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Psychotherapy Applications in Theory and Practice of GIM

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Foil 1

We have heard Claudio Naranjo in the preconference talking so beautifully about the hero's journey that classical composers personally had undergone and expressed in their music. It made it so clear why GIM as a spiritual oriented therapy is so important for the people in our time in which we live so alienated from our true nature and often do not even realize that. He also said that by their wonderful music we can get a feel for what spiritual development means, at least for those who are open for music and such themes.

However, in psychotherapy we meet all kinds of patients and my task here and today is to have a look at the other side, namely to consider the social political realities and their implications on the health system which again also has a big impact on GIM's future role and last not least also on the financial surviving of therapists.

If f.ex. we want to be acknowledged by the health insurances it is important to reflect psychotherapeutic theoretical and practical concepts, developments and differentiations, even if we do not like to come down to that kind of earth.

When preparing this speech I felt very uneasy to be forced to think about the political trends regarding the requirements for treatment of psychological diseases. But at least one thing is very positive. The fights between the different psychotherapeutic schools seem to come to an end, because therapists have to think more and more integrative. This is good for us GIM people.

GIM defines itself as an integrative therapy focusing on spiritual and transpersonal dimensions. And I see also behaviorally oriented aspects integrated, because in a GIM journey we encourage the client to explore what has to be explored and to act. Insight is emotionally experienced by action and action leads vice versa to insight. In other words it is a process of BOTTOM UP AND TOP DOWN. In this sense we are very advanced.

However, the political health system is not interested in music as a spiritual leader but in the disease of patients and in evidence based therapy methods. So the question for the authorities in the health system is: **do patients need GIM and if yes, why and how.**

Foil 2

We have to classify a patient's disease according to DMS or ICD (International classification of mental disorders) and then decide whether there is an indication for therapy and if yes we have to choose the respective appropriate method and techniques. So what can GIM contribute to an **evidence based Psychotherapy?**

Can we develop an evidence based indication for **GIM as a method** for certain diseases or is GIM just a **technique** within **different therapeutic approaches** like f.ex. Expressive Therapy or Music Therapy or Hypnotherapy?

Evidence based therapy means that not a certain school or method is the only decisive factor. If BMGIM should be valuated as evidence based **method** we have to be able to explain why it is the best choice for certain goals.

BMGIM was originally designed for normal and neurotic people who want to explore and develop their inner richness. GIM certainly will not be regarded as psychotherapy by the health insurance as it is not evidence based and it is until now difficult to prove that patients can solve their problems by this therapy.

Helen Bonny warned us to work with **persons with structural damages** because their psychological structure is poorly integrated and because their ego-functions are weak. But psychotherapy develops and perhaps we can work further on modifying BMGIM. Could the guiding itself be differentiated? Could we integrate more psychotherapy concepts and techniques into the guiding?
I heard Gabriella Rudstam's very interesting presentation of the work with PTSD, Bolette Daniels-Beck's fine presentation of the work with chronic stress and Rachael Martin's presentation about modified GIM for musicians with anxiety. They made clear that BMGIM in that field has to modified. Is Music Imagery a modified BMGIM or just a form of receptive Music Therapy? Can psychotherapists work with GIM techniques without having had a long training including the spiritual background dimensions? I doubt that. But these questions are important.

Foil 4

In GIM we have to consider whether
a person

1. **can** become the sovereign in his/her own kingdom (normal and neurotic) or
2. **can not yet** (children and persons with poorly integrated psychic structure)
3. **or can not any more** (f.ex. people with dementia)

Here I want to talk about those patients who **can not yet**. These are often persons with personality disorders who have difficulties to mentalize.
What is mentalization?

Foil 5

Mentalization is the ability to perceive emotional experiences in one's self and in others. Mentalization means we have developed a theory of mind. Mentalization is also the condition for identifying emotions and being able to verbalize feelings and emotional states.

Foil 6 the IBEX
Let us experience mentalization. Listen to the pieces of music that the ibex on this photo. Please watch his face and imagine what he is experiencing.

Music excerpts from: Grieg: Morgenstimmung; Goreczki: 3. Synphony; Strawinski: Sacre du Printemps; Respighi: Valle Giulia

If you were able to see how the ibex changed the expression of his face you would say you have a theory of mind and if you were able to tell a story you certainly can mentalize. This shows how we construct all the time our realities. This insight can help to get in distance from earlier traumatic experiences. They can be reconstructed in another way. Apart from that you might find out whether in your imagery you tended to let the ibex (who actually represents parts of your own self) fly, fight or freeze. This is also diagnostically interesting. A mentalization based therapy should be included into GIM with structurally damaged patients (f.ex. Borderlines).

What is the role of the music and the guide in this regard? Simplifying a very complex context we can say:

Foil 7

Vitality affects and categorical emotions like anxiety or anger are musically experienced the *right* hemisphere of the brain, where we experience them very much in the here and now without processing them cognitively. We move and breathe with the musical motives and forms, and we are involved in the progress. We are the "parts in actu". In the imagery we act without reflecting the meaning of why the demon part threatens. It is the *sensing* Margareta talked about, the feeling which arises from *bottom up*.

The guiding interventions of the guide are absolutely necessary because they help to connect the emotional experience with the *left* hemisphere, thus to verbalize and communicate them symbolically in form of metaphors or images.

The GIM session supports a synchronic activation of the left and right hemisphere and coordination of the prefrontal cortex. By mentalization the current GIM experience can be undocked from past traumatic experiences and new experiences can superimpose old ones. However, patients with structure deficits need much more preparation and assistance than normal neurotic persons.

Normal and neurotic persons normally profit a lot from GIM because they can use their resources for spiritual growth. They can cope with emotional challenges and big musical containers using their defense mechanisms. In a GIM journey they can choose whether and how they want to explore difficult situations. They can decide whether to fight, to avoid situations and troubles or to run away.
They are able to symbolize what they experience in the music by metaphors and imagery. They can mentalize and relate the musical experience to concrete memories or repressed conflicts and they are able to verbalize this to the GIM guide.

With the assistance of the guide travelers with a good enough psychic structure are able to find their ways to explore the unconscious, able to detect repressed parts and conflicts, face them,

Foil 9

free the unwanted emotional states and feelings, here seen as exiles, accept their existence, cope with them and find new perspectives.

But for **patients with personality disorders** musical experiences may not only challenging, but really threatening and overwhelming.

Travelers with structural deficits have a deficit of basic experiences like being hold, being mirrored, and experience sharing positive affects, being interested in the same things, emotional affection and social referencing. Affect attunements are difficult because there is no secure emotional bridge to the other. Because their structure stayed too deficient to be able to mentalize and repress conflicts those patients could also not build up healthy defense mechanisms. They have little emotional orientation and they are exposed to their affects without being able to control and reflect them. This is also because often they have not experienced those borders that are necessary to feel orientation. Often it is not yet possible to talk about mental objects that are verbally symbolized.

Paula, 47

Paula, 47, was adopted at the age of 2. For adoptive parents Paula should be the caring mother they themselves never had had. Paula thus was twice deceived in her basic emotional needs. She became an alcoholic with 16, had a baby with 17, and so forth. She was a motherless child that survived but did not have resources to be -symbolically said- the

sovereign of her own inner kingdom. When conflicts came up her hippocampus was over flooded with stress hormones which blocked the relevant cognitive processes. She could either become very aggressive, because she had no ability to regulate her affects or she remained silent. Paula's reaction to become silent and blocked when relational conflicts came up was not a defense mechanism. She simply could not find words for what happened. Emotions were just overwhelming and out of control. This is very often the case with persons who are insecure. The ability to mentalize gets lost in stress situations.

When she was asked what or how she felt or what she associated with the musical experience she often would answer "I do not know". So it was necessary to work on her deficits concerning her mentalization deficits and affect attunements.

What can be done, if the self reflexive function is not developed, because in his childhood nobody helped the child to verbalize his feelings and relate them to their context? What can be done, if only isolated representations of experiences have been built and these patients often cannot relate emotions and words adequately to the actual context? Or to mentalize the musical experience?

In contrast to neurotic patients like Paula need to be encouraged in GIM journeys not to get too much involved in the music, but to learn to take in the position of the observer in order to get into distance. It is important to get in distance to overwhelming emotions that trigger earlier traumatic experiences.

For Paula it was important to learn she can **have** emotions, but she **is** not her emotions. To **be** aggressive or anxious (to be the angry or anxious child) is different from to **have** the feeling of aggression or anxiety. Paula had to learn not to identify with the aggression or anxiety in order to be able to keep control and not be overwhelmed.
Music is a great help. But the presence of the therapist is necessary for helping them to mentalize and verbalize their actual emotional states of mind.

And as I said before, if we want to have persons with personality disorders like Paula travel to GIM programs, this must be prepared.
It takes some time to establish a confidence building therapeutic relationship. Music here to a great extent has the function to serve for mentalization processes and establish relationship by music as the shared third.

So, how can we prepare our patients for GIM? Here are some suggestions:

Foil 9

Mentalization focused GIM

1. Music Imagery
    a. Photos of nature and music

   b. Patient brings music from home which represent his moods and emotions in certain situations

   c. Imagery to musical and emotional qualities (telling stories of what of the instruments (or the ibex) experience)

   d. Training of empathy (what does the ibex experience with this music?)

2. Active Music Therapy and/or verbal processing

   a. Musical expression of modes by improvisation (a) adjectives of Hevner's Mood Wheel, b) inner child's inner parent introject's coping styles, etc.)

3. BMGIM

   a. Traveling to GIM music programs

I offered Paula photos and pictures with music that invited to be explored. The photos of natural landscapes helped to mentalize moods and atmospheres and get in contact with inner resources.

Foils 10 to 20 (photos)

We might sit and look at the photo and I guide Paula while the music plays. We both are sharing our impressions, feelings and Paula can experience in a trustful way that that landscapes and music can have different effects on people. Patients with a poorly integrated structure often live an **either-or** – concept which does not leave space for an in between, for nuances and an as-well-as. They often cannot decide because they have no inner security that their decision would be the right one.

Music, in contrast, does not divide polarities into good **or** bad, consonance **or** dissonance, joy **or** grief, high **or** low. In music polarities are entities.

Foil 21

Music helps to experience an *as well as.* The musical ambiguity supports and allows different perspectives and interpretations and this is relieving and provides a basic trust in the different possibilities and helps not to react only in one way to conflicts. Patients profit from music because there is no right or wrong how things *have* to be seen. Music shows us in a very basic way how polarities depend on each other, belong together and in music even live together in harmony. In life there are always several options. This gives an existential certitude.

Photos with underlying music can evoke emotions of f.ex. sadness or loneliness. But like in film music Paula can stay in the role of the observer and project into the music what the picture emotionally means. However, what can be described can be shared and also opens the memory for earlier biographical experiences which is very important.
Patients also bring her own photos and music from home and paint or dance to it. Foil 18 shows a photo a patient once shot. She wanted to explore why she shot it and what it meant to her. It was the moment for a real GIM journey. It turned out to unfold a very secret theme.
Another preparation for GIM is Active Music Therapy, f.ex. to improvise and express adjectives from Hevner's Mood Wheel in order to differentiate emotions and find symbolic and metaphorical expressions.

In regard to *guiding* Paula I gave her choices to differentiate emotions and find the words: "does it feel more like sadness or more like loneliness?" I did not ask so many questions but rather commented or confirmed: "Yes, it is hard to bear" or "Yes it is sad!"
I was not so much the guide but the mother who mirrored her by identifying and verbalizing her emotions and also commented them. This helped her to feel that her emotions were real and shared by me. It was not a *re*parenting, but a *parenting* to experience basic appreciation, acceptation, and being mirrored, experiencing to share emotional qualities. Like a mother normally does.

Foil 22
Now let us have a look at another psychotherapy concept: Working with the inner parts which I think is very effective in GIM.
The work with inner parts or modi concentrates more consciously on the personality's emotionally significant parts or ego-states.

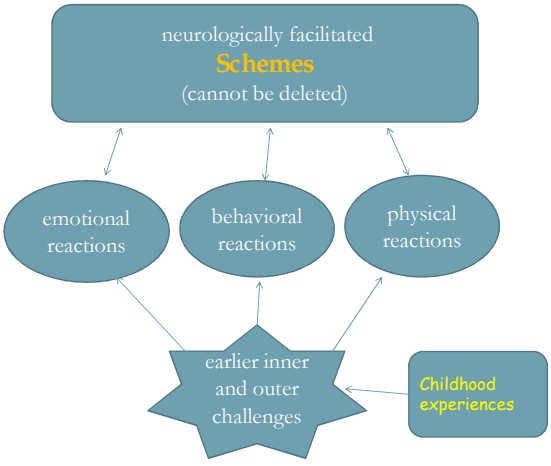
Foil 23
Who am I and if yes, how many?
There are many parts that form our selves and ego-states in contexts and time continuum. This is not new as the next foil shows

Foil 24

Therapy	Author	name for inner parts
Psychoanalysis	S. Freud	Id -Ego- Super-Ego
Jungian Psychotherapy	C. G. Jung	Archetypen, Komplexe
Object relational theory	O. F. Kernberg, M. Klein, usw.	Inner Objects, schismatical parts
Ego-State-Therapie	J. und H. Watkins, Paul Federn	Ego states build a self-family
Psychosynthesis	R. Assagioli, P. Ferrucci	„subpersonalities",
Transaction analysis	E. Berne	parents-Ego, adult-Ego, Child-Ego
Gestalt Therapy	F. Perls	z. B. „underdog", „topdog"
Inner Child	W. H. Missildine, J. Bradshaw	infant, baby, child, schoolchild, adult self, etc.
growth oriented Family Therapie	V. Satir	parts, faces, inner Theatre
Systemic Therapy	G. Schmidt	conference of the Inner Family, Inner Parliament
„Internal Family System Therapy	R. Schwarz	Inner Family

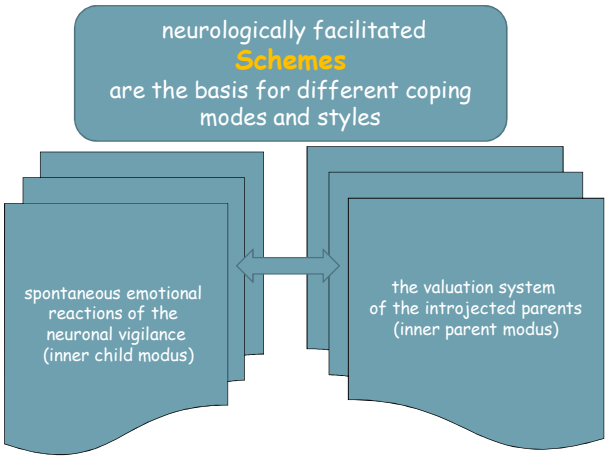
In GIM there are also many references to parts of the ego or self as Bonde (2000, 69) already pointed out naming Summer 1988, Goldberg 1995, Erdonmez 1999, Brucsia 1991, 1998, Clark 1999. "Clients with dissociative personality disorders or multiple personality parts reveal the personality parts and their conflicts as separate figures" (Bonde 2000,67f)

But what in our context is important is that fact that parts or subpersonalities are derivations from emotional, physical and behavioral reactions to earlier inner and outer challenges. These basic experiences are neurologically facilitated and cannot be deleted.



Foil 25

Schemes are kept a lifelong as **emotional and valuating patterns (or schemes)** which trigger different automatic reactions and more or less adaptive or dysfunctional emotional coping modes and styles. Adaptive maybe for the child in order to survive, but certainly inadequate for the adult patient.

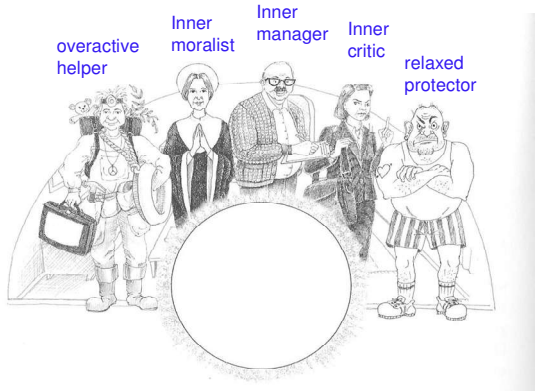


Foil 26

Although we know that we cannot change structural schemes the dysfunctional coping modi and styles -whether they appear as the wounded, angry or resigned child or the critic, punishing parent introject-, can be transformed.

In order to focus on these parts in GIM we have to identify them in the imagery. Once identified it can help patients to understand and make it easier to handle their inner parts if we encourage them to give them names. f.ex.

Foil 27



Source: Holmes, T. 2007,10

Names added by i. F.-H.

Foil 28

Mode	Function	Symptoms
The wounded child	is helpless, cannot get his wishes fulfilled or get protection and support	Depressive, anxious, needy, fears dependency, idealizes the supporter
The angry child	Acts impulsive and emotionally inadäquat,	Very angry, demanding, manipulating, controlling, devaluating, suizidal, promiskuitiv
The punishing parent introject	Punishes the child for expressing needs, for having made mistakes	Self-hate, self-critic, self-denial, anger about one's own needyness
The distant protector introject	Avoids needs and emotions Keeps himself in distance to others	Depersonalization, boredom, emptiness, eating disorders, drugs, psychosomatic symptoms

Foil 29

Controlling mother introject:
you have to be like I want/ need you

The behavioral modus of the wounded inner child:
I surrender, I try to please my mother, I need her support OR

I avoid the confrontation and will never express my emotions

The modus of the angry inner child:
I must become autonomous, I fight for myself, I control others

The psychotherapeutic goal is to help the mature adult part in the personality to get out of that vicious circle of searching the right thing in a wrong behavioral and emotional modus.

So we have to identify what parts and behavioral modes they stand for and who is in conflict with whom?

In GIM the emotional and valuating parts appear as we know in many different metaphorical, symbolic, archetypal and psychodynamic aspects f.ex. as hard working dwarfs, elves, dancers, animals, heroes, mountains, seas, boats, castles, etc. and they can be spiritual or transpersonal helpers, distant protectors, parts that represent many punishing or irritating parts or others.

Is there a vulnerable child who needs protection and consoling? Is the child able to trust music that is nurturing and caring? Does the child part trust the guide? Reparenting (or better parenting) would be needed, but must be more than just nurturing and caring. If the vulnerable part is still too weak to identify with the power of the music and can not cope with severe and rigid introjects, other steps have to be made first.

Is it possible for the patient to give names to the parts like f. ex. “the greedy one”, “Mathilde the moral one”, “Oskar the angry one” or ”Madame luxury”, names that, however, relate to the inner child modus and the inner parents modus.

What regards the guiding in GIM I think that some more assistance and direct interventions should be considered. F.ex. :

The guide should get the permission from the patient to enter the patient’s imagery and confront threatening overwhelming rigid parts very directly. It should be possible that the guide speaks directly to the demon part that f.ex. could stand for the inner abuser introject, saying: “Get out of here”. If the patient needs protection because his ability to mentalize is in deficit this is a must.

When Paula had already become very familiar with the different emotional and valuating parts of her personality that had been developed in her childhood she one day wanted them in a GIM session to appear on stage. But happened was a bottom up process that followed its own path and did not need that I as the guide had to become direct as mentioned above.

Foil 30 Case Vignette

Foil 31 Paula ***My selves on stage***

Foil 32

Transitions

1. Strauß: A hero‘s life (excepts from „des Helden Weltflucht und Vollendung“ (9.30)
2. Brahms: Sinfonie Nr. 3, Poco Allegretto (5.51)
3. Beethoven: Sinfonie Nr. 9, Adagio molto (20.00)
4. Brahms: Piano concerto Nr. 2, 3. Andante (13.07)

Strauß: At first Paula experiences herself as a member of the audience (distant observer) and at the same time sees herself on stage in clothes that are much too big (the inner protector part wants her to hide. My guiding intervention: “how old is she?”). She turns into a tiny elf in a costume of a butterfly. [This is the shy vulnerable child part put on in disguise. My

guiding intervention: “she cannot be recognized?”. The butterfly is also a symbol for metamorphosis]. The elf jumps around trying to fly. (guiding intervention: wow, she tries to learn how to fly?).

Brahms: In the background huge and clumsy people in costumes of beetles are hindering the elf to fly or to dance. [These are inner parent parts that always prevented her from becoming independent; beetles often symbolize the bridge from life to death, but also creation: Paula rolls her life like a dung ball in front of her].

Beethoven. Changing into the role of the observer in the audience [a more encouraging part which, however, encouraged in a too demanding way] she decides that the butterfly and the beetles should stop their “silly games” (guiding intervention: what is so silly? Are they not allowed to learn?). She says in an intimidating way “it is time to finish and just fly!” Changing into the intimidated elf without the costume she does not dare to dance on stage and she gets in contact with the feeling of absolute helplessness because she does not know what to do and who she is [Here the wounded child shows up that has no orientation and protection. In regard to the hero’s journey this is the moment when for the first time she gives up all pseudo identity and feels her deepest wound] (guiding intervention: little elf, what do you long for?) She becomes aware of the music that is serious *and* serene and suddenly she can dance (guiding intervention: yes, serious *and* serene!)

Brahms. As she experiences the music as serious *and* serene all of a sudden she **feels** at the same time both, a deep solemnity *and* lightheartedness. She is deeply touched. She did not expect that one could be in touch with deepest wounds and still feel supported.

In the next –verbal- therapy session we worked further on the integration of her inner parts and she was able to stop with words the severe parts making her feel bad because they did not allow playing and learning and experimenting, but who wanted her in a way that goes without saying to be adult and successful. She felt and could express emotionally in words what she had always missed: parents who would mother her: It is o.k. to feel helplessness. We feel your need for love, encouragement and for being honored for the hard way you have gone and how you have suffered. When I repeated this sentence for her as a “good mother” she could hardly believe that she could be loved and was ashamed by her tears. But she understood.

So the work with the parts helped enormously to identify more and more with the power of the music and use its potential to continue her hero’s journey with BMGM.

Psychotherapy Applications in Theory and Practice of GIM. My questions were a) how can psychotherapeutic concepts and techniques be applied to GIM and b) and how GIM can contribute to evidence based psychotherapy. To answer the first question: GIM was from the beginning a mentalization based and emotion focused psychotherapy, GIM has always

integrated psychodynamic and new behavioral approaches (like working with inner parts). Therefore I think GIM should be developed more in direction of the
second question. If GIM plays a role in a clinical context it will probably be defined as a music therapy or psychotherapy technique. In that case therapeutical steps must be explained and corroborated why and how to work with whom when with single pieces of music, instruments and small or bigger GIM containers. GIM as a therapeutic method for personal and spiritual growing is not a clinically and evidence based method, but an evidence based GIM psychotherapy will always include spiritual issues.
As they could not develop well functioning defense mechanisms against the inner demons, repressed conflicts and unwanted emotions

Foil 40
Thank you very much for your attention