



Parallel Journeys: How a Music Therapist Can Travel with his Client

Henry Dunn

Abstract

This paper explores the nature of the client-therapist relationship through the presentation of a case study. In this case study I aim to show how our processes within the therapy had strong parallels and how through being personally affected by my client this enabled me to work therapeutically more effectively and help him on his journey. The case study demonstrates how I was prepared to try new techniques at the same time as my client became more experimental, and also reveals how the client's experience was related to my own mental health history. I examine how this affected the way I worked and the way our therapeutic relationship developed. I ask the question of whether it is helpful for the therapist to be personally involved in the therapeutic process and how this can either aid or interfere with the work.

Through reference to the work of Carl Jung in particular, I conclude that it is not only helpful, but essential for the therapist to be prepared to be part of the therapeutic process. By examining the nature of the wounded healer archetype and its relevance for the client-therapist relationship, it becomes clear that the therapist cannot help but be personally involved in some way, and that being

conscious of this can be a very helpful part of our work. This is especially the case in music therapy, where the therapist usually participates in the co-creation of music, and therefore cannot stand totally outside it. It is this balance of being both outside and inside the process that is crucial to our work.

Keywords: music therapy process, client-therapist relationship, wounded healer, Jungian psychology

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Introduction

Much of our time as therapists is spent focusing on what is or is not happening within our clients. We hope to perceive a process, a journey that our clients are travelling along, or are stuck on. What can be harder is to turn our gaze inwards, to reflect on our own process and to see how we may be changing in parallel with our clients. This was brought home to me by some work I did with a patient in a Mental Health setting, who I shall refer

to as James¹. The parallels between his journey and mine were quite marked at times. I had recently qualified as a music therapist and he was my first patient in a Mental Health setting since qualifying. He had no previous experience of Music Therapy or any other kind of creative therapy, so we were both a little apprehensive and unsure of how the process would work. There were several other parallels which I shall explore later, relating to my own mental health history. It became apparent early

¹ The client's name has been changed to maintain confidentiality

on that our work together would be very significant in my development as a therapist, both in terms of professional skills, and in terms of developing an awareness of my own personality and how it can affect the therapy. As will be seen, the therapeutic process was made of two intertwining strands, his and mine. We both grew in confidence, willing to try new approaches. I found myself using techniques that I had not encountered in my training, with good clinical supervision and personal psychotherapy (with a Jungian sand-play therapist) being essential to support this experimentation. I was careful not to go beyond my capabilities, but to gradually expand my repertoire of techniques. I feel that he and I both benefited from this way of working. But should the therapist become so much a part of the therapeutic process? I will be exploring this question in this paper, making reference to Jung's ideas about the client-therapist relationship. Firstly, however, I will give a brief case study of my work with James.

Case study

Background and initial sessions

James was referred to the Creative Therapy Team in Exeter, where I work, from a Mental Health ward. At the time of referral he was 23 years old. The reasons given for his referral were concerning the inner voices he heard, experienced as "friendly" or "bad", his difficulty in expressing his emotions, and his problems with forming relationships. I was told that he had not been able to develop a meaningful relationship since his mother's suicide when he was fourteen. I offered James a six week assessment period. We had one session per week and each session lasted for approximately forty-five minutes. Initially, he was very apprehensive, uncertain as to what he was supposed to do. I initially offered him a lot of freedom of decision as to what we did within the sessions, but I think that this may have made him more anxious for a while, as it seemed to shift the responsibility onto him. In our third session, I suggested that I played some simple chords on the piano and that he could join in as and when he wanted. After a short while, he joined me at the piano. I was playing some open, major seven chords as I was trying to give him musical and psychological support. James started playing descending scales from the top of the piano which actually fitted very well with what I was playing. James commented on how beautiful the music was and he sometimes appeared quite moved by it. He gained in confidence and tried several other instruments, such as the guitar, xylophone,

drums and various small percussion instruments. We were able to create musical duets on these instruments, developing a musical relationship.

At the end of the six-week assessment, I offered James a further period of six months' therapy, at which point we would review our work, with the possibility of continuing beyond that period. I felt that our work could well be long-term, a matter of years, not months. I thought this for several reasons:

- James had shown a willingness to engage in musical improvisation
- I felt that music could provide a suitable medium to explore his mental health issues, in particular the voices he experienced and the inner conflict they revealed.
- I also felt that there was potential for us to develop further our therapeutic relationship, but that this might be a slow process, given James' difficulty with relationships in general.

From this starting point, the work diversified into many forms, and I think it would be most useful to have an overview of the work, in retrospect, focusing in particular on the developing theme of opposites.

"Opposites" as a theme of our work

A major theme that revealed itself in many ways was that of Opposites. First of all, the staff on his ward told me that James had had fantasies about being born a girl, though he never revealed this directly to me. He found it difficult to talk about his voices and fantasies, but they did seem to influence what occurred in the therapy. There would be times in the session when he appeared to be engaging with his inner voices, usually the "friendly" ones, I think, as he seemed happy to talk to them.

Since working with James, I have read more on Jung's ideas, who placed a great deal of emphasis on opposites and the need to transcend them, finding a form in which they can both be acknowledged as valid parts of our experience and psyche. This form he referred to as the *transcendent function* and it is my belief that the arts can provide this function.

Jung once met with a music therapist, Margaret Tilly, and asked her to treat him as she would one of her clients (see Hitchcock 1987). Her treatment would normally consist of assessing the psychological type of the person, through interview, then playing music to the client that she felt matched this. After this experience, Jung declared that music should be a part of all analysis. He said to Tilly: "This opens up whole new avenues of research I'd never dreamed of. Because of what you have shown me this afternoon – not

just what you have said but what I have actually felt and experienced, I feel that from now on music should be an essential part of every analysis. This reaches the deep archetypal material that we can only sometimes reach in our analytical work with patients. This is remarkable” (Jensen 1982, cited in Hitchcock 1987).

Jung himself used art a lot, particularly mandalas, to create a form that could hold opposites. His theories about archetypes also involve the coming together of opposites. Especially the archetype of the wounded healer is often cited by therapists. I shall be looking more at the implications of this archetype for our view of the client-therapist relationship later.

In my work with James, we looked at the theme of Opposites in a variety of ways, with a spectrum of approaches and techniques, varying from those that could be termed “active” to those that seem more “passive” from the client’s point of view. I shall outline these now.

a) Improvisation at the piano

1. James sat at the treble end of the piano and I at the other end playing scales from our ends of the piano that met in the middle. This was significant both as a representation of conflict resolved and opposites being brought together, but also in showing the way we were developing a relationship in the meeting between client and therapist. I had a sense that James was reaching out to me and that I was able to reach out to him, in a very profound, perhaps spiritual way².
2. I played supporting chords to James’ playing, providing a safe, containing structure for him to work with, providing a security that gave him the freedom to explore, musically and emotionally. This developed over the course of the therapy: when we discovered that he liked listening to Pachelbel’s Canon, I used its bass line, in C major with the result that whatever white notes he played, it fitted in. This music showed that after initial conflict there was the possibility of harmony and working jointly (audio extract 1).

[Audio Excerpt](#)³ – one of our many recordings of Pachelbel’s Canon (this was recorded about a year into our work)

² By saying spiritual, I mean that there was a sense of an additional dimension to our relationship, something transcending the two of us (for a further discussion on this topic, see Dunn 2003).

³ In order to listen the audio excerpts referred to this article, visit the website of Approaches: <http://approaches.primarymusic.gr>

b) More structured improvisation

I developed a “game” where I wrote differing moods and actions (e.g. sad, happy, running, walking) on small strips of paper to be put in a pot. We took turns to pick them out and tried “playing” them on our chosen instruments. I played a xylophone and James played a metallophone. I showed him that he could use music to express his own emotions. Sometimes, after this activity, he would go over to the large gong and hit it very hard. He called this “an experience”, and it seemed to me that it marked the end of our joint improvisation. This was perhaps a way for him of leaving that intimate place of joint creativity.

c) Sand-play work

This is a technique I discovered when I joined the Creative Therapy Team at my workplace in Exeter, as several therapists here use it, particularly drama therapists. I have also had personal therapy from a Jungian sand-play therapist, and would not feel confident using it if it were not for this personal experience of it. In my work with James, we used a small tray of sand (smaller than that used by most sand play therapists), as I felt that a large tray might be overwhelming for him. Just as he needed a supporting structure musically, the smaller tray also provided this. When given a large tray, he seemed to feel anxious, believing that he had to fill it. The smaller tray limited the options a bit, reducing the anxiety, just as musical structure helped him to engage in improvisation.

We had a collection of small figures and objects, again, limited in number, to offer him a good choice, but not so many as to make it daunting for James. The “opposites” theme was revealed very clearly in the sand. James took black and white chess pieces, usually one of each, though sometimes more, prepared for battle, starting at a distance (figure 1). Then, over the weeks, building a road between them (figure 2), getting closer and engaging in battle. Often the white pieces fled from the black, sometimes they fought back, other times they got assistance from an outside agency. For example, a getaway car once appeared and whisked them away into safety.

Once James had completed the sand tray, which he did very quickly and without much apparent thought, letting the unconscious speak for itself and without letting conscious thought interrupt, we took the scene into musical improvisation. This could involve taking it in turns to represent black or white. James became increasingly able to use music to express these scenes using loud percussive

phrases for the black pieces and quieter, more timid phrases for the white.

Eighteen months into our work James put a female figure into the tray. She had a white hat with a cross on it, indicating that she might be some kind of nurse. She knocked over the black piece, falling over as well. James said that she was protecting the white piece (see figure 3).



Figure 1



Figure 2



Figure 3

I asked if anyone had done that for him, and he replied that his mother had. I then asked if anyone could fulfil that role for him now. He said that there was no one and that he had to do that for himself now. I asked him to play on the metallophone something for his mother. He played very gently for a short time. We then went to the piano where I suggested he should do the same thing, but with me providing chords for support. In the following audio extract (audio extract 2) I chose some of the music that we produced, in the same session as James made the above sand tray.

[Audio excerpt](#)³ – *music for James' mother*

At the end of this improvisation I was very moved. It felt like giving James a hug. I did not, though, because I thought it would be inappropriate. Looking back on it, I could have said how I felt, even if I didn't actually hug him. It was perhaps a sense of feeling for him, of compassion and deep empathy. I often felt very parental towards him, both in a paternal way, and as far as a man can, in a maternal way. At the end of our improvisation, I asked him what he might say to his mother, given the chance. He said "Thank you, even though she died too soon". One might wonder where the anger was in all of that –it came across as a beautiful sentiment, but surely there must be other feelings as well. After all, suicide can be seen as a type of murder. His mother had taken away his mother. I am not sure if James was yet at a point where he could express the darker sides of his feelings about his mother's suicide, to hold these conflicting emotions of love and gratitude on the one side, against the anger and perhaps even hate, on the other side. Melanie Klein (1984, 1987) describes this in terms of a move from the paranoid-schizoid position of splitting off the conflicting elements, to the depressive position where they can both be acknowledged and accepted.

James seemed very lost and alone, having lost his most precious relationship. I may have been the first person to listen to him with undivided attention since his mother died, something that Rogers (1951, 1961) calls "Unconditional Positive Regard". It sometimes weighed heavily on me, as I felt that he was putting me into a very privileged position and transferring some very powerful attachment feelings onto me. The parallels between us, which I shall explore later, only served to intensify that experience for me.

d) Listening activities

I wrote opposite moods and actions on large pieces of paper, one pair of opposites on each. James

chose from these and when we turned them over I had written down pieces of music I thought represented these words well. We then listened to these pieces of music, as a way of exploring opposites and showing how different musicians have used different means to express these moods and actions. It served as an example of how we too could use music to express ourselves and in this way deepen our relationship through a shared experience.

A variation on this, which I used early on, was for James to choose a mood for me to play on the clarinet or soprano saxophone. He seemed to enjoy listening to these instruments, and I have always thought that the clarinet in particular has a very maternal voice, with its warmth, its responsiveness, and its variety of pitch. This is the voice that I felt he craved to hear having been deprived of it.

e) Exploring different styles of music

After using the sand-play and moving into improvisation, we usually spent the remainder of the session listening to recorded music. Having been told that James liked to listen to loud rock music in his room (to draw out the “bad” voices), I was surprised when he showed an interest in, and enjoyment of, classical music. This may have been because he got in touch with another side of his nature in therapy, the more reflective, feminine side perhaps, and wanted to explore that more. It may also have been that his “bad” voices were less persecutory in the therapeutic environment. He responded in particular to Pachelbel’s Canon, with its very containing bass line combined with the freer playing of the violins. He also enjoyed Vivaldi’s Four Seasons, with all its variety of scenes and emotions. Like the Pachelbel, it is very expressive, but within a containing structure. Maybe this is the essence and appeal of Baroque music, the combination of structure and freedom. This paradox is also something that I consider central to much of my work, providing containment that itself breeds a freedom that feels safe. I think that in James’ case he needed the structure first, before he could move out in new, unexpected directions. We both travelled a long way in the two years we worked together. We would have continued for longer, but James moved away from Exeter, to a place that he had wanted to be able to return to, and he is now living far more independently. He has literally travelled, and no longer needs my company on the journey. During those two years the apprehension that we both felt at the start decreased. James became more confident in his use of musical instruments, though he did sometimes ask for reassurance, and

expressed frustration that he couldn’t always transfer the ideas in his head onto the instruments. His initial reluctance to play anything changed to a willingness to try new ideas.

Parallel journeys

As can be seen above (from subsections a to e), there was a common thread, the theme of opposites, which we explored in a variety of ways, and, through music and sand-play, found a place where opposites could be held together. This is a central theme in Jung’s work, and is elucidated by his comparison of the therapeutic process to that of alchemy. One of the stages of the alchemical process is *coniunctio*, the coming together of disparate elements. Samuels (1994) writes:

“In analysis the *coniunctio*, the union of opposites, symbolises (a) the interaction of the analyst and that of his analytical “opposite”, the patient, (b) the differentiation and integration into his ego of conflicted and warring elements in the patient’s psyche, (c) the interpenetration and integration of conscious and unconscious parts of the patient’s psyche” (Samuels 1994: 179).

These three aspects, the client-therapist relationship, the warring elements in the client’s psyche, and the coming together of conscious and unconscious parts of the client’s psyche, were all important to my work with James, and I want to look closely at the nature of our relationship, outlining some of the parallels in our experiences.

Firstly, there was the state of apprehension we both experienced at the beginning of our work together. In James’ case, the apprehension was centred around questions like “What am I supposed to do?”, “How do I play these instruments?” and “Can I play them well enough?”. In my case, as a recently qualified therapist, with little experience of mental health work, the questions were “How do I apply what I’ve learned in training to this particular client?”, and “Am I a good-enough therapist?”. These parallels are probably common amongst most newly qualified therapists, or those working in a new professional field. However, there were other parallels that were more particular to me. When James started using black and white chess pieces, the parallels between us, and the resulting counter-transference became intensified. When I was about ten years old, I was diagnosed with severe clinical depression and put on amitriptyline, a powerful tricyclic antidepressant no longer recommended for children. I was confined to my bed for several months and started having paranoid delusions, such as there being a tape recorder under my bed,

recording everything I said. I had dreams where evil and good were represented as black and white and locked into battle for control of my mind. The feelings I had in the counter-transference were partly those of being familiar with those sorts of feelings: "I've had that experience, I can imagine what it feels like", and partly more parental, perhaps wanting to replace the mother he had lost, to nurture and care for him.

This battle between black and white, good and evil, shows that the second aspect of the *coniunctio* mentioned earlier, which has to do with the conflicted and warring elements in the patient's psyche, was being manifested very clearly. Interestingly, although the conflict of black and white was very clearly portrayed in the sand tray, the music did not have such obvious conflict in it; on the contrary, it was often very pleasant. It may have been that he could not yet allow his conflicting emotions to be expressed musically, as he was concerned with making "nice" music. The sand-tray gave another way for his unconscious to express itself. As James had no previous experience of sand-tray work, he had no expectations of how it "should" be done. This perhaps meant that his defences were down, and the unconscious could express itself more freely.

My childhood experience however, differed from James' in that I was nearly admitted to hospital, but my parents felt able to keep me at home, and eventually I recovered sufficiently to return to school, after about a year at home. I still have ongoing battles with depression, but it is well controlled and has never been as severe as in childhood. Training as a music therapist helped me to look at, and accept, the way I am, and it is not surprising that the archetype of the wounded healer should inspire and encourage me. It is this archetype and its implications for the client-therapist relationship that I wish to look at now.

Much has been written about the wounded healer archetype and its origins in the cult of Asclepius and the centaur Chiron. Of particular importance are Guggenbühl-Craig (1971) and Groesbeck (1975). Summarising Guggenbühl-Craig, Samuels (1994) writes:

"[...] the image of the wounded healer, with its inherent contradiction, is an archetypal image, and therefore, the *bipolarity* of the archetype is constellated. But we tend to split the image so that the analyst figure in the therapeutic relationship becomes all powerful; strong, healthy and able. The patient remains nothing but a patient; passive, dependent and prone to suffer from excessive dependency" (Samuels 1994: 187).

Pavlicevic (2000) also warns against this splitting of the relationship:

"The healer then becomes "only-doctor", healthy and strong, while the patients become "only patients", sick and weak" (Pavlicevic 2000: 178).

How do we put this into practice? In my work with James I never talked about my own experiences, as on a conscious level, this would not have been helpful. The client needs to know that the therapist is strong enough to hold all the psychological material that the client gives to them. If I said that I suffered from depression, James would be worried about upsetting me and would hold back anything he thought too disturbing. The advantage of music therapy is that I can bring my experience into the music without making it verbally specific. As I explain further on in the following section, the nature of improvisation-based music therapy is that it is based on joint play. It is hard to avoid letting our unconscious get into the musical process, and it would be pointless to try to stop it. In the middle of a musical improvisation with a client, I cannot think totally dispassionately about the exact notes that I am playing, although I try to remain aware of how the client's music is affecting me and the music that I make, avoiding the temptation to be self-indulgent. However, I cannot keep myself totally out of it. It is a peculiar paradox, where the music therapist is totally immersed in the act of creating music with the client, but also has enough detachment to consider the therapeutic implications of the music. We have to be both inside and outside.

Some reflections on play, music and therapy

Play in its widest sense is not just musical or child's play. It refers to the ability to think and act creatively, to play with ideas, with ways of living, and in relation to others. We can go on this common journey together with our clients as they begin to understand more about themselves, letting the unconscious find a form in which it can be revealed. For Winnicott (2005), playfulness is the essence of psychotherapy:

"Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. The corollary of this is that where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play" (Winnicott 2005: 51).

"[...] playing facilitates growth and therefore health; playing leads into group relationships;

playing can be a form of communication in psychotherapy; and lastly, psychoanalysis has been developed as a highly specialised form of playing in the service of communication with oneself and with others” (Winnicott 2005: 56).

I would suggest that this emphasis on the centrality of play is something that music therapy is well placed to provide, as we are usually involved in the musical play, and by participating in it, show our clients that it is all right to play in the service of achieving certain therapeutic goals such as better communication with oneself and with others. Scheiby (2005) writes:

“I look at the music therapeutic relationship as a more mutual relationship than the typical relationship in verbal psychotherapy. Because the music therapist also plays music in the work, there is always the possibility of healing for the therapist as well, even when this is not the therapist’s intention” (Scheiby 2005).

Clearly, it would be inappropriate to intentionally use therapy to our own ends, but, just by being in a musical relationship with a client, we make that a possibility. The important thing is to be aware of this and to reflect carefully on it in supervision. It should be used in service of the client’s therapy, not our own. Scheiby (2005) goes on to say:

“In order for transformation to take place, the music therapist and the client must go on a musical journey together” (Scheiby 2005).

The nature of co-improvisation is such that we cannot sit and watch the client travelling, we have to go with them, and due to this, we might find things out about ourselves while on this journey. This might lead to transformation of our own self-understanding, and travelling to parts of our psyche that we are unfamiliar with. If we are not prepared to embark on this journey, then our clients may also be reluctant to take that risk. By engaging in the process, we are, at a subconscious level, giving clients reassurance that it will be safe to travel.

In this context, Samuels (1994) writes:

“If the purpose of analysis is transformation, and if analysis is conceived of as a mutual, dialectical procedure, we may conclude that the goal of analysis is mutual transformation. What happens in the treatment may change the analyst, illumine his life, face him with problems and opportunities of which he was not cognisant. Jung took this even further to assert that unless the analyst felt a personal impact arising out of the analysis, nothing would come out of it” (Samuels 1994: 176).

Jung (1954) himself wrote:

“You can exert no influence if you are not susceptible to influence [...] The patient influences [the analyst] unconsciously [...]. One of the best known symptoms of this kind is the counter-transference evoked by the transference” (Jung 1954: 163, as cited in Samuels 1994: 191).

The work with James had a major impact on me, due to the similarities in our experience, though I was careful to acknowledge the differences and the uniqueness of our own experiences. However, the similarities were significant enough to bring up memories of my childhood illness, and to make me consider how I have tried to come to terms with that experience. It would have been foolish to ignore these memories and feelings, as by suppressing them, I would only have forced them to come out unconsciously. To be aware of them gives them power to be used within the therapy, and as I was able to bring them into my consciousness, so was James able to allow his unconscious to express itself in our work. Whereas Freud tried to avoid counter-transference, Jung saw it as a useful tool in therapy. I believe that our clients are going to evoke feelings in us related to their transference, whether we choose to be aware of it or not. It seems far healthier to examine it, and to see how it may be of use in our work, than to conceal it, only for it to slip out without us noticing. Through reflection, and within clinical supervision, we can try to untangle what comes from our personal experience, and what is coming from the client, and how the two interact. Fordham (1969) describes one of the benefits of this approach:

“Through introjection, an analyst perceives a patient’s unconscious processes in himself and so experiences them often long before the patient is near becoming conscious of them” (Fordham 1969, as cited in Samuels 1994: 192).

When this happens we have to be careful not to offer interpretation too early, but allow the client to get there in his own time. As Winnicott (2005) says:

“It appeals me to think how much deep change I have prevented or delayed [...] by my personal need to interpret. If only we can wait, the patient arrives at understanding creatively and with immense joy, and I now enjoy this joy more than I used to enjoy the sense of having been clever” (Winnicott 2005: 116).

To return to the wounded healer image, it would be useful to look at how this archetype works in practice, acknowledging that any attempt to

describe it fully is liable to fail. Samuels (1994 citing Groesbeck 1975) uses a series of diagrams to

show how the process may work, and I shall reproduce those here (see table 1).

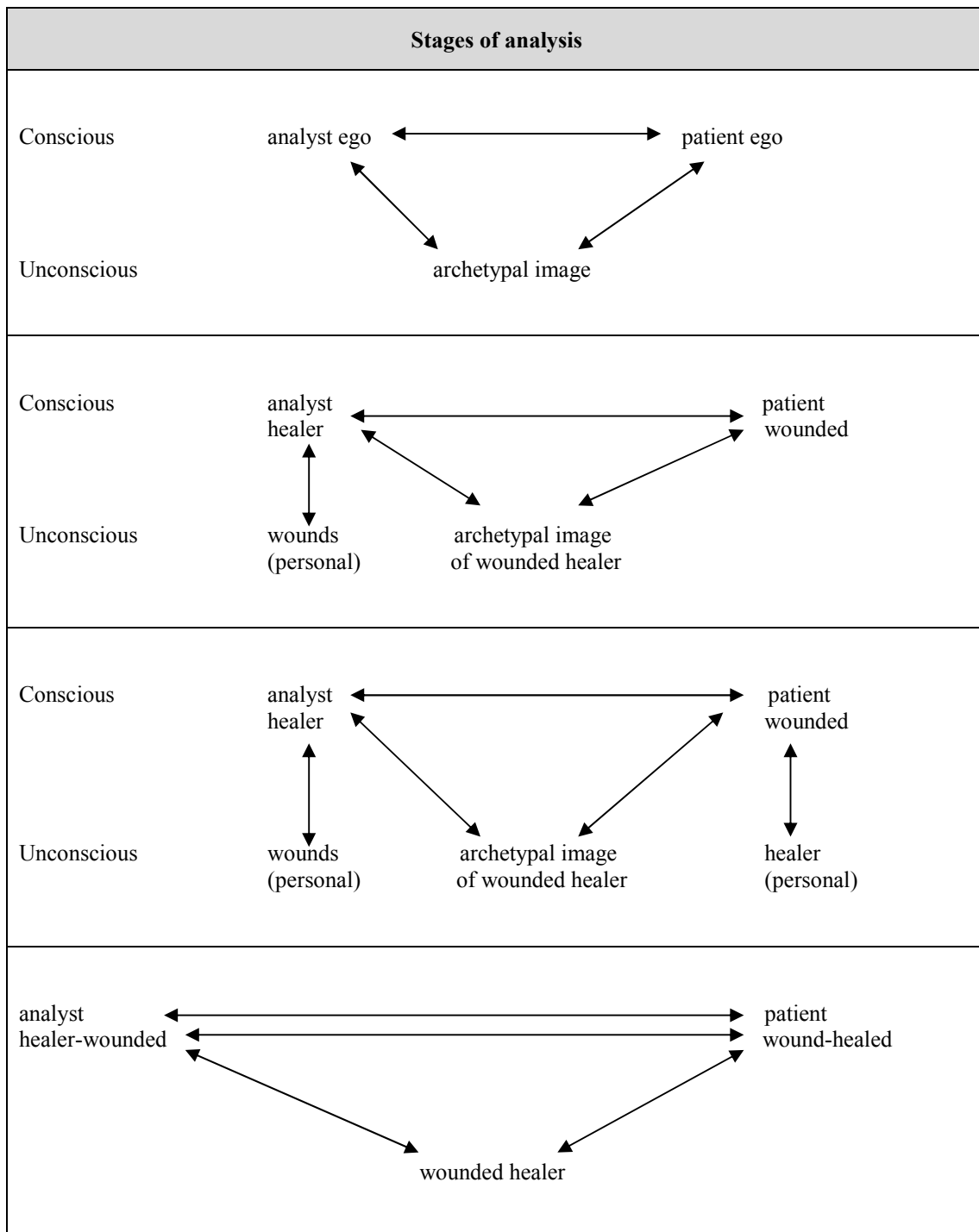


Table 1: Stages of analysis
(after Groesbeck 1975 as cited in Samuels 1994: 188-190)

Through this process, the relationship moves from the fixed healer on one side, sick patient on the other, to one where the therapist gets in touch with his own wounds, joining up the archetypal image within himself, and where the patient is allowed to activate the healer side of the archetype within himself. Thus both therapist and client are no

longer at opposite ends of the archetype, but have access to both aspects. This allows the client to move away from having a self image as someone who will always be sick, to seeing that he is a person within whom there may be both sickness and health, wounded parts and healed ones. It also shows the therapist who does not have to cover up

his own weaknesses, but can allow them to be used as part of the process.

Concluding remarks

In this paper, I have been looking at how I personally have found myself on a therapeutic journey with one of my clients. We have looked at how the work developed, and how I found parallels in my own experience. These parallels helped me understand James better, while also helping me to accept and even utilize my own weaknesses to help James. Through the ideas of Jung, we have seen how this weakness and awareness of our own wounds can be used in the service of the client, enabling them to find their own inner healer. For James, as for many clients, I think the more structured play helped in that process, as open improvisation could have been too difficult. When told to “just play”, many clients would be very scared of playing at all, given the vast possibilities that this presents them with. By giving a theme, we limit those possibilities a little bit, providing some containment. The theme should be loose enough to allow a variety of interpretations and musical expressions, and the building up of a repertoire of styles. My apprehension also diminished, changing into an openness to try new techniques, to improvise with therapeutic methods as well as with music itself. In my work with James, this was done in the context of an overall theme, that of opposites, which maintained a common thread throughout the work. I also began to see that my personal experience was not a barrier to being a good-enough therapist, but rather, it was used creatively to support James on his personal journey. In music therapy we cannot avoid bringing ourselves into the work. The therapeutic relationship depends on us being as fully present as we can. This means acknowledging our weaknesses and finding ways in which to harness them in a way which helps the client find hidden parts of his psyche. The result is an increase in our sense of wholeness, with the therapist acknowledging inner weakness, the client finding inner strength.

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