The Bonny Method of Guided Imagery and Music (GIM) in Europe

Lars Ole Bonde

ABSTRACT

The Bonny method of Guided Imagery and Music (GIM) was developed in the United States of America (USA) in the 1970s and came to Europe in the 1990s. It is a truly international model of receptive music therapy, practised in five continents, and yet it is not registered or integrated in the European music therapy community, e.g. as related to the European Music Therapy Confederation (EMTC). This apparent paradox is addressed in the article which gives a short historical overview of the development of GIM in Europe, followed by a status – an overview of current GIM trainings and practitioners in European countries – and a discussion of core issues related to the organisation of GIM in Europe and to standards of training and clinical practice. From 2014, GIM in Europe has founded its own association (the European Association of Music and Imagery, EAMI), and the question of the relationship between EAMI and EMTC is now open.

KEYWORDS

Guided Imagery and Music (GIM); receptive methods; European association; training standards

Lars Ole Bonde, PhD, Professor of Music Therapy at Aalborg University (DK) and Professor of Music and Health at the Norwegian Academy of Music (N). Primary trainer in Guided Imagery and Music. Certified clinical supervisor. Numerous publications on music therapy, music psychology and music medicine.

Email: lobo@hum.aau.dk

INTRODUCTION

The Bonny method of Guided Imagery and Music (GIM) was developed by Helen Lindquist Bonny in the USA from the early 1970s (Bonny 2002; Bruscia & Grocke 2002). It is one of the "three oldest and most well-known indigenous models of music therapy practice" (Aigen 2014; the other two models are Analytical Music Therapy and Nordoff-Robbins Music Therapy; see also Trondalen & Bonde 2012). It is probably the most advanced model of receptive music therapy, and today GIM is practised in five continents and with trainings in four, not only by music therapists, but also by psychologists, psychiatrists, nurses, physiotherapists, etc. The method is in constant development; especially a number of adaptations (e.g. non-classical music, short music travels, shorter sessions, group formats, new music programmes) have made therapeutic work with "music and imagery" suitable for new clinical groups and contexts (Grocke & Moe 2015).[1]

The American Association of Music and Imagery (AMI) has been the organisational framework for most practitioners and trainers, also in Europe; only Australia and New Zealand have their own GIM associations. The Bonny method of GIM has been

[1] See Table 1 for a short description of the Bonny method in its classical form.

practised and trained in Europe since the early 1990s, and European conferences have been held since 1996. For many years, there has been a loose network organisation, since 2006 labelled the European Network of Guided Imagery and Music. In September 2014, at the 11th European GIM Conference in Berlin, it was decided to form an (interim) association called European Association of Imagery (EAMI). Specific issues shall be explored in the two years period up to the next conference in Athens, Greece 2016, and then EAMI may constitute itself as the organisational framework of GIM training and clinical practice in Europe.

This article gives a brief account of the history and present status of GIM in Europe, leading to a discussion of core problems and issues of the new association, and also linking these to the ongoing EMTC discussion. The article ends with some recommendations and caveats.

THE HISTORY OF THE BONNY METHOD OF GIM IN EUROPE

GIM training is a further education, requiring a bachelor degree (or equivalent) of the trainees at entrance level. The training is organised in three levels: Level I is a 35 hour intensive introduction to the model and its core elements: altered states of consciousness, music, imagery, guiding, the (dyad) session format; Level II is a 50 hour intermediate follow-up with focus on the music (programmes) in GIM; Level III is the main element, and the training is often spread over a period of two (or more) years, with five or more seminars, in order to frame the many requirements that a trainee must meet in order to become a "Fellow of the AMI" (FAMI).[2]

Level I training was held by American trainers (Frances Goldberg, Lisa Summer, Ginger Clarkson and others) in European countries from the early 1990s, and European trainees were enrolled in American training programmes, no matter where the training took place physically. The first European trainers were Margareta Wärja (Sweden) and Torben Moe (Denmark), who both built up training programmes in their own countries and – very importantly – with teaching and sessions performed in the vernacular.

In 1996, there were enough people involved in GIM to organise the first European conference. This was held in Findhorn (Scotland) with the parti-

---

This receptive model was developed by Helen Lindquist Bonny in the USA in the 1970s.

Definition: "A modality of therapy involving spontaneous imaging, expanded states of consciousness, pre-designed classical music programmes, ongoing dialogues during the music-imaging, and non-directive guiding techniques" (Bruscia 2002: 59).

The individual Bonny method of GIM session
Duration 90-120 minutes, with five phases:

1. Prelude (15-25 minutes): Identifying a focus for the session.
2. Induction/relaxation (5-10 minutes).
3. Music evoked imagery ('music travel') (25-50 minutes) with ongoing verbal dialogue.
4. Transition with mandala drawing (5-10 minutes).
5. Postlude (20-30 minutes): Dialogue on and interpretation of meaning and relation to focus.

Music and Imagery session (individual or group)
Duration 60-90 minutes, with five phases:

1. Prelude (15- 60 minutes): Identifying a (common) focus for the session.
2. Induction/relaxation (3-5 minutes).
3. Music listening (4-10 minutes) – unguided and with no dialogue.
4. Mandala drawing (5-7 minutes).
5. Postlude (10-20 minutes).

Table 1: A short description of two different session formats: The Bonny method of GIM session, and the Music and Imagery session

A Bachelor's degree or equivalent is prerequisite for entering GIM training. There are detailed descriptions of the didactic content of the courses on all three levels (centred around the *'Core Elements of the Bonny Method of GIM'* and including training dyads observed by the trainer). Level III minimum requirements are as follows: 100 instructional course hours, 15 personal sessions, 75 individual guiding sessions with clients (some of these can be with adaptations of GIM), 15 supervisions of sessions, ongoing case consultation with trainer, case studies, music analyses, reading reports and a final project (e.g. a small research project). GIM practitioners must have all necessary additional training to practise as therapists in their own countries.

Table 2: AMI standards for trainings (summary by Lars Ole Bonde)

---

[2] See Table 2 on AMI standards and requirements.

cipation and support of Helen Bonny. Since 1998 there have been biannual conferences in several countries (see Table 3). Wärja (2010) gives an account of the conferences and organisational work up to 2010.

The organisation was very loose. Some countries formed national societies or networks to support the growth of GIM at a national level. The location of the European conferences was decided at the end of each conference, and it took some years before it became necessary to make a more formal organisation. An important step was taken in Ammerdown 2006 when four primary trainers (Margareta Wärja, Torben Moe, Dag Körlin and Leslie Bunt) were given the responsibility to suggest an organisation for the European body of GIM practitioners. This steering group – also called the "boatkeepers" – met on several occasions, and in Fevik 2008, The European Network of Guided Imagery and Music (ENGIM) was formed. The steering group was enlarged with representatives of Fellows and trainees (Ian Leslie, Anthony Hall and Lena Uggla) and with German Primary trainers (Isabelle Frohne-Hagemann and Gina Kästele). The steering group has continuously worked with issues such as ethical standards for GIM in Europe, principles and standards for training and elements of a constitution for a formal association, and the work has been presented and discussed in 2010 and 2012, finally leading to the establishment of an interim European Association of Music and Imagery (EAMI) in Berlin 2014. The interim board is composed of the following persons: Torben Moe (chair), Leslie Bunt, Dag Körlin, Isabelle Frohne-Hagemann, Gina Kästele, Patxi del Campo and Barbara Zanchi.

1996	Findhorn (Scotland; Helen Bonny and AMI President Roseann Kasayka present)
1997	Skælskør (Denmark)
1998	Stockholm (Sweden)
2000	Elba (Italy; Helen Bonny present)
2002	Krummendeich (Germany)
2004	An old monastery near Sofia (Bulgaria)
2006	Ammerdown (UK; AMI President Therese West present)
2008	Fevik (Norway; AMI President Louise Dimicelli-Mitran present)
2010	Laguardia (Spain; AMI President Maureen Hearns and Erich Bonny present)
2012	Vadstena (Sweden; AMI President Maureen Hearns present)
2014	Berlin (Germany; AMI President Maya Story present)

Table 3: European GIM conferences 1996-2016

STATUS 2014

In September 2014, there were 14 AMI-approved Primary trainers and 96 AMI Fellows in Europe (see Table 4 for the national distribution). There is no official record of trainees enrolled in level II or III training, but a plausible number is 50+. Level I is part of the music therapy training in some countries, but seen as a whole GIM training is located outside universities and academies.

At the 11th European GIM Conference in Berlin 17-20 September 2014, the "boatkeepers" presented a draft constitution for a new European Association of Music and Imagery (EAMI). The transition from network to association was discussed thoroughly, and at the final meeting it was decided almost unanimously to form an interim EAMI. The task of the interim board will be to qualify the constitution by formulating:

1) A budget for a full functional EAMI, including a functioning office that will make it economically possible for members from eastern and southern Europe to also join the association.
2) Standards for the endorsement of new trainers.
3) Standards for the endorsement of new training programmes.

The board and sub-committees will be working on the three issues and deliver reports and drafts that can serve as foundation for the final decision on EAMI in 2016.

It is interesting to observe that ENGIM or other international GIM organisations (e.g. AMI) are not listed in the International Index of Music Therapy Organisations (IIMTO) (Tsiris 2014). This is an indication of the frail connection between the GIM organisations and the European Music Therapy Confederation (EMTC) and the World Federation of Music Therapy (WFMT), and this connection certainly needs to be improved.

Bulgaria:	2 practitioners
Denmark:	8 practitioners (of which 3 are Primary trainers: Torben Moe, Ellen Thomasen, and Lars Ole Bonde)
Finland:	3 practitioners
Germany:	30 practitioners (of which 3 are Primary trainers: Isabelle Frohne-Hagemann, Christina Achter and Gina Kästele; and 2 are Primary trainers outside the framework of AMI: Carola Maack, Edith Geiger)
Greece:	1 practitioner (of which 1 is Primary trainer: Evangelia Papanikolaou)
Hungary:	1 practitioner
Ireland:	2 practitioners
Italy:	3 practitioners (of which 1 is Primary trainer: Gabriella Perilli)
Norway:	6 practitioners
Spain:	23 practitioners (of which 1 is Primary trainer: Esperanza Torres Serna)
Sweden:	8 practitioners (of which 3 are Primary trainers: Margareta Wärja, Dag Körlin, Katarina Mårtenson Blom)
Switzerland:	3 practitioners
UK:	6 practitioners (of which 2 are Primary trainers: Leslie Bunt, Martin Lawes)

Table 4: Licensed GIM practitioners (Fellows of AMI) and Primary trainers in European countries 2014 (from the AMI website; http://ami-bonnymethod.org)

DISCUSSION

This discussion will address three major issues: (1) The organisation of GIM in Europe and the world (including the relationship between EAMI and AMI), and closely related to this (2) European training standards, and (3) the relationship between EAMI and EMTC.

(1) Ever since the idea of forming a European GIM organisation was formulated, AMI and its presidents have supported it (Table 3 shows that AMI presidents have attended many of the conferences). AMI has actually presented a vision of a future situation where a "Global Confederation of Music and Imagery" can be founded and serve as the 'umbrella' covering national or regional associations such as AMI (USA), MAIA (Australia), NZIMA (New Zealand), and EAMI. If agreement cannot be reached at a European level in 2016, more geographically and culturally limited associations can be formed as an alternative, e.g. a Scandinavian Association (covering Sweden, Norway, Denmark), a Germanic Association (covering Germany, Austria and Switzerland), and so on.

(2) A core issue in the discussion of training standards is the qualification required from a GIM trainee as prerequisite. AMI requires a bachelor's degree, however, the AMI guidelines also state that "Exceptions may be granted at the discretion of the trainer". It is obvious (and necessary) that the trainer must evaluate the prerequisites of the trainee, however, it has been a constant source of discussion and disagreement what exceptions trainers actually make. In my personal opinion, far too many trainees without the necessary prerequisites are accepted in far too many programmes. This relates to another core sentence in the AMI document (p. 11): "Trainees must also have all necessary additional training to practise as therapists in their own countries". This seems uncontroversial, however, it is not specified what "therapist" actually means. Personally, I would like the sentence to say "as psychotherapists and/or music therapists (or similar)" – in order to exclude e.g. physiotherapists, occupational therapists, flower therapists and other trainings/professions that do not include basic psychotherapeutic training. At least in Europe, there are many trainees and fellows who are not trained as psychotherapists before they enter GIM training, and GIM remains their only training in psychotherapy. The controversy is well-known also in the EMTC, but in that context more related to the question of personal therapy as a mandatory part of the training programme.

(3) National rules and legislations concerning psychotherapy and music therapy are extremely different in European countries, not least when it comes to the question of psychotherapy and music therapy. Even if GIM is a further education, it is not necessarily easier to find a path through the 'legislation jungle'. The reason is, as mentioned above, that GIM is practised by non-music therapists also. These GIM therapists have a background in e.g. physiotherapy, occupational therapy, or Heilpraktik (a special German health profession), and they follow the rules of these professions in their specific country, that may be very different from the rules related to music therapy.

These differences are well-known in an EMTC context, and therefore I will just mention two examples to illustrate the complexity of the issue: In the UK, music therapists (and other arts therapists)

are registered with the Health and Care Professions Council (HCPC), while psychotherapists are not. In Italy it is the opposite: Only psychiatrists and psychologists can work as state approved/registered psychotherapists, music therapists cannot. I think the first step for the (interim) EAMI to take will be to explore and clarify differences between countries/regions, as they relate to training standards. If there is agreement on standards in 2016, the EAMI could approach the EMTC to seek collaboration and coordination on the road to recognition and standardisation of requirements. As a first step, the EAMI should be listed in the International Index of Music Therapy Organisations (IIMTO) (Tsiris 2014). If there is no agreement, there will be no EAMI, and this will inevitably lead to the formation of national or regional associations, as described above. These associations can then approach the EMTC at their own discretion.

CONCLUSION

The Bonny method of GIM has grown steadily in Europe during the last 20 years. It is a receptive music therapy model acknowledged worldwide, and its practitioners in Europe integrate the classical dyad format as well as individual and group Music and Imagery formats in their diverse clinical contexts. At the organisational level, GIM in Europe faces a major challenge. After many years with a flat, ultra-democratic network structure time has come to form a professional organisation. Interim EAMI was formed in September 2014, and the board will now have two years to formulate standards for training and test them with the members. The outcome of that process will be known in September 2016. Collaboration with the EMTC is warranted.

REFERENCES

Aigen, K. (2014). *The Study of Music Therapy: Current Issues and Concepts*. New York: Routledge.

Bonny, H. (Edited by L. Summer). (2002). *Music and Consciousness: The Evolution of Guided Imagery and Music*. Gilsum, NH: Barcelona Publishers.

Bruscia, K., & Grocke, D. (Eds.). (2002). *Guided Imagery and Music: The Bonny Method and Beyond*. Gilsum NH: Barcelona Publishers.

Grocke, D., & Moe, T. (Eds.). (2015). *Guided Imagery & Music (GIM) and Music Imagery Methods for Individual and Group Therapy*. London: Jessica Kingsley.

Trondalen, G., & Bonde, L. O. (2012). Music Therapy: Models and Interventions. In R. MacDonald, G. Kreutz & L. Mitchell (Eds.), *Music, Health and Wellbeing* (pp. 40-64). Oxford: Oxford University Press.

Tsiris, G. (2014). International Index of Music Therapy Organisations (IIMTO): A free online resource. *Voices: A World Forum for Music Therapy, 10*(3). Retrieved from https://voices.no/index.php/voices/article/view/761

Wärja, M. (2010). Roots and branches of the European Network of Guided Imagery and Music (ENGIM). *Voices: A World Forum for Music Therapy, 10*(3) Retrieved from https://voices.no/index.php/voices/article/view/559/423

Suggested citation:

Bonde, L. O. (2015). The Bonny Method of Guided Imagery and Music (GIM) in Europe. *Approaches: Music Therapy & Special Music Education, Special Issue 7*(1), 86-90.