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Isabelle Frohne-Hagemann presented a pre-congress seminar at the World Congress for Music Therapy in Vitoria di Gasteiz, Spain, 1993
- a portion of which is reproduced here.

Pre-congress Seminar: The Musical Construction of Reality in Music-therapy

By Isabelle Frohne-Hagemann

Dear colleagues, I would like to start with some information about my work and then introduce to you some of the basic concepts of Integrative Music Therapy. This I believe would help to understand the concepts I developed to understand improvisations as a construction of reality. After that I will make you familiar with the way I work in practical Integrative Music Therapy.

In Germany I teach Integrative Music Therapy at the "European Academy of psychosocial work" which is a new name for the possibly better known "Fritz Perls Institute for Integrative Therapy, Gestalttherapy and Creativity". This institute has celebrated its 20th birthday this year (1993). The plans, however, to establish an education in Integrative Music Therapy started only in 1982 and the first group of students began in early 1985. Meanwhile we have 112 students of music therapy some of which are already graduated as "clinical music therapists" or "musicpsychotherapists". The institute trains medical doctors, psychologists, special teachers and other people that work in the field of therapy to become either psychotherapists or socialtherapists (Soziotherapie). Within these two branches there are different specializations, not only music therapy, but also body therapy, movement therapy, dance therapy, art therapy, poetry therapy, child therapy, couple therapy and others. These forms of therapy are all specializations of the same basic concept of Integrative Therapy. Now let us come to the method itself. On the one side Integrative Music Therapy can be regarded as a method of the "Integrative Therapy". Integrative Therapy provides music therapy with its metatheories. These have their own philosophical, sociological, ethical, anthropological or therapeutical roots, just to mention some. Therapeutical roots lie f.ex. in psychoanalysis, gestalttherapy, psychodrama. Some psychoanalysts that have had influence on us are f.ex. Sandor Ferenczi, who offered the concept of parenting, reparenting and mutuality; Wilhelm Reich, who introduced body work into therapy, Otto Rank, who realized very early the necessity of developing creativity and of creative selfrealization, Michael Balint of course, who emphasized the aspect of interpersonal relationship, and Vladmimir Iljine, who developed the therapeutical theatre), gestalttherapists of importance were Fritz Perls and Paul Goodman and the inventor of psychodrama Jakob L. Moreno. From the side of philosophy we are much influenced by the existential philosophers like Gabriel Marcel, Jean Paul Sartre, Maurice Merleau-Ponty, and by phenomenological philosophers like f.ex. Martin

Heidegger, Hans-Georg Gadamer, Hermann Schmitz .All these people have -of course- had more or less influence on modern forms of psychotherapy : f.ex. systemic therapy, hypnotherapy, etc.. We also learn from them (family therapy, f.ex.) or find, that we developed the same techniques as they did independently from them.

On the other hand Integrative Music Therapy offers concepts that come from the philosophy of music, the psychology of music, the sociology of music, and from musical education. These concepts in their turn enrich the Integrative Therapy and characterize Integrative Music Therapy also as a self-reliant method.

Legitimation

The therapeutical roots and the therapeutical fields of Integrative (Music) Therapy thus implicate certain philosophical, sociological and aesthetical perspectives that have to be looked upon if we want to understand what we are doing, how we are doing it, why we are doing so, and what for we want to do this.

When a new therapeutical method wants to have a legitimation it must produce and show what we call- a defined " Tree of Science" which looks like this:

Tree of Science

I. Roots and cultural background

Human Sciences

(Philosophy, Psychology, Sociology, Pedagogics, Arts)

Natural sciences

(Medicine, Biology)

II. Metatheories

Theory of cognition (epistemology)

Theory of knowlegde

Cosmology

Anthropology

Sociology

Ethics

III. Realexplivative Theories

III. I. General Theory of Therapy

Theory of the personality

Theory of the creative person

Theory of development

Theory of pathology and health

III. 2. Special Theory of Therapy

Diagnosis

Indication
 Therapeutical aims
 Therapeutical subjects
 Theory of therapeutical processes
 the therapeutical relation

IV. Praxeology

Forms of therapy
 Therapeutical methods
 Techniques
 Media
 Interventions
 Modalities
 Fields of Praxis
 Evaluation
 (see Heinermann, 1990)

I believe that music therapeutical research in the last ten years was done on part III and part IV, but not so much on part II: the metatheories.

We will look at a few aspects that might give you an idea of how the metatheories determine the theory of music therapy and from there the system of praxeological concepts. I will skip here the roots and cultural background and will view some of the metatheoretical problems we have to face when we want to explain our method. f.ex. theories of cognition - epistemology-, aesthetical theories and anthropological metatheories that are one part of the legitimation to do music therapy. Theoretical consequences will be mentioned in between, but I will also skip the systematical treatise.

The Construction of Reality

When you fall ill, when you lose your health, when you undergo a deep crisis, when you lose your "pillars of identity" (Petzold, 1986), what are the questions that normally come up? Wouldn't we ask or complain: why me, what does life do to me, what does all this mean, and further: who am I "in reality", now that I lost my relation to what was natural to me? These questions always lead to a fundamental problem and that is how to understand and to find sense in the whole of our lives. What actually is our 'reality'? Do things happen to me or am I constructing them? Is there a destiny that rules me or am I responsible for every process I am in? How do I know what is reality and how do I know what I know? Philosophers and scientists of all times have racked their brains in order to find the last answers. You can look at the problem from an genetical perspective, a metaphysical, from an evolutionary, dialectic-materialist standpoint, from a positivistic one, or you can look at it in a phenomenological, a constructivist way, etc. Patients or people in a crisis of

course do not know in which way they think or approach this problem. The average patient just wants to get rid of the symptoms or- if he is a more thinking persons- wants to understand and to find sense in what is believed to be destiny with the aim to find strategies to become healthy again. From the side of the therapists we have to be much more aware of what we think and how we understand, because it effects our own attitude of interpreting life and realities, including the reality and pathology of our patients. F.ex. do some of the questions that I asked before disclose a dualistic conception of the world which - if in therapy we would act correspondingly - could only lead to a further establishment of alienation: alienation from your own body, and alienation from your relations to your world. In order to find answers to the problem how to know and how to understand it does not seem to be very helpful to follow philosophical, or scientific, empirical or sociological theories that are concerned with the question: what is "truth". These theories only lead into fighting positions about what is right and wrong (if one theory claims to be right and offers the appropriate scientific "proofs", the implication is that the other theories must be wrong!).

Phenomenology and Social Constructivism

Therefore in Integrative Music Therapy we prefer the phenomenological method and in addition a constructivist approach. The phenomenological method does not in the first place want to prove what the truth is, but is interested in the phenomena that show up in relation to the subjective experience of people with these phenomena. The reality of experience has its own subjective truth. The phenomenologist is interested in the individual's subjectivity and in finding the structures of a person's reality in the phenomena. Some people talk about finding the structures behind the phenomena. The word "behind", however, could be misunderstood in the sense as if there was an assumption of an independent objective reality. This is not meant, because it would let a metaphysical perspective sneak in, where man is again in a dualistic position that keeps him away from entering in relations.

The Hermeneutical Approach of Reconstructing (Understanding) Reality

The phenomenological method of understanding the structures in the phenomena is the "reconstruction" of a person's actions, motivations, decisions, etc. I can reconstruct reality in different manners:

1. Reality and subjectivity can be reconstructed in a dialectical interaction between the phenomena and our pre-knowledge (prejudice) about the phenomena and about the structures of their reality. This method was developed by Gadamer, (1975) a student of Heidegger.

We use this hermeneutical technique in Integrative Music Therapy when we try to understand a musical interaction. When we listen to a patient's improvisation in order to analyze what is the matter with him or her, we always do this with the help of our pre-knowledge. We might know from previous experiences that the patient cannot yet bear a direct confrontation and this explains to us why he/she in the

improvisation always played in an avoiding way. This knowledge of course also has an effect on our own attitude towards the patient and will have an influence on our next mutual improvisation.

2. By empathy and identification with another person, with parts of him like his feelings, his behaviour, his psychological age, his dreams, etc.. This method is derived from a romantic tradition that Dilthey had introduced (Dilthey, 6/1883). Especially the technique of identification-developed further in Gestalt Therapy and still is used in Integrative Therapy and in the work with dreams, as I -if we have the time- will show you later.
3. Of course we can also try to find interpretations by logical conclusions when empathy or interaction is not possible, this would be a form of hermeneutic used f.ex. by Hirsch (1967). Also ethnomethodological research (Cicourel, 1975) -the "cognitive sociology" and the "objective hermeneutics" (Oevermann, 1979)- offers methods in order to identify linguistic rules that stand for general mechanisms of communication and for actions that have meanings.

All ways are used in Integrative music therapy when we work with "inner resonances" and follow the steps of the hermeneutical spiral (Wahrnehmen = to perceive, Erfassen = to seize, Verstehen = to understand, Erklären = to explain; see Petzold, 1991 a, 21).

However, all these ways of understanding realities are not without problems: because how do I know as your therapist that my inner resonance to you, to your musical or verbal expression or to your dream is not a projection of my own reality (thus not a countertransference but my own transference).? How do I know when and how the pre-knowledge, the pre-information I already have and bring into the relation between you and me, is falsifying the appraisal of your reality? And how, last not least, can I understand and feel you as a person when I analyze logically what determines your actual reality? The danger lies in the possible arbitrary act in therapeutical hermeneutics that keeps you in the prison of subjectivity.

The problem of staying in the subjective world of speculation led me to the social-constructivist assumption which says that structures or realities are constructed by linguistic traditions, thus by the languages we use in order to communicate and coordinate experiences. (G. Bateson; Gergen, 1991). Linguistic traditions include all kinds of languages like the verbal, the preverbal and the nonverbal language.

People's reality is a social one constructed by communication and interaction. As we share our perceptions and experiences -and that is more than to exchange experience we will build up an intersubjective relationship that we are part of. "Reality is relationship" said Heinz von Foerster, (1984, 59). What we share is the intersubjective relation or in other words: the structure of relations (in German:"Beziehungsgefüge"), or what I called the "rhythmisches Spannungsfeld", (Frohne, 1981) that exists between people. In a group improvisation you can hear this structure as a gestalt that transgresses the respective reality of the individual players. In music therapy this is also called the coming up of the "third" (Knill, 1990,

Petersen, 1987). Neither I nor the other individual are the center of the world. The third factor is the relation that we share. It is the central axis of reference. In this sense the concepts of subjectivity (cognition, experience) are part of the social construction of reality but not of main interest.

It is, however, of great interest how we structure our social reality. As von Foerster already 1973 pointed out are we constructing reality by ourselves, calculating the milieu around us, because our neurophysiological situation does not allow us to decode the physical nature of a stimulus, but only its intensity (Foerster, 1984, 43). Physiologically we are organized in the way that we make certain experiences by sensory threshold. Measured are intensities, but not qualities. The repeated experience of certain intensities "tells" us what seems to be the nature of the stimulus we perceive. When I say "tells us" this means: the sensory and motoneuron systems are in a dialectical interaction with cognitive and affective systems. It is often forgotten that all our sensory organs including deep sensibility like perception of warmth, cold, pain, etc., furtherway the nerves, the skin, the hair and the eyes have genetically emerged from the ectoderm, (the utterst of the three embryonical cell strata) (Eisler, 1991, 89). Perception, however, cannot be explained just physiologically. Herbert Hensel pointed out (1980,206) that a phenomenological approach must be based on an understanding of perception that includes not only sense perception but all other kinds of experiences like feelings, ideas, concept formation, notations, etc. Perception is always intentional (Johannes Müller, Husserl), which means we are as perceiving and acting persons always intentionally related to the world. Therefore we can never derive a direct sense perception from physical processes in the "outside" world or in our nerve system. What we hear, see, touch, smell etc. is dependent on our intentions and relationships. There is an interdeterminism in that way that in the span of our perception we decide what will be perceived (Hensel, ibd., 215). However, one might object, what we perceive is also attracting us, fascinating us, binding us independently from our decision. Schmitz calls this phenomenon "Einleibung". But in my opinion this phenomenon is dependent on our state of mind, body, context and time continuum. It does not happen in a one way direction from outside to inside.

We are a composition of body and mind (in German: Körper, Seele, Geist) in an insoluble relation with our milieu and our history. This composition we call a "Leib-Subjekt" (Petzold, 1984). There is no English word except "person". As "persons" who are constantly related to our world we only build up an identity by acting and interacting. Thus as an interacting person we cannot be divided into just mind or just body, into "inner" world and "outer" world. (A better way to look at it is that we are organized in hierarchic spirals: from an undifferentiated entity or totality to a more and more differentiated totality that illuminates the former seeming chaos.)

The Leib-Subjekt as a concept overcomes the dualism of the mind-body problem and its consequences like alienation, deadening of feelings and indifference towards our milieu.

The Leib-Subjekt will develop to an identity (personality) by and within interaction, and this development demands experiences that are thousands of times repeated in order to construct a stable reality. Repetition is the condition that we can develop the power of imagining something that is not here at the moment but something that I can remember from yesterday, thus repetition is necessary in order to develop the capacity of memory. We can observe this when we follow the development of a baby which the great pioneer in this field, Jean Piaget, has described first (Piaget, 1937,311).

Experience and Externalization into Linguistical Codes

How does the differentiation function? The more repeatedly we perceive and remember perceptions (and complexes of perceptions) the more "objective" and "real" they become. Starting from a chaotic and undifferentiated state perceptions and experiences become objects in time and space that also seem to be independent from the perceiving subject (Glaserfeld, 1984,32). This mechanism is called externalization of experience.

Externalization and objectivation are synonymous and comparable with the establishment of rules of games, of social behavior, of beliefs and values, or generally spoken: with the establishing of a (digital and analogous) code of experiences people have consensus about. Externalization and objectivation are by the way not the same as projection. A projection is one step further. Projection presupposes already an externalization which means a stable reliable reality. A psychotic patient who hears voices does not use projections. As he is not able to share his perceptions and experiences his reality as an externalization is not possible. It is not possible to establish a code that everybody understands. Thus his reality stays chaotical and undifferentiated. This is the reason why the terminus projection does not fit. However, both externalizations and projections react upon us as a reality that we internalize again and that shapes our patterns of "apperception" (Adler, 1930): our attitude towards life and our life style.

Externalization and objectivation are based on typifications (Berger/Luckmann, 1980). We recognize typical connections, contexts. The nonverbal communication and interaction between a child and his mother during the first 2 or 2 1/2 years tells us about the amazing process to find typifications that lead to language. By exchange of expressions the baby studies his mother and she studies him: typical movements, gestures, miming, sounds, etc. then can be identified as types of behavior, types of feelings and interactions, types of coping with proximity and distance, etc. We learn by and by to identify our experiences as types of phenomena: f. ex. types of feelings and emotions and their differentiations like f.ex.: anger, aggression, rage, wrath, passion, etc. Or types of behavior like: to be overwhelmed, retained, polite, thorough, malicious, careful, caring, tender, etc. Or types of rules like: If I give you a present you should say: thank you. Or types of symbolic languages like metaphors, irony, sarcasm. Many grown up patients often have to learn (to differentiate) these basic forms of knowledge in a long, troublesome way, because they were not so fortunate to develop this kind of linguistic understanding in their early

childhood and later. Early disturbed patients f.ex. do not understand the metasense of irony. They take the words literally.

As Wittgenstein accordingly said 1922, "the limitations of language... are the limitations of my world " (see Gergen, 1991,143). Language, however, is basically a form of common action (Shotter, 1980), it is based on an intersubjective interaction. The way we build up knowledge is organized like spirals that integrate simple, gross typifications to higher and more complex organized linguistical systems. The most complex and differentiated system would be our cultural system. Culture is -I say it with Adolf Portmann's words- the collected knowledge of mankind about himself. It includes the normal every-day-life's knowledge, scientific knowledge as well as knowledge that the arts have gathered. This knowledge is kept f.ex. in books written by writers or scientists, in paintings, in dances, in musical scores and in records, tapes, CDs, etc. etc. Knowledge thus is a system of typical (classified) and institutionalized phenomena and is arranged as a cultural context.

In Integrative therapy we equate knowledge with the cultivated person ("informierter Leib", (Petzold, 1988) don't forget: the word Leib means the totality of body, mind, soul and milieu). The cultivated person has differentiated and refined his abilities of perception, of memory as well the verbal and nonverbal forms of expression. The cultivated person is able to construct a reality that makes sense, that gives him "identity" (Mead, 1980, Petzold, 1982) and that can be shared, modified or changed with others. His reality is not fixed, every day it has to be worked upon, it has to be re-created or created in a new way. And it is always a co-creation, because we all are an integral part of the social world. A person like that is also a healthy person which means that he has the possibility to grow. This is the main statement of our "anthropology of the creative person" (Petzold, 1988; Frohne-Hagemann, 1990). Integrative Therapy is based on an anthropology that believes knowledge develops in form of a creative spiral: perception, memoration, expression in their dialectical relation with cognition and the analogous and digital modes of reflexivity. The creative healthy person is not dependent on one-sided attitudes, as he/she has the ability to look at phenomena from different perspectives. He/she can take in a dualistic viewpoint (f. ex. when he as a surgeon has to cut into a body and thus has to regard a person sometimes as a piece of flesh), but he/she is not dependent on it.

There is one ethical point to mention. Constructing our own reality does not mean that we are free to construct what we want. Construction just happens, it is not exclusively a domain of the reflexive cognitive part of us, at least not normally. Construction mostly happens in a not-conscious way. It happens on the level of the electrons and their not-conscious level of knowledge, of the molecules, of the cells, of the organs, the body, which can be observed in the field of psychosomatics (Chopra, 1989), but it can also be observed on the level of groups, of collectives, and even of nations. I point this out in order to prevent that somebody feels guilty if his or her construction of reality is unsatisfactory. This reproach would imply an anthropology that the individual is responsible for everything that happens to him. This leads to the fatal situation we are already in in our society: that on the one hand

the individual is a victim of destiny and on the other hand he is responsible for his health. When responsibility in many people's mind is connected with a definition of guilt as an allocation of failure I cannot agree with it as long as I have to face diseases, grieve and pain. Responsibility means respons-ability. In that sense we are free to develop the ability to face and accept our constructions, but there is no place for moral pressures that our society f.ex. puts on us telling us what we should eat and do and not eat and not do in order to stay healthy. Poor people that don't smoke, don't drink, don't eat fat food, don't eat fast food that train their bodies every day two hours, etc. and still develop a cancer or a depression... Of course there is a hereditary aspect. Construction is an evolutionary process. We have the knowledge and wisdom of thousands of generations within us which is constantly filtered by the experiences we have here and now. But what we experience as "destiny" need not be understood in a metaphysical way. Human development takes place in an interaction between our personal ("leiblich") disposition (and genetic knowledge) and our personal apperception-filters and patterns of how we construct our here and now. This happens to a great extent on a not-conscious level and just because of this not-consciousness it need not be mixed up with "objective destiny". Not-conscious does not means "unconscious": we just do not know so much of the consciousness of a not-conscious state. This argument gives me the legitimation to do therapy. Because in therapy we can try to reconstruct "destiny" in a better way by developing new attitudes toward experiences and build up a consonant and concordant identity in relation to how reality is experienced. This helps to establish new sense

The Musical Language

There has been a long discussion among musicologists and also among music therapists -and the discussion still goes on- whether music is a language or not. When I look at it from a social-constructive perspective and define language as a form of common action (interaction) this definition can be used to my opinion for music as well. Each type of music has had -when it first was created- the quality of an interaction between people. It is based on a person to person-, face to face-, "Leib" to "Leib"- interaction. We call it an interpersonal (in German:"zwischenleibliche Interaktion") or intersubjective interaction. This intersubjective interaction has all qualities of emotional typifications, all aspects of relations like confluence, contact, encounter and relationship (Petzold, 1986, Frohne, 1987, 1990). It shows all qualities and phases of symbiosis and individuation (Mahler, 1978, Frohne-Hagemann, 1990). It can disclose all kinds of structures and rules of "games" and behavior. It discloses all strategies we use when we are creative like (those that we call in therapy "interventions) f. ex.: supporting, holding, provoking, confronting, etc., and all kinds of what Freud called "defense mechanisms". I will talk about them later.

People in musical interaction exchange expressions. They do this so often that after a while typical patterns of behavior can be recognized which permit to estimate "what is (not only musically) going on", "what could happen next", "who is going to behave how and when". With this also a time perspective (anticipations and expectations) comes in. This process can

very well be studied f.ex. in free improvisations. Identifying, estimating and recognizing each other produce a stabilization of reality which, again, permits the actors to interact according to their personality. This process is repeated and widens constantly the horizon of the reality these people share. It makes it possible to create a common frame like f.ex. a common rhythm that is an objectivation (and third factor) people are part of and that they can relate to. It is the same constructing process like the first "dialog" between mother and child, and then from the dyade to the triade to the complexity of cultural reality. Certainly we know how to estimate reality because we as constructors of reality have many thousands of times practiced the construction of reality.

When people are able to repeat musical forms and recognize musical structures externalization and typification has already taken place. This must also have taken place in the beginning of our cultural development some thousands of years ago. Music once had found a language that now could be defined by certain attributes, f.ex. by aesthetical signs like temporal structures, harmonical and dynamical relations, timbre -the so called typical "sound" of an instrument or of a certain group of instruments, etc. We have consensus about these attributes which makes them real. Objectivated music is institutionalized and has its own norms, laws and traditions that everybody knows and takes for granted. Think f. ex. of the "typical" (that means classified and institutionalized) music of Bach, Beethoven, Wagner or Ligeti. We are accustomed to "understand" our (!) Bach, our (!) Beethoven, our (!) Wagner and well, the famous Ligeti. We have learned what a musical phrasing should sound like. We know about the relation between the tonic and the dominant, etc., even if we do not know the names. Everything that has a tradition (a past) seems to be even more real and objective. Therefore objectivated, institutionalized music with long tradition will provoke in people a special attitude of expectation . People think this is because of "objective effects" that come from the music itself, but "in reality" music has an effect, because the listener is most familiar with the basic structures of the effect, that he while listening recreates. Music is the reality we created by common action and the musical reality keeps being a reality that depends on us. Music is made by people. Their subjective perceptions and expressions are part of the objective system of aesthetical forms. We often forget this relation and believe music is an objective image of objective structures in a metaphysical sense. Not: because institutionalized music is objective does it have an influence on us. But: as music corresponds to our physical and social disposition ("leibliche" Disposition) it does effect us.

Some music therapists who have a metaphysical understanding of reality regard music as a cosmic law that structures the soul and produces psychological and aesthetical formations. Thus it is the music that is your therapist. Others say: music is a subjective expression of the individual. Thus in therapy it is necessary to get rid of musical structures that are restrictive and out of date and find -f. ex. by active music therapy and its free improvisations- your own reality. Both positions run the risk of falling into dualistic traps. The latter position denies the facts that music is not only a momentary individual expression, but is dependent on common action and objectivation if the improvised music wants to survive and become a

part of our culture. What is the improvised music in group therapy good for if the common action and the development of rules and norms have only signification to this group but not to the reality the group members share with other people? In Integrative Music Therapy we do not support the self-deception of the individualistic position.

And what regards the first position: music is not independent from our actual construction of reality. Our perception of objectivated music is always directed by actual emotions, feelings, atmospheres, convictions, attitudes, and by experiences from the past, etc. This is not a nuisance (as it is regarded in empirical research), but is a necessity, because it illuminates the fact that we are constantly constructing our own reality.

Of course in music therapy we want the people to free themselves from restrictive convictions and narrowing perceptions. But before the patient can develop new strategies of constructing a reality which he can share with others and feel identical with it is necessary to reproduce linguistical systems (verbal, nonverbal, symbolical) The reproduction of these systems allows to understand the process that led into the status quo.

In music therapy this aspect would have the consequence to look at a group improvisation as a figure in front of an institutionalized objectivated (musical) background of general social, historical and aesthetical norms. A music therapeutical improvisation cannot be detached from this background. And if as therapists we still manage to decode musical interactions from a tape without knowing anything about the patients, this is only because we are familiar with certain linguistical systems in the background. Schwabe (1987) pointed out that in Regulative Music Therapy the patient has to be familiar with the aesthetical phenomena of the music he is going to listen to, (but he should not necessarily be familiar with the piece of music itself). If the patient is familiar with the aesthetical phenomena, co-responsence (Petzold, 1978) is possible, which will enable him to "be" music, swinging with the musical movements and thus feel and experience the original common action. And (by externalizing the musical experience afterwards, simultaneously or partly) he might have the impression that the music influences his experience (music helps to come in contact with body sensations, feelings, thoughts, memories, etc.).

The Musical Construction of Reality

Apart from the already mentioned possibilities of constructing our reality there are other mechanisms. Some of them Freud called "defense mechanisms" or characterizations of neurotic symptoms. Fritz Perls called them "Kontaktstörungen": disturbances of contact. These are projection, identification, substitution, duplication, extension, condensation, shifting, inversion, transference, selective perception, repressing, etc. If we do not regard these strategies as defense mechanisms or neurotic valuations, we could look at them as fundamental possibilities or modi of constructing reality that have value and importance equally in musical contexts as well as f.ex. in dreams. As music and dream are in my opinion relatives, I will talk about ways of construction that are the same in music and in dreams. What is f.ex. a modulation? Musical themes and motives can be transferred into another musical context in which the original significance changes into a new one. In a dream a

transference or modulation could be recognized when I dream of an old man who lies in a baby's cradle. Substitution in music is used as a possibility to substitute one chord by another chord which gives another feeling for the context. In a dream a substitution takes place when a person and the feelings that are connected with this person are substituted by another person or by other dream symbols. Also, phenomena are in a strange or unorthodox way connected with atmospheres, visions, scenes, sounds, actions and speech. We also find strategies like condensation and extension that have to do with our understanding of time and space. Time can as well extend as it can condense. In music and dreams we can experience condensation f.ex. as eternity in one moment and extension as linear time where the moment never ends, we can experience slow-motion and time-acceleration. Also space has different significances: in dreams landscapes change, and we can hop into another world without the necessity of travelling. In music we find, that the harmonical and rhythmical space has enormously widened since the last 50 years. We can nowadays experience in music (f.ex. jazz) wide "cosmic" dimensions that correspond to mental journeys in time and space. In other words: The ability of imagining cosmic dimensions can be expressed not only in religious music like in f.ex. Bach's music, but also in free music.

I mention these strategies because to me they are qualities of creativity, which -of course- can also be used for the construction of distorted realities that we know from neurosis. I want to point out that "defense mechanisms" in dreams and in music are not necessarily defense mechanisms, but ways of constructing reality. If, in a musical improvisation or in a dream, we want to diagnose a patient's defense mechanisms we can only do that properly, if we take into consideration our pre-information about the situation, the context and the knowledge about the person's biography and behavior.

In a dream or in a musical improvisation we choose the building material (sounds, rhythms, motives or colors, symbols, etc.) that we need in order to present a certain reality. We play with our possibilities of shifting, transferring, extending, condensing, distorting, (and other ways of interaction-patterns) in order to express the different experiences of being in contact with our world, with our feelings, atmospheres, intentions, actions, etc. Dream and music contain everything that has been experienced before: from the undifferentiated chaos, the first recognition of forms and patterns, of relation, up to the the personal "gestalten" of one's life style. Playing with these possibilities of action sometimes leads into moment where metamorphosis takes place (Petzold, 1990), when a new understanding is born including new ways of perception and expression.

Practical part....

what has been worked out: reality is what we can share