(4- 5)
e	3. similar 4. diff (cat 6 – 4)(P3!) 6. similar 9. similar 10. diff (cat 5 – 4)	1. similar 2. diff (cat 4 – 5?) 5. diff (cat 6 – 4)(P9!) 7. diff (cat 5 – 6) 8. diff (cat 4 – 5?)

CLEAR analysis: 25 (5 analysers x 5 transcript excerpts) blind analysed excerpts - 14 were similar, 11 contained one difference.

Q - MARK analysis: 25 blind analysed excerpts – 5 were similar, 20 contained differences. Concerning the very question-marked sequences, PAs interpreted all sequences that KMB had interpreted (5?) as (4).

Notes of interest

Among the CLEAR excerpts, number 4 contained one difference that was repeated in three P- Analyses . A sequence analysed as category 4 by me, got category 6. This meant that the participant – P3, was assumed to have experienced a surrendering process, which was not my assumption. My analysis also relied on data from the collaborative interview.

Among the Q – MARK excerpts, ALL five P-Analysers considered participant 9 to have had a surrendering experience in excerpt 5. This was probably because the word "merge/melt" is in the excerpt (music: Messiaen). But the participant *talked about* her hands, and when checking back into the transcript analysis, the experience had a reflecting quality, not a surrendering quality. However, for several reasons (see Results), it would have been very interesting and valuable if we had been granted the opportunity to meet this participant in a collaborative interview.

The overall impression of the blind analysis, is that the categories of analysis generated a basis of consensus, even though some differences occurred. The q-marked judgements on my side, in a way were confirmed, and/or straightened out. The process highlighted that the usefulness of the categories of analysis is connected to how a therapist connects to the knowledge about the therapeutic process as a whole. Important to note was also that the excerpts I chose to distribute for blind analysis, were lifted out from its transcript as a whole. Full transcripts have been co-analysed by one GIM colleague, A. Finally, the usefulness is dependent upon how therapists get background information and instructions about the categories of analysis.

5.7. Summarizing analysis of results in relation to research question

The primary research question,

Can the categories of analysis identified in a pilot study (Mårtenson Blom, 2010) be useful in developing a new understanding of transpersonal and spiritual GIM experiences and their transforming power? If yes, in what ways?

lead into a network of procedures and measures in collecting data, all contributing with new knowledge and understanding of the GIM process. In this final summary, I will synthesize how results from the different parts of data collection and analysis contributed to answering the question.

The focus group interviews

The starting point of the data collection proved to be very encouraging. Through the focus group interviews, I received the first feedback on how the categories from the small study both were meaningful, useful and engaging to fellow GIM therapists. The first theme of new knowledge concerned how transcript analysis could help in guiding therapists in facilitating the occurrence of experiences categorized as 4 and 5, and through that prepare for a process of surrender, and a Relational Mode of Surrender.

The transcript analysis

Overviewing how analysis of 38 transcripts developed new knowledge, confirmed that it was possible to generalize the use of the categories in the analysis of GIM transcripts, in comparison to the small study.

The analysis illuminated the overall interactive and relational ingredients of a GIM session, how interactive patterns in the relational field can develop transforming power, and also assumingly produce levels of depth and complexity in the intersubjective field, both in relational terms and in terms of levels of consciousness.

A remarkably high frequency of the Relational Mode of Surrender was found – in 50% of the sessions.

The analysis showed patterns in the interactional field, from smaller units of relational modes (categories 1,2 & 3) into more complex modes (categories 4,5 & 6). This was assumed to generate transformative power in the experiences, creating transformation and change.

The transforming power was assumed to develop levels of interaction, and vice versa. The patterns increased the complexity, which in turn was assumed to deepen the intersubjective field, developing implicit relational knowing and levels of consciousness.

The fuel for this process was assumed to thrive in the interaction between therapist, participant and music.

Eventually, this transcending movement into surrender could prepare for receiving a transpersonal or spiritual experience.

Analysis of interaction between music and relational modes

A single music piece classified as MCC 3 and experiences categorized as 4 or 6 are strongly connected, 50% of experiences analysed as category 4 and 55% of experiences analysed as category 6, appeared in music classified as MCC 3. Relational modes with high affectivity, experienced as confirming and recognizing (category 4) and as a Relational Mode of Surrender, with on-going transcendence (category 6), seem to develop most organically with explorative and deepening music. Music programs with MCC 3 pieces *in a majority, or embedded with* at least one MCC 4 piece, provided for the majority of a Process of Surrender, 67%.

Results from the music analysis in relation to the experiential categories show how guidelines for music choice can be informed and developed in order to facilitate a process of surrender for the P. The categories of analysis illuminate parallels between relational modes in the experience and qualities in the music as defined through Music Classification Categories.

The vertical analysis

In the vertical analyses of cases, data from transcript analysis, music analysis and collaborative interviews were combined and analysed. First of all, the interviews illuminated and confirmed the relational field between therapist, participant and music. They reflected back to therapist and participant about crucial ingredients in their relationship. They also illuminated how strong experiences in the music, generating a process of surrender for the participant, could be subjectively confirmed or rejected by the participant. The interviewing process also proved to add in the processing of the experience and consolidated change for both therapist and participant.

Application of the experiential categories to clinical work can develop the guiding through helping the therapist to follow and share in the here and now, the attention, intentionality and affectivity of the . This guiding focus can help the therapist to be more aware of movement and process during the music experience, as well as in the verbal parts of the session, and eventually assist in processing with the client, and develop implicit relational knowing.

Results from the three different validation transcript analyses proved a major consensus between judges noting that

- All differing judgements could be explored and understood through discussion and practice.
- Differences in judgement showed the need to analyse full transcripts and not just excerpts.
- Two main challenges were found when comparing different judgements, namely to analyse and define shifts in the transcripts from categories 1, 2 and 3 into categories 4, 5 and 6, and to analyse and define shifts between categories 4 and 6. When these dilemmas occur, a check with the subjective experience of the participants and the context of the therapeutic process is needed.

CHAPTER 6. DISCUSSION

*The clear sky has set itself on a slant against the wall.
It's like a prayer to emptiness.
And the emptiness turns its face to us and whispers,
"I am not empty, I am open."
(Tomas Tranströmer)*

6.1. Overview of chapter

In this chapter I start with a discussion of the findings of the study (6.2), leading into further discussion of findings in relation to the theoretical background (6.3) and the literature review on GIM (6.4). The next part is discussing methodology and limitations of the study (6.5). The chapter continues to focus on different kinds of applications of the findings (6.6), suggestions of further research (6.7), and finally, perspectives and conclusions (6.8).

6.2. Discussion of findings

The main findings of the small study (Mårtenson Blom, 2010) were the developed categories of analysis and their definitions, used on GIM transcripts. These findings entailed the need to try the categories of analysis in a larger study, leading me to formulate the research questions:

7. *Can the categories of analysis identified in a pilot study (Mårtenson Blom, 2010) be useful in developing a new understanding of transpersonal and spiritual GIM experiences and their transforming power? If yes, in what ways?*
8. *How are the relational modes that constitute shared lived experience/ intersubjectivity expressed and described in the transcripts of GIM sessions?*

The different kinds of validation analyses, which will be discussed below, confirmed in different ways that relational modes, defined through categories of analysis, could be identified in GIM transcripts, and through this process, the second research question was answered. This entailed that in the continued process of analysing results, only the first – main – question was focused.

6.2.1. Findings from focus group interviews

The findings confirmed the *meaningfulness* of a relational perspective on the music experience in GIM, unveiled through the category analysis. The *usefulness* was also confirmed through letting fellow GIM practitioners try out the categories of analysis. The *engagement* in the topic was confirmed in how participants reflected on personal GIM experiences through the lens of using categories of analysis.

The discussions in the groups underlined the need to connect the GIM process to concepts that could pinpoint, on a micro-level, the transformations taking place. The discussion also revealed GIM therapist's needs to process with clients not only contents but also changes in implicit relational knowing.

As stated in the summary of focus group findings, a new important question was formulated through the discussions: *When the music and therapist can contain differences (category 5) and allow movements between sameness (category 4) and difference (category 5), does that provide us with more surrendering opportunities (category 6)? Can we prepare for the surrendering process?*

This put focus on the Process of Surrender as captured by categories 4,5 and 6, and influenced the further analysis of transcripts done as a second step in the data collection procedure. The formulation of these questions mirrors how I at that time defined the experiential categories. Later on in the research process, the definitions developed. The findings from focus group interviews also became a starting point for me in my role as researcher in the process of connecting the study to different clinical issues. Being a clinician myself, I had for some time carried my own issues into the intentions behind doing research. Now, I also opened up a dialogue with fellow clinicians. This dialogue is continuous and has been supportive along the way.

6.2.2. Findings from transcript analysis, horizontal analysis and analysing process

The first research question could be positively answered and through the transcript analysis the following new knowledge was developed:

Relational patterns in the interactional field of participant - music – therapist (P-M-T) were found.

Levels of complexity in the interactional field of P-M-T were found, and I could assume a development of implicit relational knowing and deepening levels of consciousness.

Relational modes (in patterns and levels of interaction) were developed in the relational field as a whole, simultaneously in relation to music, 'imagery' and therapist. Therapist and music were assumed to contribute simultaneously, shifting in being in the foreground of the participant's focus of attention. The relational modes were assumed to describe both interaction with music, therapist and imagery.

I assumed that levels of interaction influenced/were influenced by levels of consciousness, and through that they paved the way for transcendence, transpersonal and spiritual experiences.

This assumption can be discussed and relies heavily on the act of interpretation on behalf of the analyser, who understood the written transcripts as mirroring an on-going implicit process in the participant, and an on-going implicit, interpreting and interacting process in the therapist. The findings and interpretations of findings represent new knowledge in this context.

A way to illuminate the interpretative and meaning-making process was to do a negative case analysis, and discuss the analysis of transcripts where none of categories 4, 5 and 6 were found, from the participants (P3, pp. 166-167, P9, pp. 172-173, Chapter 5.). In the vertical analysis, with P3, it became clear that P did have strong experiences in an altered state, but still did not altogether let go and surrender. The qualities of change in implicit relational knowing were about building deeper trust to therapist and music and starting to open towards deeper core states.

Transcripts from sessions with P9 could not be illuminated through a collaborative interview. However, the experience was characterized by P9 as

It was the experience of a process. I think there is a long-term effect, and that the outcome will have a lasting influence.

This can be interpreted as a less deepening and empowering experience. Both these contrasting examples are assumed to confirm my main assumption, that the levels of interaction, defined through the experiential categories, mirror a *deepening both in the intersubjective field and in levels of consciousness*.

In the *occurrence of a Relational Mode of Surrender*, a difference, 61% compared to 40%, between experienced and inexperienced participants was found. This argues for understanding this kind of experience as something dependent on habituation or

training. This was also supported through the fact that 80% of the experiences (Relational Mode of Surrender) occurred in final sessions, compared to 30% occurring in a first session. These kinds of experiences do not occur completely by chance, meaning that from the point of view of therapeutic process and the therapist's possibility to assist, it is possible, in collaboration with the client. The task seems to be to stay as close as possible in tracking the clients attention, intentions and affectivity, and alongside this follow the moves in the music that captures attention, intention or movement, and affectivity primarily in terms of intensity, and shifts in all three. The findings support the assumption that the strong transforming power of experiences of transcendence in terms of a Process of Surrender can be explained through their relational ingredients including their core affective qualities. This will be further discussed below.

6.2.3. Findings from the music analysis - music during occurrence of Process of Surrender

Even though the choice of a music classification based on intensity-profile analysis was argued for in the methodology, one could discuss if the number of music classification categories (MCCs) were sufficient, and what would have happened if MCCs 3 and 4 had been differentiated into a few more. This will not be explored in this study, but is definitely a future task.

Through the music analysis, the participant's experiential qualities could be connected to qualities in the music that was used. The interaction between experience and music could be understood in terms of relational modes.

The results in Table 5.19, p. 186, "Interaction between MCCs and a Process of Surrender", was analysed in the Results chapter, and some interpretations were formulated. I emphasised the connections between relational qualities in the different pieces of music and made comparisons to the relational modes assumed to be at hand in the experiential qualities. These assumptions relied on the written transcripts. In interpreting data and results, I tried to encompass and balance the inherent gap between the implicit and explicit domains of representations. Through connecting experiential categories (ECs) to MCCs, I argued that I could confirm the existence of this bridge, since the joint analysis showed comprehensible and reasonable interactions between music and analysed experiences.

The complexity of the GIM music experiential process was illuminated and underlined in the Results chapter. The connections between the different MCCs and qualities in the experiences confirm much of what we already know about the GIM process. However, I argue that the findings in this study develop knowledge towards clearer understanding of how relational modes, building-blocks of implicit relational knowing, develop through interaction with music, therapist and inner experiencing, and that shifts and transformations in altered states of consciousness can be assumed as connections to movements and shifts in inner representations of ways “to share, regulate, be, act, sense, feel”, etc (Mårtenson Blom, 2010). The contents of imagery are also informing, but more as “signs” of an important transformation going on. The relational complexity, in the field of P-M-T, is just what is needed for transformation to take place. The combination of all three parts, through their common and dialogically shared relational modes, produces the change - transcendence into the “third”.

6.2.4. Vertical analysis – combining findings from collaborative interviews, transcript analysis and music analysis

Through the vertical analysis (comparison of transcript analysis, music analysis and analysis of data from collaborative interviews), experiences of a Process of Surrender and a Relational mode of Surrender could be confirmed and rejected.

The therapist received feedback from participants, on what was important in therapeutic stance within the collaborative, interactive field of P-M-T.

The four vertical analyses shared new knowledge through comparing and deepening perspectives. In all four, it was possible to confirm or reject the transcript analysis, meta-process the experience, underline the importance of collaborative aspects of the process and of therapist’s stance. Findings from the vertical analysis confirmed that music in GIM works as a relational agent in the field of P-M-T.

The uniqueness in each analysis generated differentiated knowledge in how the combination of transcript analysis and collaborative interview made it possible to better understand how each process generated transformation. The differences in processes, and uniqueness of each case, made it possible to look into different patterns of relational modes explored by the participants, in the relational field of therapist and music.

Both similarities and differences between the four vertical analyses positively answered the research question.

In this specific research context, with volunteering participants receiving 3 – 5 sessions, it became clear through the cases, how transcript analysis shed light on differences in how participants benefited from the experience. This knowledge is applicable to a clinical context, where a transcript analysis in combination with a collaborative interview could be used in making clinical judgements about how a traveler benefits from the music experience and how the collaborative process is working. This was demonstrated in the clinical case attached to the thesis.

There is extensive research support for relational qualities in psychotherapy working as a main common change factor (Wampold, 2010). One of the most clearly defined helpful ingredients is the frequency of ruptures and repairs in the therapeutic relationship (Safran & Muran, 2000). Experiencing relational modes of non-confirmation and difference on the one hand, and confirmation and recognition on the other, is analogous to experiencing "ruptures and repairs". Experiencing non-confirmation and difference also amplifies a feeling of being separated and distanced from the other. When this happens and is followed by an experience of recognition, this can serve as repairing of the relationship. From the point of view of systems theory applied to the psyche as a living system, movement between poles in an interactive field of tension must be contained within a fundamental sense of recognition, in order for the developing process to move into a new level (Sanders, 2002, Amadei et al, 2008).

I propose that the relational modes leading into the Process of Surrender constitutes such a shift of developmental level. The possibility to move and interact in these relational modes is in GIM provided for, *both in relation to the therapist and in relation to the music*, even though the music is pre-selected, and as such not a living interactive part. GIM music helps in providing that when it is defined as explorative in different ways, *and interacting with* the following four aspects of the process, namely

- A GIM-specific therapeutic setting including how music is used
- Readiness and willingness of the participant
- The therapist's skills, also acknowledged by the client
- Mutual trust and agreement between therapist and participant

6.2.5. Findings from validating transcript analysis

The process of validating the transcript analysis moved in three steps: transcript analysis was done by an independent GIM therapist, the researcher made a re-analysis of a sample of the formerly analysed transcripts, and a blind analysis of transcript excerpts was done by former focus group members. The findings from the Result chapter are here revisited:

- All differing judgements could be explored and understood through discussion and practice.
- Differences in judgement showed the need to analyse complete transcripts and not just excerpts.
- Two main challenges were found when comparing different judgements, namely to analyse and define shifts in the transcripts from categories 1, 2 and 3 into categories 4, 5 and 6, and to analyse and define shifts between categories 4 and 6. When these dilemmas occur, a check with the subjective experience of the participants and the context of the therapeutic process is needed.

The process of validation, the sharing and discussing of the relational perspective on GIM generated a deeper understanding of GIM's transforming power. The categories of analysis generated similar impressions to the analysers, and helped in deepening knowledge about the dynamics in GIM processes of change.

The third point above - how to analyse the shifts and identify categories 4, 5, and/or 6, and not just the first three, 1, 2 and 3, and to distinguish between category 4 and 6 – helped to develop the use of the categories. This refined the possibility to analyse and understand when is a deepening shift happening and a relational mode of surrender at hand. At first, it became clear that if a shift from categories 1-2-3 into categories 4-5-6 is questioned, and when the analyser is not the therapist, a check with the client and the therapist is necessary. Sometimes the contents of the experience can be used as points of references.

The process of distinguishing between category 4 and 6 has inspired me to an elaborated definition of categories 4,5 and 6. The differentiation between category 4 and 6 builds on identifying different relational modes. Category 6 is at hand when the client *is* in his/her deep sense of self *and transcends its boundaries*. Category 4 is at hand when the client *is* in his/her deep sense of self with core affects, preparing to

move or moving towards transcendence. As a consequence, the distinctions between affective qualities in the categories become important. Category 4 is mostly coloured by positive affects, but could also be coloured by strong core affects of anger, rage, fear, sorrow as long as they are experienced as confirming or recognisable, or speaking with Diana Fosha, 'green-light-activating affects' (Fosha, 2000). Consequently, category 5, mostly coloured by negative affects, can also be coloured by positive qualities if these are experienced as shameful or 'red-light-inhibiting' (Fosha, 2000). This development of definitions and applications of the categories was inspired by the validation analysis. The issue of affectivity will be further discussed on p. 246 in this chapter.

6.3. Findings in relation to the theoretical background

6.3.1. Previous writings

The previously written texts were found to encompass three themes:

- Music is a relational agent and musical elements can serve as relational ingredients in psychotherapeutic settings.
- The epistemology of implicit and subjective knowledge is crucial in understanding change in psychotherapy.
- Collaboration is an unavoidable, necessary and desirable part of psychotherapy as well as research.

The development of this study and its findings build organically on all three. Findings confirm how music in GIM is a relational agent and part of a triadic intersubjective field. In exploring the GIM process, findings confirmed the importance of implicit, subjective knowledge in order to understand experiences of transcendence in GIM. In the study, a collaborative stance as researcher helped in exploring the collaboration between participants, therapist and music. This generated findings that deepened understanding about experiences of transcendence in GIM.

6.3.2. Intersubjectivity as theoretical framework for the findings

The intersubjective perspective was also a framework for the development of the methodology. Intersubjectivity as theoretical framework is evident in the elaborated experiential categories. Their definitions were presented in the article about the small study (Mårtenson Blom, 2010). During the research process, and in the findings of

this study, the definitions have been tested. Their usefulness was clearly confirmed, and in a hermeneutic process, where intersubjective theory continued to be one ingredient, the definitions have developed. This will be discussed below.

The findings in this study support the application of theory of intersubjectivity in understanding the GIM process. The framework helped in exploring the interaction between participants, music and therapist and illuminated *how* each part interacted and *how* the transforming process developed.

The perspective served as an epistemological link between the phenomenological, psychological and spiritual dimensions, all ingredients in experiences of transcendence in GIM. Findings confirmed the usefulness of the concepts Process of Surrender and Relational Mode of Surrender, both developed from an intersubjective framework.

6.3.3. Change and transformation

The application of intersubjective theory is also a perspective from developmental psychology building its assumptions on findings from infant research. This field of research has lately informed psychotherapeutic practice, as was presented in the Theory chapter. Assumptions about how development, change and transformation occur are also based on systems theory. Findings from this study consist of developed 'tools' and concepts that describe the GIM process through these perspectives.

The works of the Boston Change Process Study Group (BCPSG) is an important part of the theoretical background of this study, and findings will here be connected to some central issues.

The patterns and levels of interaction found in this study, and depicted in Figures 5.1 – 5.4, can be compared to different kinds of change, or different change qualities. I propose that categories 1,2 and 3 used in the study are comparable to the concept of 'relational moves' – basic units on the local level of interaction between parent and infant. On this level, change happens in small movements. These movements cluster into relational modes, eventually developing into 'now-moments', e.g. comparable to categories 3 and 4. The BCPSG developed ideas on how the relational moves, mixed with now-moments, connect explicit/declarative experiencing to implicit/procedural experiencing, also bridging between here and now and the dynamic past. Somewhere around this point in time, relational moves are assumed to

deepen and take leaps into 'moments of meeting'. Experiences categorized as 4, 5 and 6 can develop.

The BCPSG's summarized statements about therapeutic change will now be revisited, and the italicized parts are added to show the connections to findings in this study:

- Therapeutic change happens in small, less charged moments as well as occasionally in highly charged "now-moments" and "moments of meeting".

The experiential categories make it possible to compare the GIM process as described in the transcripts, to this dimension of therapeutic change.

- Therapeutic change involves change in implicit relational knowing, and this change occurs in the on-going flow of each partner's relational moves at the local level.

The on-going flow in interacting with music and dialoguing with therapist generates in the participant/client (and in therapist!) a here-and-now experience of change in implicit relational knowing.

- Change in implicit relational knowing comes about by achieving more coherent ways of being together.

The ways of being and acting together in the music and dialogue contain shifts from now-moments to moments-of-meeting, through mutually confirming and disconfirming experiences (categories 4 & 5), as was confirmed in comparing perspectives in the collaborative interviews.

- More coherent ways of being together come about through a process of recognition of specificity of fittedness between the two partner's initiatives.

Mutuality and collaboration between therapist and participant/client, and through the therapist's selection of the music, conveys recognition and fittedness, both prerequisites for second order change.

From the systemic perspective on change, I propose that the Process of Surrender represents a leap, or second order change, as a solution to a living system's need to move into the next level of complexity (level of consciousness), in order to keep its identity and still develop. This is illustrated in the example from P10, third session (p. 175). The Process of Surrender occurred in two sequences, even though the first seemed a bit unclear and could not be checked with P10, since there was no collaborative interview (q-mark for 6). In the first, experiencing music by Delius, Pärt

and Elgar, P explored sensations of being and moving inside a body, which evoked estranging feelings and eventually a more familiar quality, because P also noticed an openness, eventually showing P the image of mother and child. This sequence was then repeated, but differently, with music by Bach, Strauss and Handel. The work seemed to expand P's implicit relational knowing, where the balance between 'staying the same' and still develop new perspectives in ways of being and doing, was 'solved' through a leap ("ready to dive", P said) also containing strong core affects (see discussion below) of care and love. The second order change entailed that P *transcended* an ordinary self-experience and moved into a Relational Mode of Surrender, with transpersonal (and spiritual?) experiential qualities.

Table 6.1. Excerpts from session 3, P10 – Music: Gaia.

Delius	The water and me..glowing white fireball..feels good..red surrounds me..inside someone's body..	4 5
Pärt	(Exploring the space)	(1,2&3)
Elgar	reminds me of the mummy-experience, but I am not locked in..filling myself altogether..huge universe with stars...mother and child on beach..	4 6?
Bach	stand on the edge of a deep steep..look down..afraid to fall... on the edge..ready to dive....	5
Strauss	Like to be in the water...toes at the bottom..a woman in the sky...she invites me inside her...see from above: mother and child, care, love..	4
Handel	Float down..legs grow..am bigger than the landscape..sit down..shrinking..want to be like other people..	6

6.3.4. Intentionality

The sloppy and co-creative moving ahead in interacting and dialoguing during therapy sessions is what develops implicit relational knowing, which is transforming when senses of fittedness and recognition are "mutually ratified" (BCPSG, p. 123). The therapist and the client at first sense this mutually, and then share it. In the GIM sessions, the sensing occurs both in P's relation to the music and therapist, and is

also shared with both. The sharing with the music happens through the therapist's guiding, and e.g. in music centred guiding (Summer, 2009), sharing with music is in the foreground. Sharing also continues on a meta-level in processing. Example from the results is from P8, session 3, also focused in the collaborative interview, the second vertical analysis.

The transcript analysis presented here does not contain the therapist's explicit guiding, but the note on processing after the music session, unveiled how therapist helped through sensing and sharing. The therapist also noted that the bells in the beginning of the music piece by Pärt (Cantus in memory of Benjamin Britten) immediately brought forth strong sadness in P8.

Table 6.2. Excerpts from session 3, P8 – Music program: Faith

**when a session ends in cat 5, I have searched in the therapists POST-notes and often found expressions from that I categorised as 6.*

Pärt	(cries to bells)..must be attentive when something ends...presence(cries)..awe	4 5?
Saint-Saens	Blue...Universe is speaking...about all its love and care..it congratulates me..all friends of my fathers come..it is true he is dead!	4
Messiaen (POST:)	It is all over. Hard to understand. (during processing, H speaks about her sense of gratitude and how she now feels strong need to use her life, "eat the cake")*	5

On the level of meta-sharing, in the collaborative interview, the perspectives of both therapist and participant illuminated how fittedness and recognition were 'mutually ratified' and for the sake of clarity, the depiction from the Result chapter is revisited.

Table 6.3. Perspectives on qualities in the collaboration from second collaborative interview

	Specific moments in sessions?	Music?	Guiding?	Collaboration during sessions?
Participant's perspective	<i>The bells (in the music) brought</i>	<i>Music a living force of its own.</i>	<i>Good at asking 'what do you</i>	<i>It was good for me, natural.</i>

	<p>me directly to my fathers death.</p> <p>Suddenly music was in all my cells (session 5).</p>	<p>Sometimes a guiding factor together with T.</p>	<p>experience?', sometimes also a bit annoyed.</p> <p>T was spacious and confirming.</p>	<p>T's enormous 'spaciousness' and perceptiveness..fantastic, surprised me!</p> <p>T had connection to church..knew..a gift..moves me.</p>
Therapist's perspective	<p>Strong experiences of the earth singing..and the Rabbit.</p> <p>The death of P's father.</p>	<p>The death of P's father..difficult to choose music, will it be too strong?</p>	<p>At some moments, strong experiences of earth singing..if I could have facilitated it more, <u>underlined the serious, how was this for P?</u></p>	<p>It was deeply moving to work with P. Felt personally moved..(connects to) the death of my own father.</p>

Shared perspective during interview:

T: This is a chance to talk together. I wonder if P was surprised that her father's death appeared so fast.

T: It's a gift to get this back.

P: A gift to be in this process.

P: (T is) Guiding on the wings of the music!

P: Impressive..to be in the doubleness..the deep and at the same time holding on to the real..that it's possible. T holding this.

In this example, the sensing, sharing and regulating leading into experiences of recognition and fittedness, was beautifully illustrated. Starting when the therapist selected the Pärt piece and sensed how the bells connected P8 to her newly loss of her father, even though she also felt some hesitation,

The death of P's father..difficult to choose music, will it be too strong?

it continued in the implicit and explicit dialogue during the music, experienced by P8 as

Good at asking 'what do you experience?', sometimes also a bit annoyed. T was spacious and confirming.

And in the sensing and sharing with the music, experienced by P8 as

Music a living force of its own. Sometimes a guiding factor together with T.

The sharing developed also in meta-processing, confirmed in the collaborative interview:

P: T's enormous 'spaciousness' and perception..fantastic, surprised me!

T: It was deeply moving to work with P. Felt personally moved..(connects to) the death of my own father.

The presented sequences illustrated the concepts of recognition and fittedness, as crucial ingredients in therapeutic interaction and change (BCPSG, 2010). The moving along is 'sloppy' (Stern, 2004) and co-created, leading to the assumption that intentionality is mutually created. The process of telling or dialoguing during the music experience deepened and connected explicit and implicit levels of representations.

What was expressed by the participant and noted in the transcript was considered to be an intention unfolding process (Stern, 2004, BCPSG, 2010), where implicit relational knowing resided in words and expressed emotions.

The experiential categories *can* capture the local level of interaction through the transcripts. What is written in the transcript is co-created, and is considered an imprint of the 'fuzzy intentionalizing' (BCPSG, 2010) and co-creativity between therapist, participant and music, experienced by therapist and participant respectively. My assumption is that music and music selections are a kind of 'extension' of the therapist's 'mind' and the subjectivity of the therapist. The therapist's state of consciousness during the session must be synchronised to the P in order to follow and assist during guiding. The therapist's task is to select music that attunes to the needs and present state of the client (Summer, 2009). In this way, the music and music selection relies deeply on the subjectivity of the therapist, and her/his skills in being transparent to her/his own intentionality and affectivity on a moment-to-moment basis.

6.3.5. Affect theory

In the following, central ingredients in affect theory, presented in the theory chapter, will be discussed in relation to the findings of this study. Affects and affectivity are crucial ingredients in the sharing of lived experience and Fosha (2000, 2009) defines

affects as transforming and integrative. Affectivity is a main ingredient in the definitions of all experiential categories used in this study. When discussing the findings using this perspective, I will focus on the first vertical analysis, presented in Chapter 5.

The affective content in the categories of analysis can be connected to their psychodynamic and relational function, to *core affects*, *signal affects* and *defensive affects* due to how they function (Fosha, 2000). It was possible to look into the sessions of P7 (vertical analysis 1), and on a content level find imagery that represented all three affective aspects, in combination with relational modes (categories of analysis). In the sessions with P7, the following examples were found: An eagle – core affect/state in session two, a triangle – signal affect (red signal?) in session five, blue colour – defence affect in session three.

In session five, during Bach, P sat on the water and experienced a triangle at her right that made her eyelids vibrate (experience categorised as 5). The therapist asked if she recognized it and she answered "no". This can be interpreted as a "red signal" for sadness and crying on its way. Later on, during Mozart, sadness came, but the mountain "is sad" (defense) and needed to cry (categorized as 4+5). During Vaughan Williams, P worked with affect-regulation, searched and had bodily experiences (categorised as 5). The body became huge like a landscape (defence affect?), containing both category 4 and 5. In Rachmaninov, P cried and simultaneously experienced a strong confirming sensation in being herself and being ok (categorized as 4+5). The transformation had a longer duration in "real time", since the therapist played Rachmaninov three (!) times (3:09). The last experience, being huge and ok, was categorized as a mix of 4 and 6.

Table 6.4. Excerpts from session 5 – Music program: Sublime 2

Finzi	I am all the notes, when I'm struck I leave the paper. Weightless...birds..so nice to be a "note-bird"and be strucked!..body weightless, moves like water	6!(from the start..)
Bach	Sit on the water..waves lap.. A wedge at my right..don't know..(eyelids vibrate)..	5
Mozart	..like a mountain...sad to be a mountain..needs to cry.. it knows that	4+5

Vaughan W.	...(sensations in body)..in legs..heart...(is rowing a boat)..strenuous, hard...tired..(wind helps)..My body is large and flat like a pancake! Remarkable! Cannot turn..(cries)..	5
Rachmaninov	Huge landscape! Need that since I'm so big..sad and happy now..	4+5
##	can unfold now..no more a pancake..(smiles through tears)..New sensation to be me. I know what its like to be different! Great!	4/6
###	Unlock/open up towards the world. Good to know.	

Categories 4 and 5 got elaborated definitions through a comparison with the dynamics in the affective "triangle of conflict" (Fosha, 2000), where category 4 is compared to work with expressive affective interaction and category 5 to work with defensive affective interaction. The first affective "climate" is "green light affects" and the second, "red light affects" (Fosha, 2000).

A state transformation, a qualitative change, is achieved through accessing two types of core affective experiences, *core emotions* and *core states* (Fosha, 2000, 2009).

The transformational *process* is regulated by three principles, (*principles of affective handling*, formulated by Beebe & Lachmann (2002) revisited below and then connected to the example.

The first is *the principle of on-going regulations* and is about regular, ordinary moment-to-moment handling which is a slow change process.

Secondly, *the principle of heightened affective moments*, are about the process of change characterized by intense emotional experiences, similar to the systemic concept 'second order change', coming suddenly like the breaking of a water surface.

Finally, *the principle of disruption and repair of on-going regulations* takes care of deviations, ruptures, lack of fittedness, and change occurs through how relational disruptions are dealt with. These changes can have a quality of second order change.

In the example, and in the GIM process in general, the *principle of on-going regulation* works during the whole session and in more intense form during music

and therapist's guiding. Secondly, *the principle of heightened affective moments*, and its more intense dynamics is found mostly when the client meets the music and moves into "inner" experiencing, in itself a second order change. Thirdly, *the principle of disruption and repair of on-going regulation* is about relational ruptures and repairs, happening during the music, moving between participant and therapist, participant and music, participant and inner experiences.

In the regulatory process, there is movement back and forth between recognition and disruption.

The regulatory process generates integration, and the moving energy is generated in the tension between recognition (category 4) and non-recognition (category 5). In that sense, the Process of Surrender and Relational mode of Surrender (category 6), is ultimately integrating and transforming.

The dynamic between experiential categories 4, 5 and 6, is assumed as shifts between *heightened affective moments* and *disruption and repair of on-going regulations*.

The discussion of the findings in relation to affect theory is summarized in the table:

Table 6.5. Categories 4, 5 & 6 in comparison to concepts from affect theory

	Affective content	Affective process Principles of affective handling in the T-P-M relationship
Category		
4	Green signal affects Core affects	Principle 1: on-going regulation Principle 2: heightened affective moments Recognition process
5	Red signal affects Defence affects	Principle 3: disruption (and repair?) of on-going regulation Non-recognition and disconfirming process
6	Core states Core emotions Transformational affects	Surrender, transcendence and beyond...

6.3.6. Transcendence and ASC

As stated in the Theory chapter, I decided to draw limits in the huge field of knowledge on transcendence and altered states of consciousness. I decided not to include theory on neurology and neuro-phenomenology, even though this limits the perspectives in this discussion. But put in relation to the research questions, this was motivated. The field of knowledge is relevant, but beyond the scope of this study, and could eventually be combined with findings from this study in future research on transcendence and ASC.

I also chose not to review any of the field of mysticism and spiritual practice, even though the field has been deeply important to my personal and professional development. I felt a need to focus on the field of psychotherapy, also because of a dilemma, inherent when we work between two fields of practice, psychotherapy and spiritual practice. I see them of course as connected and intersected, as did Helen Bonny and many fellow GIM practitioners. One intention behind this study was to bridge between the two, and results support the notion that bridging mostly benefits from concrete experience-based descriptions and explorations. Therefore I chose to review theory that could enhance how clinical work could deepen its focus, from 'just psychotherapy' to both mental and spiritual development and health.

Mysticism, however, has a history of phenomenological documentations, and all religious traditions have a mystical branch on their tree of knowledge. One way to connect to this branch has been through the concept of Surrender, which is part of mysticism, and my choice of reviewed literature connects to that interest.

In discussing the concepts of transcendence and ASC in relation to findings of the study, some issues will be focused.

Patterns and levels of interaction found in the P-M-T field through the transcript analysis were assumed to show development of implicit relational knowing and deepening levels of consciousness.

Patterns and levels of interaction were assumed to influence/be influenced by levels of consciousness, and through that pave the way for transcendence, transpersonal and spiritual experiences.

Through vertical analysis (comparison of transcript analysis, music analysis and analysis of data from collaborative interviews), experiences of a Process of Surrender and Relational mode of Surrender could be confirmed.

If the assumed link between implicitly and explicitly represented experiences is correct, it is also possible to assume that the patterns and levels from the findings mirror, not just a growing complexity, but also a deepening of consciousness in the experience.

Based on theory of transcendence, surrender and ASC, these phenomena are primarily defined as 'actions' and/or states between and within minds (Husserl, 2002, Ghent, 1990, Stern, 2004, Aldridge & Fachner, 2006, Halling, 2008, Mårtensson Blom & Wrangsjö, 2013). When the concepts in this way are understood in terms of intersubjectivity (shared focus of attention, intentionality and affectivity), it becomes possible to assume that complexity in interaction is connected to altering states of consciousness. In this context, music is understood as a relational agent with which humans can develop complexity in the interactive field and in implicit relational knowing.

Examples from negative findings will illuminate this. Two Ps did not experience any Process of Surrender, according to the analysis.

When looking into the transcript analysis of P9, small experiential sequences (Categories 1,2,3) rarely lead into shifts and leaps that seemed to contain something that could be categorized as emotional movement or engagement. In the transcript text, experiences as observer, and 'as if-' were frequently described. There were also several ruptures or changes in focus. Music was more described than interacted with.

P3 was very much emotionally engaged, according both to transcript analysis and collaborative interview. However, emotions and focus of attention shifted fast, between positive and negative experiences. This was analysed as shifts between category 4 and 5. There seemed to be a struggle, fight and fly, towards and away from some connection, which eventually happened in relation to the therapist, but was not deepened enough for a relational mode of surrender.

Experiences of P3 could be further explored in the collaborative interview. The experiences of P9 could be illuminated through the therapist's notes alongside the transcripts.

P9 was a new acquaintance, both to therapist and the GIM experience (which also concerned other participants that indeed had experiences of the Process of Surrender). The relationship to the therapist was in a way extremely different from P3's, who was familiar with the therapist and actually was about to continue working with her.

In sum, this illustrates that experiencing a Process of Surrender, according to a transcript analysis, mirrors

- The depth in the altered state of consciousness
- The transforming power of the experiences in terms of affectivity
- The quality of the alliance between participant and therapist – music, in terms of trust, clarity and containment

I will now continue to discuss the findings of this study in relation to previous knowledge from the GIM field.

6.4. Findings in relation to literature review on GIM

6.4.1. Experiences of transcendence in GIM

Throughout the development of GIM as therapeutic practice, the experiences of transcendence, eventually leading to peak experiences (Maslow, 1968), pivotal moments (Grocke, 1999), transpersonal and spiritual experiences, has been in focus in understanding the transforming power of GIM.

Former work in GIM and the findings in this study will be discussed in the following section.

Goldberg's Holographic field model (in Brucia & Grocke, 2002) put focus on the process in these experiences through illuminating the rhythm and turn-taking between affective peaks and development of imagery. She underlined the movement and the importance of emotions and emotionality as the driving force in the interactive field between , music and therapist. The findings in this study underline

how affective qualities identified through categorised experiences develop prerequisites for experiences of transcendence.

In Abram's study, the comprised definition of transpersonal GIM experiences is congruent with and comparable to ingredients in the surrendering process, as defined through categories of analysed experience in this study. His fourth theme - relationship, sharing with or unifying with, dialoguing with or surrendering to, ninth theme - ways of experiencing the Music, embracing, unifying or merging with, and tenth theme - ways of experiencing the guide, all connect to a process and through that to change and transformation.

However, Abrams stated that there is still need for a process model:

A process model must delineate a developmental progression of transpersonal phenomena, specifically as they manifest within and across GIM sessions. The model must also specify the contexts surrounding the emergence of transpersonal GIM phenomena (p. 354).

The findings of this study are suggested as a start in building such a process model.

In her phenomenological study, Grocke defined the concept of 'pivotal moments', distinguishing this kind of experience from transpersonal and spiritual. Her definition connected the experiences to moments and movements in time, and she referred to "turning points" in psychotherapy (Böhm, 1992). In Grocke's study, both client and therapist noted observable change. The pivotal moments in this way could be mutually confirmed. To the clients, pivotal moments often followed uncomfortable or even frightening moments. The moments themselves, compared to the experiential categories in this study and the concept of Relational Mode of Surrender, are comparable to points or moments in time when experiences can be either categorized as 4, 5 or even 6. Pivotal moments can have different affective qualities and through that assign processes that can be recognizable and confirming (4), non-recognizable and non-confirming (5) or transcending and surrendering (6).

Stern and colleagues developed the concept of "moment of meeting" to characterize specific shared moments in the moving along process of psychotherapy (Stern et al 1998, Stern, 2004). These moments have a more differentiated definition than "pivotal moments", in assuming to solve a tension between a positive and negative quality in the interaction. When comparing Grocke's pivotal moments to the concepts

in this study, I understand them as phenomenologically described moments in time, possible to define as points in a process of surrender, as 'pearls of now-moments' (Stern, 2004) on a 'bracelet of transcendence'.

Based on her findings about client's experiences of transcendence, Summer (2009) raised the question about how conditions within the client might contribute to transpersonal experiences (p. 276). Summer stated that GIM music stimulates transpersonal experiences when combined with an altered state of consciousness that also creates transcendence of time. The 12th and 13th of the themes defined in Summer's findings connect to transpersonal experiences: classical music's aesthetic beauty and the P's merging experience with the music. Findings in this study put focus on conditions in terms of relational modes, seeing them as emerging qualities both within the client and in the interactive field between client, music and therapist. In this way, these findings contribute in bridging between Summer's themes: 'classical music's aesthetic beauty' (theme 12) was in the music analysis of this study understood as containing interactive qualities identified through Music Classification Categories, and 'the s merging experience with the music' (theme 13) can also be depicted as a process of surrender with steps in terms of relational modes. Findings from this study contribute to conceptualizations that can bridge between the music's contribution and contributions from the therapist – client relationship.

6.4.2. Therapist's and client's experiences, and therapeutic process in GIM

The review of literature and research in GIM on the topic of therapeutic process, showed the diversity of the theoretical orientations in GIM. I will discuss my findings in relation to mainly the psychodynamic-psychoanalytic orientation, since this historically has dominated the psychotherapeutic discourse and also is the field of knowledge where new knowledge is rapidly developing in trying to better understand psychotherapeutic practice, e.g. infant research, attachment and affect theory, neurology.

In the field of GIM, Bruscia (1995, 1998) extensively contributed through articulating how psychodynamic theory and practice could inform the GIM process. His writings developed from the psychoanalytic tradition in music therapy. He also encouraged GIM practitioners to search for other, and more helpful constructs that could clarify the process of GIM psychotherapy. His writings started in 1995, in the beginning of a

rather turbulent, still on-going paradigm shift in psychotherapy and psychoanalysis.

The Jungian perspective, also important in GIM work, is here seen as one dimension of psychodynamic theory, and the whole field tries to encompass theory and method providing ways to work with, and in, the unconscious.

Bruscia (1998) also developed ideas and methodology through a heuristic exploration of his own therapeutic practice. Through this, he developed the notion of relationality in GIM.

Isenberg-Grzeda (1998) discussed how GIM theory evolved and how it at that time started to include object-relations theories and self-psychology, and how that necessitated shifts in the use of concepts. I consider the development of theory based on findings from this study as one way to let new knowledge influence and make possible shifts in the use of both concepts and methodology.

Psychodynamic theory today is continually revised and developed, especially through new knowledge on memory, implicit and explicit processing entailing differentiation between un-conscious, non-conscious and dissociation. This necessitates new ways of understanding the GIM process.

When discussing Summer's study (2009) and comparing it to my findings, it is important to state that a GIM process can be analysed and understood through different 'lenses', and that multiple perspectives on such a complex process is desirable. In relation to Summer's study, I will focus on three issues:

Summer emphasized *how* clients experienced and deliberately put *what* they experienced into the background. Through that she made it more possible to explore the relationship between the music and the clients.

When a GIM session is divided between "content" and "process," the imagery content is separated from the client-music relation (p 235).

However, in the study, she mainly explored the music-client experience, since that was the focus of her research questions. This entailed a 'lens' of dyadic interaction, even though she clearly stated her awareness of the therapist as the provider of the music.

Summer used a concept of “relational parameters” (p 235). She interpreted the music-client relationship as “external or internal relation, impersonal, personal, and transpersonal, and further categorized as archetypal, spiritual or peak” (p 235), which I found somewhat problematic since it is not derived from any established relational theory, and through that difficult to affiliate with. However, in her analysis there was a clear search for relational concepts that could illuminate and explain the ‘how’ between music and client.

In her study, Summer (2009) used the psychodynamic concepts of transference, projection, introjection and projective identification in interpreting the GIM process and participant’s relationships to the music. These phenomena can be considered ingredients in implicit relational knowing, but they were originally defined through another way of understanding the difference between procedural/implicit and declarative/explicit memory and levels of consciousness. The use of the concepts becomes problematic if they are not integrated into, or at least compared to, concepts of attachment and intersubjectivity. However, in this discussion it is valuable to compare perspectives, especially on the level of experiences, where change actually takes place. In order to compare my way of understanding developed in this study to Summer’s, I will give an example, also suggested from Summer (in mail discussion/feedback, 2013).

In the pilot study, Summer’s analysis of the participant’s experience of the music, generated concepts of a four-step process:

- Emotional resonance with the music, the participant felt that the music was in resonance with her.
- The music expanded the participant’s consciousness, when parts of the music felt different, unfamiliar.
- The music showed the participant a new solution, new parts of the music taught her something new.
- The music helped the participant to introject the solution and the experience came inside her (p 155).

Summer expanded a process view on GIM through her focus on exploring Music Centred Guiding. The four-step process was repeated three times during the music, helping the participant to develop new ways of dealing with an old problem. This

cyclic movement can be compared to my analysis through experiential categories generating new patterns and levels of interaction. Following this, the different steps depicted above, can be compared to the relational modes identified through the experiential categories in this study. “Emotional resonance” is quite similar to category 4. “Expansion of consciousness” has some similarity to category 5, since the experience of the music contains what is different or unfamiliar. But as I understand it, this could just be a step towards an expansion of consciousness. According to the findings in this study, this expansion takes place because of the *movement between* experiences of resonance and the unfamiliar. The “musical solution” comes then as a synthesis, and can in that sense be similar to category 6. When Summer then uses the concept of introjection to characterize this experience, the issue becomes problematic. The fourth step can indeed be a “synthesis”, and when looking into the experience of the participant in the pilot, there is clearly a surrender leading into transcendence and eventually spiritual qualities (p 151). Jessica Benjamin (1995) developed these issues when she revised older psychoanalytic thinking through a gender perspective and stated, that in order to develop intersubjectively, one cannot just ‘introject’ something that is felt as different. One must stay in the tension that is generated in-between (in this case participant and music), and recognize the dependence, as two mutually recognizing subjects with similarities and differences. We must surrender to the interdependence, and eventually transcend into something “third”. When comparing the findings of this study with the experience of the participant in Summer’s study, I assume that the fourth step did contain a process of surrender, with a letting go, but not of ‘foreign or unfamiliar’ parts, but of the ways to be-in-relation that was about struggle, flight or destruction. This was provided through the music, AND the therapist, connected through trust and faith, in the participant.

Through the adaptation of GIM, *Music Breathing*, Körlin (2007-2008) developed new knowledge on how to address different clinical issues when working with PTSD and dissociative states. His theoretical background is partly psychodynamic and basically neurological, and the latter is not addressed in the present study. However, there are relational aspects connected to his ways of developing Music Breathing with silent grounding, meditation and processing through imagery work. The connection between breath regulation, heart rate regulation, meditation and adequate music

listening can be understood in terms of self-regulation with the help of the relationship to both therapist and music. The experiential qualities generated through the methodology of Music Breathing can probably be understood through the experiential categories in this study, and perhaps also as containing different relational modes in terms of self-regulation through the music. This could be a future research topic.

When exploring the perspectives of clients and therapists in GIM, a combination of the developmental and phenomenological perspectives is important. The intersubjective perspective is a field of knowledge that combines the two (Husserl, 1995, 2002, Stern, 2004). Findings in this study confirm the possibility of integration. Grocke (1999) and Abbott (2005) contributed to this integration and explored the therapist's and client's experiences. Abbott's findings confirmed the importance of both positive and negative affective qualities in GIM experiences, and the need for a more process oriented way to understand client experiences in GIM. Both issues were developed in this study.

Abbott (2007-08) also contributed to knowledge about GIM therapist's intentions. Her combination of data collection through video-taping and interviewing made it possible to connect implicit and explicit knowledge about the importance of therapeutic stance in GIM, which was also confirmed in this study through the findings from the vertical analysis and the collaborative interviews.

The collection of client's voices, done by Hibben (1999) as well as Grocke (1999), is another important way to expand knowledge about what works in therapy. The knowledge is locally developed and can eventually be combined with more generalizable knowledge, e.g. from practice based studies and infant research.

This study's findings underline how the client's and therapist's voices, or perspectives, made it possible to confirm or reject results of the transcript analysis. Data from a collaborative interview can verify or falsify the data generated through analysis based on developmental theory, such as the experiential categories.

The findings also illuminated the importance of collaborative qualities between the therapist and the participants, the importance of therapist's stance as ingredients in a process of surrender.

The interviews generated a meta-processing of the experience.

From both participants and therapist, music was described as a relational agent. The combination of transcript analysis and interview made it possible to differentiate and better understand how the process generated transformation.

Both similarities and differences between the four vertical analyses positively answered the research question.

6.4.3. Music in GIM

GIM music – music analysis and experiences of transcendence

Helen Bonny (1978) early formulated her ways of analysing music in GIM, and developed the method of giving a GIM music program an affective – intensity profile. In my analysis of GIM transcripts, the affective dimension in all six experiential categories is fundamental. Affectivity, both in terms of categorial affects and vitality affects, is crucial to generate change. As Daniel Siegel (2009) stated, affectivity *is* movement and integration. Through the affective – intensity profile, music in GIM was linked to affect theory. Summer (1995) moved the analysis further and connected the concept of ‘affective-intensity’ to ‘holding-stimulating’ and connected the analysis of GIM music to how the needs of clients could be matched. This expansion from pure music analysis to a phenomenological and/or psychological analysis, guided the music analysis in this study. The issue of combining musical, phenomenological and heuristic analysis is a matter of developing the complexity. Through adding different subjective perspectives, since there is no ‘objective’ way, music in GIM can be analysed and understood in ways that inform understanding of music’s transforming power.

Summer (1995) developed the matching and attuning of the music to the clients present state so that it contains and fuels the client-therapist relationship. For Summer, the music is a major transforming agent. She argued that a GIM therapist’s primary task is to attune to the client’s need of a musical home-base, in terms of an auditory reflection of the inner state of the client. This task is extensively illuminated through her research (Summer, 2009). The concepts of ‘holding-stimulating’, and ‘musical home-base’, are basic for music in the GIM process in general, and as such also crucial to experiences of transcendence in GIM, in particular.

Grocke (1999) identified the musical parameters that were frequent in experiences of pivotal moments, and found that clear formal structure with repetition, slow and consistent tempos, predictable melodic, harmonic and rhythmic elements, and dialogues between instruments were important. Summer (2009) did not focus on

specific musical elements, but rather stated that the client's needs to relate to the music, surrender to it, merge with it or attend to it in an open and receiving way, were crucial. She also underlined the need to further explore what contributes in the unfolding of experiences of transcendence.

The music analysis in this study was developed from Bonde (2005, 2007), Bonde & Pedersen (2014) and Wårja (2010). It generated further knowledge about ways to connect experiential qualities (through transcript analysis) to musical qualities in pieces and programs (through use of music classification categories). The results in Table 5.19 were analysed in the Results chapter. I emphasised the connections between relational qualities in the different pieces of music and made comparisons to the relational modes assumed to be at hand in the experiential qualities. These assumptions relied on the written transcripts. In interpreting data and results, I tried to encompass and balance the inherent gap between the implicit and explicit domains of representations, assumed to be inherent in the experiences. Through connecting experiential categories (ECs) to music classification categories (MCCs), I argue that I could confirm the existence of this bridge, since the joint analysis showed comprehensible and reasonable interactions between music and analysed experiences.

The complexity of the GIM music experiential process was illuminated and underlined. The connections between the different MCCs and qualities in the experiences confirm much of what we already know about the GIM process. However, I argue that my results develop knowledge towards a clearer understanding of how relational modes, building-blocks of implicit relational knowing, transform/change through the interaction with music, therapist and inner experiencing. Also, shifts and transformations in ASC are connected to movements and shifts in inner representations of ways "to share, regulate, be, act, sense, feel", etc. The contents of imagery are also informing, but as "signs" of an important transformation going on.

Findings from the vertical analysis and music analysis illuminated the interactive complexity between music, participant and therapist. In the collaborative interviews, both participant's and therapist's perspectives on the music was explored. All four participants described the music in terms of emotions and relations, e.g. loving, living force, merging, powerful, intense. When connecting the four participants' perspectives on music to the ones on guiding, the importance of interactive qualities

were clear. They all expressed their trust in the therapist's selection of the music, that music was a guide together with therapist, that the therapist guided on the wings of music, and that the therapist connected with power and professionalism.

The relational complexity, in the field of P-M-T, is just what is needed for transformation to take place. The combination of all three parts, through their common and dialogically shared relational modes, produces the change; transcendence into the "third". The huge complexity is probably helpful, since that forces us to let go, to surrender into a 'not-knowing' position, and the findings support that some concepts in the field can lead the way.

GIM music as part of a relational field – Music-Client-Therapist

In music therapy, the issue of whether music works 'as' or 'in' therapy, was discussed by several writers (Bruscia, 1998, Garred, 2006, Summer, 1995, 2009). This question concerns the issue of music ontology but also how the transforming power of music can be better understood, and through that how music is part of a relational field. The issue leads into different arguments if we discuss expressive or receptive music therapy, and GIM as a developed form of the latter. In this context, some findings shed light on this question.

Summer (2009) illuminated how one participant's experience in her study pointed in the direction of understanding the interaction between music and participant through a meta-perspective. This could unveil how e.g. "imagery" as a concept polarizes between imagery experience and music experience. Summer stated that there might be a kind of entity, or concept that connects the two, and suggested that simultaneous examination of the interaction between client, music and therapist could give a more accurate picture.

Garred (2006) applied a dialogical perspective on GIM, and tried to integrate the relationship to music and the relationship to imagery (or the client, since it is the imagery of that person). Through a dialogical perspective, the differentiation between music *in* therapy and music *as* therapy can be solved and the process or movement between the two becomes more like a figure-ground phenomenon, Garred stated. Depending on the therapeutic process and the needs of the client, the one or the other can be in focus, also in GIM. The development of Music Centred Guiding by Summer, can perhaps be considered a way of working alongside the more classical GIM guiding, with shifts between the two more connected to the needs of the client.

One way of dissolving the contradiction is to understand the ontology of music as dialogical, meaning that everything that emerges does so *in between*, in the interactive field, and not just *inside* any of the interacting parts. Garred emphasized that music as therapy in GIM is a process where the client's implicit relational knowing is changing, not primarily through transference issues, but through the meeting of music, self and therapist, in the here and now creating emotional intensity, which is congruent with how therapeutic change is understood today.

The findings in this study support a dialogical model and focuses on interactive components. Concepts from intersubjectivity are applicable both to the internal world and the interactive field in the outer world. The sharing of attentions, intentions and affectivity happens inside us and outside, between us. Human minds are immanent and transcendent. Music as well as humans, is immanent and transcendent. As soon as we explore something moving (which we do when we explore life and the living), we must move as well, and in a way give up the idea of boundaries between inner and outer, properties or processes. We can only try concepts that allow for this perspective to emerge – relational properties or modes can do that and bring us to a meta-level of understanding. *When* does music become 'therapy'? Perhaps when it is in relationship to a human being, preferably a therapist and a client.

6.4.4. Relational perspectives in GIM

In GIM, the movement towards a relational perspective has been going on since Helen Bonny developed the methodology. Some writers have more explicitly affiliated with concepts from new relational theory (Bonny, 1978, 2002, Bonde, 2000, Garred, 2006, Geiger, 2007, Ruud, 2003).

Connections between words and actions were explored by Lakoff & Johnson (1980), and Bonde (2000) used their notion that metaphors are closely related to body schemata. He suggested that GIM processes be understood through metaphors that develop into three levels of complexity. The bridge from action and gesture to metaphor and to words, and also an assumed feedback loop from word to metaphor and to action – gesture, is a bridge that contains relational ingredients or modes. The whole process is similar to symbolization. It can also be understood as a bridge between implicit and explicit modes of interaction and forms of representation. Behind the defined experiential categories used in this study, is the assumption that what the P shows in gestures and affective expressions and tells in words, mirrors

how she/he moves between implicit and explicit experience during the music. Bonde's idea of metaphoric levels in GIM, mirrors from another angle the development of a process of surrender, and the 'full narrative' perhaps is an explicit gestalt of an implicitly configured experience. This could be explored through e.g analysis of transcripts with the parallel use of categories in this study and Bonde's definitions of metaphoric levels.

The statements made by Geiger (2007) that the intimacy in the interactive field in GIM amplifies the process in implicit relational knowing, is both confirmed and developed through the findings in this study. As an outcome of the relational modes (found through categories of analysis), imagery can be seen as co-created in the intersubjective field through therapeutic actions like attunement and regulation during all sequences of a GIM session.

The concept of 'burning scripts' explored by Ruud (2003) is connected to findings in this study. Through shared attention, intentions and affectivity, captured through categories 1,2 and 3 in this study, inner representations of 'self-with-others' – scripts – develop.

The relational stance is visible and audible throughout Helen Bonny's writings. She found herself affiliated with the collaborative stance, and the client-centred movement at that time, which eventually became a kind of subordinated discourse in the psychiatric and psychotherapeutic field of knowledge. This was also connected to the split between spirituality-religion and science. Her awareness of the power of GIM, entailed that she became more concerned about training of GIM therapists, and stated that "a GIM facilitator is at home in the disciplines of music and psychology with knowledge and understanding of each" (p. 272), a statement that has encouraged this study. Bonny inspired to search for new ways in understanding the GIM process with concepts that illuminated both musical and human interaction in the GIM relational field.

6.5. Limitations – methodological discussion

The strongest limitation in this study is in the fact that pre-understanding in terms of pre-defined categories of analysis and their theoretical roots, was dominating through

the whole analysing procedure. One could say that through my aim to develop the intersubjective perspective on GIM, those 'glasses' have been on my nose the whole time. This limited, or even closed, the possibility to see something else. With this stated, I am still inspired, challenged and surprised by everything new I have learned through this project.

This section continues with an appraisal of participants, data collection, and data analysis.

Then I will discuss more generally, the study as a whole, using the evaluation agenda for qualitative research, EPICURE (Stige et al., 2009), including my own experience of some sequences of the research process, findings from the Rep-Grid interview and validation analysis.

Finally, some reflections on what could have been done differently, if starting now.

6.5.1. Focus group interviews

I wanted to explore if fellow GIM practitioners found my research project meaningful, useful and engaging, and the focus group interview format generated important answers. I could also have done individual interviews or a (international) survey, since that might have generated more participants. The reason for not doing that, was primarily my eagerness to start data collection and get ahead with the research process, and this issue is more a reflection done at this point in time, when I in rear-view mirror wonder about the rest of the Swedish GIM community's thoughts about my work. Right after having conducted the focus group interviews, I felt confident and inspired by the focused questions that came up as a result of the interviews.

6.4.2. Participants and transcripts

The research questions as well as the focused question from focus group interviews entailed that data collection should be done through transcript analysis. But *which* participants and transcripts was at first an open question. Should I analyse transcripts from my own clinical practice, and/or from fellow practitioners? This would have entailed a need for other ethical considerations and applications to ethical boards. The opportunity to collaborate with prof Lars Ole Bonde in his study of non-clinical participant's experiences of selected GIM music programs with the purpose of facilitating strong experiences such as peak or transpersonal, was found concordant with the focus of my research questions. The participants were not informed about

the focus of the selected music programs, and not about the focus of my transcript analysis, a prerequisite for the research project.

The pre-defined group of participants generated altogether 38 transcripts, which made it possible to analyse all transcripts. Altogether, this gave the opportunity to analyse comprehensible processes with one and the same GIM therapist, a condition similar to the alternative of having analysed my own clinical transcripts. The amount of transcripts (38) was sufficient to find out if the categories of analysis from the small study could be useful and generate new knowledge. However, this can make the use of the same kind of transcript analysis and findings on a clinical sample, less generalizable to a clinical context. The choice of participants and transcripts was simultaneously limiting and focusing.

As a point of reference, I analysed transcripts of a clinical case from my own practice, altogether 21 sessions, and also arranged a collaborative interview with a colleague as interviewer, and wrote a clinical case study which was not included in the Results chapter, but in the appendix. This process gave me as researcher an experience that developed my own engagement and reflexive self-inquiry, and also re-connected my research to my clinical practice, enhancing the sense of usefulness and meaningfulness. A limitation of the study is that the clinical case study was not included in the Results chapter as a point of reference, only part of the appendix. However, during writing and compiling, I found that the Results chapter became rather spacious, and that the clinical case more could serve as an illustration of how my findings can inform GIM work, and of how I work as a GIM therapist. .

The choice of using transcripts as the only direct source in documenting a GIM process was mainly a consequence of the small study and the formulated research question. But the intention to develop the relational perspective on GIM, could also have led to analysis of dvd recorded sessions. The transcript analysis could have been compared to, and checked with, recorded sessions (and transcriptions of them), and when the sessions that were actually recorded, but proved to be impossible to hear, I decided not to use the recordings. The technique of recording a GIM session, preferably both audio and video, entails a much more developed method for analysis and coding, which I found is beyond the scope of this study. The categories of analysis in this study can however be used and developed into a new tool applicable to data from a recorded session, which may be the focus of a new study.

6.5.3. GIM transcripts as documents

In the Method chapter, I argued that a GIM transcript contains more information than just 'content', meaning that they could give more information about the GIM process. This statement was confirmed through the findings of this study.

The participant's experiences during the music, considered as "material", was mostly dealt with as content, and the transcript captured the therapist's registering of that content, which inevitably is a kind of interpretation. This meaning-making process is of course going on during the whole session, as well as between sessions, and the transcript is just a part of that process. Mandalas and art material were other imprints of content as well as process, and they were not included in the study, only used as illustrations, which is a limitation.

In contrast to transcripts from psychotherapy sessions in general, the GIM transcript is written *during* a part of the session. Transcripts from other psychotherapy sessions than GIM are usually worked out from recordings of the sessions. In psychotherapy research, the need for transcription standards has led to the development of several guidelines (Mergenthaler, E. & Stinson, C., 1992). These guidelines are to be used in research and education.

The GIM transcripts in this inquiry were documents from a therapeutic GIM process, though non-clinical. Data were parts of a research project and as such ingredients in that kind of meaning making process. However, the texts were analysed with pre-defined categories. Some methodological issues from Kvale & Brinkmann (2008) were taken into consideration. They problemized the issue of transcribing from spoken to written language and emphasized the interpretative qualities. Transcripts are translations, and Brinkmann & Kvale (2008) connected to the hermeneutic tradition and the importance of being mindful of "the translator as a traitor" (p. 200). The issues of reliability, validity and ethics needed to be taken into account. In this study, transcription by others than the therapist was not done, because of the fact that recorded sessions were not used as data source. The analysis of transcripts with pre-defined categories was validated by analysers other than the researcher (see 4.5.4.4 for validation analysis). Ethical aspects connect to the overarching ethics of psychotherapy, where trustworthiness, confidentiality and intimacy are parts of rules and regulations (Ethical Guidelines for Psychotherapists. Etiska riktlinjer för psykoterapeuter, Riksföreningen PsykoterapiCentrum, 2011). In this context, the

participants knew and had given their consent taking part in the research context. In the collaborative interviews, the possibility of member checking with participants about their experiences was developed.

The transcription procedure in GIM is different from transcriptions of interviews. It takes place in a relational field where the therapist partly is in an altered state and with the music, partly more in her implicit domain of relating and connected to her own inner formats of "communicative musicality", during the here and now.

The interpretative process of transcribing from spoken to written language contained a dilemma, similar to the dilemma within and between participant/client and therapist, mirroring the movement between implicit and explicit knowing (Stern, 2004; BCPSG, 2010). Put together, to use GIM transcripts as sources of data when the intention is to explore interaction and implicit levels of experience, is a limitation.

6.5.4. Collaborative interviews

Since the possibility to compare transcript analysis to recorded material was omitted, I wanted to find another way to check experiences analysed from transcripts with the participant's subjective experience. I also wanted to explore the relational field between therapist, participant and music, since the strong experiences had appeared there, so I decided to conduct collaborative interviews as a third source of data collection. Through this, I triangulated the data collection.

The collaborative interview format has a built-in dilemma. The simultaneous presence of researcher, T and P, generates an important task in balancing the possibility to actually explore perspectives against the risk to inhibit freedom of speech. I had, as researcher, both a bias and a former experience in conducting the interview. The latter is a prerequisite, but can also hide my pre-understanding, influencing what kind of information could be extracted. The interview format was originally developed to help therapists extract local knowledge – feedback from clients on the collaborative climate in former therapies – and findings from the interviews in this study were also locally generated, and through that not generalizable to other contexts.

As researcher, with my previous experiences from collaborative interviews, I experienced the four interviews in the study as very engaging, giving opportunity to meet four participants together with the therapist. The perspective of 'knowing' about their experiences, through the conducted transcript analysis, was deepened and

humbled, and more flavoured by 'not-knowing'. Through sharing the different perspectives, I also learned more in detail about the importance of the 'togetherness' and 'trust' between participants and therapist. The interview format can be considered as a way to 'triangulate' information, through creating circumstances for a 'dialogue'. The limitation of the interview format was its complexity. I might have had more clear data and member checking on transcript analysis, if I had not also been so curious to know more about participant's perspective on the analysed transcripts, music and therapeutic alliance in collaboration with the therapist's perspective on the same issues.

6.5.5. Methods of data analysis

The method of thematic analysis dominated the analysing procedure, and through that a bias of pre-understanding. However, the research question limited but also made transparent, what I was exploring. The hermeneutic process of letting previous understanding interact with new understanding, was the guiding format, as was depicted in the flow chart (Figure 4.6, p. 148). Throughout the research project, I have tried to make transparent how analysis, and through that interpretation, constantly went on and developed new patterns in the findings.

The transcript analysis was limited by what was written and not written, the transcript notes did not follow music's development in time so the experiences analysed could only be approximately connected to interaction with the music. It was sometimes uncertainty in how I should interpret affective qualities, and this is depicted in transcript excerpts with my q-marks.

The music analysis with the four music classification categories was insufficient. MCC 3 and 4 could have been divided into two or three more categories. The affective qualities of concepts like 'exploration, challenging, deepening' are both subjective and context-bound, and perhaps impossible to pinpoint into a generalized classification. However, the analysis of the interaction between ECs and MCCs, still showed interesting connections, e.g. the MCC 3 (deepening) was most frequent with the Relational Mode of Surrender.

The validation analysis could have been more encompassing, e.g. all transcripts could have been analysed by an independent analyser, or by the therapist. This could have developed the transcript analysis.

6.5.6. General methodology

Given my focus of interest and intention to try out my categories of analysed experience, my statement is, that I could not but choose to do a qualitative study with a hermeneutic flexible design. Rather, the descriptions and considerations in Robson (2011) confirmed, conceptualized and organized something I was already doing.

Triangulation as a procedure to validate findings about the Process of Surrender was developed as part of preparing the study. From exploring in general the use of categories of analysis, a narrowing down to focus and track the Process of Surrender, was supported through the question from focus group interviews. I then again widened the perspective, in order to explore the phenomenon, and a triangulation was developed through adding collaborative interviews to focus group interviews and transcript analysis. I could have chosen other ways to triangulate. For example, instead of the focus group interviews, which could have been part of a preparatory phase, I could have chosen to collect data through one (or two) dvd recorded GIM sessions. This could perhaps have answered my question about how the Process of Surrender develops more specifically in relation to the music, and also in the interaction between therapist and participant during the whole session.

As a way to evaluate the study as a whole, I will use the structure of EPICURE, from Stige, B., Malterud, K. and Midtgarden, T. (2009) "Toward an Agenda for Evaluation of Qualitative Research". They propose an evaluation agenda based on a reflexive dialogue that can take place within and between researchers. The acronym is divided and encompasses guidelines to evaluate "engagement, processing, interpretation and self-critique, to meet the challenge of producing rich and substansive accounts – EPIC", and "social-critique, usefulness, relevance, ethics, to deal with preconditions and consequences of research – CURE" (p 2). I used the seven themes as guides in appraising and reflecting over my study, and felt a strong affiliation with the statement that the agenda could work as "a reminder of the importance of reflexive and critical humanism in qualitative research"(p 5).

E for Engagement

My professional and personal engagement in understanding psychotherapeutic change and the health potential in the phenomenon of surrender and process of surrender, was the driving force during the research project, and hopefully enough

transparently disclosed. Throughout the process of documentation, I have tried to balance between redundancies and clarity, transparency and good-enough boundaries in order to communicate the findings in a convincing way. The engagement must interact with self-critique, which will be addressed below.

P for Processing

The processing of data collection, analysis and presentation was done continuously as was depicted in the flowchart, showing how I needed to move back and forth between collection and analysis. This was also a weakness in the study. One example is that my analysis of transcripts was done in steps, with the collaborative interviews conducted in between. The continued analysis of transcripts was through that influenced by my experiences from the interviews, and the analysis of interviews was continuously adjusted to the fact that all four interviews developed differently even though I used the same agenda of inquiry. The fact that I as interviewer collaborated with the same therapist throughout all four interviews generated a kind of 'training-effect' on how we worked together. This might have influenced us to create a meta-pre-understanding, generating a less open attitude along the way. The analysis of all 38 transcripts also generated a kind of habituation, making me more and more focused on search for patterns of a process of surrender.

I for Interpretation

To evaluate the primary interpretation, to appraise the choice of focus of this study – tracking a Process of Surrender - and consequently the interpretation of findings, is inherent in the whole study. After having conducted the study, I still consider this focus of interpretation highly relevant. The concept from the small study was indeed developed and saturated with new knowledge, but future research can certainly contribute more (see below).

The research processing appraised above, was also a process of interpretation. My assumptions about finding patterns and levels of patterns in interaction and consciousness through the data analysis can also be considered as weaknesses in the findings. The problem of double, or triple, interpretation, described by Stige et al is at hand. The steps in transcript analysis, described in the Method chapter, can be compared to different levels of interpretation. Stige et al referred to Ridder and Aldridge (2005) who interpreted data on three levels: the experience (of a

phenomenon), the descriptions of the experience, and understanding the experience in relation to various discourses such as background theory. My first reading through of the transcripts was comparable to *my experience of the phenomenon*, the second reading with search for categories 1-3, was comparable to *my first description in relation to the small study*, and the third reading was comparable to *my understanding of the experience focusing on the Process of Surrender*, which was supported from findings of the focus group interviews and the former small study. In this way, the interpretation process was levelled.

This levelling is also a weakness in the study. When the levels of interpretation were used to develop findings, one can certainly discuss the adequacy in the “degree of consistency between low-abstract and high-abstract interpretations” (p. 8 in Stige et al). I am aware of how my interpretations of patterns and levels of patterns in interaction as signs of deepening levels of consciousness and developed implicit relational knowing, can be criticized as too far-fetched.

C for Critique (self- and social-)

Since the engagement in the study was both personally and professionally flavoured, and the categories of analysis was developed by me, I was early aware of the need for self-disclosure. During the research process, two parts contributed, the three steps of validation analysis and the Rep Grid inquiry. Because the concepts Process of Surrender and Relational Mode of Surrender were developed by myself, through the small study, it was important to use a Rep Grid analysis to make my own pre-understanding conscious and transparent. The inquiry confirmed how I understood the Relational Mode of Surrender as only a process, without any specific content. This is also a kind of bias, if the participant experiences the content as more important, the dominance of my process-view, can be non-confirming to the other person. The Rep Grid also illuminated how I understand GIM music as both a process- and content- ingredient. This issue evoked several new questions about GIM music in relation to the GIM process that I just noted but did not develop further in this study.

The validation analysis could have been more developed, and I still think it would have been a good idea if an independent analyser had conducted an analysis of all 38 transcripts. The validation analysis that was done put focus on how transcript analysis and interpretation was dependent on the context of the participant's

experience (where and when in the session) and the context of the therapeutic setting (where and when in the whole process). It also generated useful knowledge about how the definitions of the categories could be developed, and how the use of categories could be implied in clinical settings, e.g. develop guiding and music selections. In spite of shortages, the validation analysis also confirmed the usefulness of findings.

U for Usefulness

When it comes to this study's usefulness, I think it has contributed a lot, even though it has weaknesses in several areas. The study has generated important ideas and new knowledge in how to understand the transforming power of experiences of transcendence in GIM. Findings illuminate how these experiences in a GIM setting can be prepared for more thoroughly. The lack of a process perspective on change and transformation in GIM has been diminished. The study also generated new ideas in how clinical practice can be informed, and consequently inform GIM training (see below).

R for Relevance

Hopefully, the study can contribute in supporting GIM to be more established and accounted for within the psychotherapeutic communities. The study might also illuminate how we understand both music *in therapy* and music *as therapy*. The issue of understanding the health potential in experiences of surrender and transcendence, in a broader perspective, outside GIM psychotherapy, has perhaps also been illuminated.

E for Ethics

The most crucial ethical question is, how can I as researcher, or therapist for that matter, know anything about the subjective experience of a participant in a GIM session? The first answer is of course you cannot know anything from the same subjective perspective. I hope, however, that in the section on ontology and epistemology in the Method chapter, I have conveyed my stance concerning the possibilities to know and not know anything from within another human being. In spite of this, the endeavour to explore the subjective perspective and contribute in making it known and explicit is a question of ethics to me.

I have only met four of the participants, and through that I have perhaps assumed too much about the experiences of the other six. The member checking only came about through meeting these four, and only through checking transcripts and therapist's experiences. Member checking of the data from the collaborative interviews was not done, and this can be considered both unethical and not enough evaluating. I could have sent the written documents of the analysed interviews for checking. I could also have asked the therapist to check give feedback on the protocols and the dvd recordings.

The participants were already engaged on the conditions of taking part in a research project and through that had agreed to conditions outlined in the invitation (see appendix). The participants that I did not meet in collaborative interviews were not specifically informed of my transcript analysis, which made me a bit uncomfortable, and could perhaps have been dealt with in a more proper way.

6.5.6. What would I have done differently if I had started now?

Within the limits set by the research questions, I would have analysed transcripts from a few clinical samples, with e.g. diagnoses of PTSD, depression and spiritual emergency, and perhaps be able to compare findings from that analysis with the ones done in the study. This could be clinically interesting to capture similarities and differences in the conditions that were found to help in the development of a process of surrender.

In the music analysis, I would have developed the music classification categories into a few more, in order to perhaps better understand the interaction between the Process of Surrender and qualities in the music.

Finally, I would have made at least one dvd recording of a session, and compared analysis of transcripts from that session, to an analysis of the interaction on the dvd. That could perhaps also start a development of the categories of analysis into being applicable to that kind of data.

6.6. Applications

6.6.1. Clinical applications

Findings from the study constitute a basis for applying an intersubjective perspective on GIM. Through that, the music experience as well as the dialoguing parts can be

understood more in terms of process than contents. A useful theory of change and process serves as a 'mental container' for the therapist and the work with processing together with the client, which in turn expands the possibility of trust and holding between therapist and client.

The intersubjective perspective and this study's developed categories of analysis can provide the therapist with 'tools', or be used as 'lenses' through which the meeting is understood and conducted. The perspective can serve as a bridge between the verbal parts of the session and the music experience. The experiential categories can help the therapist to enhance her/his awareness and focus of awareness both in dialoguing and guiding. This must of course be attuned to the client's expressions and not be used in a limiting way.

In the following, I have associated to my own therapeutic stance and tried to capture how the defined categories can inspire the therapist in both the verbal and the guiding parts of a session. The formulated questions are just examples. They are intended as 'inner guidelines', not explicitly asked, even though some could actually serve as questions when needed, as long as the therapist uses her/his own personal formulations. With this said, I want to underline that the most important ingredient between therapist/guide and client is implicit. When the guide is silent, the inter-attentionality, inter-intentionality and interaffectivity is still there, and the 'inner guidelines' can serve as a 'container' for the therapist/guide making her/him more present in the moment-to-moment movement.

On a general level of stance, the following 'inner guidelines' can assist, and perhaps point at an explicit formulated question or explicit exploration.

Inter-attentionality:

Where is the client's attention right now? What is the client's pre-occupation? Where is MY (therapist) attention right now?

Inter-intentionality:

How/where is the client 'moving'? Where are the client's intentions going? Where am I 'moving'/what directions do I sense right now?

Inter-affectivity:

What does the client feel? How does the client feel? How does the client regulate her/himself? What do I feel? How do I feel? How do I regulate myself right now?

Sharing and regulation of inner states:

Is this that is happening right now confirming, recognising? Do we understand each other? What/How do we share it right now? Do we share that we do not understand each other?

Is this that is happening right now non-confirming, distancing, even scary?

Does it bring us into distancing or even sense of ruptures between us?

Can we share this? And meta-communicate about it?

How is our trust and collaboration developing?

Are there moments of meeting coming up? Can we surrender...or are there forces against?

On a more specific level of interaction in the guiding, the categories of analysis can inspire the therapist as follows:

During focus induction:

The attunement of attention, to e.g. the breathing, to follow/lead body relaxation, gives the client experiences of regulating intentionality. The attunement between therapist and client, to affectivity noted or expressed, when asking and attuning to client's focus of attention before music comes, etc, all fulfil the criteria of inter-affectivity.

When doing the focusing induction, this is basic to what guides do, but could be more contained through an intersubjective frame of reference.

During the music experience:

Be aware of sharing with the client her focus of attention, her movement/directions/intentions, mirror and attune the affective qualities, especially in terms of intensity, form, rhythm, pace, duration, tempo. If the therapist is connected to the music, this attunement develops into a mutual, simultaneous regulation which generates a deepening of consciousness in both therapist and client.

Assist the client in turning to the music, sharing with the music, letting the music regulate his/her inner states, explore how music mirrors,

recognises, not recognises him/her, and in this way encourage to relate to/interact with the music, even though it is not there 'in vivo' (or is it...?). Regulate yourself (as therapist) through the music, and share this with the client when appropriate.

The findings from the music analysis, and from the analysis of the interaction between music and occurrence of a Process of Surrender, can inform the therapist in her task of selecting music, so that musical qualities can be attuned to relational modes between client, music and therapist.

In the phases of processing, the therapist may be informed through the findings from the study, so that she may encourage the client to understand the importance of a developed implicit relational knowing, and not just the importance of understanding certain images or content of the experience. The intersubjective perspective may also encourage the therapist to develop her skills in how to meta-process the therapeutic work, meta-communicate on issues of trust and collaboration between her self and her clients. This would also make her more sensitive when selecting music, and guide her in being more interactive and less instrumental.

When the client experiences transcendence with peak, pivotal, transpersonal or spiritual qualities, the therapist can assist in processing not just contents but also how the experiences can be transforming in 'daily life'.

In this context of applying findings to clinical practice, I would like to connect to issues formulated by Daniel Stern (2010). To start with, I will connect my experiential categories to the concept of dynamic forms of vitality. Stern emphasized the multimodality of the phenomenon and stressed how intentionality, vitality and affectivity are parts of a whole. Compared to my experiential categories, dynamic forms of vitality contain categories 1, 2 and 3, and also comprise a multimodal sensing quality present in both category 4, 5 and 6. However, the concept of dynamic forms of vitality is 'smaller/shorter' and can also be seen as parts or ingredients in categories 1, 2 and 3. Stern's idea was that dynamic forms of vitality connect four conceptual lines; intersubjectivity, inter- and meta-modalities in sensing, experiential dynamic (movement, duration, intensity and form/shape) and phenomenology. Stern (2010) summarized the role of dynamic forms of vitality in psychotherapy and stated that they comprise and connect speech and movement. The connection is based on the notions that prosody of speech is close to qualities of movement; thought and

gesture are 'siblings'; intention and meaning are both unfolding and emerging in interaction both spontaneous, imprecise and messy, in an intentional unfolding process.

Dynamic forms of vitality, just as categorial affects, link present to past and conscious to unconscious. In a therapeutic setting, a focus on vitality dynamics and forms can guide in connecting between implicit and explicit forms of experiences, and between conscious and unconscious layers of representations. They are keys into transforming experiences. In verbal as well as experiential parts of psychotherapeutic sessions, Stern advocated that the therapist should shift to, and carry the focus on dynamic forms of vitality during a session. In the guiding during a GIM session, the therapist's main focus, following Stern, should be on the 'how' in vitality, attention and intentionality, during the client's travel. Further clinical applications of the findings of this study leads to the enactment of the basic notions of improvisational music therapy described by Wigram (2002): *mirroring, matching, empathic improvisation, grounding-holding-containing, dialoguing and accompanying*. In the GIM setting these are parts of the therapeutic stance in talking and interacting, and completely in accordance with the previously discussed issues illuminated by the Boston Change Process Study Group. Stern's focus on local sequences of interaction, micro-moments, should influence how we conceptualise the interaction during the GIM music experience, and the findings of this study are a contribution.

This was just a brief overview of how the findings may inform clinical practice. My intention is to elaborate this further, which is beyond the scope of the study.

6.6.2. Cultural aspects and clinical applications

The findings of this study have its cultural context in a similar way as GIM practice in general. Bonde & Mårtensson Blom (in press) explored through a literature review and an exploratory study how this cultural context can be problemized.

The exploratory study brought together preliminary findings from this study and Lars Ole Bonde's explorative study of non-clinical participants' experiences of selected GIM music programs, all constructed with the specific purpose of facilitating and supporting peak or transpersonal experiences.

Universal elements in the imagery experiences of the listeners with different cultural backgrounds were identified through the literature review. The exploratory study of

Western listeners supported that specific music facilitated experiences of a process of surrender.

Findings from this study further support the notion that even though the image contents are culturally specific on a surface level, there is a deeper level of patterns and modalities in the experiences that may be universal. When focusing on *how* Western classical music evokes imagery in a therapeutic setting, this study may have focused on universal ingredients.

It is suggested that the relational mode of surrender is a universal stance towards the numinous. A surrendering process defined in terms of relational modes may be cross-culturally crucial to mental health. From Mårtenson Blom & Bonde:

When we open up and connect with deeper levels of consciousness, we inevitably also connect to that which connects us all as human beings. Surrender helps us to discover identity and self beyond psychodynamic and cultural levels, senses of wholeness and unity with all living beings. In Western cultures we suffer from the overwhelming duality, and still overvalue individuality, often with a strong sense of being lost and alone (Ghent, 1991). Almost like a hidden intention, our Western culture has also produced the overwhelming richness in classical music that may assist in healing depressions of abandonment. Granted that this healing takes place within a psychotherapeutic framework, a surrendering process may generate transpersonal or spiritual experiences (p. 8).

Western classical music's cultural bias can also be balanced through qualities in a collaborative therapeutic alliance.

Collaborative qualities are on a meta-level synchronous to the Relational Mode of Surrender. Perhaps Western classical music's ingredients, matched to collaborative "ingredients" in the T-P relationship and experienced in an ASC, carry the potential to move a person "beyond" both self- and cultural boundaries. Perhaps self-boundaries and cultural boundaries are often synchronised or at least overlapping? Perhaps development into a process of surrender goes beyond culture, and more into the domain of what is universally human, and perhaps collaboration also is such a universally human need (p. 26 in draft).

6.6.3. Applications for GIM training

Following the clinical applications, the findings also point towards development of training issues. The briefly sketched applications of the intersubjective perspective on clinical practice of GIM, and how the method of analysis can develop therapeutic skills and tools, point towards developed ways to teach guiding, assist in developing the therapeutic stance of the trainees, and develop the training of music analysis. Findings support the idea to implement theory of intersubjectivity in GIM training, both as theoretical foundation and as basics for therapeutic techniques, guiding as well as dialoguing.

Summer's statements about how music should be selected in GIM are supported by the findings from this study.

6.7. Future research

There is need for further development of studies of interaction and collaboration in GIM.

The experiential categories from this study can be developed into analytic tools for analysing recorded sessions. Data from analysed transcripts can be combined with data from different measurements of health, quality of life, symptom reduction, etc.

It would be interesting to combine data from developed category analysis with e.g. measurements of body states, brain states, and refined collaborative interview formats. In that way knowledge about the influence between self-regulation and interactive regulation in GIM could be developed.

There is also need for a further development of GIM music analysis with the help of intersubjective theory.

The findings also illuminate some clinical issues that need further research. The music used in the study, was preselected and adjusted to both the issue of exploring strong experiences in GIM and the fact that the participants were not from a clinical population. It is necessary to further explore how this way of analysing the process of surrender and music works in a clinical setting. The music in the study, that interacted with a process of surrender, is mainly classified in MCCs 2,3 and 4, and this music used in a clinical setting, needs to be adjusted very skilfully to the specific

needs and diagnostic circumstances of each client. With this done, my opinion is that any of the MCCs, but in tailored combinations, can be used with a clinical population. There is need for further research on how a process of surrender can be at hand e.g. exclusively with MCC 1. This presupposes that a guiding of some sort takes place, if the experiential categories from this study should be used. The clinical case study in the appendix is an example of my way of working with these issues.

The relevance of the findings in the study – particularly the developed knowledge about a process of surrender – for clinical and/or psychiatric populations, is very high, as I see it. There is a generally accepted connection between existential needs, psychiatric diagnoses and psychological suffering (Antonovsky, 1987/2000, Assagioli, 1965/2006, Bateson, 1972, Ghent, 19990, Gerge, 2010, Hidas, 1981, Koenig et al, 2001). I understand the process of surrender as an underlying and desirable force in therapeutic work in general, in spite of any clinical diagnosis, since it is both an ingredient in developing implicit relational knowing, in establishing contact with deeper self-compassion, and in acquiring a kind of meta-capacity to handle difficult issues in life. However, this ‘goal’ is always dependent on the client’s needs and wishes, and on finding the collaborative platform together.

As was stated in the section of Theoretical background (2.2.), and demonstrated through the work of Körlin (2007-2008), the phenomena of dissociation and transcendence are interrelated. Considering dissociative phenomena as indicating different kinds of PTSD states, and the need in psychiatry as well as private clinical practice for developed skills to help these people in their suffering, it is highly relevant to further explore how GIM can assist in developing experiences of surrender and transcendence as parts of healing trauma and dissociative states.

6.8. Perspectives and conclusions

In this final section I will start with a short summary of the findings. Then I will compare what was confirmed through the study to what came out as surprises. This will generate some new perspectives. Then I will end the chapter by discussing and drawing some conclusions about the core concept of this study, the Process of Surrender and Relational Mode of Surrender.

6.7.1. Summarizing findings

Findings from the focus group interviews confirmed the *meaningfulness* of a relational perspective on the music experience in GIM, the *usefulness* of the perspective through the participants trying out of the categories of analysis, and the *engagement* in the topic in how participants reflected on personal GIM experiences through the lens of using categories of analysis.

The discussions in the groups put focus on the Process of Surrender as captured by categories 4, 5 and 6, and influenced the further analysis of transcripts done as a second step in the data collection procedure.

Summarized findings from the transcript analysis, the horizontal analysis and the analytical process are the following:

Relational patterns in the interactional field of participant - music – therapist (P-M-T) were found.

Levels of complexity in the interactional field of P-M-T were found, and a development of implicit relational knowing and deepening levels of consciousness was assumed as an outcome of these levels of complexity.

The relational modes (in patterns and levels of interaction) were found to develop in the relational field as a whole, simultaneously in relation to music, 'imagery' and therapist. The therapist and the music were assumed to contribute simultaneously, shifting in being in the foreground of the participant's focus of attention.

The relational modes were assumed to describe both interaction with music, therapist and imagery. In this way, findings pointed at the relational modes (through experiential categories) as a unifying concept in understanding how musical and human forces work in GIM.

The levels of interaction influenced/were influenced by levels of consciousness, and this was assumed to pave the way for transcendence, transpersonal and spiritual experiences.

The findings support the assumption that the strong transforming power of experiences of transcendence in terms of a Process of Surrender can be explained through their relational ingredients including their core affective qualities.

Summarized findings from the music analysis - music during occurrence of Process of Surrender

Through the music analysis, the participant's experiential qualities could be connected to qualities in the music that was used.

The interaction between experience and music could be understood in terms of relational modes.

Concerning interaction between MCCs and a Process of Surrender, the connections between relational qualities in the different pieces of music were emphasized and compared to the relational modes assumed to be at hand in the experiential qualities.

Summarized findings from the vertical analysis

Through the vertical analysis the subjective experiences of a Process of Surrender and Relational mode of Surrender could be confirmed.

The therapist received feedback from participants, on what was important in therapeutic stance within the collaborative, interactive field of P-M-T.

Findings from the vertical analysis confirmed that music in GIM works as a relational agent in the field of P-M-T.

Findings from vertical analysis are applicable to a clinical context, where a transcript analysis in combination with a collaborative interview could be used in making clinical judgements about how a client benefits from the music experience and how the transforming process is working.

The relational complexity, in the field of P-M-T, was assumed to produce the change - transcendence into the "third".

GIM music helps in providing that, when it is defined as explorative in different ways, *and interacting with* the four previously formulated aspects of the process, namely

- A GIM-specific therapeutic setting including how music is used
- Readiness and willingness of the participant
- The therapist's skills, also acknowledged by the client
- Mutual trust and agreement between therapist and participant

6.8.2. Confirmations and surprises

Altogether, the findings both confirmed previous knowledge and surprised with new knowledge. The categories of analysis generated a more elaborated and developed knowledge than I expected. The connection between patterns and levels of relational modes, and levels of consciousness, was for me developed knowledge.

The analysis of music accompanying the occurrence of a process of surrender gave surprisingly meaningful information. The music classification categories and their interaction with categories of analysed experience illuminated how implicit relational knowing can develop through interaction with musical qualities. Pieces of music in GIM can work as 'gestalts', each with specific combinations of relational ingredients. This way of analysing GIM music can assist in better focusing the unique process in each GIM work. The concept of GIM programs/programming – pieces put together – can then be more suited to each process.

Through the relational perspective, I think the selection of music in GIM work can be developed, be even more flexible, e.g. focusing on the interaction between therapist and client when needed, and on the interaction between music and client, when that is appropriate.

6.8.3. The Concept of Surrender – concluding remarks

A core issue in this study, also connected to the research question, was to develop knowledge from a concrete and local level that could illuminate the *process* in GIM, and *how* the client as subject can be assisted in her/his experience. The developed categories of analysis and findings from the study, where these categories have been tried out in greater detail, has contributed to new knowledge in the field, and clearly confirmed what Helen Bonny early stated:

"Spiritual growth demands a subjective stance, an allowing of immediacy, a melding with the music. This is an issue that often arises in BMGIM: a loss of control, or an imagined loss of control....The letting go process is an important part of spirituality.." (Bonny, 2002, p. 183).

I brought the developed concept of Surrender, the Relational Mode of Surrender, from findings in the small study (Mårtenson Blom, 2010), into this study. Already in the previously written article, I connected the conceptual development to a theoretical background. Findings from this study opens up for further discussion and exploration of some core questions.

- How can we facilitate or prepare for the surrendering process in psychotherapeutic meetings and in GIM?

- What ingredients in the process provide us with more surrendering opportunities?
- What health potentials are there in the Process of Surrender?
- Why is the Relational Mode of Surrender so important?

The first two questions were given several answers through the findings.

Accordingly, 50% of the sessions contained a developed Relational Mode of Surrender. A little more in sessions with participants experienced in GIM, 61%, compared to sessions with participants inexperienced in GIM, 40%. Findings confirmed, what we already know, that GIM has a remarkably high potential in providing the process of surrender and the Relational Mode of Surrender. Through the findings of this study, this process can be understood as generated through interaction, within and between participant, music and therapist. In GIM, the pull towards transcendence and meeting something greater is amplified by the music. Music 'is' the third, becomes the 'third' within and between. The work of Alf Gabrielsson (2008) confirmed that the process of surrender is at hand 'just' through meeting music. Steen Halling's (2008) phenomenological studies confirmed that a process of transcendence and surrender happens in spontaneous, ordinary meetings. Music and moments of meeting in GIM amplify the process.

The process is characterised by a transcending movement, exploring non-confirming and confirming experiences. That can be compared to an exploration of the tension between "I-Thou" (Buber, 1990, 1997, Husserl, 1995, 2002), or of the "burden of subjectivity", that we depend on each other's presence as subjects to be recognised, and that we cannot destroy or incorporate each other (Benjamin, 1995).

This demands that we move beyond personal will and individual intentionality, not just give in. We experience intentionality beyond individual borders in letting go. My son, who is a dancer, once told me that it is a huge difference in weight between lifting a person that is willing or prepared to be lifted than one that is not. Ghent (1990) stated that the polarity between subjectivity and objectivity collapses when we let go of defences.

The process is embedded in a climate of deep collaboration and communion, in GIM as well as verbal psychotherapy. As therapists as well as clients, we can prepare and pave the way, but ultimately only be aware, listen, wait – and surrender.

The third and fourth questions point towards important perspectives on the contributions of GIM practice.

The health potential in the Process of Surrender lies in how it re-connects us to deeper affective core states of self-compassion. Through that, suffering and symptomatology can dissolve, if the process is regulated with psychotherapeutic skill. From the perspective of how phenomena of transcendence and dissociation are linked (Körlin, 2007-2008, Gerge et al, 2010; Mårtenson Blom & Wrangsjö, 2013), the process of surrender and experiences of transcendence probably are particularly important in treating and healing dissociative states.

Mental and spiritual health are connected, or linked, when we find ways to build between psychological and spiritual work. The process of surrender is one way.

Most spiritual traditions describe a developmental path, and that path is often interwoven with a psychotherapeutic process. The steps or stages are: to wake up, to search, struggle, to break-through and/or meet, to return. All are easy to experience in our daily doings. Another well-known metaphor is the journey of the hero or heroine. Moving through these steps entails transcendence and surrender incessantly, in daily life and daily doings, when interactions and implicit knowing are at the core of what life and spirituality is about.

*I notice your attacks
Trying to stay
Asking you, begging you to do the same
We leave the land of submission
And enter the land of surrender
Give in,
Not **to** me, but **with** me.
(Mårtenson Blom, 2010)*

ENGLISH SUMMARY

Introduction

The experience of transcendence can strike us suddenly or emerge more gently. It can come from outside or from within, or in the point of intersection. Its context varies as well as its dependence on the presence of others. Still, it is very emotional, energizing, integrating and relational. Experiences of transcendence are integrating and healing and they often occur in Guided Imagery and Music (GIM) psychotherapy, a receptive music therapy method. They also occur within generally verbal psychotherapeutic relationships, depending on its developed qualities, and in daily life.

One personal and professional motivation for this study was to explore and develop new knowledge about the nature and transforming power of these experiences in GIM psychotherapy.

Six previously written articles and book chapters mirrored my background interests, and lead me further into a search for ways to better understand the transforming power of GIM from an intersubjective and collaborative perspective. The other intention and motivation behind this study was to develop the theoretical background of GIM, and to integrate its practice with the framework of general contemporary psychotherapeutic practice. In reviewing previously written texts, some common themes were extracted that led to the elaboration of the theoretical background of the study.

- Music in GIM was explored as a relational agent, with musical elements metaphorically serving as relational ingredients in verbal as well as GIM therapeutic practice.
- The epistemology of implicit and subjective knowledge was considered crucial in understanding the transforming power of GIM.
- Collaboration as an unavoidable, necessary and desirable force in psychotherapy as well as in research was confirmed, and the collaborative perspective was assumed to mirror the intersubjective perspective.

The Theoretical Background presented knowledge that was considered relevant to an exploration and development of the themes, and encompassed theories of

intersubjectivity, change and transformation in psychotherapy, affect theory, theories of transcendence and altered states of consciousness briefly in general and in relation to music. Finally, the core concept of Surrender was explored.

In parallel, the other field of knowledge, Guided Imagery and Music, was then reviewed through relevant themes that were collected from the exploration of both previous writings and the theoretical background. These themes were experiences of transcendence, the therapeutic process with focus on the therapist's and client's experiences, GIM music's ontological and therapeutic issues, and relational perspectives in and on GIM.

As a consequence of my themes of interest, the exploration of the theoretical background and the literature review on GIM, there was a need to further develop ways of exploring interaction of music, client and therapist in GIM. No relevant knowledge or research focusing on the process of transcendence and surrender in GIM in combination with theories of intersubjectivity was identified in the literature.

The main findings of the small preliminary study (Mårtenson Blom, 2010) entailed the need to try the categories of analysis in a larger study, leading me to formulate the research questions:

9. *Can the categories of analysis identified in a pilot study (Mårtenson Blom, 2010) be useful in developing a new understanding of transpersonal and spiritual GIM experiences and their transforming power? If yes, in what ways?*
10. *How are the relational modes that constitute shared lived experience/ intersubjectivity expressed and described in the transcripts of GIM sessions?*

The categories of analysis developed in the small study will here be presented:

Table 4.4. Definitions and examples of categories of analysed experience

	Category of analysis	Definition	Example
1	Focus of attention – sharing attention	Descriptions and expressions of where in the experiential field is the attentional focus of the , establishing a starting point for movement and direction.	<i>I see myself, I can sense water.</i>
2	Movement and direction – sharing intention	Descriptions and expressions of intention, directions, movements, experienced as more or less deliberate.	<i>Warm air is coming towards me. Perhaps I will fall.</i>
3	Affectivity – shared and conveyed in words and expression – attunement	Descriptions and expressions of the affective qualities surrounding and colouring the relational sequence, (vitality affects and/or categorial affects)	<i>Sad and melancholic, Pleasant and powerful</i>
4	Share and regulate coherence/correspondence in attention, intention and/or affectivity.	Expressions of experiencing qualities of recognition and/or confirmation and belonging. Often also strong activating affects.	<i>The air is balancing my body, me. I can feel the mountain under my feet.</i>
5	Share and regulate difference/non-confirmation in attention, intention and/or affectivity.	Expressions of experiencing tensions, differences, ruptures and/or non-confirmation. Often also anxiety, shame or other inhibiting affects.	<i>I need to work in order not to fall. Feel fear, and dizziness.</i>
6	Surrender [Swedish: Överlåtelse] in relation to something “third”, something “greater” and /or “beyond”.	Expressions of containing or encompassing fields of tensions, letting go and transcend.	<i>I am connected to, one with Nature. I am light, it is inside and around me.</i>

Methodology

The study was developed within a pragmatic and constructivist paradigm, with a qualitative and flexible research design, using a hermeneutic - phenomenological methodology.

Data collection was done through two focus group interviews with GIM therapists (n=7), GIM session transcripts (n=38), and collaborative interviews with therapist and participants (n=4). Data analysis was performed through hermeneutic methodology and thematic analysis. The key concept, process of surrender (Mårtenson Blom, 2010), was explored through a triangulation of data:

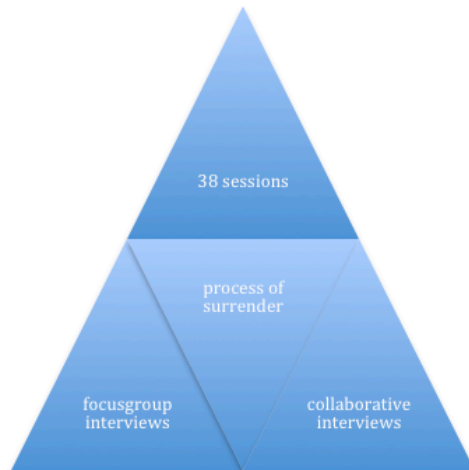


Figure 4.4. Triangulation of data collection

The Participants (n=10) configured a non-clinical sample, six with former experience of GIM receiving three sessions and four with no former GIM experience receiving five sessions (n= 38). The GIM music programs used the most were “Faith”, “Gaia” and “Sublime 1 & 2”, all developed by Ken Brucia.

The further use of GIM transcripts for data collection was implied in the research questions. But before continuing that work, I wanted to try out the usefulness and meaningfulness of the categories of analysis among fellow GIM practitioners. This was established through focus group interviews with GIM therapists. The results from the interviews underlined the importance of developing the understanding of the GIM process through the use of categories of analysis, and the relevance of the concepts developed in the small study; the Process of Surrender and the Relational Mode of Surrender.

It became clear that these phenomena, with their definitions, should be the focus of this study, and I decided to use a model of data triangulation as methodology. One part was the already conducted focus group interviews, the second part was the analysis of GIM transcripts, and as a third part, a collaborative interview format was used. This was informed by my previous experiences of this data collection method, described in one of the previous writings, and motivated by the intention to explore

the mutual perspectives of both clients/participants and therapist, on the phenomenon in focus.

The opportunity to analyse data from a setting with clear boundaries, in terms of non-clinical participants already taking part in a research study, with one and the same therapist writing structured transcripts, was offered through the Danish research project, "Strong experiences with music" conducted by prof Lars Ole Bonde (Bonde & Mårtenson Blom, in press). Thirty-eight transcripts from ten participants were analysed from that study. Four collaborative interviews were conducted with the therapist and four of the participants. Data from all three sources, focus group interviews, transcript analysis and collaborative interviews, were analysed thematically. The GIM music used in the sessions was analysed through music classification categories (Bonde & Nygaard-Pedersen, 2011, 2012; Wärja, 2009), and the interaction between experiential categories (EC) and music classification categories (MCC) was explored.

To mirror the pre-understanding behind the concepts in focus, a self-inquiry through a Rep-Grid analysis was conducted.

Three different kinds of validation analyses were conducted to illuminate the use of the predefined categories of analysis and the thematic analysis of transcripts. The first analysis was by an independent GIM therapist who analysed five transcripts. The second was a re-analysis by the researcher, and the third was a blind-analysis by former focus group members. The validation analysis mainly confirmed the findings, but also underlined certain dilemmas that could inform the interpretation of results. The different kinds of validation analyses confirmed in different ways that relational modes, defined through categories of analysis, could be identified in GIM transcripts, and through this process, the second research question was answered. This entailed that in the continued process of analysing results, only the first – main – question was focused.

Results

Findings from focus group interviews confirmed the *meaningfulness* of a relational perspective on the music experience in GIM, unveiled through the category analysis. The *usefulness* was also confirmed by letting the participants try out the categories of analysis. The *engagement* in the topic was confirmed in how the participants

reflected on personal GIM experiences through the lens of using categories of analysis.

The discussions in the groups underlined the need to connect GIM process to concepts that could pinpoint, on a micro-level, the transformations taking place.

As stated in the summary of focus group findings, a new important question was formulated through the discussions: *When the music and therapist can contain differences (category 5) and allow movements between sameness (category 4) and difference (category 5), does that provide us with more surrendering opportunities (category 6)? Can we prepare for the surrendering process?*

This put focus on the Process of Surrender as captured by categories 4, 5 and 6, and influenced the further analysis of transcripts done as a second step in the data collection procedure.

Findings from the transcript analysis, horizontal analysis and analysing process

The first research question could be positively answered and through the transcript analysis the following new knowledge was developed:

- Relational patterns in the interactional field of participant - music – therapist (P-M-T) were identified.
- Levels of complexity in the interactional field of P-M-T were identified, and I could assume a development of implicit relational knowing and deepening levels of consciousness.
- Relational modes (in patterns and levels of interaction) were developed in the relational field as a whole, simultaneously in relation to music, 'imagery' and therapist. The therapist and the music were assumed to contribute simultaneously, shifting in being in the foreground of the participant's focus of attention.
- The relational modes were assumed to describe both interaction with music, therapist and imagery.
- It was assumed that levels of interaction influenced/were influenced by levels of consciousness, and through that paved the way for transcendence, transpersonal and spiritual experiences.

These assumptions were discussed as relying on the act of interpretation on behalf of the analyser, who understood the written transcripts as mirroring an on-going implicit process in the participant, and an on - going implicit, interpreting and interacting process in the therapist. The findings and interpretations of findings represent new knowledge in this context.

Two negative case analyses illuminated the interpretative and meaning-making process. Both these contrasting examples were assumed to confirm the main assumption, that the levels of interaction, defined through the experiential categories, mirror *a deepening both in the intersubjective field and in the levels of consciousness.*

In the *occurrence of a Relational Mode of Surrender*, a difference, 61% compared to 40%, between GIM experienced and inexperienced participants was found. This argued for understanding this kind of experience as something dependent on habituation or training. This was also supported through the fact that 80% of the experiences (Relational Mode of Surrender) occurred in final sessions, compared to 30% occurring in a first session. The conclusion was that these experiences do not occur completely by chance. From the point of view of the therapeutic process it was possible for the therapist to assist, when in collaboration with the client. The task seemed to be to stay as close as possible in tracking the client's attention, intentions and affectivity, and alongside this follow the elements and developments in the music that captures attention, intention or movement, and affectivity primarily in terms of intensity, and shifts in all three.

The findings supported the assumption that the strong transforming power of experiences of transcendence in terms of a Process of Surrender can be explained through their relational ingredients including their core affective qualities.

Findings from music analysis - music during occurrence of Process of Surrender

Through the music analysis, each participant's experiential qualities could be connected to qualities in the music that was used. The interaction between experience and music could be understood in terms of relational modes.

The interaction between music classification categories (MCCs) and a Process of Surrender in terms of experiential categories (ECs) was analysed and interpretations were formulated. The connections between relational qualities in the different pieces

of music were emphasized and compared to the relational modes assumed to be at hand in the experiential qualities. These assumptions relied on the written transcripts. In interpreting data and results, encompassing and balancing the inherent gap between the implicit and explicit domains of representations was done through connecting to the knowledge from the field of intersubjectivity and infant research presented in the theoretical background.

Through connecting ECs to MCCs I further argued that I could confirm the existence of a bridge, since the joint analysis showed reasonable and comprehensible interactions between music and analysed experiences. The complexity of the GIM music experiential process was illuminated and underlined. The connections between the different MCCs and qualities in the experiences confirm much of what is already known about the GIM process. However, I argued that the findings in the study developed knowledge towards a clearer understanding of how relational modes, building-blocks of implicit relational knowing, develop through interaction with music, therapist and inner experiencing, and that shifts and transformations in altered states of consciousness can be assumed as being and establishing connections to movements and shifts in inner representations of ways “to share, regulate, be, act, sense, feel” (Mårtenson Blom, 2010). The contents of imagery are also informing, but more as “signs” of an important transformation going on.

The relational complexity in the field of P-M-T was evidently needed for transformation to take place. The combination of all three parts, through their common and dialogically shared relational modes, produces the change – transcendence into the “third”.

Vertical analysis – combining findings from collaborative interviews, transcript analysis and music analysis

Through the vertical analysis (comparison of transcript analysis, music analysis and analysis of data from collaborative interviews), experiences of a Process of Surrender and Relational mode of Surrender could be confirmed.

The therapist received feedback from participants, on what was important in therapeutic stance within the collaborative and interactive field of P-M-T.

In the four vertical analyses, new knowledge was constructed through comparing and deepening perspectives. In all four, it was possible to confirm or reject the transcript analysis, meta-process the experience, underline the importance of collaborative

aspects of the process and of therapist's stance. Findings from the vertical analysis confirmed that music in GIM works as a relational agent in the field of P-M-T.

The uniqueness of each analysis generated differentiated knowledge in how the combination of transcript analysis and collaborative interview made it possible to better understand how each process generated transformation. The differences in processes, and uniqueness of each case, made it possible to look into different patterns of relational modes explored by the participants in the relational field of therapist and music.

Both similarities and differences between the four vertical analyses positively answered the research question.

The knowledge was found to be applicable to a clinical context, where a transcript analysis in combination with a collaborative interview could be useful in making clinical judgements about how a benefits from the music experience and how the transforming process is working.

Based on the vertical analysis, I proposed that the relational modes leading into the Process of Surrender constituted a shift or second order change both in implicit relational knowing and in levels of consciousness, and through that prepared for a transpersonal or spiritual experience. GIM music is a crucial ingredient in the process when it is defined as explorative in different ways, *and interacting with* the following four aspects of this process, namely

- A GIM-specific therapeutic setting including how music is used
- Readiness and willingness of the participant
- The therapist's skills as acknowledged by the client
- Mutual trust and agreement between therapist and participant

Findings from the validating transcript analysis

The process of validating the transcript analysis moved in three steps: transcript analysis was done by an independent GIM therapist, the researcher made a re-analysis of a sample of the formerly analysed transcripts, and a blind analysis of transcript excerpts was done by former focus group members. The findings from the Result chapter are here revisited:

- All differing judgements could be explored and understood through discussion and practice.
- Differences in judgement showed the need to analyse complete transcripts and not just excerpts.
- Two main challenges were identified when comparing different judgements, namely to analyse and define shifts in the transcripts from categories 1, 2 and 3 into categories 4, 5 and 6, and to analyse and define shifts between categories 4 and 6. When these dilemmas occur, a check with the subjective experience of the participant and the context of the therapeutic process is needed.

The process of validation helped in developing the practice of analysis. It also developed the distinctions between different affective qualities of the experiential categories and through that a connection to affect theory.

Discussion

Discussion themes on findings

Assumptions and interpretations of the findings about how levels of interaction influenced/were influenced by levels of consciousness, and through that paving the way for transcendence, transpersonal and spiritual experiences, were discussed.

These assumptions relied on the act of interpretation on behalf of the analyser, who understood the written transcripts as mirroring an on-going implicit process in the participant, and an ongoing implicit, interpreting and interacting process in the therapist. Still, the findings and interpretations of the findings were proposed to represent new knowledge in this context.

The findings supported the assumption that the strong transforming power of experiences of transcendence in terms of a Process of Surrender could be explained through their relational ingredients including their core affective qualities. In the discussion, new connections between affect theory and the findings were developed.

The music analysis was discussed with focus on the need for differentiation of more music classification categories for future research using the combination of MCCs and ECs.

The analysis of the interaction between MCCs and ECs generated interesting knowledge about the GIM process, but also illuminated dilemmas in the process of interpreting the findings.

In the discussion of the vertical analysis, with four collaborative interviews and vertical transcript analysis, the complexity of the process generating transpersonal and/or spiritual experiences, was illuminated. It was proposed that relational modes could be understood as ingredients of the 'third', emerging both between P and T, P and M, and T and M.

Interaction and collaboration in the M-T-P field was illuminated in the vertical analysis and identified as crucial in providing for a Process of Surrender.

In the further discussion of the vertical analysis it was clarified how transcript analysis could be used clinically, in combination with a collaborative interview, confirming the level of quality of the therapeutic process.

Knowledge on the application, and a developed definition of the categories of analysis was established through three kinds of validation analyses.

Discussion of findings and theoretical background

The study provided support for the application of theory of intersubjectivity, when a process perspective on GIM is needed. The perspective serves as a link between phenomenology and psychology. In a similar way, the vertical analysis in the study illuminated the phenomenological perspective and the horizontal transcript analysis illuminated the psychological perspective.

The concepts Process of Surrender and Relational Mode of Surrender served as points of intersection in linking these perspectives. The GIM music as active force must simultaneously be understood both phenomenologically and psychologically.

The further discussion of findings in relation to the theoretical background focused on ways to apply knowledge from infant research on GIM psychotherapeutic treatment, focusing on the concepts of intentionality, fittedness, recognition and affectivity. Steps in change process according to the Boston Change Process Study Group (BCPSG), as well as the concept of Dynamic forms of Vitality from Daniel Stern (2010), was also applied to the GIM process.

Discussion of findings and the literature review on the field of GIM

In comparison to previous research, the findings were found to contribute with knowledge that brings the GIM process instead of its contents into focus of attention. This brought forth suggestions to apply concepts capturing the field 'between' phenomena, like interaction, dialogue, collaboration between client and music, client and therapist, music and therapist. The findings were also compared and discussed in relation to the knowledge developed by researchers like Denise Grocke (1999), Brian Abrams (2000) and Lisa Summer (2009).

Limitations of the study and methodological discussion

The study was organically developed from the pre-understanding of the researcher. Her theoretical background and field of interest also constituted the background for the development of the data collection and methods of data analysis, and the interpretation process was in that sense unique and not generalizable. This meant that the findings were dependent on a unique research process. In the discussion, this circumstance was addressed. Examples in focus were the issue of using GIM transcripts– written text – as the primary source of data collection and at the same time infer to the implicit dimension of the GIM process, and the choice of the collaborative interview format developed to explore local knowledge.

Finally, the whole study was examined through the structure for evaluating qualitative research developed by Stige et al. (2011)– the EPICURE procedure.

Applications

One of the study's advantages was the proximity of its findings to clinical practice. Several clinical applications were thoroughly discussed, to daily clinical practice as well as to the training of GIM practitioners. The issue of the findings' relevance from a cultural perspective on mental health was also developed.

Future research

The findings are considered as basic in terms of their strength in developing new theoretical connections for GIM practice. The findings also encompass new procedures – the transcript analysis with experiential categories – with which the GIM change process and transpersonal and spiritual GIM experiences can be registered.

This hopefully entails possible ways to develop effect studies in the GIM field, e.g. combining the transcript analysis with different effect measures.

Conclusions

The study contributes with new knowledge about the process in GIM psychotherapy, in how the occurrence of transpersonal and spiritual GIM experiences can be understood and prepared for, and in how the GIM process as a whole can be understood in terms of theories of intersubjectivity and change process in psychotherapy.

APPENDIX 1

Ageing into childhood through loss, emptiness, and recognition - A Case Study



Förlust = Loss, Tomhet = emptiness, Bekräftelse = recognition/affirmation

Introduction

This is a clinical case from my private practice, abbreviated L, in which I applied my elaborated categories of analysis on all transcripts.

Since the session transcripts in my research project were not from clinical cases I wanted to illuminate how a relational perspective contributes to the therapeutic process.

The text is written in the style of *clinical writing*, with a specific structure, developed within the tradition of relational psychoanalysis (Naiburg, 2014). Case studies and clinical cases are written in a certain way, and the idea is to make transparent the therapeutic relationship through the experience of the therapist, alongside the description of the client and the therapeutic process. The text includes parts of *reflexive self-disclosure* about the relationship, interwoven with theoretical considerations, named *paradigmatics*, and more *clinical observations summarizing*

the transcript analysis.

In addition to this text, results from the *collaborative interview* conducted by an independent interviewer, is presented.

The meeting

Her unreserved eyes met mine almost too quickly. I got a scent of my own shyness that sometimes guides into the landscape of many shadows, misty meadows and unforeseen holes in the ground.

But her eyes stayed connected and seemed to be able to rest in faith, faith in seeing and finding what they searched for. I decided to also have faith, to trust that we could work together.

L's body is slender and girlish in spite of her 50 years of age and being a mother of two grown up children.

In some way, she entered my room as if she had entered any kind of room, and I felt in my body how this conveyed her unreserved intentionality. I felt eager to treat and cultivate that.

L had been recommended to make contact through one of my closest colleagues, in addition a good friend of mine. The bridging between seemed to be important. This had happened before, but this time, in this meeting, I got the feeling of having received a puppy to take good care of. A puppy that was too used to attach to too many, and through that in a way seemed strong and patient. Yes, a true patient, but who also was soft, searching and vulnerable, like puppies are. Did the unreserved mirror this? Expectations of hug and a pat, nothing else, 'as long as I can curl up in your chair, or on the mat, for a while, then it's ok...?'

She had a background in the warm and industrious soil of the working class. The warmth came from her mother, but she also knew her mothers inexorable knowledge of being subordinated. Emotional climate and interactive fields in the family were very unpredictable, due to the alcohol abuse of her father. In storms, the task of L was to be alert, warn and protect her mother, and try at her best to take care of herself.

This was quite far from my home terrain of class travels and fields of tensions between an upper middleclass mother and a working class father who made his way. However, I could discern something to recognise – me too, carried a resistant and stubborn confidence in the feeling that I exclusively, knew what I needed. So this could have turned into a dance of the hedgehogs...

L also sought me out with a kind of naive non-judgemental stance that I also envied. She carried an open face and genuinely, as I discovered, curious and unconditional in the meeting. I often struggle to keep myself in the restful domain of not knowing, non valuing, and have a constant need for practice.

Eventually I noticed that she also had made a class journey. Becoming a nurse, continuing into social work, where she'd become an entrepreneur, running a company who provided care and treatment to families, parents and young people with major social and behavioural problems. During some years, L had worked much too hard, and one reason she came, it showed, was that she found herself in the beginning of a burn-out depression.

But what she talked about was worry, anxiety, restlessness, fear of being alone, fear of feelings like sadness, sorrow, and a longing for John, the beloved eight years older brother who died in a motorbike accident when L was 8 years old. What she conveyed and I sensed implicitly, were those feelings of fear, dread, restlessness, simultaneously with her blank face that did not seem to really know if those feelings could be felt. Fear and dread, shame and guilt for many reasons, that we eventually explored on safe enough paths in the musical landscape.

We worked together during 2,5 years, in 21 GIM sessions and 10 verbal sessions, each one 1,5 hour long.

When we met in the collaborative interview, three months after our last session, L talked about "being together"- "I was here together with K" (therapist).

Background

L is 52 and mother of a daughter of 28 and a son of 23, who is diagnosed with ADHD. This has been a major burden for L, starting with a dramatic labour and delivery, constantly worrying about his school and relationships to friends. L divorced the children's father when the son was 7(?).

She now lives in a new marriage, since three years. Her husband is very supportive and always picks her up after sessions. She acknowledged the importance of this in the collaborative interview, and even said, "I would recommend others to really have someone who picks you up and let you be with all that's come up after sessions". This also conveyed how deeply L let herself move in the therapeutic work.

L 's profession is nurse, but she works as social-worker in a company she started together with two other colleagues, owned by them for some years, but recently

overtaken by others. The business/firm provides care, schooling and family support to parents and teenagers with major social problems.

L has an older sister, mother's still alive, father died five years ago and abused alcohol throughout L's childhood. John, eight years older than L, died in a motorbike accident when he was 16, and L was 8. Circumstances are still unclear, but probably affected by alcohol. The relationship between the sisters is still affected by shame and guilt on behalf of the sister who may have been reluctant in stopping John's deathly journey.

Based on Lenis story, but even more on the information that poured into the implicit relational field, I understood that we needed to work with the following more diagnostically formulated issues:

- *dissociated parts of a relational trauma,*
- *affects complexly layered on top of each other,*
- *problems of somatisation and need for differentiated affect regulation,*
- *existential cut-off, dead brother perhaps an opening path into spirituality?*

Process

Session 2

During the first 9 sessions, L gradually developed her ways of experiencing in the music. In the first three, she mainly explored her inner world and identified the themes she the worked with. We used shorter programs – parts of Peak Experience, Grieving, Mostly Bach and Caring. Several spiralling rounds took her to those themes during the whole therapy. However, in the second session, L met her dead brother, John.

Transcript excerpts from session 2

category	excerpt	music
4	"feel...he is in the bedroom..see him sitting on the bed..brown sweater..happy...mum's in the kitchen..."don't	Marcello Oboe concerto, #2

	<i>worry”..he knows.</i>
4	<i>..he becomes light..is in the # light.. ”I have always been inside you (conveyed from J)</i>
5	<i>light into a form...like a Grieg chalice..but now light is Air from Holberg suite. more a storm..sand storm (L feels afraid)...lights from an ambulance?.. (I guide L into finding herself a safe place to end).”</i>

After this session, L stated, "now John is alive to me".

From the second session, the oboe concerto by Marcello became a theme for L's relationship with her dead brother.

Paradigmatics

The *sharing of lived experience* constitutes and creates the intersubjective field. We had shared focus of attention, intentionality and affects in interaction and music. Through sharing her emotionality in the music and ASC, L began to connect and recreate her relationship to John. When she started to open up to this, the experience was analysed as a blending of categories 4 and 5 – of recognition and strong non-confirmation, the latter due to her *fear* of sadness and strong emotions.

This was her first step in the process of mentalizing the dissociated parts of the relational trauma. We also notice how close the dissociated "alarm-part" of her inner state is –(Emotional Personality) - light starts to move like a storm and L associates to lights from an ambulance.

Process

Session 5

The session was our last before the first Christmas leave and contained mutual

processing and reflecting on all the work done during autumn. We talked a lot, and I felt more like a guide in the landscape of words and descriptions, trying to try out which words could suite L's inner experiences. The dialoguing was also conducted in the implicit domain – we tuned in rhythmically, in turn-taking, in tones of voice, in gestures, eye contact, etc. It helped L to more explicitly identify and describe her relationship to brother, father, and her need to stay in feelings of sorrow, sadness and pain.

In session 5, the shifts continued to develop, into a more wholehearted exploration of the sharing atmosphere of a recognising and confirming experience (Cat 4) – and also into a non-confirming and unpleasant experience. This deepening involved reconnection to a deeper form of vitality – which was something more than affects and emotions – the sense of self-compassion, the sense of being known, was experienced. The session contained a fully developed process of surrender.

During the music, which was only one piece – Ein Heldenleben – L experienced the following (here excerpts illustrating cat 4-5-4).

„I am in the old apartment..can see mum...and John (brother)..he disappeared...feel a swirling feeling.. he is with me..happy and strong...feel as if we are in a light...

think about longing...(anything needs to be conveyed?)..feel that he is dead and I long...can't stand this once again..(cries)...that's what my fear is about...light is as strong as darkness...darkness is like a cover..everything outside is surface..find a bottom...(feel it?)...warmer in body...angry...red colour..my sister..."

Session 5

Theme: accomplishments, John, longing, pain



Category	Example	Music
5	Feel that he is dead, and I am longing...cannot stand this once again, (crying)..that's what my fear is about...	Strauss: Ein Heldenleben
4	Light is as strong as darkness..darkness is like a cover...everything outside is surface..find a bottom..(feel it?)...warmer in body...angry...	

In the painted image, L shaped the most fundamental in her experience, darkness and light. When she painted this, I sensed a movement through my body, a shivering sensation of joy. And the little face inside the light, gave a deep sense of hope – she considered herself to be on "the side of hope".

Paradigmatics

Sterns concept *dynamic form of vitality* is relevant here. Shifts and change is strongly connected to affectivity, but in a safe place and under sharing and regulating conditions. Self-compassion, is an emotion but more connected to vitality since it contains love and care for yourself – no matter what you know or do. It also contains gratitude and joy – a deep sense of being in life, loving to be alive. In the image, Leni depicted the balance between darkness and light, and the sharing of strong emotions in the music.

The process of sharing inner experiences with therapist and music, and simultaneously symbolizing inner relationships, like here the one with John, is *mentalizing* work. We moved away from both "pretend mode", when inner and outer world are completely separated and disconnected, and "psychic equivalence", when

there is no difference at all between inner and outer.

By now, we have started our work in developing the intersubjective field through *affect regulation, mentalization, and new patterns of implicit relational knowing*.

Process

Session 8

This session was deeply connected to the previous one, where L stayed in her sorrow and longing for John. In session 8, she even more got hold of herself through several shifts between cat 4 and 5.

I saw the shifts as signs of change. When a person can move between these ways of sharing and regulating in the travel, I interpret this as a developed intersubjective capacity.

The shifts were also inside me; I felt more secure in "knowing" what went on in L, and sensed that we needed to share even more what it is to feel.

I remember how we moved in our dialogue, between discussing what IS a feeling? How can we know what's right to feel? What do we notice in our bodies? , etc.

As a focus in this session, L expressed a need for a safe place or a calm place, where she could start. We remembered together the glade full of cowslips where she ended up last time (session7). She cried floods there though, so not a totally safe place when it came to feelings. That session also brought forth my tears. In session 8, I chose Beethoven, Vivaldi and ending with Fauré twice. Affectivity can be so beautifully explored through these pieces – L needed to feel movement through feelings, exploring what it is to feel, mostly sadness and fear, and again connecting to feelings of self-compassion.

Excerpts from session 8:

(Beethoven)" I pick cowslips...am about 12 in age...great..sense a stress-feeling..like being afraid, in my stomach (piano..)....move towards the water...as if John is accompanying me ..fear in me...(shape? Colour?)..like grey smoke from a fire...moving...foggy...worry..(let yourself see?)...

(Vivaldi:)...a sea..big waves...can see it...scary...(safe?)...a small beach..water moves up both scary and powerful...surging feeling...moved into..at first Oh!..then ok..(let music be with)..I can be there myself...see myself floating..nice to be there...now back to the glade...no..changes between water and glade... glade of comfort.. John quickly passed by...the water is both dread and comfort...

(Fauré x 2) see myself as a child...but I think like a grownup..(cries)...she needs SO much! (anything you need to do?)..flood her with cowslips...must touch...hold her hand...

Session 8
Theme: to feel my body



Category	Example	Music
4	I pick cowslips..am about 12 in age...great!	Beethoven
5	Sense a stress-feeling..like being afraid, in my stomach (piano)..move towards the water	
4	Both scary and powerfull..surging feeling..moved into..at first, OH1..then ok..(let the music be with..) can be there..see myself floating	Vivaldi
4	Sees myself as a child..but I think like a grownup..(cries)..she needs SO MUCH! (anything you need to do?)..flood her with cowslips..must touch..hold her hand..	Fauré

Now L has established relationships with her themes. We have shared attention, intentionality and affectivity, shared with the music and herself. The intersubjective field has deepened. So far, we had not run into any ruptures between us. And that may seem strange. I sensed though, that the sort of "indifferent attentiveness" or too-easily-attachment" from the start, gradually had shifted into a more "clear view" between us. I saw her more clearly after this first sequence of sessions. We couldn't have moved into ruptures, since the bonds still did not qualify for that. And I also think that the issues of ruptures and repairs of the therapeutic relationship, become

shared with the music, in the music.

There is a strong evidence for the importance of how ruptures and repairs strengthens and develops a therapeutic relationship (Safran, 2000). I understand the shifts in the 's experiences during music, between experiences analysed as category 4 and 5, as similar to such a process of ruptures and repairs.

Continued process

The work moved into a phase where a full process of surrender developed and got established.

During the work, I reflected on this process and its connection to the domain of spiritual experiences. Shifts into the field of spiritual experiences can come very suddenly, even during a first session. When that happens, we as therapists just follow and help in processing through moving back and forth between spiritual and psychodynamic work. The quality of such experiences directly put the self-compassion and the trust of being known, in focus. Many of us know the healing power of that connection. My experience though, is that in order for this movement to be steady and reliable, the person needs to move back and forth, or rather in spirals, between the basic relational modes, into the more complex modes of sharing in a deep sense of recognition (4) and deep sense of non-confirmation (5). These modes develop the person's senses of subjectivity and intersubjectivity, into a readiness to share experiencing the "third", or share the "greater-than-me-us". We may transcend into the transforming power of letting go, of surrender, and a spiritual experience may be received. I consider this process somewhat similar to what in the GIM tradition has been described as a movement between psychodynamic and spiritual work. However, my way of registering and conceptualising it brings the process into a way of understanding and explaining change and transformation more adequately.

With this said, let's get back to the work between L and myself.

In 6 out of 21 session, L experienced the process of surrender. This was also confirmed through the collaborative interview, which was done after she finished therapy. Four of them moved into a spiritual experience, and three were more transpersonal for L. The issues of the existential and/or spiritual were not explicitly conveyed as important themes for L from the start. They rather emerged, and I will get back to this later.

A year later - Introduction to Session 14

We had moved into the end of the third semester, one year had passed since session 5. During this year, we had explored the relationships between L and her father, her mother and her sister. L had reconnected her relationship with her dead brother, in her inner world. We had met 12 times with 9 GIM sessions.

The meetings with L felt very confident. The rhythms in turn-taking and sharing moved smoothly most of the time. I had a sense of what music L needed, and the repertoire had broadened but still had a centre of "basics" that seemed to provide L with a room for her inner self, stretched out in time-space.

We had worked on the theme of worry connected to the birth of L's son and the labour work during that birth. We had shared some of the pain through L's re-experiencing of him as an infant in relationship to HER inner child or infant. This issue, of parenting a child with special needs, was close to mine, and made our collaboration more intimate. I could connect to my own journey as mother of a child with dyslexia.

During the fall, L had also moved away from her job, into a completely new territory – when the company was sold, she earned a fairly large amount of money, making it possible to leave without having any new options. L decided to quit, to start listen to some deep inner voice that seemed to beg for space and time, and really sense what that could be about. She had no idea. But just before session 14, reactions from her colleagues on her decision to quit her job, had washed over her like a tsunami, or rather, HER reactions to their quite understandable and normal responses. She moved into feelings of guilt, anguish and fear. And like a hook on a fishing-rod, her feelings now tore up all old scripts of fear and abandonment, but not just feelings. This time we met father again, but even more unpredictable and L's task to protect mother enlightened and flavoured the whole fear-guilt-and-shame scenery. We travelled even more intensely in sharing non-confirmation, horror and shame, guided by Brahms from Emotional Expression, (# 1, 2 & 3) and Mozart and Duruflé from Mythic Mystic.

Our dialogue explored the theme "transformation" - "Who am I now? Who will I meet?". I felt rather confident that she was ready to let go, and I tried to be supportive without causing undue expectations. Perhaps I also needed some excitement as guide, since I found myself searching for some new music, or new combinations of

music. After focusing induction, just before the music, L was both occupied by some kind of fatherly scary presence, and her own longing for movement, so what could match this?

From Bruscias MFI cd "Transportive", we started with Borodin (6), moved into Brahms 3rd symphony: poco allegretto, then Beethoven, Fauré and finally Wagner.

Excerpts from session 14:

1. "a wooden threshold..huge..I am very small...crawl up...on the other side is water..gushing..nothing to stand on..."
2. this is sick...a boat came...my father is in the boat...if i jump in, he cant steer..does not see..i knew it...
3. all by myself..in the forest now..something here I want...(let music help)...(deep, deep crying)... very strong light (L silent).....
4. see ..am a baby in that light..now like fire moving around me calmly..warm and soft..like a blanket..like a friend..."

Session 14

Theme: change, threshold



Category	Example	Music
5	A wooden threshold—huge..I am very small..crawl up..on he other side is water..gushing..nothing to stand on..	Boroding
5	this is sick..a boat came by..my father is in the boat..if I jump in, ha cannot stear..does not see..I knew it..	Brahms
5-6	All by myself ..in the forest now..something here I want../let music help)..(deep deep crying)..very	Beethoven

6	<p>strong light (L silent)..see..</p> <p>am a baby in that light..now like fire moving around me calmly..warm and soft..like a blanket..like a friend..</p>	Fauré
---	---	-------

In the painting work and dialoguing afterwards, we did not say much about the light. I just had a clear sensation of being able to confirm L in her awe and wonder.

It is always a rather tricky balancing, the process of staying in what has just happened conveying that "this is very important!.." without being too excited and too eager to try words. What I tried was using words from the relational domain: *"What did you sense in relation to...noticed any feeling...this huge light...any intentions? Did the light...baby...notice you..? how was the guiding?"* (I often tune in like this after a session: *how did we collaborate during the music? Was there anything that prevented you..?*).

While I wrote this paper, news about the discovery of the Higgs particle was in the morning paper and on TV news. It then struck me the parallel patterns between this story and the 12th century mystic Maister Eckhart who said that we can only notice the traces of God's work ... so beware of words!

Paradigmatics

How can we understand the transforming power in this session, and in other similar GIM sessions? In addition to the concepts I have used so far, I will connect to the concept Relational Mode of Surrender (Mårtenson Blom, 2010).

During a therapeutic process with GIM, the relationship between therapist, client and music creates higher, or more complex, levels of the intersubjective field, and more complex levels in the intersubjective consciousness. Even though the music in GIM is not a living interactional partner, its characteristics serve as interactive components for the . The music is also chosen by the therapist, and "accompanied" by the therapist's interactive skills and implicit relational knowing.

As an outcome of the research presented in the thesis, the relational mode of surrender is proposed as such a complex level in the intersubjective field. When L moved into that level, a very "simple" thing happened. She – and we – let go, into 'the point of simplicity', as a Swedish mystic once said (Bengtsson, 2001). In the

movement of surrender, L transcended her deep sense of self and met "something greater"- in her case the light.

During the spring, L had 5 GIM sessions and 3 verbal sessions. According to the analysis with my categories, L moved into the process of surrender and eventually the light experience, three times. We did a lot of processing through dialoguing, revisiting some images. We also started to talk about ending, separation, which moved L into the following theme in session 19, also with a surrendering experience.

Process

Session 19

During spring semester I had a growing sensation of just being on the receiving end during the meetings with L. When she talked about closing up and accepting the past, I noticed in myself heaviness and relief simultaneously, heaviness of a melancholy kind and relief with a scent of space. I would miss L and also get some space. To L, the closing also meant close and say goodbye to her old working relationships. All this was entwined into the focus of session 19.

We did a short but very dense session in Mozart's clarinet quintet and Duruflé's "In paradisum".

Transcript excerpts from session 19:

(Mozart)"...courage..to accept...on my way?..(let M provide a path..)huge drops of water..strange..eyes beside the drops...

(Duruflé)"like owl's eyes.....spreading their wings..fly..I move..(recieve that..)...let go..(L very moved)..."I really separate, do I?!"

Session 19

Theme: separation



Category	Example	Music
4-5	..courage..to accept..on my way?..(let music provide a path..?)..huge drops of water..	Mozart
5	strange..eyes beside the drops.. like owl's eyes...spreading their wings..fly..I move..(recieve that..)..	Durufié
6	let go..(L very moved), flying, weightless.. I really separate, do I?!	

When fall came, we continued with two sessions mixed with three verbal sessions, and began a final closing-saying goodbye process from December 2011 to March 2012. Before the very last session, we worked with a "meta-travel" overviewing all images. We placed all images on the floor, L moved around with music (Pachelbel) and put notes with words on each picture. After that, we dialogued and I shared with her my thoughts and feelings about her work. In L's words, we did "a jigsaw-puzzle".

Paradigmatics

Patterns that connect – theoretical underpinning

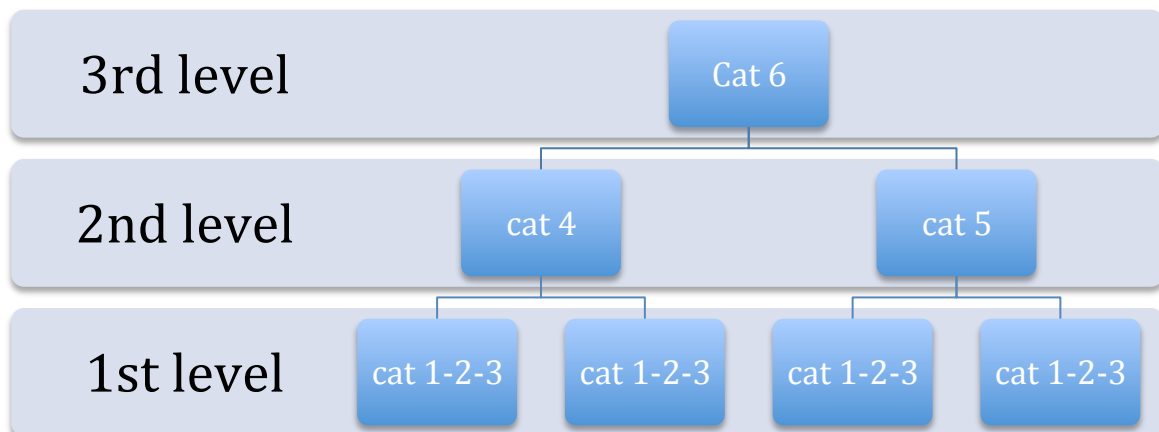


Figure. Development of levels in the intersubjective field and intersubjective consciousness

A jigsaw-puzzle is a good metaphor for the aesthetics of change. Aesthetics of change is about finding patterns that connect (Keeney, 1981).

Beebe & Lachmann, in their parent-infant research (1994/2005) have explored relational patterns that generate change, describing three principles in this process, "on-going regulations", "disruptions and repairs" and "heightened affective moments".

All concepts - being known, recognition, sharing lived experience, sharing narrated experience), implicit relational knowing, self-compassion, surrender, transcendence, spirituality - describe interaction and "movement between".

“Paradigmatics” patterns that connect – theoretical underpinning

- Patterns that generate change: ongoing regulations, disruptions and repairs, heightened affective moments (Beebe&Lachmann)
- Sharing lived and narrated experience
- mentalization
- Being known, recognition, fittedness, nonrecognition
- Selfcompassion
- Transcendence, surrender, spirituality

We shared senses of being known and established, all without words, experiences of recognition. These movements between us were crucial.

The sharing circled back and forth between explicit and implicit sharing – which developed fields of sharing and regulating both verbally and non-verbally. Most of the guiding takes place in the domain of non-verbal sharing and regulating.

Most important is to find the opening into self-compassion – to be compassionate to yourself no matter what you feel or do. This is not available unless the therapist can connect to her self-compassion.

In order to move into patterns that connect and through that generate change, we need to let the contents accompany the process, and not be too enchanted by contents.

In terms of relational modes, or implicit relational knowing, L’s experiences of surrender developed her implicit relational knowing into a relational mode in which she could reconnect and include the relationship to her dead brother. This gave access to her deeper core self, in self-compassion. The Relational mode of surrender expanded her daily awareness and she could find that stance more easily in daily life. She received experiences of spirituality convincing her of the existence of “something greater”.

In L's own words: *"a richer life"*, and a sense of *"now I know"*.

In our therapeutic relationship we contained the transforming power of sharing and regulating affects and dynamics of vitality. This also took place in relation to the music. The sharing and regulating must be of a true recognising character, conveying the deep sense of being known. At stake is always the capacity of unconditional love and sharing of vulnerabilities.

The challenge is to change perspective. Not from me to you. Not from you to me. But to You and Me – 'togetherness', as L said in the collaborative interview, 'in-between,' as I say. Beyond you and me. What is psychotherapy all about?

I would like to end with a quote from *Dag Hammarskjöld*:

You will know life and be acknowledged by it according to your degree of transparency, your capacity, that is, to vanish as an end, and remain purely as a means.

Therapeutic framework, music analysis and follow-up interview.

Table. Comprised overview of GIM sessions

Session	1 – 09 09 08	2 – 09 09 22
theme	Worry, gut-feeling	With brother, son
focus	Shape in stomach?	Meeting brother?
music	Peak Exp, 1-3+4x3	Marcello x 2 + Grieg
process	Affects, hindrance, sadness, (son's name)	Meeting, sorrow, dialogue, incorporation
closing	Image/paint work	Image/paint work
categories	1-2-3	1-2-3, 4-4-5
session	3 – 09 11 03	4 – 09 11 17
theme	8-9 years of age, loneliness, abandonment	Continued loneliness
focus	Under the bushes	Image from sess 3
music	Bach double conc, Come sweet, Toccata, Fauré	caring
process	Rel to father, to self	Stronger meeting with brother, after loneliness and meeting friend A
closing	Process, 'to open up for the process'	Image/paint work
categories	1-2-3, 5?	1-2-3, 5--4
session	5 – 09 12 15	6 -10 01 19
theme	Overview, reflect back	Meet self
focus	Themes from former travels	opening
music	Strauss	P E
process	Family, brother, longing, pain	Images of self, birth?, mother
closing	More desicive	Stay deeper in feelings

categories	1-2-3, 5--- 4	1-2-3, 5?
session	7 – 10 02 16	8 – 10 03 16
theme	L had been ill, longing	To feel ones body
focus	Brother, sorrow, longing	Calm and safe place-fr session 7
music	Marcello x 2	P E, 1,2 + 4
process	Body, heart, tears, black-red	To be oneself, challenge fears
closing	"dialogue with the heart", glade, self in tears, receives cowlips	Image/paint work
categories	1-2-3, 5 --- 4	1-2-3, 5---5---4---4
session	9 – 10 04 13 (<i>verbal sessions in between</i>)	10 10 05 11
theme	Cowslips, childhood	Feelings on –off, sadness
focus	Path through forest	path
music	PE, 1,2 + 4	Pachelbel+ Rhespigi(Roma)+Pachelbel
process	Strong attachment to friend, 'we have each other'	Flower, the child, alone, worry
closing	Less afraid, more self-reflexion	Falling, swaying
categories	1-2-3, 4—5---4	1-2-3---5—4—5---6 OBS!
session	11 – 10 05 25 (<i>verbal sess betw</i>)	12 10 08 31
theme	Calm towards worksit, birth of son	L quit her job
focus	On a path, rel to child	Flower, space in center
music	Beethoven, vivaldi, Fauré	Strauss, Brahms + Fauré
process	Issues about daughter, huge eye, fear	Fear of space, more sadness
closing	protection	Reconnect to brother theme
categories	1-2-3, 5----4	1-2-3, 5, 3----5, 4

session	13 10 09 28 (<i>verbal sessions betw</i>)	14 – 10 12 07 (<i>important</i>)
theme	Colleagues react to L's leave	Pass a threshold, transformation
focus	Stomach-stone, waves of feelings	Meeting? Self?
music	E E, 1,2,3 + Mozart klar qv, Duruflé	Ur "Transportive MFI", 6,7,1,4,5
process	Father unpredictable, troll, protect mother, afraid, sad, angry	Transforming move, father, alone in forrest ,infant, light
closing	Connect present feelings to old scenario	Deep sense of loss,, fear of father, transpersonal exp
categories	5—4—5—4—ihop m 3--4	5---5---5---6---6---5
session	15 – 11 01 25	16 – 11 02 22
theme	Stomach ache, body	Worry, rest – restingplace?
focus	Stomach, colour, shape	Green, sleepingbag
music	Marcello x 3 + Bach ur Grieving	Beethoven x 2 + Fauré
process	Sadness. Sorrow, body sensations	Loneliness, shame, settles in light
closing		attachment
categories	5---4---5	5---5---5---4---6?
session	17 – 11 03 22	18 – 11 05 17
theme	No-mans land, new life?	To play, fairy tale world
focus	Fan opens up, move over?	Green teddybear-costume
music	Group exp 1,2,3,4+6	PA, 1,2 +7
process	Work with smallness, fear and exposure	Directly into swaying in strong light
closing	The leaf was captured	The light moves
categories	4—5—4—5—4—5-----6	5----4---6

session	19 – 11 06 16 (<i>verbal session between</i>)	20 – 11 10 03
theme	Closing the past	Allow to be on her way
focus	Anchor in the breathing	Place for allowance
music	Mozart klar qv + Duruflé	Sublime 1
process	Smallness, big eyes, owl	Ageing vulnerable, in movement, brother
closing	Letting go, surrender, separate	falling
categories	5-----6	4—5—4—5--4

session	21 – 11 11 15 (?)	
theme	Vulnerable, sad	
focus	Longing for brother, the loss	
music	Marcello x 2, + 2,3 o 6 ur Grieving	
process	Loss, need for brother rel in he new life, issues about the son	
closing	In to the light	
categories	4—5—4—5---6?	

In 2012, we had two follow-up meetings, overviewing and summarizing images from sessions 2010-2011.

The total length of therapy was 2,5 years, with 21 GIM sessions and 10 verbal sessions. A full Process of Surrender developed in 6 sessions – see below.

Music analysis - music during process of surrender

The following music classification categories (MCCs) were used, in the study as well as in this case analysis:

MCC1 - The supportive - exploring field, music that invites exploring movements but within a safe and holding soundscape (Wärja, 2010).

MCC2 - The explorative field with surprises and contrasts. Music often presents a non- familiar soundscape (with surprising shifts in melody, harmony and specific

instrumental texture). The musical course of events contains at least one major surprise, and there is moderate harmonic tension.

MCC3 - The explorative and deepening field. This is music that invites the listener into an emotional field, a certain mood or emotion, and holds the listener there, even though this can be challenging. The music is often in a minor or modal key, expressing a "dark" atmosphere, typically through intense and expressive melody.

MCC4 - The explorative and challenging field. Music in this category offers some surprises and contrasts, often with a rather high degree of melodic or harmonic tension. The balance is often obtained by letting the piece begin and end in a calm and supportive character/quality.

(Bonde & Nygaard Pedersen, 2014)

Due to my focus of interest, the process of surrender, I decided to analyse the music used in the sessions where experiential categories 4, 5 and 6 were found, and not all music during all sessions.

Session 10	Pachelbel – MCC1	Respighi (Pini di Pachelbel - MCC1	
M from Group Exp		Roma) – MCC2	
category	(1-2-3)	5 – 4 - 5	6

Session 14	Borodin – MCC3	Brahms – MCC3	Beethoven – MCC2	Fauré – MCC1	Wagner- MCC3
M from MFI					
transportive					
category	5	5	4 – 5 - 4	6	6-4

Session 17	Ravel – MCC3	Brahms – MCC 3	Respighi – MCC2	Debussy – MCC 4	Pachelbel – MCC1
M fr Group Exp					
category	4-5	1-2-3) 5	5	5	6

Session 18, M fr Pos.Aff.	Elgar/#9 – MCC3	Mozart – MCC1	Strauss – MCC3
----------------------------------	------------------------	----------------------	-----------------------

category	5- 4	4	6
-----------------	------	---	---

Session	19,	M Mozart (clar.quint) MCC1	Durufié (In Paradisum) MCC1
----------------	-----	-----------------------------------	------------------------------------

Category	4-5	6
-----------------	-----	---

Session 21, Marcello – #2	Rodrigo – Grieg – Dvorak –
M fr MCC3	MCC2 MCC3 MCC3
Grieving	

4	4	5-4-5	6	6-4
---	---	-------	---	-----

The Marcello piece – classified as MCC 3 - was played twice each time it was used. It developed into a motif for grieving the brother and being with the brother. Experiential qualities developed from cat 3 in session 2, cat 3 & 5 in session 7, cat 5-4-5 in session 15 and cat 4 in session 21.

Sessions 2, 7, 15 & 21	Marcello – MCC 3
Category:	3, 3-5, 5-4-5, 4

Table

Interaction between MCC and Process of Surrender in terms of Categories 4,5 and 6

Experiential category	4	5	6
Music classif cat			
MCC1	1	0	4
MCC2	3	6	0
MCC3	5	6	5
MCC4	0	0	0

Compiled analysis of the collaborative interview, conducted three months after the termination of the therapy:

Table. Perspectives from Collaborative Interview with L

	Special moments in sessions?	Music?	Guiding?	Collaboration during sessions?
L's perspective	<p>the meeting with my brother, I will always remember, was very crucial (cries) I am moved..I can cry now...I can feel..I can talk about him .and he is a part of me..just because I felt this..</p> <p>it sometimes ended in unbelievable experiences of light..very spiritual.. as if a door has opened...feel more humble now.. I know now, that there is something..a larger perspective.. a connection and context..it is a comfort when it come sto</p>	<p>Met my fear..but in another way as a grown up..in the music..I have mostly been a child..in the music I was a child most of the time..very clearly..</p> <p>Music..is ..feel how it feels..it moves inside and opens..and when it changes it can become another form..it is really to rock along with it..</p> <p>Does not matter if it is huge, caring or scary, its</p>	<p>I could not have made it with the music without this guiding...this when she said..'how is it now?, where are you now?, ..and yes! "stay with that!"..I am supposed to stay in it..that was good! Then when K asked..I was forced to look into what it is..and then it happened things just because of that.</p> <p>.I know I kept thinking.."can she see in my face that this is happening?...perhaps she can..because it felt as if she was with me..and I knew..now she will ask me..</p> <p>Interviewer: and how do you know she is with you? L: I don't know..interesting..perhaps she sits there knitting..!(big laughter) I: knitting in disguise..(hahahah!)</p>	<p>Have tried before (CBT)..it was not like this at all...Hard to put into words...felt very safe, and faithful..the whole meeting was..I'm here together with K.</p> <p>Think about this collaboration, to dare to be a child..and feel all child-feelings..hard to understand how..without this feeling of doing it together..</p> <p>The last session, a development. To look back and again the feelings came, but differently, we could look at it together in a new way..a</p>

	<i>my brother..in meeting him.</i>	<i>not that..it, I feel how it feels..</i>		<i>good termination! ..felt as a wholeness.</i>
Therapist's perspective	<i>when the feeling becomes spiritual or transpersonal , as L describes with the light, ..that kind of experience that I thought I understood it..is for me confirmed</i> <i>I also remember the three ingredients, meeting me, to be a child, to meet father and brother..</i>	<i>L says music fulfilled its task..as I intended it to be...</i>	<i>We developed a ritual..together..and L captures the dilemma..to be a travelmate..</i> <i>My task is to be there in the music..and also travel in a way..and see inside me what L describes..is another channel to register her body, her face al important signals..an amazing feeling to share inner world..invited into hers. I cannot be exactly in her shoes, but together with her..thanks to the music, I also deepen my attention, so the thing with the knitting...well, its like 'what's the guide doing while I'm out travelling?' (hahaha!)</i>	<i>Felt that L was unreserved, prepared and curious..I felt invited.</i> <i>The theme about her brother..came up as a surprise in the travel. But felt very ok.</i> <i>I think we closed a gestalt, when we did the last session.</i>

Shared perspective during interview:

T: so important to check with you, and include your voice.

L: feel very moved..to be here again..and to contribute in a way that can present this to other people.

References:

Beebe, B. & Lachmann, F. M. (2002). *Infant Research and Adult Treatment. Co-constructing interactions*. New York: The Analytic Press.

Bengtsson, Pelle (2001). *Mot enkelhetens punkt*. Lund: Arcus.

Bonde, L. O. & Pedersen, I. N. (2014, in press). Group Music and Imagery (GrpMI) in the Rehabilitation of Psychiatric Outpatients. In Grocke, D. E. & Moe, T. (eds).

Guided Imagery and Music: A Spectrum of Approach. London: Jessica Kingsley Publishers.

Hammarsköld, D. (1963). *Vägmärken*. Stockholm: Albert Bonniers Förlag.

Keeney, B. P.(1983). *The Aesthetics of Change*. New York: The Guilford Press.

Mårtensson Blom, K. (2010). Transpersonal and spiritual BMGIM experiences and the process of surrender. *Nordic Journal of Music Therapy* 2010; 1–19

Naiburg, S. (2014). *Structure and Spontaneity in Clinical Prose: A writer's guide for psychoanalysts and psychotherapists*. New York: Routledge Mental Health.

Stern, D. (2010). *Forms of Vitality. Exploring dynamic experience in psychology, the arts, psychotherapy and development*. Oxford: Oxford University Press.

The Boston Change Process Study Group (BCPSG) (2010). *Change in Psychotherapy. A Unifying Paradigm*. New York: Norton.

Wärja M. (2010) *Korta musikresor (KMR). På väg mot en teori om KMR som en musikterapeutisk metod*. Stockholm: Kungl. Musikhögskolan.

APPENDIX 2

I. USB appendix

Analysed transcripts: jpg-zip files

Clinical case: transcript analysis, collaborative interview analysis

Collaborative interview-analysis

Focus group interviews: mp3 zip.files, printed excerpts and analysis, invitation letter

Previously written articles and book chapters:

1. Mårtenson Blom, Katarina (2002): Musik och samtal. Fokus på Familien, vol.30, 114-124. (Published in English: Music and dialogue – Guided Imagery and Music in a systemic relational therapy setting. *Human Systems: Journal of Systemic Consultation & Management*. Vol.15:4, 227-238.)
2. Mårtenson Blom, Katarina (2003-2004): Guided Imagery and Music in Supervision: Applications of Guided Imagery and Music (GIM) for Supervision and Professional Development. *AMI Journal* Volume 9 (97-118).
3. Mårtenson Blom, Katarina (2004a): Kön och genus som perspektiv i handledning, from Wrangsjö, B.(ed.):*Utforska tillsammans - handledande förhållningssätt. pp 39-64*. Mareld, Stockholm. (In English in this thesis: Sex and gender as perspectives on supervision and consultation. From Wrangsjö, B.(ed)(2004): *Explore together – stance and policy in supervision and consultation. pp.39-64. Mareld, Stockholm*)
4. Mårtenson Blom, Katarina(2004b): Att ordsätta det ordlösa - en handledares dagbok, from Wrangsjö, B.(ed.). *Utforska tillsammans - handledande förhållningssätt. pp 205-235*. Mareld, Stockholm. (In English in this thesis: To formulate the unformulated – a supervisors diary. From Wrangsjö, B.(ed)(2004): *Explore together – stance and policy in supervision and consultation. pp.39-64. Mareld, Stockholm*)
5. Mårtenson Blom, Katarina (2006): Samspela, samtala, samforsa – om ömsesidiga processer i terapi och forskning. Fokus på Familien. vol. 34, 256-275. (In English in this thesis: Collaboration, dialogue, co-research – mutual processes in therapy and research.)

Transcripts: pre-analysed, invitation letters

Validation analysis: independent analysis, blind analysis (incomplete)

II. Collaborative interviews

4 IMovie-zip files, consent form

REFERENCES

- Abrams, B. (2001). *Defining transpersonal experiences of Guided Imagery & Music (GIM)*. Doctoral Dissertation, Temple University, USA.
- Abrams, B. (2002). Transpersonal dimensions of the Bonny Method. In Bruscia, K. & Grocke, D. E. (eds)(2002). *Guided Imagery and Music. The Bonny Method and beyond*, chapter 19. Gilsum NH: Barcelona Publishers.
- Abrams, B. & Meadows, A. (2005). Personal construct psychology and the repertory grid technique. In Wheeler, B. (ed.) *Music therapy research. Second edition*, pp. 472-486. Gilsum, NH: Barcelona Publishers.
- Abbott, E. (2005). Client experiences with the music in the Bonny method of guided imagery and music (BMGIM). In A. Meadows (ed.) *Qualitative inquiries in music therapy: A monograph series*. vol. 2, pp. 36-61. Gilsum NH: Barcelona Publishers.
- Abbott, E. A. (2007-08). Facilitating Guided Imagery and Music: What Therapists Intend, Experience, and Do. *Journal of The Association for Music and Imagery* 11, 1-20
- Abbott, E. A. (2009). *Facilitating guided imagery and music: What therapists intend, experience, and do*. Dissertation Abstracts International Section A: Humanities and Social Sciences, US: ProQuest Information & Learning. (69): 2927.
- Aldridge, D. (2003). Music therapy and spirituality; a transcendental understanding of suffering. *Music Therapy Today*, february, 2003, available at <http://musictherapyworld.net>
- Aldridge, D. & Fachner, J. (2006): *Music and Altered States*. London: Jessica Kingsley Publishers.
- Alvesson, M. & Skölberg, K. (2008). *Tolkning och reflektion. Vetenskapsfilosofi och kvalitativ metod. Andra upplagan* (second edition). Lund: Studentlitteratur.
- Amadei, G. & Bianchi, I. (eds)(2008). *Living systems, evolving consciousness, and the emerging person. A selection of papers from the life and work of Louis Sanders*. London, New York: The Analytic Press.
- Andersen, T. (1994, 1998). *Reflekterande processer. Samtal och samtal om samtal*. Stockholm: Mareld.
- Andersen, T. (1997). Researching client-therapist relationships: A collaborative study for informing therapy. *Journal of Systemic Therapies*, 16(2), 125-133.
- Antonovsky, A. (1987/2000). *Hälsans mysterium*. Stockholm: Natur & Kultur.
- Assagioli, R. (1965, 2006). *Psykosyntes – grundläggande principer*. Stockholm: Mareld.
- Barsness, R. (2006). Surrender and transcendence in the therapeutic encounter. *Journal of Psychology and Christianity*, vol 25(1): 44-53.

- Bateson, G. (1972). *Steps towards an Ecology of Mind*. New York: Ballantine books.
- Bateson, M.C. (1979). The epigenesis of conversational interaction: A personal account of research development. I Bullowa, M.(ed.) *Before speech: the beginning of of human communication*, pp. 63-77. London: Cambridge University Press.
- Bateson, M.C. (1989). *Composing a Life*. New York: Grove Press.
- Bauer, J. (2005). *Varför jag känner som du känner. Intuitiv kommunikation och hemligheten med spegelneuronerna*. Stockholm: Natur & Kultur.
- Becker, M. & Boaz, S. (2013). On Being, Disappearing and Becoming: a Journey of Surrender. *Psychoanalytic Dialogues*, 23: 426-438.
- Beebe, B. & Lachmann, F.M. (1994). Representation and internalization in infancy: Three principles of salience. *Psychoanalytic Psychology*, 11. Also published in L.Aron & A.Harris (ed)(2005) *Relational Psychoanalysis: Innovation and expansion*. Volume 2. Mahwa, NJ: Analytic Press.
- Beebe, B. & Lachmann, F.M. (2002). *Infant Research and Adult Treatment. Coconstructing interactions*. New York: The Analytic Press.
- Beebe, B., Knoblauch, S., Rustin, J. & Sorter, D. (2003a): Introduction. A SystemsView. *Psychoanalytic Dialogues* 13(6): 743-775.
- Beebe, B., Knoblauch, S., Rustin, J. & Sorter, D. (2003b): A Comparison of Meltzoff, Trevarthen and Stern. *Psychoanalytic Dialogues* 13(6): 777-804.
- Beebe, B., Knoblauch, S., Rustin, J. & Sorter, D. (2003c): An Expanded View of Intersubjectivity in Infancy and its Application to Psychoanalysis. *Psychoanalytic Dialogues* 13(6): 805-841.
- Benjamin, J. (1995). *Like subjects, love objects*. New Haven: Yale University Press.
- Benjamin, J. (2005). From Many into One. Attention, Energy, and the Containing of Multitudes. *Psychoanalytic Dialogues*, 15(2); 185-201, 2005.
- Bonde, L.O. (2000). Metaphor and Narrative in Guided Imagery & Music. *Journal of The Association for Music and Imagery*, 7, 59-76.
- Bonde, L.O. (2005). *The Bonny Method of Guided Imagery and Music (BMGIM) with cancer survivors. A psychosocial study with focus on the influence of BMGIM on mood and quality of life*. Doctoral Dissertation. Department of communication and psychology, Aalborg University, Denmark.
- Bonde, L. O. (2007). Music as Co-Therapist. Investigations and reflections on the relationship between music and imagery. In Frohne-Hagemann, I. (ed.) *Receptive Music Therapy. Theory and Practice*. Wiesbaden: Reichert Verlag

Bonde L.O. (2009). Musik og Menneske. Introduktion til musikpsykologi. Copenhagen: Samfundslitteratur.

Bonde, L.O. (2010). Guided Imagery and Music. The Bonny method and related topics. A Bibliography. *Voices: A world forum of music therapy*, www.voices.no.

Bonde, L.O. (2010). Music as support and challenge – Group Music and Imagery with psychiatric outpatients. *Jahrbuch Musiktherapie Bd. 6: Imaginationen in der Musiktherapie*. Wiesbaden: Reichert.

Bonde, L.O. (2011). Musiklytning og indre billeder som klinisk vurderingsredskab. Assessment i receptiv gruppemusikterapi med ambulante psykiatriske patienter. *Musikterapi i psykiatrien. Årsskrift 6*. Musikterapi-klinikken/Aalborg Universitet: 38-55.

Bonde, L.O. & Pedersen, I.N. (2014, in press). Group Music and Imagery (GrpMI) in the Rehabilitation of Psychiatric Outpatients. In Grocke, D. E. & Moe, T. (eds) *Guided Imagery and Music: A Spectrum of Approaches*. London: Jessica Kingsley Publishers.

Bonny, H. L. / Summer, L. (ed.) (2002). *Music and Consciousness. The evolution of Guided Imagery & Music*. Gilsum NH: Barcelona Publishers.

Bonny, H. L. (1976/2002). Case study: Cheryl. In Bonny, H. L. / Summer, L. (ed.)(2002) *Music and Consciousness. The evolution of Guided Imagery & Music*, . Gilsum NH: Barcelona Publishers.

Bonny, H. L. (1978a/2002). Facilitating guided imagery and music sessions. In Bonny, H. L. / Summer, L. (ed.)(2002) *Music and consciousness: The evolution of Guided Imagery and Music*, pp. 269-298. Gilsum, NH: Barcelona Publishers.

Bonny, H. L. (1978b/2002). The role of taped music programs in the guided imagery and music process. In Bonny, H. L. / Summer, L. (ed.)(2002) *Music and consciousness: The evolution of guided imagery and music*, pp. 299-324. Gilsum, NH: Barcelona Publishers.

Broberg, A., Granqvist, P., Ivarsson, T. & Risholm Mothander, P. (2006). *Anknytningsteori, Betydelsen av nära känslomässiga relationer*. Stockholm: Natur & Kultur.

Broberg, A., Granqvist, P., Ivarsson, T. & Risholm Mothander, P. (2008). *Anknytningsteori i praktiken. Tillämpningar av anknytningsteori*. Stockholm: Natur & Kultur.

Bruce May, H. (2011). *Transcendence. Spirit in the Age of Science*. Second Edition. Morrisville NC: Lulu.com.

Bruscia, K. (1991). *Case studies in Music Therapy*. Gilsum NH: Barcelona Publishers.

Bruscia, K. (ed)(1998). *The Dynamics of Music Psychotherapy*. Gilsum NH: Barcelona Publishers.

Bruscia, K. & Grocke, D. E. (ed.)(2002). Guided Imagery and Music. *The Bonny Method and Beyond*. Gilsum NH: Barcelona Publishers.

- Bruscia, K. (2005). Designing Qualitative Research. In Wheeler, B. *Music Therapy Research. Second Edition*, pp. 129-137. Gilsum NH: Barcelona Publishers.
- Buber, Martin (1990). *Det mellanmännsliga*. Ludvika: Dualis.
- Buber, Martin (1997). *Distans och relation*. Ludvika: Dualis.
- Bunt, L. G. K. (2000). Transformational processes in guided imagery and music. *Journal of the Association for Music and Imagery*, 7, 44-58.
- Cardena, E. & Winkelmann, M. (eds.) (2011). *Altering Consciousness. Multidisciplinary Perspectives*. Volumes 1 & 2. Westport: Praeger Publishers Inc.
- Chodorow, N. (1988). *Femininum – Maskulinum. Modersfunktion och könssociologi*. Stockholm: Natur & Kultur.
- Clark, M. (1998-1999). The Bonny Method and spiritual development. *Journal of the Association for Music and Imagery*, 6, 55-62.
- Clarkson, G. (1998-1999). Spiritual insights of a GIM client with autism. *Journal of the Association for Music and Imagery*, 6, 87-104.
- Clarkson, G., & Geller, J. D. (1996). The Bonny method from a psychoanalytic perspective: Insights from working with a psychoanalytic psychotherapist in a guided imagery and music series. *The Arts in Psychotherapy*, 23(4), 311.
- Cross, I., & Morley, I. (2009). The evolution of music: Theories, definitions and the nature of the evidence. In Malloch & Trevarthen (ed.) *Communicative Musicality. Exploring the basis of human companionship*, pp. 61-82. Oxford: Oxford University Press.
- Davanloo, H. (1980). *Short-term dynamic psychotherapy*. New York: Jason Aronson.
- Duncan, B. L., Miller, S. D., Wampold, B. & Hubble, M.A. (2010). *The Heart and Soul of Change. Second edition*. Washington DC: American Psychological Association.
- Edelman, G. M. (2004). *Wider than the sky. The Phenomenal Gift of Consciousness*. London: Penguin Books.
- Eliade, M. (1957, 1990). *The sacred and the profane*. New York: Norton.
- Epstein, M. (2005). A Strange Beauty. Emmanuel Ghent and the Psychologies of East and West. *Psychoanalytic Dialogues*, 15(2): 125-138, 2005.
- Fachner, J. (2007). Researching music and altered states in therapy and culture. *Music Therapy Today*, vol .VIII (3)(dec), 2007, available at <http://musictherapyworld.net>.
- Fachner, J. (2011). Time is the key: Music and Altered States of Consciousness. In Cardena, E. & Winkelmann, M. (eds.) (2011). *Altering Consciousness. Multidisciplinary Perspectives*, Volume 1, pp. 355-376. Westport: Praeger Publishers Inc.

Faulconer, J. E. (ed.)(2003). *Transcendence in Philosophy and Religion*. Bloomington and Indianapolis: Indiana University Press.

Feher, J. (1984). On Surrender, Death and The Sociology of Knowledge. *Human Studies*, 7: 211-226.

Ferrari, M. (ed.)(2002). *The Varieties of Religious Experience; centenary essays*. London: Imprint Academic.

Field Belenky, M., Blythe McVicker, C., Rule Goldberger, N. & Mattuck Tarule, J. (1986, 1997). *Women's ways of knowing*. New York: Basic Books.

Forinash, M. (ed.)(2001). *Music Therapy Supervision*. Gilsum NH: Barcelona Publishers.

Fosha, D. (2000). *The Transforming Power of Affect*. New York: Basic Books.

Fosha, D., Siegel D., & Solomon, M. (ed.) (2009). *The Healing Power of Emotion. Affective Neuroscience, Development & Clinical Practice*. New York: Norton.

Frohne-Hagemann, I. (ed.)(2007). *Receptive Music Therapy. Theory and Practice*. Wiesbaden: Reichert Verlag.

Gabrielsson, A. (2001). Emotions in strong experiences of music. In P. N. Juslin, & J. A. Sloboda (Eds.), *Music and emotion. theory and research*, pp. 431-449. Oxford: Oxford University Press.

Gabrielsson, A. (2008). *Starka musikupplevelser*. Kungl. Musikaliska Akademiens skriftserie nr 113. Stockholm: Gidlunds förlag.

Garred, R. (2006). *Music as Dialogue. A Dialogical Perspective*. Gilsum NH: Barcelona Publishers.

Garred, R. (2001). The Ontology of Music in Music Therapy. *Voices: A world forum for music therapy*, vol 1, no 3.

Geels, A. & Wikström, O. (2005). *Den religiösa människan*. Stockholm: Natur & Kultur.

Geels, A. (2001). *Förvandlande ögonblick*. Bjärnum: Norma Bokförlag

Geels, A. (2002). *Berusad av Gud*. Stockholm: Natur & Kultur.

Geiger, E. M. (2007). The Guide--Relationship as a developmental relationship for the Self. In Frohne-Hagemann, I. (ed.)(2007) *Receptive Music Therapy. Theory and Practice*. Wiesbaden: Reichert Verlag.

Gerge, A. (ed)(2010). *Psykoterapi vid dissociative störningar*. Stockholm: Insidan Förlag.

Gerhardt, J., Sweetnam, A., & Borton, L. (2000). The Intersubjective Turn in Psychoanalysis. A Comparison of Contemporary Theorists: Part 1: Jessica Benjamin. *Psychoanalytic Dialogues*, 10 (1): 5-42.

Gerhardt, J., Sweetnam, A. (2001). The Intersubjective Turn in Psychoanalysis. A Comparison of Contemporary Theorists: Part 2. Christopher Bollas. *Psychoanalytic Dialogues*, 11(1): 43-92

Gerhardt, J., Sweetnam, A., & Borton, L. (2003). The Intersubjective Turn in Psychoanalysis. A Comparison of Contemporary Theorists: Part 3: Darlene Bergman Ehrenberg. *Psychoanalytic Dialogues*, 13(4): 533-577.

Ghent, E. (1990/2003). Masochism, Submission, Surrender: Masochism as a perversion of Surrender. In Aron, L. & Mitchell, S. (eds.) (1999/2003) *Relational Psychoanalysis. The emergence of a tradition*, pp. 211-242. London: The Analytic Press.

Goldberg, F. S. (1992). Images of emotion: The role of emotions in guided imagery and music. *Journal of the Association of Music and Imagery*, 1, 5-18.

Goldberg, F. S. (2002). A holographic field theory model of the Bonny method of guided imagery and music (BMGIM). In Bruscia, K. & Grocke, D. E. (eds.) *Guided imagery and music: The Bonny method and beyond*, pp. 359-377. Gilsum NH: Barcelona Publishers.

Goldberg, F. S. & Dimiceli-Mitran, L. (2010). The Central Tenets of The Bonny Method of GIM: Consciousness and the Integration of Psychotherapy and Spirituality. *Voices: A world forum for music therapy*, Vol 10, No 3.

Gratier, M. & Apter-Danon, G. (2009). The improvised musicality of belonging: Repetition and variation in mother-infant vocal interaction. In Malloch, S. & Trevarthen, C. (eds.) *Communicative Musicality. Exploring the basis of human companionship*, pp. 301-356. Oxford: Oxford University Press.

Grocke, D. E. (1999). *A Phenomenological Study of Pivotal Moments in Guided Imagery & Music (GIM) Therapy*. Doctoral Dissertation. Faculty of Music, Melbourne. University of Melbourne.

Grocke, D. E. (2004). A case study in the Bonny method of guided imagery and music (BMGIM). In D. Aldridge (ed.) *Case study designs in music therapy*, pp. 97-118. London: Jessica Kingsley.

Grocke, D. E. (2005). The Role of the Therapist in the Bonny Method of GIM. *Music Therapy Perspectives*, vol. 23.

Grocke, D. E. and T. Wigram (2007). *Receptive Methods in Music Therapy. Techniques and Clinical Applications for Music Therapy Clinicians, Educators and Students*. London: Jessica Kingsley Publishers.

Grocke, D. E. (2010). An Overview of Research in the Bonny Method of GIM. *Voices: A world forum for music therapy*, Vol 10, No 3.

Grof, S. (1985). *Beyond the Brain. Birth, death and transcendence in psychotherapy*. Albany: State University of New York.

Halling, S. (2008). *Intimacy, Transcendence, and Psychology. Closeness and openness in everyday life*. New York: Palgrave, MacMillan.

Hark, H. (1997). *Jungianska grundbegrepp från A till Ö*. Stockholm: Natur och Kultur.

Hass, R. (ed.)(1987). *Tomas Tranströmer. Selected Poems*. Honeywell, NJ: The Ecco Press.

Hibben, J. (1999)(ed). *Inside music therapy. Client experiences*. Gilsum, NH: Barcelona Publishers.

Hidas, A. (1981). Psychotherapy and Surrender: a psycho-spiritual perspective. *Journal of Transpersonal Psychology*, 13(1): 27-32.

Hoffman, L. (1981). *Foundations of Family Therapy*. New York: Basic Books.

Holmqvist, R. (2007). *Relationella perspektiv på psykoterapi*. Stockholm: Liber.

Husserl, E. (1992). *Cartesianska meditationer*. Göteborg: Daidalos.

Husserl, E. (1995). *Fenomenologins idé*. Göteborg: Daidalos.

Husserl, E. (2002). *Fenomenologins och filosofins kris*. Göteborg: Daidalos.

Isenberg-Grzeda, C. (1998). Transference structures in Guided Imagery and Music. In Brucia, K. (ed) *The Dynamics of Music Psychotherapy*, pp. 461-480. Gilsum NH: Barcelona Publishers.

Johnston, W. (2003). *Mystik för en ny tid*. Stockholm: Veritas.

Juslin, P. N. & Sloboda, J. A. (2004). *Music and Emotion. Theory and research*. Oxford: Oxford University Press.

Kabat-Zinn J. (2005). *Vart du än går är du där. Medveten närvaro i vardagen*. Stockholm: Natur & Kultur.

Kasayka, R. E. (1991). *To Meet and Match the Moment of Hope: Transpersonal Elements of the Guided Imagery and Music Experience*. Doctoral Dissertation, New York University. Dissertation Abstracts International, 52 (6), 2062.

Keeney, B. P.(1983). *The Aesthetics of Change*. New York: The Guilford Press.

Kenny, C., Jan-Langenberg, M. & Loewy, J. (2005). Hermeneutic Inquiry. In Wheeler, B. (ed.) *Music Therapy Research. Second Edition*, pp. 335-351. Gilsum NH: Barcelona Publishers.

- Klempe, H. (ed)(in press). *Cultural Psychology of Musical experience*. Charlotte: IAP.
- Koenig, H., McCullough, M. & Larson, D. (2001). *Handbook of Religion and Health*. Oxford: Oxford University Press.
- Kvale, S. & Brinkmann S. (2008)(2nd ed.). *InterView. Introduktion til et håndværk*. København: Hans Reitzels Forlag.
- Körlin, D. & Wrangsjö. B. (2001). Gender Differences in Outcome of Guided Imagery and Music (GIM) Therapy. *Nordic Journal of Music Therapy* 10(2): 132-143.
- Körlin, D. & Wrangsjö, B. (2002). Treatment Effects of GIM Therapy. *Nordic Journal of Music Therapy* 11(2): 3-15.
- Körlin, D. (2002). A neuropsychological theory of traumatic imagery in the Bonny method of guided imagery and music (BMGIM). In Bruscia, K. & Grocke, D. E. (eds.) *Guided Imagery and Music: The Bonny method and beyond*, pp. 379-415. Gilsum NH: Barcelona Publishers.
- Körlin, D. (2007-2008). Music Breathing: Breath grounding and Modulation of the Bonny Method of Guided Imagery & Music (BMGIM): Theory, Method and Consecutive cases. *Journal of the Association of Guided Imagery and Music*, volume 11, 79-109.
- Lakoff, G. & Johnson, M. (1980). *Metaphors we live by*. Chicago IL: University of Chicago Press.
- Lakoff, G. & Johnson, M. (1999). *Philosophy in the Flesh: the embodied mind and its challenge to western thought*. New York: Basic Books.
- Langer, S. (1942). *Philosophy in a new key*. Cambridge, Mass.: Harvard University Press.
- Langer, S. (1953). *Feeling and form*. New York: Charles Scribner's sons.
- Lehmann, A. (2010). *The trauma/transcendence interface. The convergence of PTSD and transcendent experiences*. Dissertation, Inst of Integral studies, California University.
- Lévinas, E. (1982/1990). *Etik och oändlighet. Samtal med Philippe Nemo*. Stockholm: Symposion Bokförlag.
- Lewis, K. (1998-1999). The Bonny Method of Guided Imagery and Music: Matrix for Transpersonal Experience. *Journal of the Association for Music and Imagery*, vol 6, pp. 63-85.
- Loewald, H. (1977). Primary process, Secondary process and Language. *Papers on Psychoanalysis*. New Haven, CT: Yale University Press, pp. 178-206.
- Lyons-Ruth, K. (2007) .The interface between attachment and intersubjectivity: Perspective from the longitudinal study of disorganized attachment. *Psychoanalytic Inquiry*, vol. 26:4, 595-616.
- Lögstrup, K. E. (1956, 1992). *Det Etiska Kravet*. Göteborg: Daidalos.

Malan, D. H. (1979). *Individual psychotherapy and the science of psychodynamics*. London: Butterworth.

Malloch, S. (1999). Mothers and infants and communicative musicality. *Musicae Scientiae*, spec. issue, 1999-2000, pp. 29-57.

Malloch, S. & Trevarthen, C. (eds.)(2009). *Communicative Musicality. Exploring the basis of human companionship*. Oxford: Oxford University Press.

Maslow, A. (1968, 1999). *Towards a new psychology of being*. New York: Wiley & sons.

Maslow, A. (1969). Various meanings of transcendence. *Journal of Transpersonal Psychology*, vol 1.

Maroda, K. (1998). *Seduction, Surrender and Transformation*. New York: Psychology Press.

Maturana, H. R. & Varela, F. J. (1987). *The Tree of Knowledge. The biological roots of human understanding*. Boston & London: Shambala.

McCullough, L. (2003). *Treating Affect Phobia. A manual for short-term dynamic psychotherapy*. New York: The Guilford Press.

McGraw Hunt, A. (2011). *A Neurophenomenological Description of the Guided Imagery and Music Experience*. Doctoral Dissertation. Temple University, USA.

Meadows, A. (ed.)(2005). *Qualitative inquiries in music therapy: A monograph series*. vol. 2, Gilsum NH: Barcelona Publishers.

Meltzoff, A. N. (1995). Understanding the intentions of others: Re-enactment of intended acts by eighteen month-old children, *Developmental Psychology* 3, pp. 838–850.

Merleau - Ponty, M. (1945/1997). *Kroppens Fenomenologi*. Göteborg: Daidalos.

Mergenthaler, E. & Stinson, C. (1992). Psychotherapy Transcription Standards. *Psychotherapy Research*, 2, pp.125-142.

Meyer, L. B. (1956). *Emotion and meaning in music*. London: University of Chicago Press.

Miller, J. B. (1976). *Towards a New Psychology of Women*. Boston: Beacon Press.

Milner, M. (1950). *On not being able to paint*. Madison, Conn.: International Universities Press, Inc.

Mitchell, S. (2000). *Relationality. From Attachment to Intersubjectivity*. London: The Analytic Press.

Mitchell, S. & Aron, L. (ed.)(1999/2003). *Relational Psychoanalysis. The emergence of a tradition*. London: The Analytic Press.

Mithen, S. (2006). *The Singing Neanderthals. The Origins of Music, Language, Mind, and Body*. Cambridge, Mass.: Harvard University Press.

Moustakas C. (1994). *Phenomenological Research methods*. London: SAGE Publications.

Moustakas, C. (1990). *Heuristic Research. Design, methodology and applications*. London: SAGE Publications.

Mårtenson Blom, K. (2002). Musik och samtal. *Fokus på Familien*, vol.30, 114-124. In English: Mårtenson Blom, Katarina (2004). Music and dialogue – Guided Imagery and Music in a systemic relational therapy setting. *Human Systems: Journal of Systemic Consultation & Management*. Vol.15: 4, 227-238.

Mårtenson Blom, K. (2003-2004). Guided Imagery and Music in Supervision: Applications of Guided Imagery and Music (GIM) for Supervision and Professional Development. *Journal of the Association for Music and Imagery*, volume 9 (97-118).

Mårtenson Blom, K. (2004). Kön och genus som perspektiv i handledning. From Wrangsjö, B. (ed.) *Utforska tillsammans - handledande förhållningssätt*. pp. 39-64. Stockholm: Mareld.

Mårtenson Blom, K. (2004). Att ordsätta det ordlösa - en handledares dagbok. In Wrangsjö, B. (ed.). *Utforska tillsammans - handledande förhållningssätt*. pp. 205-235. Stockholm: Mareld.

Mårtenson Blom, K. (2006). Samspela, samtala, samforsa – om ömsesidiga processer i terapi och forskning. *Fokus på Familien*, vol.34, 256-275.

Mårtenson Blom, K. (2010). Musik i det terapeutiska rummet – en introduktion till “The Bonny Method of Guided Imagery & Music (BMGIM). *Riksföreningen PsykoterapiCentrum (RPC:s tidskrift) Insikten*, 3, årgång 19.

Mårtenson Blom, K. (2010). Transpersonal - spiritual BMGIM experiences and the process of surrender. *Nordic Journal of Music Therapy* 2010; 1–19

Mårtenson Blom, K. & Wrangsjö, B. (2013). *Intersubjektivitet – det mellanmänniska i vård och vardag*. Lund: Studentlitteratur.

Naiburg, S. (2014). *Structure and Spontaneity in Clinical Prose: A writer's guide for psychoanalysts and psychotherapists*. New York: Routledge Mental Health.

Norcross, J. C. & Lambert, M. J. (2006). *The Therapy Relationship*. Washington DC: American Psychological Association.

Ogden, T. (2001). *Conversations at the Frontiers of Dreaming*. London: Karnac Books.

Panksepp, J. (1998). *Affective neuroscience. The foundation of human and animal emotion*. New York: Oxford University Press.

Papousek, M. & Papousek, H. (1981). Musical elements in the infant's vocalization: their significance for communication, cognition and creativity. In Lipsitt, L. P. & Rover-Collier, C. K., *Advances in infancy research*, Vol.1, pp.163-224. New York: Ablex, Norwood.

Riksföreningen PsykoterapiCentrum, RPC I Sverige (2011). *Etiska riktlinjer för psykoterapeuter*. Stockholm: RPC.

Rizzolatti, G. (2005). The mirror neuron system and its functions in humans. *Anatomy and embryology*. 210: 419-421.

Robson, C. (2011). *Real World Research. Third edition*. Chichester, UK: Wiley.

Ruud, E. (2003). "Burning scripts". Self psychology, Affect Consciousness, Script Theory and the BMGIM. *Nordic Journal of Music Therapy*, 12(2), 115-123.

Ruud, E. (2005). Philosophy and Theory of Science. In Wheeler, B. *Music Therapy Research. Second Edition*, pp. 33-44. Gilsum NH: Barcelona Publishers.

Safran, J. D. & Muran, J. C. (2000). *Negotiating the therapeutic alliance. A relational treatment guide*. New York: Guilford Press.

Safran, J. D., Muran, J. C., Samstag, L. W. & Stevens, C. (2001). Repairing alliance ruptures. *Psychotherapy: Theory, Research, Practice and Training*, 38, 406-412.

Sanders, L. W. (2002). Thinking differently. Principles of process in living systems and the specificity of being known. *Psychoanalytic Dialogues*, 12(1):11-42.

Short, A., Gibb, H. & Holmes, C. (2011). Integrating words, images and text in BMGIM: Finding connections through semiotic intertextuality. *Nordic Journal of Music Therapy*, vol 20, Issue 1.

Schore, A. N. (2003). *Affect regulation and the Repair of the Self*. New York: Norton.

Siegel, D. (1999). *The Developing Mind*. New York: Guilford Press.

Siegel D. (2009). Emotion as integration: A possible answer to the question, what is emotion? In Fosha et al (ed.) *The Healing Power of Emotion. Affective Neuroscience, Development & Clinical Practice*. New York: Norton.

Siegel D. (2010). *Mindsight: The New Science of Personal Transformation*. New York: Bantam.

Smeijsters, H. (1997). *Multiple perspectives. A Guide to Qualitative Research in Music Therapy*. Gilsum NH: Barcelona Publishers.

Spezzano, C. & Gargiulo, G. (eds.)(1997). *Soul on the Couch. Spirituality, Religion and Morality in Contemporary Psychoanalysis*. London: The Analytic Press.

- Stern, D. (1985, 2003). *Spädbarnets interpersonella värld*. Stockholm: Natur & Kultur.
- Stern, D., Sander, L. W., Nahum, J. P., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., et al., BPCSG (1998). Non-Interpretive mechanisms in psychoanalytic therapy: The 'something more' than interpretation. *Journal of Psychoanalysis*. 79, 903-931.
- Stern, D. (2004). *The Present moment. In psychotherapy and everyday life*. New York: Norton.
- Stern, D. (2005). *Ögonblickets psykologi*. Stockholm: Natur & Kultur.
- Stern, D. (2010). *Forms of Vitality. Exploring dynamic experience in psychology, the arts, psychotherapy and development*. Oxford: Oxford University Press.
- Stern, D. (2003). *Unformulated experience. From dissociation to imagination in psychoanalysis*. London: The Analytic Press.
- Stige, B. (2005). Participatory Action research. In Wheeler, B. *Music Therapy Research. Second edition*, pp. 404-415. Gilsum NH: Barcelona Publishers.
- Stige, B., Malterud, K. & Midtgarden, T. (2009). Towards an Agenda for Evaluation of Qualitative Research. *Qualitative Health Research*, 2009, 19: 1504. London: SAGE.
- Stinissen, W. (2004). *Mitt liv i dina händer. En bok om överlåtelse*. Örebro: Libris.
- Stokes-Stearnes, S. J., Bush, C. A. & Borling, J. (1998). *Music and Transpersonal*. Virginia Beach, VA: Mid – Atlantic Training Institute.
- Stolorow, R. D. & Atwood, G. E. (1994). *The intersubjective perspective*. New York: J Aronson.
- Summer, L. (1992). Music: The aesthetic elixir. *Journal of the Association for Music and Imagery*, 1, 43-54.
- Summer, L. (1994). Considering classical music for use in psychiatric music therapy. *Music Therapy Perspectives*, 12(2), 130-133.
- Summer, L. (1995). Melding musical and psychological processes: The therapeutic musical space. *Journal of the Association for Music and Imagery*, 4, 37-48.
- Summer, L. (1998). The pure music transference in guided imagery and music. In Bruscia, K. (ed.) *The dynamics of music psychotherapy*, pp. 431-460. Gilsum NH: Barcelona.
- Summer, L. (2009). *Clients Perspectives on the Music in Guided Imagery and Music*. Dissertation. Dep of Communication and psychology, Aalborg University, Denmark.
- Summer, L. (2011). Clients Perspectives on the Music in Guided Imagery and Music. *Qualitative Inquiries in Music Therapy*, volume #6, pp. 34-74.

- Teilhard de Chardin, P. (2007). *Fenomenet människan*. Stockholm: Alhambra.
- The Boston Change Process Study Group (BCPSG) (2010). *Change in Psychotherapy. A unifying paradigm*. New York: Norton.
- Tomatis, A. A. (1996). *The Ear and Language*. Ontario, Canada: Moulin.
- Tornstam, L. (2005). *Åldrandets socialpsykologi*. Stockholm: Nordstedts.
- Trevarthen, C. (1993). The self born in intersubjectivity: the psychology of an infant communicating. In Neisser, U. (ed)(1993) *The perceived self: Ecological and interpersonal sources of self-knowledge*. Emory symposia in cognition, 5., pp. 121-173. New York, NY, US: Cambridge University Press.
- Vaughan, F. (1995). *The Inward Arc. Healing in psychotherapy and spirituality*. California: Blue Dolphin Publishing.
- Walsh, R. & Vaughan, F. (eds.)(1993). *Paths Beyond Ego. The Transpersonal Vision*. New York: Tarcher/Putnam.
- Wampold, B. (2010). *The Basics of Psychotherapy: an introduction to theory and practice*. Washington DC: APA.
- Wennerberg, T. (2010). *Vi är våra relationer. Om anknytning, trauma och dissociation*. Stockholm: Natur & Kultur.
- Wheeler, B. L. (ed.) (2005). *Music Therapy Research. Second edition*. Gilsum NH: Barcelona Publishers.
- Wigram, T., Nygaard Pedersen, I. & Bonde, L.O. (2002). *A Comprehensive Guide to Music Therapy. Theory, clinical practice, research and training*. London: Jessica Kingsley Publishers.
- Wikström, O. (2003). *Om Heligheten, och dess envisa vägran att försvinna*. Stockholm: Natur & Kultur.
- Wilber, K. (1980). *The Atman Project. A Transpersonal View of Human Development*. Wheaton Ill.: Quest Books.
- Winnicott, D. (1971). *Playing and Reality*. London: Tavistock Publications.
- Wrangsjö, B. (1994). Psychoanalysis and guided imagery and music: A comparison. *Journal of the Association for Music and Imagery*, 3, 35-48.
- Wärja, M. (1999). Music as mother. In Levine, S. K., & Levine, E. G. (eds.) *Foundations of expressive arts therapy: Theoretical and clinical perspectives* (pp.171-193). London: Jessica Kingsley Publishers.
- Wärja M. (2010). *Korta musikresor (KMR). På väg mot en teori om KMR som musikterapeutisk metod*. Stockholm: Kungl. Musikhögskolan.

Zahavi, D. (2005). *Subjectivity and Selfhood. Investigating the First-Person Perspective*. London: MIT Press.