Guided Imagery and Music

GIM in a Changing World – where are we going?

Isabelle Frohne-Hagemann

Keynote at the

11th GIM Conference in Berlin
"GIM in a Changing World – Consciousness-Neuroscience-Society"

September 17th 2014

The old Emperor Lothar 1rst in the 9th century once said: "Tempora mutantur et nos mutamur in illis" (The times are changing and we are changing within them). This is also true for therapeutic concepts. Therapeutic processes and methods either evolve over time or become obsolete. The conditions and objectives required for the implementation of GIM makes it necessary nowadays, at least in Germany, to carry out adjustments and modifications. They are also based on the current social changes caused a globalized working environment, the digital revolution, mass surveillance and all its consequences. Where is man heading today? Changes do not only force us to adjust to the emergence of new ways of living. Different values emerge along with new diseases.

Also, we are living in times where fundamentalistic islamists want to throw us back into the stone age and the media are overfilled with news about anarchy, terror and war and we realize that for most people human rights and freedom are still foreign words. I have been thinking how GIM therapists react to these changes and threats and what are their therapeutic intentions. What about our concepts? It is time to discuss some of the basic concepts in GIM. Therefore, in my keynote I would like to concentrate on several themes which however belong together.

1. Historical perspective: In which stage of psychotherapeutic development are we now and what is needed?
2. Internal problems: We have a range of philosophic orientations from idealistic spiritual and transpersonal ones to depth psychotherapeutic and social psychological ones. In some aspects, as I will show you, these orientations are not compatible with each other and we will have to discuss solutions for the future. This brings me to the question
3. What are – nowadays- the problems of our Western societies? We may be very aware of the traumatic damages caused by World War I and II, but we also have pay attention to further developments. F. ex.: What are the problems of the social personality?
4. GIM seen from a **sociocultural-historical perspective and developmental-psychology.** In this perspective the dialog is crucial and it might give reason to present GIM also
5. as a Mentalization supporting therapy which could perfectly help to match the patient's needs.

1. Stages of development

In general the development of established psychotherapy movements can be divided into 3 stages. If the first stage is characterized by the emergence of psychotherapeutic approaches through *practice*, the second stage is characterized by the need to *research the results of the practice*. The third stage concentrates on the implementation of quality control and legal regulations. This relates to endorsements and certificates, professional politics and the like.

GIM of course passes through stages like these as well. Helen Bonny and her students were, of course, at the forefront of the first stage of GIM. They developed and tested GIM through practice and also described the praxeological approach. New ideas were explored. In the 1960ies and 70ies GIM was strongly influenced by the zeitgeist of the hippy movement, love, peace and spirituality. Exploring consciousness and self-realization were understood primarily in terms of spiritual and transpersonal orientation. This kind of understanding of GIM seems to me still deeply-anchored. We all know how important the spiritual themes are for clients and Helen taught us the right way to cope with spirituality in GIM.

In the second stage Helen's students attempted to prove and deepen the method by means of psychoanalytic, Jungian and other psychotherapeutic approaches, for example Ken Bruscia contributed to the understanding of psychodynamic orientation. Ginger Clarkson introduced Gestalt therapy techniques, Karlyn Ward Jungian concepts and Roseann Kasayka described spiritual orientation. GIM was also a focus for important clinical research during the second stage. Interestingly, more somatic patients (cancer patients, etc.) have been the focus of GIM studies than those with mental disorders.

Clinical research is very important, but we also need more **fundamental research.** Fundamental research should allow us to investigate our own theories in regard to their compatibility. A consistent nomenclature and a comprehensive system of theories, all this must be developed in line with the requirements of the third stage. If GIM wants to survive, at least in Germany, its system of theories must be proved to be scientifically convincing to the authorities of the psychotherapeutic and medical health system.

In Germany the laws are strict. Practitioners who wish to treat patients with GIM as a medical science (which it is) must first receive a state approval to practice. A degree issued by one of our training institutes or the title of *Fellow of AMI* is not adequate in the long run. Unfortunately, in the different European countries the laws are different. I guess that the coming European *Association for Music and Imagery* will have to deal with this for years to come.

Question: Do you regard GIM as a technique or as a method? I know some psychotherapists who might easily feel qualified after a Level I to use GIM-music and integrate GIM-guiding into their psychotherapeutic sessions. Of course this is something we definitely do not want. If GIM is a *technique* GIM does not have a lot to offer of its own, but if we really regard GIM as a *method*, we should be able to explain our "Tree of Science" as defined by Petzold (1991), which includes our theory of knowledge, of science, a theory of society, musical socialization, ethics, a theory of health and disease, a theory of the personality, a developmental theory, a theory of diagnostics and indication, goals and contents and the therapeutic relation. All of that has not yet been put together in GIM.

Another issue is to define better the difference between GIM in a *psychotherapeutic* context and GIM in a *context for spiritual healing*. Some GIM therapists and some new therapy movements tend to include spiritual interventions in psychotherapeutic methods. It should be accepted that a GIM therapist cannot be a spiritual teacher and vice versa. The blending of roles is a professional blunder. From a *psychotherapeutic point of view* and in *regard to the 3rd stage*, it really is malpractice to integrate specific *spiritual instructions* into (psycho)therapeutic trainings and also to evaluate therapists according to their spiritual maturity. The question must be raised of whether it is at all ethical to take responsibility if practices with specific spiritual instructions spread or advocate f. ex. the inclusion of worship or interpretation of imagination as reincarnation experiences. This is a theme which generates concern because it opens the doors to ideologically glorified, fundamentalist promises of salvation. As psychotherapists we are not supposed to influence the spiritual philosophy of life of the individual. This was also particularly Bonny's concern.

2. Incompatible concepts

I would like now to briefly touch on the dilemma of compatible concepts. Concepts should be taught that are compatible with each other. However, this is difficult and the student ends up conflicted. Let me f. ex. talk for a moment about the "Self". It is used for completely different intentions and orientations within the different theories.

In psychoanalysis the Self is seen as the totality of the perception of the ideal "**I**" with its incapability of self-reflection and self-criticism. One of the main functions of the ego is, therefore, the formation of a critical self.

In Integrative therapy the Self is seen as an entity encompassing body, soul and mind acting within its environment, culture and history. During our development in childhood the **I** gradually exceeds the Self, allowing the observer to recognize himself with foreign eyes: **I** recognize myself, i.e. **I** recognize that my Self is alive and living.

Moreno, the founder of psychodrama, said, the Self emerges from the Roles one takes in. He represents a social psychological perspective. In Gestalt therapy the Self is seen as the mechanism responsible for contacts within the organism and its environment. Here the **I** is but a part of the Self.

For Jung the Self is a part of the universal consciousness. Self-realization means to free oneself from "a petty and sensitively self-centred I-world" in order to gain access to one's "higher self" (Jung 10/2007, 59). The "Self" is „superior to the **I**". Jung says „Individuation means to become one' s true self" (Jung ibid. 63).

I am touching these "concepts of Self" only very superficially, but it shows how difficult it is for GIM to encompass psychoanalytical, spiritual/transpersonal and sociopsychological perspectives. In light of the requirements of psychotherapy's third stage, the big challenge will probably be using theories that are compatible with each other. Therefore we have to talk about it. This is not only important for the development of a common nomenclature, but also in order to become more aware of some dangerous inner traps. Therefore let me stay some minutes longer with Jung. For C. G. Jung

the authentic or true Self was central. But what does this actually mean? Who determines what is authentic?

Per Brask f.ex. questioned whether there is an authentic Self *at all*. He quotes from Ernst Becker's book "The Denial of Death" (1997, 274) the following critic: "[In therapies that promise to put a person "back" in touch with an "authentic self,"] the person is enjoined to try to tap these powers, this inside of nature, to dig deeply into the subjectivity of his organism. The theory is that as one progressively peels away the social facade, the character defences, the unconscious anxieties, one then gets down to the "real self", the source of vitality and creativity behind the neurotic shield of character. In order to make psychology a complete belief system, all the therapist has to do is to borrow words for inner depths of the personality from mystical religions: it can be called, variously, "the great void," the "inner room" of Taoism, the "realm of essence," the source of things", the "It", the "Creative Unconscious," or whatever" (Becker in Brask 1995).

Brask identifies the Jungian theory as a belief system that cannot be verified. Possibly all philosophic concepts are belief systems, and it is needed to believe in something. However, I am very much aware of the seductive temptation of belief systems. Probably all of us wrestle with ideas that are -at the bottom- just belief systems and, when required to verify and explain them, we end up, shrugging our shoulders, replying: "Well, I only know that I don't know". Anyway, we can only move forward if we take a critical stance towards our own nice ideas and concepts. So did – by the way- C.G. Jung. At the end of his life he wrote: "I'm not sure about anything. I have no definite conviction – in anything" (Jung, Jaffé, 1961, 360). How relieving!!!

Although we might not agree with Per Brask's critic, it brings us to very fundamental questions about ideologies and therapeutic myths. An example gives Heinz Gess (1995) who calls our attention to a shadow which, to this day, still hangs over Jungian theory. This has to do with Jung's proximity to the myth-based currents of the Nazi era. In his article about the Germanic god Wotan Jung linked him with National Socialism. Jung described Wotan as a characteristic archetype for the Germanic race in which the archetype acts out in the form of the destructive traits of this god. He thought that this Germanic archetype justified the destructive motivations of the Nazis. Although Jung later distanced himself from this concept, this thinking still has supporters today. Think of the motivations of the jihad warriors, who use mythology to justify their destructive ideology of the theocratic state. By the way, it is interesting that also Richard Wagner related to Wotan. In his opera *Tristan and Isolde* he wanted to show that Tristan's will of increasing his power would lead to end as a sufferer and end in destruction. Wagner was very impressed by Arthur Schopenhauer's opus from 1819: *The world as Will and Representation*. The will (the drives and desires) must be denied in order not to suffer and gain salvation. Thus destruction would be necessary to find a better world.

Well, for all of Jung's profound and important insights –and Cathy O'Leary certainly will tell you much more on Sunday- , mythological shadow sides must be kept in mind. Theoretically repressed dark sides can only be revealed through subsequent research and sometimes theories or concepts must be dismissed or modified. I will give you an example of a shadow in GIM.

At a time after Joseph Campbell's death in 1987 when the *hero's journey* was on everyone's lips Carol Pearson (Pearson 1991) identified different parts of heroic archetypes in her book

"Awakening the Heroes within: Twelve archetypes to Help Us Find Ourselves and Transform our World". By that she provided an explanatory model. It was in 1995 that Marilyn Clark (whose work I highly value) introduced the *concept of the hero into GIM practice theory*, however without scrutinising it theoretically as Dorothea Dülberg has demonstrated (Dülberg 2014). Marilyn Clark's intention to go on a hero's journey certainly was not to become a hero in a menacing way. The English word *hero* (or *heroine*), according to Cuddon's *Dictionary of Literary Terms and Literary Theory* (1976, 3rd edition 1991), is value-neutral and means "protagonist".

However, in other languages the term has different meanings and connotations. C. G. Jung's interpretation of the hero concept that, by linking Wotan with an archetype, today awakens, at least in Germany, still memories of the Nazi myth-based madness. In my GIM courses my students are encouraged to create GIM programs by themselves. Being asked what is a hero they would -on a conscious level- associate f. ex. a single mother who has to cope with challenging tasks as a heroine, but when designing a hero's journey it often turned out that the music used was extremely martial. This shows that on a very deep unconscious level there still is an archaic hero concept alive and kicking. And have a look how this is promoted in our societies. One only has to flick through a glossy magazine to be bombarded with such "heroes".

What is a hero? In German the heart of heroism means "the heroic deed. The hero is the *actional component*" (Wulff 2002, 2). The hero "represents an ethos which does not develop, justify or even discuss its ethics but, through action, purely consolidates itself" (Wulff 2002, ibid.). A hero "is a character, not a person". A hero is "not reflexive, not thoughtful and does not reason (or only marginally)". "One becomes a hero as a result of "initiations and transitions in which ... the individual dies and is reborn with a new social identity" (ibid.). In GIM, on the contrary, we are not interested in initiations that end up in the status of a hero, which means to lose one's personal individuality. On the contrary, we encourage personal development and the laborious mental work that will lead to change and personal maturity. Therefore I think we do not need to talk about hero journeys, hero quests, initiations and attempts to get past personal individuality.

As we now find ourselves in the third stage of psychotherapeutic development, which requires presenting GIM to the outside world, I suggest (at least for German speaking people) not to call a GIM journey any longer a *hero's journey* but to keep the name *working program* or *challenging program.* Or at least be more aware of what people associate.

It is agreed that we all want to integrate neurotic and early disturbed psychological structures and find inner freedom and peace. To get down to the "higher self" as part of the universal consciousness may connect with metaphysical dimensions, but probably does not help to match new developing social problems and their impact on the social personality. In the following I will touch on some social issues that I consider particularly relevant to GIM. I will limit myself to the sociological research of Richard Sennett (Sennett 1998, 2005), and of Rainer Funk (2005, 2011) who identified a new personality type. Of course, what I will mention here cannot even start to capture the complexity of today's zeitgeist and the raising fears resulting from the threatening situation in the Middle East, Ukraine, etc.

Regarding work

The meaning of work has completely changed (Sennett, 2005). When previously one usually learned *one* profession, started *a* job and worked until retirement, today, especially in the United States but also here as well, things are completely different. Professions have now become just "jobs" and terms such as vocation and professional *self-realization* are gradually becoming foreign concepts. Many people have several jobs. The writer is also a taxi driver, the music therapist has three different employers and the computer programmer is working on all kinds of projects here and there. In addition, although the quality of some operations has improved, automation processes have not helped employees to develop a professional identity and pride in their own performance. On the contrary, employees feel superfluous and useless. According to Richard Sennett (1998) an average American in 40 years of work changes his/her job eleven times and retools his/her knowledge base three times (Sennett, 2000, 25) causing to no longer identify with his first profession. Here in Germany we have the "*generation internship*" with young people moving from one internship to the next without finding permanent employment.

Good education should be a guarantee for a secure, professional working life which is why parents drive their children to excel regardless of whether they have the strength and will to do so. Unfortunately, a good performance is not a guarantee for the future (Sennett 2000, 69).

Regarding time

The concept of time is changing because, according to Sennett, nothing is long-term anymore. Therefore it seems, from an economic point of view, quite reasonable that a person should not enter into long-term agreements with an employer because he or she could be made redundant at any time or resigns his/her position because the job does not deliver what it promised.

Keeping a distance and only cooperating and bonding in a superficial way protects employees from disappointment. To be always present in the here and now, to be flexible and mobile, leads to the past being viewed as an annoyance because planning for the far-future becomes useless. To perceive oneself over a lifetime is now more difficult as the stages of life have no meaningful connection. In addition to this comes a subliminal and propagating feeling of disaster about the impending collapse of the ecosystem, climate, welfare state, financial markets, coming world war, etc... Both the future and past are suppressed. One's identity is changing with a continuous narrative, a coherent life story ends up fragmented. This is also reflected in our hospitals. Long-term therapies, in which positive new bonding experiences could be made and one's own identity could be experienced in their becoming, are rather undesirable: the length of stay in the clinic should be short and the therapies should be solution-orientated and cost-effective. The aim: the ability to function again quickly.

Rainer Funk, referring to Erich Fromm, wrote 2005 that the globalized economy has led to the dissolution of borders of all areas of life and perception and has created *a new type of personality*. According to Funk this post-modern ego-orientated attitude already affects 10% of society. The media talk about the borderless society and the reckless attitude of self-presentation.

This is not just marketing. It has become an end in itself. This new type of personality is characterized by a significantly different "I" and "us" experience. Its most striking feature is the insistence on the I-oriented construction of reality. People want to always be connected and reachable but are not willing to truly commit to it. Everywhere we stand and we are going: The mobile phone is now permanently switched on. Are they connected? Not with the person standing beside. By constantly staring at a smartphone's screen – also known as Phubbing (from the words phone and stubbing) - communication with a person who is present is interrupted again and again. We seem to become "selfies": Selfies apparently must always to prove that they still exist. Did they not experience enough resonance and empathy to feel grounded? The development of selfhood is tragically, because we cannot survive in the long term if we do not feel as if we would belong to a larger whole. Can we GIM therapists offer a bulwark against the selfie-fixation?

A certain way of life is called "*Generation Maybe*" which, according to Jeges, expresses itself in a *form* of "*anything goes*" (Jeges 2014.7). The best way to live is supposedly how one wants to at any given time. This is an activity where people behave in a self-centered manner, shunning the commitments and responsibilities which society expects of them. Of course: The „*anything goes attitude*" ultimately serves to protect against disappointment if bonds are eventually dissolved.

The conflict between a non-binding nature and the desire for bonding can become a problem and make people ill. People cannot concentrate on something because they are afraid to miss something else. Music is used rather for distraction, not for commitment. We have to watch this development carefully. Funk (2005, 2011) asks what it means "to lose the central aspects of social communication such as physical presence, eye contact, touch and emotional feedback and sharing" and how "life can be successful if relationships are shallow, when feelings are hidden and manipulated? How can communication be possible if everything is allowed and anyone may write the rules, and if the happiness of the individual weighs more than what is acceptable for a communal life? How can persons find themselves and their productive orientation when they experience a technical strength which is far greater than their own?"

The German word for addiction is "Sucht" and it contains the word "Suche" (search). People need and search for bonding and security. They aim for spirituality. Drugs, however, and associated parties are just good for an unhealthy ambivalent sense of unity. The reputed group identity one finds f. ex. in esoteric sects or in extreme right-wing groups is nothing but a defense against confusion and rootlessness.

The radicalization of young men in European countries for the jihad also might have its roots here, namely to believe in something greater. The temptation of ideologies which strengthen the power of the enticer is worrying. Promises of salvation based on idealistic and fundamentalistic belief systems are dangerous because they doom the rational and fool people into an assumed security. The esoteric market profits by that. My apprehension is that today more people than before could feel attracted by GIM as the assumed *easy way to achieve spiritual enlightenment.* Such a misunderstanding would quite certainly make Helen Bonny turn in her grave because she had a grounded concept of spirituality and forewarned of the use of music for healing purposes without reflection.

Considering this development we must take more care not to be pushed further into the *esoteric corner* which often enough is the area of people with rather intolerant and fundamentalistic belief systems.

4. I would like now to touch GIM seen from a **sociocultural-historical and developmental-psychology perspective.** Although we are always working with the inner world of our patients the sociological aspect should not take a back seat.

Psychotherapy research currently gives us enough references to theoretically substantiate the effectiveness of GIM psychotherapy and this perspective can serve to explain GIM as a clinical method that –and this is important!!- also respects the spiritual needs of a patient in secular contexts. The social historical perspective assumes that consciousness develops due to our human capacity to communicate, interact and exchange knowledge. We have developed culture and science because we learn from each other and share experiences and knowledge since we exist.

This approach is based on research carried out by the Russians Lev Vygotzkijs (1925/1985; 1931/1992; 1978), Alexander Lurija (1982; 1986) and Alexei Leontjev (2001; 2006), in the 1930s. Vygotzkij assumed that our consciousness develops through interiorization. This happens in early childhood through touch, eye contact, expressions of emotion, voice intonation, thoughts, words, stories, actions and later more and more through cultural events, scientific knowledge and exchange, etc... Interiorization is processed continually for our entire life. We interiorize situational interactions, complex scenarios and emotional climates, not in the abstract, but in constant contact between feeling and thinking, cognition and emotion. These holographically interiorized interactions, scenes and situations, atmospheres, moods, colors, sounds, smells, movements and motivations and emotional climates are saved in the neuronal structures of the body.

However, of what we perceive sensually 90 % is complemented by intermentally mediated interiorization processes. Intermental exchange leads to intramental representations of the experiences. The GIM community for example shares *intermental* realities: a certain view of the world (for good or bad) that retroacts our interiorized culture(s) of thinking, feeling and behaving (and rules and ways how to guide a client). By intermental communication the contents and meanings of symbols, signs, mandalas, myths, codes and forms is passed on over generations, also over generations of GIM. The concept of interiorization is more complex than simple internalization of insights and is not compatible with metaphysical concepts.

The GIM-experience serves to be in contact with one's intramental representations and helps to mentalize what has been shared. In this context the intonation of the *voice* plays a crucial role (Werani 2011, 37). Mirror neurons per se say nothing about the assessment of what we interiorize. But the way in which a mother or in GIM the guide confirms or calls something into question, shows the child or the client to mentalize in which sense it is meant. Consciousness finally arises as a higher mental function as a social contact with oneself.

Helen Bonny must have understood the significance of the dialogic interaction during a GIM journey and its importance for mentalization, although the mentalizing concept was not yet known. Daniel Brown gave her the idea to also speak whilst listening to music and she adopted this suggestion, whereas in any other receptive method of music therapy one still only speaks after

having listened, at which point the experience is then only a memory. GIM guides are very much aware of the importance of the intonation of their voice. Intonation helps the patient to mentalize the meaning of the experience, i.e. by means of "ahs", "ohs" and "yes, that **is** sad!" which includes that the guide confirms how a feeling can be evaluated. This emotional part of the verbal interventions connects with early interiorized experiences, help to share an intermental experience and by that help to get in a social contact with oneself.

And perhaps it is time to pay tribute to Helen here, in particular for her openness towards new suggestions. We hear: Bach: Gavotte Nr. 3, D-Dur

5. **GIM as a mentalization supporting therapy**

Vygotzkij and his colleagues and later Petzold (2008, 2012) and Fonagy et al. (2011) have given us important knowledge about the mentalization concept. Mentalization is not only the ability to read other person's thoughts and intentions and be able to see oneself with foreign eyes. It has to do with "reading" whole interiorized social and cultural worlds.
Let me give you a short, but funny example of how we share and exchange experiences. You'll see a video sketch showing a "dentist" and his "client" disguised as monkeys.

A short video scene (Youtube, BBC One) shows two monkeys on a tree: one acts like a dentist having his hands in the patient's mouth and asking him questions about the patient's family. When the Patient tries to answer he says nerved : Don't talk!!!

Why is the conversation of the dentist and his patient so funny? As the monkeys were rudely humanized the filmmaker of this sketch did not at all mentalize appropriate to the species! So what was mentalized? Well, the creator projected a conversation mentalizing a kind of humor which I believe is typical for **Britains**, but certainly not for **Germans**. By taking an authority (a dentist) for a ride the creator mentalized a national trait: self-irony. **Germans** would probably mentalize the scene very differently and use a very different text for the two monkeys. Germans cannot laugh when somebody is kidding them. This is also due to our German history. German Angst is based on shame and guilt feelings over generations! So Germans probably mentalize situations and processes differently.

A high level of psychological structure is only built up by a good enough dialogic interaction. A high level of inner structure allows laughing at oneself. But many persons do not interiorize "good enough" emotional experiences. And what was interiorized was not mirrored in an emotionally sufficient way. A high mental function arises by intermental communication. In GIM it is the dialog and the guide who helps to mentalize what was interiorized (and triggered by the imagery potential of the music). Therefore GIM as a mentalization based therapy is a very useful concept in order to represent GIM as a serious form of psychotherapy to public health authorities. GIM **is** a mentalization-supportive therapy **per se** and has been since its very beginnings!

The dialog i.e. the intermental communication and the supportive and marked mirroring interventions are crucial for revealing and reconstructing deep and binding experiences and connections, which leads to taking responsibility for oneself *in relation to others*. GIM could help to

work on the conflict between the desire for bonding and its avoidance. The music as the container and the guide as the dialog partner match the patient's needs. The music's emotional and structural stimulation in relation to the emotional and physical presence of the guide, his voice intonation and touch characterizes the intermental exchange that allows that an *intramental social connection* can be anchored. GIM has therefore become a very important form of treatment and we can present its efficacy in reference to modern research. We now have some interesting mentalization-supportive therapy work carried out through GIM (see Bassarak, 2014a, 2014b, Frohne-Hagemann 2015; Herold 2014 Liesert 2014) which help to underline the importance of GIM in this regard.

In cases where patients have a low or moderate level of inner structure, *modifications* are necessary. Through *modified GIM* the smaller mentalization steps can be taken and practiced, e.g. working with photos and music in combination with EMDR and the like. Modified GIM can prepare the patient for the deeper and more challenging GIM journeys so that people with a low level of inner structure will, after some time, have the possibly to find roots in the world and continue in their development. With appropriate music, I would like to conclude my presentation.

Intervention in GIM correspond exactly with the recommendations of the mentalization based Therapy (Fonagy, Gergely, Jurist, Target 2004). Our Guiding interventions help to steer mentalizing processes which will become very important for the modern new personality. Guiding interventions can work through and mirror defence manoeuvres against needs for bonding and commitment, work through that ambivalent mentality of "anything goes" or "maybe" and work through one's identity as an egocentric selfie. Last but not least GIM can question the irrational search for enlightenment and give space and time for spiritual issues **without** need to mystify.

Literature

Bassarak, G. (2014a): Youngster-GIM (YGIM) in der Behandlung psychosomatisch erkrankter Kinder
      und Jugendlicher im stationären und ambulanten Setting. In: Frohne-Hagemann, I. (2014) (Hrsg.):
      Guided Imagery and Music. Konzepte und klinische Anwendungen. Zeitpunkt Musik, Reichert Verlag,
      Wiesbaden, 207- 230
Bassarak, G. (2014b): Mentalisieren in der Musiktherapie mit Kindern und Jugendlichen. In: Jahrbuch
      Musiktherapie, Band 10, Reichert Verlag, Wiesbaden, 119-152
Becker, E. (1973/1997): The Denial of Death. NY: Free Press Paperbacks
Brask, P. (2013) Jung's Shadow: Two Troubling Essays by Jung.
      http://www.cgjungpage.org/learn/articles/analytical-psychology/47-jungs-shadow-two-troubling-
      essays-by-jung)
Bruscia, K.E. (1998). Manifestations of Transference in Guided Imagery and Music. In K. E. Bruscia (ed): The
      Dynamics of Music Psychotherapy, pp. 407-430, Gilsum: Barcelona Publishers.
Bruscia, K. (2002): A Psychodynamic Orientation to the Bonny Method. In: Bruscia, K. E. & Denise E.
      Grocke (eds): Guided Imagery and Music: The Bonny Method and Beyond. Barcelona Publishers,
      Gilsum NH, 225-244
Clark, M. (1995): The therapeutic Implications of the Hero's Myth in GIM Therapy. In: Journal of the
      AMI, Vol 4
Clarkson, G. (2002): Combing Gestalt Dreamwork and the Bonny Method. In: Bruscia, K. E. & Denise
      E. Grocke (eds): Guided Imagery and Music: The Bonny Method and Beyond. Barcelona Publishers,
      Gilsum NH, 245-256

Dülberg, D. (2014): Stichwort: Eklektizismus, Referenztheorien in der Methodenentwicklung GIM (unpublished manuscript)

Fonagy, P.; Gergely,G.; Jurist,E.L.; Target, M. (2004): Affect Regulation, Mentalization and the Development of the Self. Karnac, London, New York

Frohne-Hagemann, I. (2014) (ed.): Guided Imagery and Music. Konzepte und klinische Anwendungen. Zeitpunkt Musik, Reichert Verlag, Wiesbaden

Frohne-Hagemann, I. (2015): Mentalization based approach to GIM. In: Grocke, Denise & Moe, Torben (eds.) Guided Imagery & Music (GIM) and Music Imagery Methods for Individual and Group Therapy, Jessica Kingsley publishers, London (in print).

Funk, R. (2005): Ich und Wir. Psychoanalyse des postmodernen Menschen. dtv premium - 24444.

Funk, R. (2011): Der entgrenzte Mensch. - Warum ein Leben ohne Grenzen nicht frei, sondern abhängig macht. Gütersloher Verlagshaus Verlagsgruppe Random House GmbH

Gess, H. (1995) Durchkommen ist alles. C.G. Jungs Psychologie der Selbstrettung. In: Das Argument, 209/1995

Herold, C. (2014): Möglichkeiten der Mentalisierungsförderung und Symbolbildung in der musiktherapeutischen Arbeit mit der Methode des GIM. In: Jahrbuch Musiktherapie, Band 10, Reichert Verlag, Wiesbaden

Jung, C.G. (1932/1934): Vom Werden der Persönlichkeit, GW 17, 19lff

Jung, C.G. , (1934): Über die Archetypen des kollektiven Unbewußten, GW 9/1, 12ff

Jung, C.G. , 1936: Wotan, GW 10, 203ff

Jung, C.G. (10/2007): Die Beziehungen zwischen dem Ich und dem Unbewußten. DTV, München

Jung, C.G., Jaffé, A.(1962) Erinnerungen, Träume, Gedanken der Jungschen Psychotherapie. Düsseldorf: Patmos

Jeges, O. (2014): Leben in der Villa Kunterbunt. Der Tagesspiegel vom 22. Juni 2014/Nr. 22081, S. 7

Jeges, O. (2014): Generation Maybe. Die Signatur einer Epoche. Berlin, Haffmans & Tolkemitt

Kasayka, R. (2002): A Spiritual Orientation to the Bonny Method: To walk the Mystical Path on Practical Feet. In: Bruscia, K. E. & Denise E. Grocke (eds): Guided Imagery and Music: The Bonny Method and
Beyond. Barcelona Publishers, Gilsum NH,257-272

Leontjev, A.N. (2001). *Frühschriften*. Herausgegeben von Georg Rückriem. Berlin: Lehmanns Media.

Leontjev, A.N. (2006). *Frühe Schriften. Band 2*. Herausgegeben von Georg Rückriem. Berlin: Lehmanns Media.

Liesert, R. (2014): GIM in der stationären Psychosomatik. Erfahrungen und Gedanken im Zusammenhang mit dem Konzept des Mentalisierens. In: Frohne-Hagemann, I. (2014) (Hrsg.): Guided Imagery and Music. Konzepte und klinische Anwendungen. Zeitpunkt Musik, Reichert Verlag, Wiesbaden. 141-166

Lurija, A.R. (1982). Sprache und Bewußtsein. Köln: Pahl-Rugenstein.

Lurija, A.R. (1986). Die historische Bedingtheit individueller Erkenntnisprozesse. Weinheim: VCH.

Pearson, Carol S. (1991): Awakening the Heroes within: Twelve archetypes to Help Us Find Ourselves and Transform our World, Harper Collins publishers, NY

Petzold, H. (1991) Der "Tree of Science" als metahermeneutische Folie für Theorie und Praxis der Integrativen Therapie. In: Petzold, H.: Integrative Therapie. Modelle, Theorien und Methoden für eine schulenübergreifende Psychotherapie. Schriften zu Theorie, Methodik und Praxis Bd. II/1

Petzold, H. (2008): „Mentalisierung" an den Schnittflächen von Leiblichkeit, Gehirn, Sozialität: „Biopsychosoziale Kulturprozesse". Geschichtsbewusste Reflexionsarbeit zu „dunklen Zeiten" und zu „proaktivem Friedensstreben" – eine Essay. *Polyloge* 28/2008

Petzold, H. (2012) Integrative Interiorisierung und Mentalisierung" als Kernkonzepte der „Dritten Welle" Integrativer Therapie. Ein Arbeitspapier zu Sprachverwirrungen um Internalisierung, Introjektion, TäterInnen-Introjekte und zu komplexer Praxis. (2012e revid. 2014g)

Sennett, R. (1998): The Corrosion of Character: The Personal Consequences of Work in the New Capitalism. New York: W.W. Norton. In German (2000): Der flexible Mensch. Die Kultur des neuen Kapitalismus, Berlin, Goldmann Verlag

Sennett, R. (2005): Die Kultur des neuen Kapitalismus. Berlin: Berlin Verlag,

Stern, D. (2003): Die Lebenserfahrung des Säuglings'. Stuttgart: Klett-Cotta.

Vygotskij, L.S. (1925/1985): Das Bewußtsein als Problem der Psychologie des Verhaltens. In: Lompscher, J (1985) (Hrsg): Lew Wygotzki. Ausgewählte Schriften Band 1. Köln, Pahl-Rugenstein, 279-308

Vygotskij, L.S. (1978): Mind in Society: The Development of Higher Psychological Processes. Cambridge: Harvard University Press

Vygotzkij, L.S. (1931/1992): Geschichte der höheren psychischen Funktionen. Reihe Fortschritte de Psychologie. Band 5. Hamburg, Münster. Lit. Verlag

Werani, A. (2011): Inneres Sprechen. Ergebnisse einer Indiziensuche. Hg. von Hartmut Giest und Georg Rückriem, Bd. 38 International Cultural-historical Human Sciences, Lehmanns Media, Berlin

Ward, K. (2002): A Jungian Orientation to the Bonny Method. In: Bruscia, K. E. & Denise E. Grocke (eds): Guided Imagery and Music: The Bonny Method and Beyond. Barcelona Publishers, Gilsum NH, 207-224

Werani, A. (2011): Inneres Sprechen. Ergebnisse einer Indiziensuche. Bd. 38 hg. von ICHS (International Culturhistorical Human Sciences). Lehmanns Media

Wulff, H.J. (2002) Held und Antiheld, Prot- und Antagonist: Zur Kommunikations- und Texttheorie eines komplizierten Begriffsfeldes. Ein enzyklopädischer Aufriß. Online-Fassung: http://www.derwulff.de/2-107