Ειδικό τεύχος

Guided Imagery and Music: Σύγχρονες Ευρωπαϊκές προοπτικές και εξελίξεις
Προσκεκλημένες συντάκτριες: Ευαγγελία Παπανικολάου & Bolette Daniels Beck

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Special issue

Guided Imagery and Music: Contemporary European perspectives and developments
Guest editors: Evangelia Papanikolaou & Bolette Daniels Beck

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SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Editorial

Celebrating Guided Imagery and Music developments in Europe

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We are very proud to launch this special issue of *Approaches* entitled *'Guided Imagery and Music: Contemporary European perspectives and developments'*. With its body of articles, we hope to inspire practitioners, researchers and educators from many fields: *Guided Imagery and Music* (GIM) therapists, music therapists as well as professionals from other health professions. But, why a special issue on GIM in Europe? And why now? The most obvious reason is the celebration of the formation of an independent European branch of the American Association of Guided Imagery and Music that took place at the 12th European GIM Conference in Athens, Greece, September 2016. But we have to go back to the beginning.

GUIDED IMAGERY AND MUSIC

The music therapy method GIM, being one of the top five music therapy approaches in the world according to the amount of practice, research and publications (Wheeler et al. 2012), was originally founded in USA in the 1970s by the music therapist, musician, and researcher Helen Lindquist Bonny (1921-2010) (Bonny 2002; Bonny & Savary 1973). Bonny was inspired by humanistic and existential philosophies at her time, as well as by her own spiritual experiences with music. After providing music for LSD psychotherapy sessions together with Stanislav Grof as part of their research in Maryland Hospital, Baltimore, she discovered that listening to classical Western music in itself, in an expanded state of consciousness, could serve as a vehicle of deep inner transformation and unravelling of unconscious material. She saw music as a rich source of inspiration and creativity beyond words that could reach the very core of the human soul to bring out repressed emotions and memories, as well as serving as a method for the exploration of consciousness and inner growth. Bonny selected pieces from different composers and compiled programmes of music with titles such as "Peak Experience", "Transitions" and "Explorations" (Meadows, 2010), although realising the multiple and deep reaching individual imagery experience that the music would set into motion. In GIM, imagery implies visual images, all sensory and kinaesthetic experiences, emotions, and memories or thoughts that can be elicited by the music during listening in an expanded (non-ordinary) state of consciousness.

An individual GIM session is composed of five phases: a pre-talk, a guided relaxation to get the 'traveller' (client) into an expanded state of consciousness, a music listening phase with ongoing verbal dialogue between traveller and 'guide' (therapist) about the imagery experience, a guiding back and expression of the experience in a painting (mandala), and a processing post-talk. It is important to note that in GIM, it is not the therapist that "guides" the client into the imagery, but the music itself. The client free-associates during the music listening period, as opposed to other methods where the process is based on a given script provided by the therapist or a recorded voice.

Since the beginning, GIM has spread from USA to many countries around the world, many new

music programmes have been created, and adaptations of the method to the needs of populations in mental health and medical settings have been applied with enriched perspectives on humanistic, psychodynamic, transpersonal/ archetypal and even cognitive-behavioural theoretical frameworks. Neuroscience findings have amplified our understanding of the effects of music and imagery in the brain and consequently to the human body. Subsequently, a developing amount of research in GIM is now being carried out (Bonde 2015; Grocke 2010; McKinney 2002; McKinney & Honig 2017). In the Aalborg graduate music therapy programme in Denmark, eight out of 46 PhD theses are GIM-related (http://www.mt-phd.aau.dk/phd-theses/), and four additional GIM studies are in process (http://www.mt-phd.aau.dk/organisation/current/).

SHORT HISTORY OF THE DEVELOPMENT OF GIM ASSOCIATIONS

The American "Association for Music & Imagery" (AMI) was created in 1987 and has grown to be an international organisation with the purpose to provide basic information about GIM, practitioners, training programmes, ethical standards, conferences and the biannual publishing of the *Journal of Association for Music & Imagery* (see https://ami-bonnymethod.org, and Parker 2010). The "Music & Imagery Association of Australia" was created in 1994 (http://www.musicandimagery.org.au/).

In Europe, an intense work of consolidation and identity forming has been taking place over the years, and a continued work to found an independent association has been undertaken, first by a 'steering boat' consisting of the four European GIM primary trainers Margareta Wärja, Leslie Bunt, Torben Moe and Dag Körlin, and since the Oslo conference in 2008, by the European Network of GIM (ENGIM) with an expanded steering boat (Wärja 2010). In the European GIM Conference in Berlin (2014), a preliminary association was formed, and finally in Athens (2016), a formal European Association of Music and Imagery (EAMI) union was founded (https://www.music-and-imagery.eu/) with the support from the Australian sister organisation (chair: Denise Grocke) and from AMI (president-elect: Suzannah Scott-Moncrieff) (see also conference report by Samara 2017, and Moe and Lund 2017, in this issue). Several passionate speeches inspired the final vote towards the formation of EAMI. Margareta Wärja said:

> "We (Europeans) do not have what you (Australians and Americans) have – we have diversity, cultural differences, different training formats, challenges – and this is rich like a gem - we need to embrace the differences, and to be able to communicate and find harmony, in order to grow!"

Marilyn Clark from USA shared an inner image of Bonny extending her hands to her across a stream, asking her to jump. Marilyn imparted the trust she learned from Bonny with the Europeans and encouraged them to trust – as if it was Bonny herself who extended her hands to embrace and unite us all:

> "At this time, we are not pulling you to the United States, but pulling you into a deeper river with music and imagery, and all the things you will do with it, which will be above and beyond and different from what the Bonny method of Guided Imagery is".

Marilyn addressed the loss Europeans will be to AMI, but at the same time shared how amazing the growth of the method has been; Bonny did her first sessions in her spare bedroom, and now we have three organisations, and there even might be a Pacific AMI in the future as GIM is spreading to the East. She quoted Bonny that "we have the 'tiger by the tail'", the tiger being "empathy, bringing the beauty of music to people who really need it, creating a bridge to transformation". It was a touching moment for all to receive this support from Marilyn and her connection with Helen Bonny.

The formation of EAMI has raised a question of identity: Is there a special profile of GIM in Europe compared to the rest of the world? It might well be that the clinical application of GIM into medical health and social service institutions have informed the development of adaptations of GIM more in Europe than in the rest of the world by now, supported by research showing beneficial outcomes of GIM and Music and Imagery (MI), and inspiring the training formats to include more 'modified GIM' formats. Having said that, it is important to bear in mind that Europe consists of different countries with large differences in their health care systems and education regulations, not to mention different languages. Given this diversity, it has not been an easy task to find a common ground for the description of standards and demands for GIM education - a development that is still in process. According to EAMI, professional training in GIM/MI is geared towards mental health professionals and is designed to develop skills on the uses of the method in various clinical and socio-

educational contexts, mainly (but not exclusively) as a music-assisted psychotherapy or self-development technique.

As GIM is the most established and widespread method in receptive music therapy, perhaps it is now time for EAMI to strengthen the bonds with other music therapy organisations, especially the European Music Therapy Confederation (EMTC) and the World Federation of Music Therapy (WFMT) - an issue raised previously also by Bonde (2015).

TOWARDS THE SPECTRUM OF GIM/MI APPROACHES

Bonny herself worked with both an individual Guided Music and Imagery (GIM) format and an unguided group format, which she called group GIM or Music and Imagery (MI) respectively, and adaptations to different clinical groups were already described from the early days of GIM.

Though, the nomenclature of GIM in research and practice has been an issue for years. When is it "traditional" Bonny method? When can a modification be considered a specific method with a new name? What are the different forms of modifications? When does a modification go beyond the limits, so that it is not GIM anymore? In this issue, we have chosen to embrace the issue of nomenclature with an open attitude allowing the individual authors to use their own definitions. However, we would like to refer to the recent book on GIM adaptations (Grocke & Moe 2015), Muller's book on variations (2014), Bruscia's (2017) note on definitions, and the European training standards of EAMI (in effect from 2019) that acknowledge the use of GIM modifications and describe them within a hierarchy where the term GIM is used as the overarching umbrella term (see also Bonde 2017, in this issue).

In figure 1, different formats of GIM can be seen: the individual GIM formats include the full 1.5 to 2 hours session Bonny Method of GIM (BMGIM), the short GIM (a full session but shortened in time and music listening period), modified GIM (modifications of one or more parts of the method, i.e. using non-classical music) and Music and Imagery (MI) which includes music listening without verbal interaction/guiding during the music. GIM in groups usually is a MI method without guiding during the music (GrpMI); however, interactive communication between group members can also take place in a specific format (Group GIM). Modifications of GIM also include the combination of GIM and other therapeutic methods and approaches, as described in several of the papers in the present issue.

Hence, in Europe we embrace the full Bonny method as well as a whole spectrum of GIM and MI methods, including short forms and modified approaches in individual therapy and group work. The theory formation of GIM is continuously developing, both concerning the understanding of the GIM process itself related to different philosophies and therapeutic theories, and concerning the development of specific adaptations for different clinical purposes. EAMI has developed its own competency-based standards in education of GIM, offering a wide range of approaches and flexibility in the practice of the method in various settings (EAMI, 2017).

CONTENTS OF THE CURRENT ISSUE

This special issue of GIM in Europe received an abundance of submissions which we experience as an illustration of the current creativity and liveliness of the GIM development in the continent. We are happy to be able to present 16 papers, including original research, theoretical developments, descriptions of GIM adaptations, case studies, presentations of new GIM programmes, a conference report, an interview with the current chair of EAMI, and a book review.

The spectrum of GIM and MI methods				
Individual work	Individual GIM (The Bonny method)	Short individual GIM	Modified individual GIM	Music and Imagery (MI)
Group work	Interactive group GIM		Group Music and Imagery (MI)	

Figure 1: The spectrum of GIM and MI methods (according to EAMI's Training Standards, 2017)

The first three papers illustrate GIM in the light of somatic and neurological theories. First Gabriella Rudstam, Ulf Elofsson, Hans Peter Søndergaard, from Sweden with supervisors Lars Ole Bonde and Bolette Daniels Beck from Denmark present original research results from a pilot study on a trauma-focused adaptation of group GIM with women suffering from PTSD and Complex PTSD. Italian psychiatrist and GIM primary trainer Gabriella Giordanelli Perilli discusses aspects of neurological research that describes how GIM can bring forward "tacit knowledge". Furthermore, she describes a combination of GIM with "redescriptive technique", as she draws theory from cognitive sciences that introduces a homework assignment for the GIM traveller to do a written narrative about core imagery, serving as a help to integrate the GIM experience. Music therapist, GIM therapist and researcher Ilan Sanfi together with Erik Christensen with a background in music phenomenology, both from Denmark, present a literature review covering the use of music therapy and music medicine in the treatment of chronic pain with a neuroscientific perspective. They find that music interventions such as GIM and Music and Imagery (MI) exert a considerable impact on the physiological and psychological aspects of pain.

The next two papers are concerned with clinical aspects of GIM from the therapist perspective. Isabelle Frohne Hagemann, music therapist and GIM primary trainer from Germany writes on GIM supervision adapting a multi-perspective and meta-hermeneutic perspective. Political, theoretical, ethical and practical dimensions are presented and a case example illustrating the complexity of GIM supervision. Psychotherapist and GIM therapist Katarina Mårtenson Blom presents a lyrical first-person analysis of the process of the GIM therapist based on intersubjectivity theory and the concept "the process of surrender".

Another original theoretical contribution is a theoretical essay by the GIM primary trainer Martin Lawes from the UK who draws from the works of the psychoanalyst Ehrenzweig and the physicist Bohm (among others) to describe the deep nature of music as "unfolding wholes". This theoretical paper is going to the roots of music and consciousness.

Lars Ole Bonde, GIM primary trainer, professor at Aalborg University and at the Centre for Research in Music and Health in Oslo, has investigated the use of GIM and its adaptations among professional GIM therapists in Denmark. He finds that adaptations of GIM are used widely in many populations whereas the full Bonny method is applied in a much smaller scale, and he advocates for more training in modifications/adaptations of GIM in the education of GIM therapists.

GIM in combination with other psychotherapeutic methods are illustrated by the next two authors. Medical practitioner and GIM therapist Gert Tuinmann from Germany presents his use of a combination of the cognitive method Schema therapy and GIM, exemplified with a case example. The psychologists Evdokia Smirnioti and Sofia Trifonopoulou together with music therapist and primary school teacher Eleni Tsolka, all advanced GIM students from Greece, have described their combination of group GIM processes with fairy tales. The participants "travel" to the music together and tell each other about their imagery along with the music, and their joint story is made into a shared fairy tale, reflecting unconscious processes in the group.

Two case studies are going into depth about the clinical process in GIM. Katarina Mårtenson Blom presents a case study that is informed by psychodynamic and relational theory. She analyses the GIM process of a 52-year-old woman with a history of trauma and loss through the "experiential categories of analysis", that was developed in her doctoral research. Another case study by music therapist and GIM practitioner Alice Pehk from Estonia is based on psychodynamic theory and recounts the GIM process of a young woman with music performance anxiety.

Two GIM music programmes are introduced by Norwegian GIM therapists and researchers. Professor Gro Trondalen presents the use of the programme "Soundscapes" that is based on Norwegian compositions. National cultural and nature associations to the music are illustrated through a case study. Associate professor, GIM therapist and assistant trainer Svein Fuglestad presents his music programme called "New blood", that is a compilation of instrumental recordings of pop songs by Peter Gabriel. Fuglestad provides an analysis of the music based on mood and music profile.

GIM therapist with studies in psychology/philosophy Steen Teis Lund from Denmark has interviewed the current chair of EAMI Torben Moe about his background and opinions regarding the future of GIM in Europe; flexibility and openness are discussed as important for the ongoing development and application of the method. Maria Samara, music therapist and GIM therapist from Greece/Switzerland has written a report regarding the 12th GIM conference held in Athens, Greece, where EAMI was established. The

report mirrors the special atmosphere of the conference and sees the many new GIM adaptations as answers to the challenges we are faced with in the world, with a specific focus on Europe. Finally, Martin Lawes reviews the book *"Variations in Guided Imagery and Music: Taking a Closer Look"* by Muller.

With this colourful fan of perspectives on GIM, we wish the readers inspiration for future practice, research and development.

ACKNOWLEDGEMENT

We would like to give special thanks to all the contributing authors of this special edition, to the board of reviewers who were specially selected for the present issue, to "SONORA", a Greek-based Organisation for Music Therapy & Research, for the support and promotion of this special issue, and, last but not least, to the editor in chief Giorgos Tsiris and the team at Approaches for hosting this issue, guiding the process, and proofreading the manuscripts.

We hope to be able to host GIM therapists and students, health professionals, and researchers from the entire world in future European conferences, and to continue collaboration and sharing the amazing process of GIM: "May the music take you where you need to go…"

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ΕΙΔΙΚΟ ΤΕΥΧΟΣ
Guided Imagery and Music: Σύγχρονες Ευρωπαϊκές προοπτικές και εξελίξεις

Σημείωμα σύνταξης

Γιορτάζοντας τις εξελίξεις της μεθόδου Guided Imagery & Music στην Ευρώπη

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Έχουμε την τιμή να σας παρουσιάσουμε αυτό το ειδικό τεύχος του Approaches αφιερωμένο στην ανάπτυξη της μεθόδου Guided Imagery & Music (GIM)[1] στην Ευρώπη. Ελπίζουμε τα περιεχόμενά του να εμπνεύσουν επαγγελματίες, ερευνητές και εκπαιδευτικούς από πολλά πεδία: θεραπευτές GIM, μουσικοθεραπευτές και θεραπευτές μέσω τεχνών, όπως και επαγγελματίες από άλλους τομείς της ψυχικής και σωματικής υγείας.

Αλλά γιατί ένα ειδικό τεύχος για τη μέθοδο GIM στην Ευρώπη; Και γιατί τώρα; Ο πιο προφανής λόγος είναι ο εορτασμός της ίδρυσης της ανεξάρτητης Ευρωπαϊκής Ένωσης για τη μέθοδο GIM, το European Association for Music & Imagery (EAMI), γεγονός που έλαβε χώρα στο 12ο Ευρωπαϊκό συνέδριο GIM στην Ελλάδα, τον Σεπτέμβριο του 2016. Αλλά πρέπει να πάμε πίσω στην αρχή…

Η ΜΕΘΟΔΟΣ GUIDED IMAGERY AND MUSIC

Η μέθοδος μουσικοθεραπείας GIM είναι μία μορφή μουσικά-υποβοηθούμενης ψυχοθεραπείας και μία από τις πέντε επικρατέστερες προσεγγίσεις μουσικοθεραπείας παγκοσμίως σύμφωνα με τη δομή της εκπαίδευσης, τον όγκο της πρακτικής, της έρευνας και των δημοσιεύσεων (Wheeler et al. 2002). Εδραιώθηκε αρχικά στις Ηνωμένες Πολιτείες της Αμερικής στη δεκαετία 1970 από τη μουσικοθεραπεύτρια, μουσικό και ερευνήτρια Helen Lindquist Bonny (1921-2010) (Bonny 2002; Bonny & Savary 1973). Η Bonny εμπνεύστηκε από τα ρεύματα της ανθρωπιστικής και υπαρξιακής φιλοσοφίας εκείνης της εποχής, όπως και από τις δικές της πνευματικές εμπειρίες μέσω της μουσικής. Μετά από την εμπειρία της από τη χρήση της μουσικής κατά τη διάρκεια συνεδριών ψυχοθεραπείας LSD μαζί με τον ψυχίατρο Stanislav Grof ως μέρος της έρευνας που διεξήγαγαν στο Νοσοκομείο Maryland της Βαλτιμόρης, παρατήρησε ότι η ακρόαση κλασικής μουσικής σε ένα διευρυμένο (διαφοροποιημένο) επίπεδο συνείδησης, από μόνη της, μπορούσε να γίνει όχημα βαθιάς εσωτερικής μεταμόρφωσης και αποκάλυψης ασυνείδητου υλικού. Είδε τη μουσική ως μια πλούσια πηγή έμπνευσης και δημιουργικότητας πέραν της λεκτικής επικοινωνίας η οποία μπορούσε να προσεγγίσει τον πυρήνα της ανθρώπινης ψυχής και να φέρει στην επιφάνεια απωθημένα συναισθήματα και αναμνήσεις, αλλά και να λειτουργήσει ως μέσο εξερεύνησης της συνειδητότητας και εσωτερικής ανάπτυξης. Η Bonny διάλεξε κομμάτια από διαφορετικούς συνθέτες και συνέταξε μουσικά προγράμματα μουσικής με συγκεκριμένους τίτλους όπως για παράδειγμα «Peak Experience» (Εμπειρία Κορύφωσης), «Transitions» (Μεταβάσεις), «Explorations» (Εξερευνήσεις) (Meadows 2010), παρότι συνειδητοποίησε ότι η μουσική μπορεί να κινητοποιήσει εμπειρίες απεικόνισης (imagery) σε

[1]Για την ελληνική απόδοση του «Guided Imagery & Music» (GIM) έχουν κατά καιρούς χρησιμοποιηθεί οι όροι Καθοδηγούμενη Απεικόνιση/Φαντασίωση/Δημιουργική Οπτικοποίηση και Μουσική. Στο παρόν άρθρο για λόγους συνοχής διατηρείται η διεθνής αγγλική ονομασία.

πολλαπλά και βαθιά επίπεδα. Στην GIM, ως imagery (νοερή απεικόνιση, φαντασίωση, ή δημιουργική εικονοποίηση/οπτικοποίηση) αναφέρεται η ικανότητα να παράγονται νοητικές εικόνες, σωματικές αισθήσεις και κιναισθητικές εμπειρίες, συναισθήματα, αναμνήσεις ή σκέψεις σε διαφοροποιημένο επίπεδο συνείδησης, κατά τη διάρκεια της μουσικής ακρόασης.

Μια τυπική ατομική συνεδρία GIM αποτελείται από πέντε φάσεις: εισαγωγικός διάλογος (pre-talk), επαγωγική χαλάρωση ώστε να έρθει ο πελάτης-«ταξιδιώτης» (traveler) σε διευρυμένο επίπεδο συνείδησης, η φάση της μουσικής ακρόασης με συνεχόμενο διάλογο μεταξύ του «ταξιδιώτη» και του «οδηγού» (guide) με περιγραφή της εμπειρίας της απεικόνησης (imagery) από τον πρώτο και με καταγραφή από τον δεύτερο), κλείσιμο της μουσικής και επιστροφή ενίοτε με ζωγραφιά (συνήθως μαντάλα) ακολουθούμενη από λεκτική επεξεργασία και νοηματοδότηση της εμπειρίας. Είναι σημαντικό να διευκρινήσουμε ότι στη μέθοδο GIM δεν υπάρχει καθοδήγηση της εμπειρίας από τον θεραπευτή. Η καθοδήγηση στην απεικόνιση (imagery) γίνεται από την ίδια τη μουσική, και ο πελάτης/θεραπευόμενος αναφέρει με ελεύθερο συνειρμό οτιδήποτε εγείρει η μουσική *κατά τη διάρκειά της* – εν αντιθέσει με άλλες μεθόδους όπου ο θεραπευτής ή ο ηχογραφημένος αφηγητής δίνει καθοδήγηση μέσω συγκεκριμένου/δοσμένου σεναρίου (script).

Από την αρχή της, η μέθοδος GIM εξαπλώθηκε από την Αμερική σε πολλές χώρες στον κόσμο: δημιουργήθηκαν πολλά νέα μουσικά προγράμματα καθώς και νέες προσαρμοσμένες εφαρμογές της μεθόδου ανάλογα με τις ανάγκες των διαφόρων πληθυσμών ψυχικής υγείας και ιατρικών πλαισίων, με εμπλουτισμένες προοπτικές πάνω σε ψυχοδυναμικά, υπερ-προσωπικά, ανθρωπιστικά και γνωσιακά-συμπεριφοριστικά θεωρητικά πλαίσια. Επιπλέον, στις μέρες μας, οι διαπιστώσεις των νευροεπιστημών έχουν ενισχύσει τη γνώση γύρω από τις επιδράσεις της μουσικής και της νοερής απεικόνισης στον εγκέφαλο, και κατ' επέκταση, και στο ανθρώπινο σώμα. Κατά συνέπεια, πραγματοποιείται ένας συνεχώς αυξανόμενος όγκος έρευνας στην GIM (Bonde 2015; Grocke 2010; McKinney 2002; McKinney & Honig 2017). Για παράδειγμα, στο διδακτορικό πρόγραμμα μουσικοθεραπείας του πανεπιστημίου του Aalborg στη Δανία, οκτώ από τις 46 διδακτορικές διατριβές (PhD) είναι σχετικές με την GIM (http://www.mt-phd.aau.dk/phd-theses/) και τέσσερις ακόμα σπουδές είναι εν εξελίξει (http://www.mt-phd.aau.dk/organisation/current/).

ΣΥΝΤΟΜΗ ΑΝΑΣΚΟΠΗΣΗ ΤΗΣ ΑΝΑΠΤΥΞΗΣ ΤΩΝ ΕΝΩΣΕΩΝ GIM

Η Αμερικανική ένωση "Association for Music & Imagery" (AMI) δημιουργήθηκε το 1987 και αναπτύχθηκε σε έναν παγκόσμιο οργανισμό με πρόθεση να παρέχει βασική ενημέρωση για τη μέθοδο GIM, τους θεραπευτές, τα εκπαιδευτικά προγράμματα, τον ηθικό κώδικα, τα συνέδρια, και να στηρίξει την έκδοση του επιστημονικού περιοδικού Journal of the Association for Music & Imagery, το οποίο εκδίδεται μία φορά ανά διετία (https://ami-bonnymethod.org; Parker 2010). Στην Αυστραλία αντίστοιχα, το "Music & Imagery Association of Australia", δημιουργήθηκε το 1994 (http://www.musicandimagery.org.au/).

Στην Ευρώπη, τα τελευταία χρόνια έχει γίνει εντατική δουλειά πάνω στην ενοποίηση και τον σχηματισμό ταυτότητας, καθώς και συνεχής προεργασία για την ίδρυση ενός ανεξάρτητου Ευρωπαϊκού φορέα: μια προσπάθεια στην αρχή αποτελούμενη από τέσσερις Ευρωπαίους εκπαιδευτές, τους Torben Moe, Margareta Wärja, Dag Körlin και Leslie Bunt ως βασικούς «καθοδηγητές», και μέχρι το συνέδριο GIM του Oslo το 2008, από το Ευρωπαϊκό Δίκτυο της GIM (European Network of GIM-ENGIM) με διευρυμένη σύνθεση μελών (Wärja 2010). Στο Ευρωπαϊκό Συνέδριο GIM του Βερολίνου (2014), ιδρύθηκε μια προσωρινή ένωση, και τελικά στο συνέδριο της Αθήνας (2016) ιδρύθηκε το European Association of Music & Imagery (EAMI) (https://www.music-and-imagery.eu/) με την υποστήριξη του αδελφού-οργανισμού της Αυστραλίας (πρόεδρος: Denise Grocke) και της Αμερικάνικης AMI (πρόεδρος: Suzannah Scott-Moncrieff) (βλ. την Ανταπόκριση από το Συνέδριο από Σαμαρά, και Torben & Lund, σε αυτό το τεύχος). Αρκετές ένθερμες ομιλίες ενέπνευσαν την τελική ψήφο υπέρ της ιδρύσεως της EAMI, μεταξύ των οποίων, της Margareta Wärja:

> Εμείς (οι Ευρωπαίοι) δεν έχουμε αυτό που έχετε εσείς οι Αμερικάνοι και οι Αυστραλοί. Έχουμε ποικιλομορφία, πολιτισμικές διαφορές και προκλήσεις – και αυτό είναι πλούτος σαν διαμάντι – έχουμε ανάγκη να αγκαλιάσουμε τη διαφορετικότητα και να μπορέσουμε να επικοινωνήσουμε και να βρούμε ισορροπία για να μπορέσουμε να αναπτυχθούμε.

Η Marilyn Clark από τις Ηνωμένες Πολιτείες, μοιράστηκε μια εσωτερική εικόνα της με την Bonny να απλώνει τα χέρια της προς αυτήν πάνω από ένα ρυάκι, ζητώντας της να πηδήξει. Η Marilyn μεταλαμπάδευσε στους Ευρωπαίους την

εμπιστοσύνη που διδάχτηκε από την Bonny εκείνη την εποχή, και τους ενθάρρυνε κι αυτούς να εμπιστευτούν – σαν να είναι η ίδια η Bonny που άπλωσε τα χέρια της να μας αγκαλιάσει όλους και να μας ενώσει:

> Αυτή τη στιγμή, δεν σας προσελκύουμε στις Ηνωμένες Πολιτείες, αλλά σε ένα βαθύτερο ποτάμι μουσικής και φαντασίωσης και όλων αυτών που θα πραγματοποιήσετε με αυτά, τα οποία θα είναι διαφορετικά και πέρα και πάνω από αυτό που είναι σήμερα η μέθοδος GIM της Bonny.

Η Marilyn αναγνώρισε την απώλεια που θα είναι η Ευρωπαϊκή κοινότητα για την AMI, αλλά ταυτόχρονα μίλησε για το πόσο θαυμαστή είναι η ανάπτυξη της μεθόδου: η Bonny έκανε τις πρώτες της συνεδρίες σε ένα μικρό δωμάτιο, και σήμερα έχουμε τρεις οργανισμούς με την προοπτική μιας ακόμα Ασιατικής ένωσης στο μέλλον, καθώς η μέθοδος GIM εξαπλώνεται ανατολικά. Η Clark παρέθεσε το ρητό που χρησιμοποιούσε η Bonny «έχουμε πιάσει τον ταύρο από τα κέρατα», όπου ταύρος, «η πραγματική ενσυναίσθηση, το να φέρνεις την ομορφιά της μουσικής σε ανθρώπους που πραγματικά τη χρειάζονται, δημιουργώντας μια γέφυρα εσωτερικής μεταμόρφωσης». Η υποστήριξη της Marilyn και η σύνδεσή της με την Helen Bonny ήταν μια συγκινητική στιγμή για όλους μας.

Η δημιουργία της EAMI εγείρει την ερώτηση της ταυτότητας: Έχει η Ευρώπη ξεχωριστό προφίλ σε σχέση με τον υπόλοιπο κόσμο; Ίσως είναι το γεγονός ότι οι ευρείες κλινικές εφαρμογές της GIM σε ιατρικά πλαίσια και κοινωνικές δομές έχουν επικαιροποιήσει τις τροποποιημένες εφαρμογές της, οι οποίες είναι περισσότερο αναπτυγμένες στην Ευρώπη από ό,τι στον υπόλοιπο κόσμο. Αυτό το γεγονός, ενισχυμένο από σχετική έρευνα που δείχνει τα ευεργετικά αποτελέσματα της GIM και του Music Imagery (MI), καλεί τα εκπαιδευτικά προγράμματα να εντάξουν όλο και περισσότερα τροποποιημένα μοντέλα GIM στην ύλη τους. Σε αυτό το σημείο, είναι σημαντικό να θυμόμαστε ότι η Ευρώπη αποτελείται από διαφορετικές χώρες με μεγάλες διαφορές στα συστήματα υγείας και τους εκπαιδευτικούς κανονισμούς, αλλά και διαφορετικές γλώσσες. Με δεδομένη αυτή τη διαφορετικότητα, δεν ήταν καθόλου εύκολη υπόθεση να βρεθεί ένας κοινός παρονομαστής για την περιγραφή των προτύπων και των απαιτήσεων της εκπαίδευσης στην μέθοδο GIM-μια διεργασία που ακόμα εξελίσσεται. Σύμφωνα με την EAMI, η μέθοδος GIM/MI ως εξειδίκευση απευθύνεται σε επαγγελματίες ψυχικής υγείας και η εκπαίδευση αφορά την εκμάθηση της χρήσης της μεθόδου για εφαρμογές σε κλινικά ή κοινωνικο-εκπαιδευτικά πλαίσια, κυρίως (αλλά όχι αποκλειστικά) ως τεχνική μουσικά-υποβοηθούμενης ψυχοθεραπείας ή προσωπικής ανάπτυξης.

Τέλος, καθώς η GIM είναι η πλέον εδραιωμένη και ευρέως διαδεδομένη μέθοδος δεκτικής μουσικοθεραπείας, όπως έχει επισημάνει ο Bonde (2015), ίσως είναι τώρα η κατάλληλη στιγμή για την EAMI να ενδυναμώσει τους δεσμούς της με άλλους οργανισμούς μουσικοθεραπείας, ειδικότερα με το European Confederation of Music Therapy (Ευρωπαϊκή Συνομοσπονδία Μουσικοθεραπείας) και το World Federation of Music Therapy (Παγκόσμια Συνομοσπονδία Μουσικοθεραπείας).

Η ΔΗΜΙΟΥΡΓΙΑ ΤΟΥ ΦΑΣΜΑΤΟΣ ΤΩΝ ΠΡΟΣΕΓΓΙΣΕΩΝ ΤΩΝ ΜΕΘΟΔΩΝ GIM ΚΑΙ MI

Η Bonny εφάρμοσε τη μέθοδο GIM τόσο σε ατομικό επίπεδο όσο και σε ομάδες σε μη-καθοδηγούμενη μορφή, τα οποία ονόμαζε ομαδικά GIM ή Music & Imagery (MI) αντιστοίχως, και ήδη από τα πρώτα βήματα της GIM είχαν ήδη περιγραφεί προσαρμογές της μεθόδου για διάφορους κλινικούς πληθυσμούς.

Όμως, η ονοματολογία της μεθόδου GIM στην έρευνα και στην κλινική πρακτική έχει υπάρξει πρόβλημα για χρόνια. Πότε πρόκειται για την «παραδοσιακή» μέθοδο της Bonny; Πότε μια τροποποίηση μπορεί να θεωρηθεί ξεχωριστή μέθοδος με νέο όνομα; Πότε μια τροποποίηση φεύγει εκτός ορίων και δεν είναι πια GIM; Σε αυτό το τεύχος, επιλέξαμε να προσεγγίσουμε το θέμα της ονοματολογίας με ευρύτητα, επιτρέποντας στους συγγραφείς να χρησιμοποιήσουν τους δικούς τους ορισμούς. Ωστόσο, θα θέλαμε να αναφερθούμε στο πρόσφατο βιβλίο σχετικά με τα τροποποιημένα μοντέλα GIM (Grocke & Moe 2015), το βιβλίο του Muller πάνω στις παραλλαγές της GIM (2014), τις σημειώσεις του Bruscia (2017) σχετικά με τους ορισμούς, και τα Ευρωπαϊκά Πρότυπα Εκπαίδευσης της EAMI (σε ισχύ από το 2019), που αναγνωρίζουν τη χρήση τροποποιημένων μοντέλων GIM και τα περιγράφουν μέσα σε μια ιεραρχία όπου η μέθοδος GIM χρησιμοποιείται ως γενικός πρωταρχικός όρος (δες επίσης Bonde 2017 σε αυτό το τεύχος).

Το φάσμα των μεθόδων GIM και MI				
Ατομικά	Ατομικό GIM (μέθοδος Bonny)	Σύντομο ατομικό GIM	Τροποποιημένο ατομικό GIM	Music and Imagery (MI)
Ομάδες	Διαδραστικό ομαδικό GIM		Ομαδικό Music and Imagery (MI)	

Σχήμα 1: Το φάσμα των μεθόδων GIM και MI (Εκπαιδευτικά πρότυπα της EAMI, 2017)

Στο σχήμα 1, μπορούμε να δούμε διαφορετικές μορφές GIM: οι ατομικές φόρμες της GIM περιλαμβάνουν το πλήρες μοντέλο της Bonny με συνεδρίες διάρκειας 1,5-2 ωρών (BMGIM), τη σύντομη συνεδρία GIM (μια πλήρης συνεδρία αλλά με συντομότερο συνολικό χρόνο διάρκειας και μουσικής ακρόασης), τροποποιημένη συνεδρία GIM (τροποποίηση σε ένα ή περισσότερα μέρη της συνεδρίας, πχ. χρήση μη-κλασσικής μουσικής), και Music Imagery (MI) συνεδρίες, που αφορούν μουσική ακρόαση χωρίς λεκτική αλληλεπίδραση κατά τη διάρκεια της μουσικής. Η GIM σε ομάδες συνήθως είναι μέθοδος MI χωρίς διάλογο κατά τη διάρκεια της μουσικής (GrpMI), παρότι υπάρχει και εφαρμογή που αφορά διαδραστική επικοινωνία μεταξύ των μελών της ομάδας κατά τη διάρκεια της μουσικής (Group GIM). Τροποποιήσεις της GIM επίσης περιλαμβάνουν συνδυασμό της GIM με άλλες θεραπευτικές μεθόδους και προσεγγίσεις, όπως περιγράφεται σε αρκετά άρθρα του παρόντος τεύχους.

Έτσι, στην Ευρώπη αγκαλιάζουμε την «κλασική» μέθοδο της Bonny όπως επίσης και ολόκληρο το φάσμα των GIM και MI, περιλαμβάνοντας και τις σύντομες φόρμες και τροποποιημένες προσεγγίσεις για ατομική ή ομαδική θεραπεία.

Οσχηματισμός της θεωρίας της μεθόδου GIM συνεχώς αναπτύσσεται τόσο αναφορικά με την κατανόηση της επεξεργασίας της GIM σε σχέση με διαφορετικές φιλοσοφίες και θεραπευτικές θεωρίες όσο και αναφορικά με την ανάπτυξη εξειδικευμένων προσαρμογών για διαφορετικούς κλινικούς σκοπούς. Η EAMI έχει αναπτύξει τα δικά της πρότυπα εκπαίδευσης βασισμένα σε ικανότητες (competency-based) προσφέροντας μια ευρεία σειρά προσεγγίσεων και προσαρμοστικότητα στην πρακτική εφαρμογή της μεθόδου σε διάφορα πλαίσια (EAMI 2017).

ΠΕΡΙΕΧΟΜΕΝΑ ΤΟΥ ΤΕΥΧΟΥΣ

Αυτό το ειδικό τεύχος της μεθόδου GIM στην Ευρώπη έλαβε μια πληθώρα υποβολών άρθρων την οποία εκλαμβάνουμε ως παράδειγμα της τρέχουσας δημιουργικής περιόδου και της ζωντάνιας της ανάπτυξης της GIM στην Γηραιά Ήπειρο. Έχουμε τη χαρά να παρουσιάσουμε 16 άρθρα, τα οποία περιλαμβάνουν μια πρωτότυπη έρευνα, θεωρητικές εξελίξεις, περιγραφές τροποποιημένων προσαρμογών, μελέτες περίπτωσης, παρουσιάσεις νέων μουσικών προγραμμάτων, μια ανταπόκριση από συνέδριο, μια συνέντευξη με τον πρόεδρο της EAMI και μια επισκόπηση βιβλίου.

Τα τρία πρώτα άρθρα παρουσιάζουν τη μέθοδο GIM υπό την οπτική των σωματικών και νευρολογικών θεωριών. Αρχικά, οι Gabriella Rudstam, Ulf Elofsson, και Hans Peter Søndergaard από τη Σουηδία με επόπτες τους Lars Ole Bonde και Bolette Daniels Beck από τη Δανία, παρουσιάζουν τα αποτελέσματα μιας πρωτότυπης έρευνας από την πιλοτική μελέτη σε προσαρμογή ομαδικού GIM εστιασμένη στο τραύμα, και ειδικότερα σε μια ομάδα γυναικών με μετα-τραυματικό στρες (PTSD και complex PTSD). Η Ιταλίδα ψυχίατρος και εκπαιδεύτρια GIM Gabriella Giordanelli Perilli συζητά πτυχές της νευρολογικής έρευνας που περιγράφουν πώς η GIM μπορεί να επιφέρει άρρητη γνώση (tacit knowledge). Επιπλέον, αντλώντας θεωρία από τις γνωσιακές επιστήμες περιγράφει ένα συνδυασμό της GIM με «επαναπεριγραφική» τεχνική (re-descriptive technique) εισάγοντας μια άσκηση για το σπίτι που αφορά μία γραπτή αφήγηση του πυρήνα της εμπειρίας του πελάτη κατά τη διάρκεια της απεικόνισης, υποστηρίζοντας έτσι την απαρτίωση και ολοκλήρωση της εμπειρίας της GIM. Ο μουσικοθεραπευτής, θεραπευτής GIM και ερευνητής Ilan Sanfi μαζί με τον Erik Christensen από τον χώρο της μουσικής φαινομενολογίας, και οι δύο από τη Δανία, παρουσιάζουν μια βιβλιογραφική επισκόπηση αναφορικά με τη χρήση της μουσικοθεραπείας (Music Therapy) και της μουσικής στην ιατρική (Music Medicine) στην αντιμετώπιση του χρόνιου πόνου από μια νευροεπιστημονική σκοπιά. Διαπιστώνουν ότι παρεμβάσεις μέσω μουσικής όπως οι μέθοδοι GIM και MI ασκούν σημαντική επίδραση σε οργανικές και ψυχολογικές πτυχές του πόνου.

Τα δύο επόμενα άρθρα ασχολούνται με κλινικές πτυχές της GIM από την οπτική γωνία του

θεραπευτή. Η μουσικοθεραπεύτρια και εκπαιδεύτρια GIM από τη Γερμανία Isabelle Frohne Hagemann γράφει για την εποπτεία στο GIM μέσα από ένα πολύπλευρο πρίσμα μετα-ερμηνευτικών προοπτικών. Παρουσιάζονται πολιτικές, θεωρητικές, ηθικές και πρακτικές διαστάσεις, καθώς και ένα παράδειγμα περίπτωσης που αναδεικνύει την πολυπλοκότητα της εποπτείας στο GIM. Η ψυχοθεραπεύτρια και θεραπεύτρια GIM Katarina Mårtenson Blom, παρουσιάζει μια λυρική ανάλυση σε πρώτο πρόσωπο της διεργασίας του θεραπευτή GIM βασιζόμενη στη θεωρία της δι-υποκειμενικότητας και την έννοια «της διαδικασίας τού να παραδίνεσαι» (the process of surrender).

Μία ακόμα πρωτότυπη θεωρητική συνεισφορά προέρχεται από τον μουσικοθεραπευτή και εκπαιδευτή GIM Martin Lawes από τη Μ. Βρετανία και αφορά ένα δοκίμιο στο οποίο αντλεί – μεταξύ άλλων – από το έργο του ψυχαναλυτή Ehrensweig και του φυσικού Bohm προκειμένου να περιγράψει τη βαθιά φύση της μουσικής ως «πληρότητα που ξεδιπλώνεται» (unfolding wholes), ένα δοκίμιο που φτάνει στις ρίζες της μουσικής και της συνειδητότητας.

Ο Lars Ole Bonde, εκπαιδευτής GIM και καθηγητής στο πανεπιστήμιο Aalborg και στο Κέντρο για την Έρευνα στη Μουσική και την Υγεία του Όσλο (Centre for Research in Music and Health), έχει ερευνήσει τη χρήση της GIM και των προσαρμογών τους μεταξύ των επαγγελματιών θεραπευτών GIM στη Δανία. Διαπιστώνει ότι προσαρμοσμένα μοντέλα GIM χρησιμοποιούνται ευρύτατα σε πολλούς πληθυσμούς ενώ το πλήρες μοντέλο της Bonny εφαρμόζεται σε πολύ μικρότερη κλίμακα, και υποστηρίζει ότι χρειάζεται επιπλέον έμφαση σε τροποποιημένα/προσαρμοσμένα μοντέλα κατά τη διάρκεια της εκπαίδευσης στη μέθοδο GIM.

Οι δύο επόμενοι συγγραφείς παρουσιάζουν την GIM σε συνδυασμό με άλλες ψυχοθεραπευτικές μεθόδους. Ο Gert Tuinmann, ιατρός και θεραπευτής GIM από τη Γερμανία, παρουσιάζει τη χρήση ενός συνδυασμού της γνωσιακής θεωρίας σχημάτων (Schema Therapy) με GIM, δίνοντας στη συνέχεια ένα κλινικό παράδειγμα. Από την Ελλάδα, οι ψυχολόγοι Ευδοκία Σμυρνιώτη και Σοφία Τρυφωνοπούλου με τη μουσικοθεραπεύτρια και δασκάλα Ελένη Τσόλκα – και οι τρεις εκπαιδευόμενες στην GIM – περιγράφουν το συνδυασμό ομαδικής διεργασίας GIM με παραμύθια. Οι συμμετέχοντες της ομάδας «ταξιδεύουν» με μουσική που ακούν από κοινού και περιγράφουν ο ένας στον άλλο την εμπειρία τους μέσα στη μουσική φτιάχνοντας μια «κοινή» ιστορία που μετατρέπεται σε παραμύθι, αντανακλώντας τις ασυνείδητες διεργασίες μέσα στην ομάδα.

Δύο μελέτες περίπτωσης διερευνούν σε βάθος την κλινική διεργασία στην GIM. Η Katarina Mårtenson Blom παρουσιάζει μια μελέτη-περίπτωσης εμπνευσμένη από την ψυχοδυναμική και την σχεσιακή θεώρηση, αναλύοντας τη διαδικασία της θεραπείας GIM με μια γυναίκα 52 ετών με ιστορικό τραύματος και απώλειας, μέσα από τις «εμπειρικές κατηγορίες της ανάλυσης» όπως αυτές αναπτύχθηκαν στην διδακτορική έρευνα της συγγραφέα. Η μουσικοθεραπεύτρια και θεραπεύτρια GIM Alice Pehk από την Εσθονία περιγράφει μια ακόμα μελέτη περίπτωσης, η οποία βασίζεται στην ψυχοδυναμική θεωρία και αναφέρεται στη διαδικασία GIM με μία νέα γυναίκα με άγχος μουσικής εκτέλεσης (music performance anxiety).

Δύο νέα μουσικά προγράμματα GIM παρουσιάζονται από Νορβηγούς θεραπευτές GIM και ερευνητές. Η καθηγήτρια GroTrondalen παρουσιάζει το πρόγραμμα Soundscapes, που είναι βασισμένο σε συνθέσεις Νορβηγών συνθετών, ενώ αναδεικνύει φυσικές και πολιτισμικές συνδέσεις που προκύπτουν από τη μουσική μέσα από ένα παράδειγμα μελέτης περίπτωσης. Ο Svein Fuglestad, επίκουρος καθηγητής, θεραπευτής GIM και βοηθός εκπαιδευτή, παρουσιάζει το μουσικό του πρόγραμμα με τίτλο «New Blood», το οποίο είναι ένας συνδυασμός από ορχηστρικές μεταγραφές ποπ τραγουδιών του συνθέτη Peter Gabriel. Ο Fuglestad δίνει μια ανάλυση της μουσικής βασισμένη σε προφίλ διάθεσης (mood profile) και μουσικών δυναμικών (music intensity profile).

Ο θεραπευτής GIM Steen Teis Lund από τη Δανία με σπουδές στην ψυχολογία και τη φιλοσοφία παίρνει συνέντευξη από τον ιδρυτικό και νυν πρόεδρο της EAMI Torben Moe σχετικά με την προσωπική του ιστορία και ζητά τη γνώμη του σχετικά με το μέλλον της GIM στην Ευρώπη: η ευελιξία και η διαφάνεια συζητούνται ως οι δύο σημαντικοί παράγοντες για τη συνεχιζόμενη ανάπτυξη και εφαρμογή της μεθόδου. Η Μαρία Σαμαρά, μουσικοθεραπεύτρια και θεραπεύτρια GIM από την Ελλάδα/Ελβετία, κάνει μια εκτενή αναφορά στο 12^{ο} Ευρωπαϊκό Συνέδριο GIM το οποίο πραγματοποιήθηκε στην Αθήνα (Ελλάδα), εκεί που ιδρύθηκε η EAMI. Η ανταπόκρισή της αντανακλά την ιδιαίτερη ατμόσφαιρα του συνεδρίου, ενώ η ίδια βλέπει τις πολλές νέες εφαρμογές GIM ως απαντήσεις στις προκλήσεις που αντιμετωπίζουμε στον κόσμο, με ιδιαίτερη έμφαση στην Ευρώπη. Τέλος, ο Martin Lawes αναθεωρεί το βιβλίο του Muller *Variations in Guided Imagery and Music: Taking a Closer Look*.

Με όλες αυτές τις πολύχρωμες προοπτικές πάνω στη μέθοδο GIM, ευχόμαστε στους αναγνώστες έμπνευση για μελλοντική κλινική άσκηση, έρευνα, διδασκαλία και ανάπτυξη.

ΕΥΧΑΡΙΣΤΙΕΣ

Θα θέλαμε να δώσουμε ιδιαίτερες ευχαριστίες σε όλους τους συγγραφείς αυτού του ειδικού τεύχους, στην επιτροπή των κριτών που επιλέχθηκαν εξαιρετικά γι' αυτό το τεύχος, στη μη-κερδοσκοπική εταιρεία «SONORA-Διεπιστημονική Εταιρεία Μουσικοθεραπείας και Έρευνας» (Ελλάδα)[2] για την υποστήριξή και προώθηση του τεύχους, και φυσικά, στον αρχισυντάκτη του *Approaches* Γιώργο Τσίρη και την ομάδα του για τη φιλοξενία του θεματικού αυτού τεύχους, την καθοδήγησή τους σε όλα τα στάδια και την τελική επιμέλεια των κειμένων.

Ευελπιστούμε στα επόμενα Ευρωπαϊκά συνέδρια να φιλοξενήσουμε θεραπευτές και εκπαιδευόμενους GIM, επαγγελματίες υγείας και ερευνητές από ολόκληρο τον κόσμο, και να συνεχίσουμε τη συνεργασία και το μοίρασμα της εκπληκτικής διαδικασίας της GIM: «Άσε τη μουσική να σε πάει όπου χρειάζεται να πας.…»

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[2] Η SONORA-Διεπιστημονική Εταιρεία Μουσικοθεραπείας & Έρευνας είναι σήμερα ο μοναδικός φορέας παροχής πιστοποιημένης εκπαίδευσης στη μέθοδο GIM/MI στην Ελλάδα και την Κύπρο, και αντιπροσωπεύει τους θεραπευτές και εκπαιδευόμενους GIM σε αυτές τις χώρες.

SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Article

Trauma-focused group music and imagery with women suffering from PTSD/complex PTSD: A feasibility study

Gabriella Rudstam, Ulf Elofsson, Hans Peter Søndergaard, Lars Ole Bonde & Bolette Daniels Beck

ABSTRACT

Women who have been exposed to physical, psychological and/or sexual abuse, often with a history of childhood abuse and neglect, frequently suffer from post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD). However, the evidence-based treatments recommended for this population help only 50%, so there is a need to investigate complementary methods. In this study one such promising method has been explored: trauma-focused Group Music and Imagery (GrpMI). In a non-randomised clinical setting the feasibility of GrpMI and the suitability of chosen measurements were explored. Ten participants with PTSD/CPTSD were enrolled in the pilot study, five in each group. All participants completed the treatment. The primary outcome was symptoms of PTSD measured at pre-, post- and follow-up. The secondary outcomes were dissociation and quality of life. The results showed a decrease in PTSD and dissociative symptoms, and an increase in quality of life following treatment. This tendency was maintained at follow-up. An analysis of individual, semi-structured interviews with the participants after the termination of the treatment showed that the participants found the group treatment helpful and acceptable. Since the findings indicate that trauma-focused GrpMI has a positive effect on the psychological health of the women, a larger randomised controlled study is needed.

KEYWORDS

group music and imagery, expressive arts, post-traumatic stress disorder (PTSD), complex PTSD, treatment

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INTRODUCTION

According to guidelines from the Swedish National Board of Health and Welfare (2016) and the World Health Organization (2013), evidence-based methods should be used with clients suffering from PTSD, i.e. primarily cognitive-behavioural therapy (CBT) and alternatively eye-movement desensitisation and reprocessing (EMDR). These approaches seem to be helpful for clients suffering from single-trauma PTSD, but for those who have been exposed to prolonged trauma, often from early childhood, there seems to be a need for complementary methods. Meta-analyses reveal that around half of PTSD patients make a recovery after treatment using one of these methods, but approximately 40% retain their PTSD diagnoses after having completed the treatment, and even those who no longer have a PTSD diagnosis still suffer from residual symptoms (Bradley, Greene, Russ, Dutra & Westen 2005).

Cloitre (2015) states that the 'one size fits all' approach to trauma treatment commonly suggested by guidelines is problematic. To help the patient groups that do not find improvement through the aforementioned therapy methods, including multiple-traumatised patients suffering from CPTSD, there is a need for development of, and research on, other treatment modalities. Indeed, in a recent meta-analysis of eight randomised controlled trial (RCT) treatment studies on PTSD in adult survivors of childhood sexual abuse, larger effect sizes were found in the sequenced, multicomponent therapies (such as stabilisation followed by trauma-focused exposure), compared to the ones with TF-CBT only (Cloitre 2015). Furthermore, although the focus of the PTSD treatment research has mainly been on individual treatment, the effectiveness of group therapy for PTSD has also been demonstrated in a few studies (Watts et al. 2013). However, the number of group therapy studies is limited, and the effect sizes differ according to approach (Watts et al. 2013).

The need for further research regarding methods better suited for traumatised individuals not fully helped by CBT and EMDR approaches, and the specific need for group therapy research, are important impetuses for this pilot study of Group Music and Imagery (GrpMI) and expressive arts therapy in the treatment of adult women suffering from PTSD/ CPTSD.

Clinical and theoretical background

PTSD and complex PTSD

The criteria for PTSD, according to the DSM-V (APA 2013), are: The subject has been exposed to death or threat of death, serious injury, or sexual violence. These events occurred via (1) direct exposure to the event, or (2) witnessing the event, or (3) getting knowledge about an event involving family members or close friends, or (4) repeated or extreme exposure to aversive details surrounding the event. Persons afflicted with PTSD have not

integrated the experience; instead, they are in a state of cycling between hyper- and hypo-arousal, with intrusive re-experiencing (flashbacks) and avoidance/numbing. They have elevated arousal levels in the autonomic nervous system (ANS) and suffer from nightmares as well as concentration and memory disorders.

In instances of CPTSD, individuals have been exposed to prolonged, repetitive traumatic experiences - often from early childhood - with emotionally deficient care from parents or other guardians (Courtois & Ford 2009; Herman 2001). This implies more profound deficits in the personality structure, with difficulties in interpersonal relationships, changes in self-image, attention span and consciousness (dissociation), affect-regulation problems, impaired self-regulation (leading to medically unexplained somatic symptoms, somatisation), and deficits in systems of creating meaning (Van der Kolk 2015; Van der Kolk, McFarlane & Weisæth 1996). In the DSM-V, the CPTSD diagnosis is not yet included. The features that are proposed for the diagnosis of CPTSD are instead included in the PTSD diagnosis, thus expanding the diagnosis, "leading to a single disorder with multiple potential symptom profile types" (Karatzias et al. 2017: 186). CPTSD may also be diagnosed with PTSD plus a dissociative diagnosis: "dissociative subtype of PTSD" (Lanius et al. 2010). The International Classification of Diseases, ICD-11 (WHO), which is expected to be published in 2018, will include the diagnosis CPTSD (Karatzias et al. 2017).

Amongst patients referred for treatment to specialised units, CPTSD seems to be a common group (one quarter to one half of those with PTSD meet the criteria for CPTSD) (Karatzias et al. 2017).

Guided Imagery and Music

In the 1970s, the American musician and music therapist Helen Lindquist Bonny developed a specific receptive music therapy model called the Bonny Method of Guided Imagery and Music (BMGIM). The client (also called 'traveller') listens to programmes of carefully sequenced selections of classical music for 30 to 50 minutes, while in an altered state of consciousness, with the aim of evoking and processing spontaneous inner imagery shared with a therapist (also called a 'guide'). The therapist carefully supports the client by asking open, non-directive questions to help the client stay with, explore, and deepen the experience of the imagery. Simultaneously the therapist makes notes of the client's experiences during the music travel. The music-listening phase is usually followed by drawing (Bonny 2002; Bruscia 2002). Bonny also developed a group format where participants listen to a shorter piece (or sequence) of music without dialogue. The experience is then shared and processed in the group.

Modifications of GIM for trauma treatment

BMGIM is often too powerful for a number of clinical populations (especially clients with PTSD that could be re-traumatised), so over time different modifications and adaptations have been developed (Grocke & Moe 2015; Meadows 2002). Modifications relevant for this study and their use in different research projects will be presented below.

Individual treatment

Blake (1994) developed an individual modification of GIM for Vietnam veterans with combat-related PTSD in an inpatient program for PTSD at VA Medical Center. She called the approach Directive Imagery and Music, DIM. She described how she used directive guiding to help her clients to stay in the combat memory. After a specific traumatic memory was selected to be worked on, three to four pieces of music that matched the traumatic memory were selected. The music was chosen to accompany the experience and to build to a peak in line with the trauma memory. Blake preferred using 'new-age' music in the postlude; she found that new-age music allowed more separation from the emotions evoked by the traumatic memory than structured classical music. The purpose of music in DIM was to work through the specific memory and not to facilitate spontaneous imagery. In line with Blake, Gao (2013) presented a method of EMDR-based receptive music therapy that had a more direct trauma-processing approach, with directive guiding and focus on the traumatic event. He called it Music Entrainment and Reprocessing (MER). The method combined the framework of EMDR with the ideas of musical entrainment and imagination. The basic premise for the intervention was that traumatic information stored in separate neuronal networks needed to be connected with more adaptive neuronal networks in the individual´s memory in order to promote integration and healing. In Gao's study with 56 clients suffering from PTSD, 19 reported no relapse at all. Most of

the clients in the study had single trauma. Maack (2012) compared treatment effect between the following four groups: women with CPTSD who received 50 hours of individual psychodynamic imaginative trauma therapy (PITT), women with CPTSD who received 50 hours of individual Bonny Method of Guided Imagery and Music (BMGIM), one waiting-list control group, and one group of women who had finished their GIM trauma therapy treatment at least one year before. The participants filled in questionnaires regarding: dissociation; PTSD symptoms; interpersonal problems; and sense of coherence before treatment, after 25 therapy hours, and after 50 therapy hours. The participants in the GIM group showed significantly better outcome than the PITT group, with very large effect sizes. Both groups had significantly better results in all scores than the waiting-list group. Another recent study that also showed promising results is a pilot study where 16 adult refugees with PTSD participated in 16 sessions of individual trauma-focused modified GIM (Beck et al. 2017). Results documented significant changes, with large effect sizes on PTSD symptoms, sleep quality, well-being, and social functioning.

Group treatment

Like Goldberg (1994) and Blake and Bishop (1994), Körlin (2005) worked with groups within general psychiatry. These studies documented that GIM could be effective in addressing PTSD symptoms such as hyperarousal, intrusion and constriction, as well as in fostering empowerment and reconnection. Goldberg developed a method called Music and Imagery (MI) and the group format was called Group Music and Imagery (GrpMI). She shortened the music-listening phase and used much more structured and supportive music than in ordinary BMGIM (Goldberg 1994). Blake and Bishop developed a similar group format with short relaxation; participants remaining in a sitting position, with a short duration of music-listening without guiding. The participants could listen with eyes open, and draw, write or move while listening to the music. Körlin (2005) studied a specific group therapy format in an outpatient setting. The programme, named Spectrum, developed a multimodal creative-arts group format consisting of GIM, art, body awareness, psychodynamic, and occupational therapy groups. A variation was shown in the treatment results in the diagnostic subgroups; interestingly, the traumatised clients showed better results in all the outcome measures compared to the non-traumatised patients (Körlin 2005).

Based on the assumption of the importance of breathing for dealing with too much arousal or dissociation, Körlin developed a method for dissociative clients called Music Breathing (MB). MB consists of four components: (1) Silent breathing for grounding, (2) MB for grounding where music was introduced as a support for the breathing, (3) MB for dissociation where dissociation and flashbacks that interfered with the breathing were addressed, and (4) MB for Integration (Körlin 2009). Rudstam (2010a, b) used MB together with GrpMI in a qualitative study with stabilisation groups for severely traumatised refugee women. The results showed that music helped the participants in regulating excessive arousal levels and building safety. The women continued to use the music at home for self-care.

Wärja and Bonde (2014) developed a taxonomy of therapeutic music, categorising types of music used in receptive music therapy. In Wärja's adaptation of GIM called 'Korta Musikresor' (KMR, Short Music Journeys), short pieces of music (two-six minutes long), both non-classical and classical, are used. The music in KMR belongs to the three supportive music subgroups of the music taxonomy presented by Wärja and Bonde (2014): (1) the secure and holding field, (2) the secure and opening field, (3) the secure and explorative field. The music was intended to provide holding, support and safety, however with some dynamic variation and vitality to allow the development of imagery and body sensations (Wärja 2015). Bonde and Pedersen (2015) presented a study with GrpMI in the rehabilitation of adult psychiatric outpatients. They used more challenging music from the second group of the taxonomy, namely music with a 'mixed-supportive-challenging' profile (Wärja & Bonde 2014). The study showed that the more challenging music could be used with relatively well-functioning psychiatric outpatients (Bonde & Pedersen 2015).

Koelsch (2009) stated in a review of studies using functional neuroimaging that music can modulate activity in limbic and paralimbic brain structures involved in the initiation, generation, maintenance, termination and modulation of emotions. These findings have implications for the use of music in the treatment of PTSD where there is a dysfunction of limbic structures such as the amygdalae, and paralimbic structures such as the

orbitofrontal cortex. The rewarding effects of music are reflected in responses in the nucleus accumbens (NAc) and ventral tegmental area (VTA) with the release of dopamine (Menon & Levitin 2005). Listening to pleasant music seems to evoke physiological reactions and feelings of reward that can have effects on PTSD symptoms where there is a need for regulation of negative affects and excessive arousal levels and for building resources and safety. In order to understand how music can be effective in helping a trauma population, a theory of arousal is needed.

Polyvagal theory

Steven Porges provided a theoretical background for this study with his polyvagal theory (Porges 2011). The polyvagal theory proposes that the autonomic nervous system (ANS) in mammals and humans consists of three branches: the sympathetic branch, the ventral vagal parasympathetic branch, and the dorsal vagal parasympathetic branch. The ventral vagal complex is active when we are socially engaged and feel safe. The sympathetic branch stimulates mobilisation for fight-or-flight. The dorsal vagal complex helps in shutting down the system to use immobilisation as defence, such as in playing dead/total submission. To help reduce the dorsal vagal influences, which are accompanied by feelings of helplessness and powerlessness, the client needs help to slowly release the active defences (such as fight and flight), and to stimulate the social engagement system (i.e. the ability to relate to self and others, feeling safe, calm, curious, and playful) (Levine & Mate 2010). As intrusive memories (flashbacks) often are perceived as happening in the here and now, the client needs help to get unstuck from and to clear the traumatic memory, thus starting to understand that it happened in the past and not in the here and now. In order to facilitate this process, the music used in GrpMI sessions has the potential to create safety and to build strength, thus helping the client to access and tolerate feelings.

Inspired by Porges, physiological measurements were applied in this study to try to identify any changes in the flexibility of ANS, and to measure whether the activity in the ventral vagal (social engagement) had increased. One way to explore the client's ability to recover and to access the ventral vagal complex is to analyse the heart-rate variability (HRV) (Porges 2007). Physiological measurements were included to complement and triangulate the self-report questionnaires and interviews.

The aim

The aim of the study is to explore the feasibility of GrpMI together with expressive arts in a trauma-focused group therapy for adult women suffering from PTSD/CPTSD. The study investigated and explored the suitability of the treatment for this population, and whether it could result in any decrease of PTSD symptoms and an improvement of health. Group treatment for this population has been questioned due to the risk of re-traumatisation (re-experiencing trauma with uncontained hyperarousal or hypoarousal, thus experiencing all the terror, hopelessness, and desperation first tied to it) (Rothschild 2000), or thought to be less helpful than individual therapy (Bisson, Roberts, Andrew, Cooper & Lewis 2013; Boon, Steele & Hart 2011). Therefore participants' experiences of the group treatment were also explored.

Research questions

The following research questions were formulated for the pilot study:

1. What is the feasibility of using GrpMI and expressive arts in group treatment for women diagnosed with PTSD/CPTSD?
2. What are the effects of the treatment intervention on PTSD symptoms, dissociation, and quality of life?
3. Is it possible to assess the capabilities for regulating ANS in this population through psychophysiological measures?
4. How do the participants experience the GrpMI and expressive arts sessions?

METHOD

Design

In order to answer the research questions, a mixed-method study in a Convergent Parallel design was applied (Creswell 2014). The pilot study recruited two therapy groups (ten participants, five in each group) to test the feasibility of trauma-focused GrpMI in a population of traumatised women. Restricting the participants to women enabled the

participants to feel safe (since the abusers often had been men), and to be able to mirror each other in accordance with current and emerging gender discourse. Self-rating scales were administered before and after treatment and at a follow-up, together with a physiological measurement during a script-driven imagery test in a pre-/post- and follow-up assessment.

Setting

The two pilot groups were run at a trauma centre in Stockholm, Sweden (*Kris- och Traumacentrum Sverige AB,* KTC); one during autumn 2015 and the other during spring 2016. The study was approved by the regional institutional Ethics board, 1st July 2015.

Participants

Recruitment

The study recruited adult women diagnosed with PTSD/CPTSD who had a background of psychological, sexual and physical abuse, often from early childhood. They were selected from a database of individuals referred to the KTC for trauma-focused psychotherapy. KTC gets referrals from various sources; GPs, psychiatry, social services, and other practitioners. KTC takes in around 500 clients per year, of whom the majority (around 300 clients) are refugees with traumatic experiences (for example war, torture, or rape), others are Swedish citizens with experiences such as different forms of childhood abuse, sexual/physical abuse, domestic violence, car accidents, robbery, disasters, or traumatic losses. The typical treatment offered is exposure-based individual therapy (i.e. CBT, EMDR, and affect-focused psychodynamic therapy (PDT)) with psycho-educative features. Sometimes sessions are more supportive. The length of treatment is usually around 15-20 sessions and there is no payment. There is also an art therapy group and a yoga group at the centre.

The women recruited for this study were given information about the study and asked if they were interested in participating. Interested participants were diagnosed and screened for PTSD, CPTSD and dissociation, using interviews and the same scales as in the outcome-measures sections. A cut-off of 10 on the SDQ-5 (see evaluation tools) was used to identify individuals that had too many dissociative symptoms to participate in the group treatment. The participants were then assessed for suitability by asking them to draw a lifeline, describe some of their positive and negative experiences in life, and participate in a short GIM session. This helped to assess if they were able to experience spontaneous imagery during music-listening, share these with the therapist, and process the imagery via drawing. It also helped indicate whether they were able to tolerate being exposed to trauma treatment and listening to other subjects' stories. The assessment was done by one of the two female group therapists. The participants signed informed consent at inclusion. Participants who were not included in the study were offered individual standard treatment at the clinic.

Inclusion criteria

In order to be accepted into the study, potential participants should: (1) be suffering from PTSD/CPTSD, (2) be sufficiently stabilised to tolerate being exposed to trauma treatment and listen to other subjects' stories, (3) be able to speak good enough Swedish to express themselves without an interpreter, (4) have an interest in working with their problems using artistic languages, and (5) have an ability to work with symbolism and inner images.

Exclusion criteria

The exclusion criteria were: (1) difficulties in understanding or making themselves understood in Swedish, (2) severe personality disorder or neuropsychiatric disorder, (3) ongoing alcohol or drug abuse, (4) psychotic disorder, (5) suicidality, (6) serious ongoing medical condition(s), or (7) serious psychosocial problems. If the participants were found to be potentially vulnerable or disruptive according to the exclusion criteria, or not interested in participating in group therapy with music and expressive arts, they were offered treatment as usual at the clinic.

The inclusion and exclusion criteria were assessed through the self-rating questionnaires, interviews (with the drawing of lifelines and short music journeys), and the presentation of the client in the assessment sessions.

The intervention

Trauma-focused GrpMI

The intervention, trauma-focused GrpMI, is a group adaptation of the original BMGIM designed to suit more vulnerable clients suffering from PTSD or CPTSD. The group met weekly for 12 sessions of 2½ hours' duration. The session protocol followed a flexible manual with different themes according to the process of the group. There were short psycho-educative elements around post-traumatic stress, dissociation, breathing, the triune brain, and inner images; i.e. the course of therapy was formed in a phase-oriented way (Hart, Nijenhuis & Steele 2006; Herman 2001; Van der Kolk 2015). The phases were: (1) stabilisation, (2) trauma-processing, and (3) integration (mourning the past and orientation towards the future). In all phases of therapy there was an emphasis on establishing safety, building resources, accessing playfulness, strengthening the social engagement system and re-establishing natural defences, in all a treatment strategy previously suggested to facilitate renegotiation (finding a novel imaginal solution to traumatic experiences) and release of active defences (Levine & Mate 2010; Porges 2011). The core element of every session was a music journey followed by art-making. The clients sat in chairs and after a period of relaxation, e.g. two-five minutes with a suitable focus for the session, the clients listened to music for two-ten minutes. The listening phase was mostly unguided, but on two to three occasions in each group there was what the GIM method calls a 'talk-over', an experiential phase during which a piece of music is accompanied by a guided narration. Thus a 'talk-over' utilises a guided visualisation during the music-listening phase consisting of different themes, such as meeting a helper on a path, finding comfort in a beautiful garden, etc. The talk-overs are metaphors designed to help clients get in contact with and explore inner images (Goldberg 1994; Wärja 2015). After the music journey, clients were invited to draw a picture of the experiences during the music-listening. The drawing and the experiences in the music journey were shared in the group. In some sessions there was further processing using musical improvisation, role play, writing, movement or storytelling.

Evaluation tools

Self-assessment scales

In order to measure whether or not the treatment had an effect on PTSD symptoms, dissociation and quality of life, all subjects filled in various self-rating scales before and after treatment, and again after three months (follow-up). The applied self-assessment scales were the Life Events Checklist (LEC), the PTSD Checklist for DSM-5 (PCL-5), the Dissociative Experience Scale (DES), the Dissociative Experience Scale Taxon (DES-T), the Somatoform Dissociative Questionnaire (SDQ-5), the Hopkins Symptom Checklist (HSCL-25), and the Positive State of Mind Scale (PSOMS).

The LEC elicits traumatic experiences that subjects are carrying (Gray, Litz, Hsu & Lombardo 2004), and gives an overview of which traumatic experiences the patient has gone through and indicates how disturbing these events may still be. The scale has 17 items; it shows excellent convergence with measures of psychopathology known to be associated with trauma exposure and has demonstrated "generally adequate psychometric properties" (Gray et al. 2004).

The PCL-5-measures PTSD symptoms, and the scale has 20 items (Weathers et al. 2013). PTSD Checklist-Civilian Version (PCL-5) is the updated version from the PCL-C. PCL-5 is based on the DSM-5 and has added three questions around negative self-cognitions compared to the PCL-C. The scale measures PTSD symptoms such as re-experiencing, avoidance, changes in the perception of self and others, and hyperarousal. The cut-off score in PCL-5 for the diagnosis of PTSD is estimated to be 31-33. The internal consistency is good (Cronbach's alpha=0.96) (Bovin et al. 2016).

The DES measures psychoform dissociation and has 28 items (Bernstein & Putnam 1986). From the DES scale, the DES Taxon (a subscale of eight items intended for the identification of severe dissociation) is utilised (Waller, Putnam & Carlson 1996). The cut-off score for a probable presence of a dissociative disorder is suggested to be 30, but according to Briere (2004) that must be interpreted with caution. The reliability and validity of the Swedish version is good, with a Cronbach's alpha=0.87 (Körlin, Edman & Nybäck 2007).

The SDQ-5 measures somatoform dissociation

(Nijenhuis, Spinhoven, van Dyck, van der Hart & Vanderlinden 1997). The SDQ-5 is a short version of SDQ-20 with five items (Nijenhuis et al., 1997). The recommended cut-off point is 8 for somatoform dissociation. Together with the DES scale, it measures both the psychoform and the somatoform dissociation, giving a broader picture of the dissociative symptoms. The SDQ-5 discriminates with good to high sensitivity between dissociative and non-dissociative psychiatric outpatients. Over 12 on the SDQ-5 indicates dissociative identity disorder (DID) (Nijenhuis et al. 1997).

The HSCL-25 is a 25-item scale that measures anxiety (HSCL-25-I: items 1-10) and depressive symptoms (HSCL-25-D: items 11-25) (Derogatis, Lipman, Rickels, Uhlenhuth & Covi 1974; Nettelbladt, Hansson, Stefansson, Borgquist & Nordström 1993) with Cronbach's alpha=0.94 (Glaesmer et al. 2014). The PSOMS measures quality of life (Horowitz, Adler & Kegeles 1988); it has six items measuring wellbeing, concentration, ability to relax and enjoy, having good relationships and taking care of self and others. The PSOMS has an acceptable high inner consistency, with Cronbach's alpha=0.77 (Adler, Horowitz, Garcia & Moyer 1998).

Data collection procedure

The participants sat alone in the waiting room and filled in the questionnaires. They could ask the therapists for help.

Psychophysiological measurement

The psychophysiological measurements were done on the same day as the self-rating scales were filled in; before and after treatment and at the three-month follow-up. It included heart rate (HR), skin conductance (SC), peripheral temperature (PT), muscle activity (EMG) and respiration (RSP). The measurements were taken during a 20-minute stress test in accordance to a variant of the script-driven imagery paradigm (Hopper, Frewen, Sack, Lanius & van der Kolk 2007; Pitman, Orr, Forgue, de Jong & Claiborn 1987; Sack, Hopper & Lamprecht 2004). In the test, two personalised scripts were presented: one peaceful memory or imagining of feeling safe and calm, and one traumatic memory. The scripts (two minutes in length) were prepared in advance by the participant together with the researcher. Results from the psychophysiological measurement will be presented in a later publication, as data from the psychophysiological measures have been collected but not yet analysed.

Statistical analysis

Time effects (pre-, post-, and follow-up measures) for quantitative data were analysed using analysis of variance (ANOVA) for repeated measures in the SPSS software environment (version 22, IBM, USA). The normality assumption was first tested using the Kolmogorov-Smirnov statistic with Lilliefors Significance Correction. DES-T and SDQ-5 were found to violate the assumption of normality and therefore square-root transformed before the ANOVA. Effect sizes pre-post and pre-follow-up treatment were assessed by calculating Cohen's d.

Qualitative analysis

After the end of the group treatment, a psychologist (one of the group therapists) conducted individual semi-structured interviews with the participants. The aim was to explore the participants' experience of the GrpMI and expressive art sessions (research question 4). The interviews were recorded and the participants' answers written down. The answers were summarised by the researcher and a thematic analysis was carried out (Kvale & Brinkmann 2014).

RESULTS

Sample description

The recruitment resulted in ten study participants, with five women included in each of the two groups. The age range was 28 to 54 years; the mean age was 42 years (SD=7.82). All women had experienced physical, psychological and/or sexual abuse. The majority of the women were traumatised from early childhood and continuously abused as adults. A few reported good upbringings but later experienced trauma as adults. Many of the women had experienced severe neglect during childhood. All women were diagnosed with PTSD. Some of the women also suffered from dissociation. In seven cases, there was comorbidity with depression, anxiety, stress disorder, and fibromyalgia. Five of the women were treated with medicine that was kept constant during treatment.

Participation in the assessment protocol

All included participants were able to fulfil the assessment procedure by drawing a lifeline and participating in a short music journey. Nine of the ten participants were able to fill in the self-rating scales at planned times, before, after, and at follow–up. One participant failed to fill in scales, resulting in a missing baseline.

Treatment adherence

Five subjects participated in all 12 sessions. Three subjects participated in 11 sessions out of 12, one in 10 sessions out of 12, and one in 9 sessions out of 12. The absences were due to sickness and, in one case, because of an important meeting at work. All participants showed compliance and completed the treatment. In other words, the treatment programme using GrpMI and expressive arts for women with PTSD/ CPTSD was feasible. This answers research question one.

Self-assessment

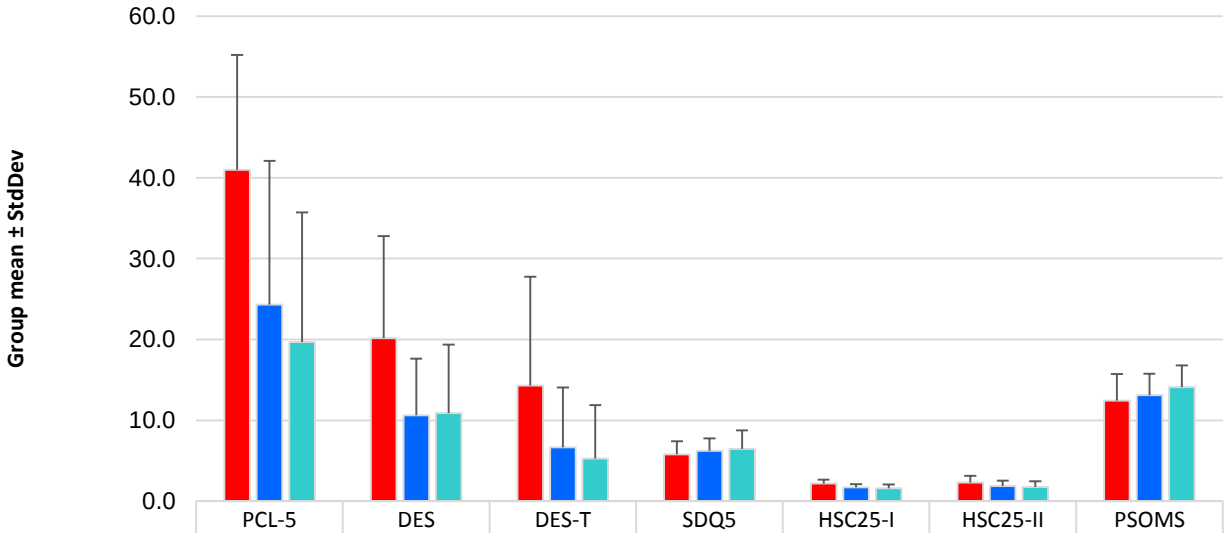
All group means and ANOVA statistics are presented in Table 1. The result showed an overall positive treatment effect for all symptoms except for somatoform dissociation (see Figure 1), with effect sizes ranging from small to very large, as indicated by the Cohen's d (see Figure 2).

Scale	Mean (SD)			F	MSE	p	Cohen's d	
	Pre-	Post-	Follow-Up	(df,error df)			Pre-Post	Pre-FU
PCL-5	41.0 (14.20)	24.3 (17.78)	19.7 (16.07)	(2.16)=19.56	57.88	0.0001***	1.10	1.49
DES	20.2 (12.60)	10.6 (7.00)	10.9 (8.44)	(2.14)=5.11	46.24	0.022*	1.00	0.92
DES-T †	14.3 (13.46)	6.6 (7.39)	5.2 (6.60)	(2.16)=11.58	0.58	0.001**	0.85	1.10
SDQ-5 †	5.8 (1.64)	6.2 (1.56)	6.4 (2.29)	(2.16)=0.38	0.10	0.69	0.09	0.08
HSC25-I	2.2 (0.47)	1.7 (0.41)	1.6 (0.45)	(2.16)=6.68	0.13	0.008**	1.17	1.35
HSC25-II	2.2 (0.62)	1.9 (0.66)	1.8 (0.70)	(2.16)=6.21	0.08	0.010*	0.58	0.74
PSOM	12.4 (3.28)	13.1 (2.66)	14.11 (2.66)	(2.16)=3.17	2.00	0.069	0.24	0.59

Table 1: Sample sizes, means and standard deviations on the pre-post and follow-up scores of different assessment tools used in the study, the statistics of repeated-measurement ANOVA analyses, and the effect sizes (Cohen's d) of pre-post and pre-follow-up comparisons. (*n*=9 for all scales except DES where *n*=8 due to missing data).

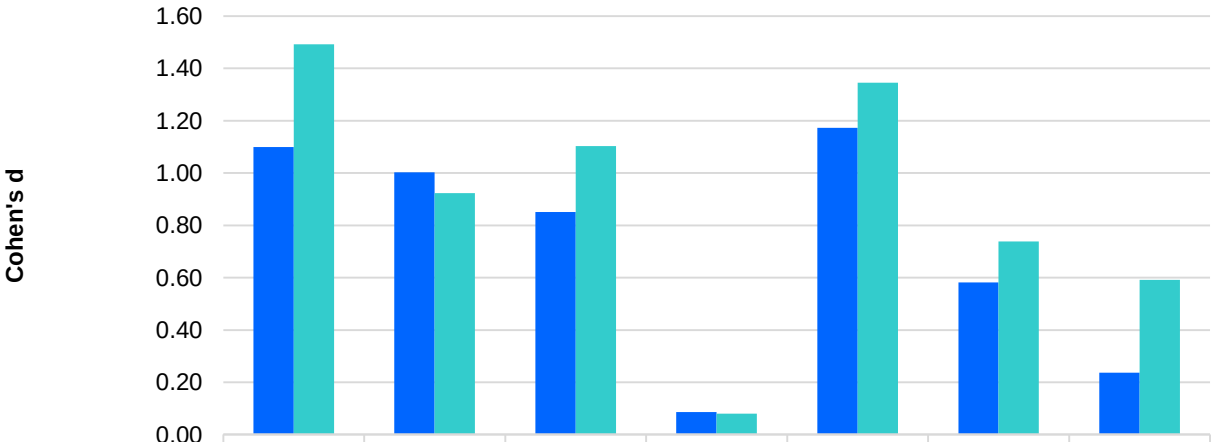
n=sample sizes; SD=standard deviation; F=F-ratio; df=degrees of freedom; MSE=mean square error; p=significance level; †square of transformed data used in the ANOVA. *p<0.05, **p<0.01, ***p<0.001

The repeated-measurement ANOVA on pre-post and follow-up data showed significant changes in a direction indicating symptom reduction for the PTSD (PCL-5), dissociation (DES and DES-T), anxiety (HSC25-I) and depression (HSC25-II) scales. Although improved, the changes in positive-state-of-mind (PSOMS) ratings were not significant. The reduction in PTSD symptoms measured by Cohen's d showed large effect sizes, in pre-post-test (ES=1.10) and in pre-test-follow-up (ES=1.49). All participants were diagnosed with PTSD before treatment. Six participants did not have a diagnosis of PTSD according to the cut-off after treatment that was sustained at follow-up. Reduction in dissociation according to the DES showed large effect sizes pre-post (ES=1.00) and pre-follow-up (ES=0.92), as well as DES-T pre-post (ES=0.85) and pre-follow-up (ES=1.10). HSC25-I also showed large effect sizes pre-post (ES=1.17) and pre-follow-up (ES=1.35), whereas HSC25-II showed a medium effect size pre-post (ES=0.58) and pre-follow-up (ES=0.74). PSOM showed a small effect size from pre-post (ES=0.24) and a medium effect size from pre-follow-up (ES=0.59). SDQ-5 showed no improvement, but with a mean cut-off score of five at the beginning of treatment there was no indication of somatoform dissociation amongst the participants. This analysis answers research question two.



	PCL-5	DES	DES-T	SDQ5	HSC25-I	HSC25-II	PSOMS
Pre-treatment	41.0	20.2	14.3	5.8	2.2	2.3	12.4
Post-treatment	24.3	10.6	6.7	6.2	1.7	1.9	13.1
Follow-up	19.7	10.9	5.3	6.4	1.6	1.8	14.1

Figure 1: Self-assessment scores pre- (red) and post- (blue) treatment, and at follow-up (light blue). Bars and numbers in the table represent the group means of all individual means (DES, DES-T, HSC25-I, HSC25-II) or sums (PCL-5, SDQ5, PSOM). Error bars indicate the standard deviation of the group means. n = 9 except for DES where n = 8 due to missing data.



	PCL-5	DES	DES-T	SDQ5	HSC25-I	HSC25-II	PSOMS
Pre vs Post	1.10	1.00	0.85	0.09	1.17	0.58	0.24
Pre vs Follow-up	1.49	0.92	1.10	0.08	1.35	0.74	0.59

Figure 1: Treatment effect sizes (Cohen's d) for trauma-focused GrpMI. B Blue bars represent Pre- vs Post- and light blue bars Pre- vs Follow-up measures for different symptoms. Cut scores for Cohen's d: 0.20-0.49=small effect size. 0.50-0.79=medium effect size. 0.80-1.29=large effect size. 1.30 ≤=very large effect size.

Feasibility of the psychophysiological measurement

All subjects were able to participate in the psychophysiological measurement. The data is not yet analysed, but the script-driven imagery method turned out to be feasible and acceptable to the women. This answers research question three.

Participants' evaluation

The participants' experiences of the treatment were recorded in semi-structured interviews after the group treatment ended, carried out by a psychologist, who was also one of the group leaders. According to the notes from the interviews focusing on the participants' experiences, a thematic analysis was

carried out (Kvale & Brinkmann, 2014). Eight themes were identified. The number of participants expressing each of these themes was tabulated and the themes were categorised as different ways of relating to the GIM experience. The themes showed that participants generally felt supported by the intervention. The themes were: (1) that music helped establish contact with feelings and body sensations (seven participants); (2) that the painting helped to express experiences that were difficult to express in words (four participants); (3) that it was helpful to be in a group with others who had similar experiences, giving and sharing each other´s processes, which also diminished feelings of shame and being alone (four participants); (4) that participants experienced a growing feeling of safety in the group (five participants); (5) that during the process they felt an improvement in the ability to feel and mark their boundaries/defend themselves (four participants); (6) that it felt good to be able to share memories, good memories as well as traumatic, but sometimes also hard to listen to other participants' stories (five participants); (7) that it provided an experience of expansion, relaxation and new energy (three participants); and (8) that it enabled creativity and playfulness (five participants).

Some participants found it difficult to paint because of a feeling of not being artistically skilled enough, but this feeling/experience diminished during the treatment. Others felt that the time for painting was too short. Other remarks were that the treatment was too short and that they had wanted to continue the group therapy treatment. This analysis answers research question four.

DISCUSSION

The aim of the study was to explore the feasibility of trauma-focused GrpMI with traumatised women suffering from PTSD/CPTSD and the feasibility of the chosen measurements. The results from the quantitative analyses of the self-rating scales showed group means with decreases in PTSD symptoms with very large effect sizes, in dissociation with large effect sizes, and an increase in quality of life with small to medium effect size. Six participants scored under the cut-off for PTSD after the intervention. The result was maintained and even improved at follow-up.

All the women completed treatment. The evaluations from the clients showed an overall satisfaction with the treatment. The group treatment worked well and the participants expressed that they enjoyed being in a group with others who had gone through similar experiences. It helped diminish feelings of shame and of feeling alone and alienated.

A converging of the mixed strands shows that results from the quantitative and the qualitative analyses point in the same direction. The participants' experiences of the treatment as helpful were confirmed in the self-rating scales. The results indicate that the women experienced the treatment as feasible, acceptable and helpful.

Treatment feasibility

The first research question regarding the feasibility of using GrpMI and expressive arts in group treatment showed promising results with no drop-outs in the two pilot groups. The group cohesiveness that developed during the process might be an explanation. There was an emphasis on building safety within the group, which is essential for trauma-processing. Clients were perhaps helped to feel safe and avoid re-traumatisation by the phase-oriented work where stabilisation, trauma-processing, and integration were all employed in the group settings. The creative methods of therapy, using music and arts, may be more appropriate for more vulnerable clients; they provide more indirect forms of exposure than the direct exposure used in CBT. Many of the clients commented that music helped them connect to other layers of themselves, and that art-making was a means to process the experiences further. They sometimes felt that they could work things through even if they did not explicitly share the traumatic memory with the group - it was possible to work it through on a symbolic level. Creativity also seems to have been a way to soften up what had been frozen in trauma time, enabling the participants to, in an imaginary way, release active defences such as fight-or-flight that might have been suppressed at the time of trauma, thus releasing restricted energy that had got stuck (Levine & Mate 2010). Several participants expressed that they felt new energy and a sense of emotional expansion as a result of the treatment. The groups were experienced as supportive for the participants, because they were able to help and strengthen each other. As they often shared similar experiences, they expressed feeling deeply understood by each other. One reason for the participants' experience of security and support may be that they (and the therapists)

were exclusively women, while the perpetrators had often been men. Another reason may be that the exclusion criteria prevented the possibility of clients with strong personality disorders and aggressive behaviours destabilising the groups.

The treatment protocol of 12 sessions was shorter than what is recommended for clients with CPTSD (International Society for the Study of Trauma and Dissociation 2011). Comments from many of the participants were that the treatment was too short and that they wanted to continue the group therapy. A longer treatment may have been more beneficial for the clients.

Research feasibility

All women except one succeeded in filling in the self-rating questionnaires. Sometimes they felt tired or overwhelmed by all the questions and in some cases needed help to understand some of the questions. In particular, the questions in the DES scale about dissociation were sometimes experienced as difficult to understand.

The physiological measurements during the script-driven imagery test were experienced as acceptable. Most of the participants were curious about the measurement and what it would show, which seemed to help in making the measurement process tolerable and acceptable even though the difficult memories could be hard to listen to.

Outcome measures

The treatment resulted in a decrease in measures related to symptoms of PTSD, dissociation, depression and anxiety, while measures related to quality of life increased.

The results indicate that positive changes measured from pre-post therapy were maintained or even improved at follow-up. This can be explained by the increased self-acceptance and ability to maintain and protect their own barriers, and by the fact that the participants learned new ways to regulate arousal by using music at home after the termination of treatment.

The scores on somatic dissociation (SDQ-5) were low from the beginning, with a mean of 5.8 and a follow-up of 6.4, where five is the lowest score and 15 the highest. Since cut-off for suspected dissociative disorder is eight or more, there was no indication of severe dissociation in the groups. SDQ-5 was intended to identify clients that had a more severe dissociative disorder, and were thus not able to tolerate being in a group with trauma disclosure. Earlier studies and clinical experience suggest this can be harmful for the specific client group, as coherence needs to be built first (Boon et al. 2011; Hart et al. 2006; Nijenhuis et al. 1997).

The positive results point in the same direction as previous studies on GIM and trauma populations (Beck et al. 2017; Maack 2012).

The group setting

Traditionally there have been doubts about treating clients suffering from complex traumatisation in groups due to the risk of re-traumatisation (Bisson et al. 2013). In the present study, the participants confirmed that the group setting had been helpful. None of the participants were discontented with being in a group. On the contrary, they expressed that being together with other participants with similar experiences was helpful in accepting and understanding themselves. It was helpful to get feedback from the other participants and to be able to give feedback to each other. It seemed to strengthen the social engagement system and the inter- and intrapersonal relationships, which are essential for building resilience (Levine & Mate 2010; Porges 2011).

The inclusion and exclusion criteria also helped to identify individuals with severe degrees of dissociation for whom it might have been harmful and destabilising to listen to other participants' trauma histories. Some potential participants (KTC clients) preferred an individual treatment option, and therefore did not participate in the study. Many of the women also expressed that it was important that the group members and the two group therapists were women. It added to the feeling of safety in the groups. The main reason could be that the majority of the participants had been violated physically and sexually by men.

The use of music in trauma treatment

It was possible to use music without re-traumatisation. Music choices were made with careful consideration of the process of each participant. Sometimes the music was selected to be supportive and help restore a sense of safety, and sometimes more evocative, to stimulate strength and/or become in touch with feelings. Thus, the music was used both for stabilisation (phase 1), for trauma-processing (phase 2), and for integration and orientation towards the future (phase 3). In the first group sessions, music from

the first three supportive subcategories in the music taxonomy by Wärja & Bonde (2014) were chosen to build safety and help to down-regulate excessive arousal levels. Examples of music used in this phase are Nilsson's *Wilmas Tema*, Johansson's *Bandura*, Pachelbel's *Canon in D*. From the eighth session in group A and sixth session in group B it was possible to use more evocative music with a 'mixed supportive/challenging' profile to support work with trauma-processing. Examples of music are Tveitt's *O Be Ye Most Heartily Welcome* and Bach's *'Little' Fugue in G minor*.. The more evocative music was used in three sessions in group A and five sessions in group B. For the last sessions, more stabilising (supportive) music was chosen to facilitate summarisation and integration of the process, and to orient the participants towards the future.

Many of the participants started to use music and painting at home for self-help and relaxation. Some of them had stopped listening to music but started again during the group treatment. Many of the participants felt that they opened up to creativity.

Clinical perspectives

The results of the pilot study indicate that trauma-focused GrpMI can be helpful in the treatment of traumatised women with PTSD/CPTSD. The method can be an alternative to verbal psychotherapy and the group setting seems to be helpful. The practice with GrpMI and expressive arts with traumatised individuals requires advanced therapeutic skills to avoid re-traumatisation, and should therefore only be conducted by therapists trained in the methods and with adequate training in trauma treatment.

Limitations

As the study has a very small n and no control group, generalisability is limited and a regression towards the mean phenomena may have influenced the results.

One of the group therapists was also the interviewer which, from a research perspective is a limitation; however, it also enabled a safe interview situation, with questions asked in an appropriate way. The other group therapist was also one of the researchers. On the other hand, the design of the study with self-rating scales and physiological measurements was chosen to neutralise possible bias.

Conclusion and future research

A 12-session group therapy treatment with trauma-focused GrpMI and expressive arts, together with an assessment with self-rating scales, psychophysiological measurements, and semi-structured interviews, has shown to be feasible and acceptable for traumatised women with PTSD/CPTSD. The intervention led to decreased PTSD symptoms with large to very large effect sizes. It also resulted in favourable changes in symptoms of dissociation, anxiety and depression, and an improvement in quality of life. However, the lack of a control group and the limited number of participants justify a randomised controlled study with a larger sample to confirm the preliminary results of this pilot.

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SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Article

The Redescriptive Technique: An adaptation of the Bonny Method of Guided Imagery and Music (BMGIM) to bring tacit knowledge into awareness

Gabriella Giordanella Perilli

ABSTRACT

The Bonny Method of Guided Imagery and Music (BMGIM), is an efficient psychotherapeutic method for bringing tacit knowledge into awareness and constructing new meanings. Data from cognitive neuroscience and clinical practice supports the BMGIM process and the adaptation presented in this article, called the "Redescriptive Technique". This homework assignment is an addition to standard BMGIM procedures based upon cognitive orientations. To strengthen the understanding of imagery metaphorical experience, verbal language is used between the client and the guide during BMGIM session, with numerous therapeutic purposes. Moreover, to enable the client to take an even greater role in reflecting and integrating different aspects of his experience in more meaningful and more helpful ways, this article proposes an addition to the classical BMGIM method; the writing of a personal narrative of the experience. The innovative adaptation may be used regardless of the therapist's theoretical orientation.

KEYWORDS

Guided Imagery and Music, redescriptive psychotherapy, tacit knowledge

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> "Every act of perception is to some degree an act of creation, and every act of memory is to some degree an act of imagination" (Oliver Sacks, *Musicophilia: Tales of Music and the Brain*).

INTRODUCTION

Despite an explosion of adaptations of the Bonny Method of Guided Imagery and Music (BMGIM) in recent years (Bruscia 2002, 2015; Bruscia & Grocke 2002; Booth 2007; Bonde 2004; Lindquist Bonny 2002), interdisciplinary theories to explain human awareness in GIM process are lacking.

A great variety of theories show the opportunity for humans to balance nonverbal (imagery) and verbal ways to build their selves and others knowledge which involves embodied metaphors, emotions, language and relationships (Guidano 1991; Lakoff 2014; Lakoff & Johnson 1980; Paivio 1971, 1986, 1991).

In that process, imagery experiences allow people to acquire and develop their embodied knowledge (Damasio 2010) by metaphor which is primarily conceptual, and secondarily linguistic,

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gestural and visual (Lakoff & Johnson 1980). With regards to the GIM experience, it is relevant to add that complex metaphorical thought shows up not just in language but in gesture and imagery (Lakoff 2014). Language then allows humans to give meaning to, and reflect on, their own metaphorical, embodied experiences. Together metaphorical thought and language follow the extensive cascade circuits linking numerous brain regions to allow for the large variety of human reason and imagination (Lakoff 2014).

In order to give a full picture and provide a deeper understanding of the GIM adaptation that will be described in the present paper, neurophysiological and neuropsychological research will be presented in the following section as they underpin the GIM adaptation.

Neurophysiological and neuro-psychological research related to GIM

Music imagery methods are ideally suited to working with tacit knowledge because the music allows people to get in touch with imaginative schema, to feel their emotions, and communicate their ongoing experience through words. In this perspective, emotions are considered to provide the first evaluative, organised system to know one's self and environment (Guidano 1991). Moreover research shows that emotional responses to music involve functions and processes in subcortical and cortical brain areas (Eschrich, Altenmuller & Munte 2008; Levitin 2006).

Neuroscience and psychological research underline the powerful effect of music in evoking emotions which are components of human primary consciousness. The data supports the assumption that music can induce "real" emotions since it is capable of modulating activity in core structures involved in emotion (amygdala, nucleus accumbens, and hippocampus) as reported in fMRI studies on brain activations by music (Koelsch, Offermanns & Franzke 2010).

Koelsch (2013) argued that the hippocampus plays an important role in the generation of tender, positive emotions (e.g. joy and happiness), and that music has the power to evoke hippocampal activity related to such emotions. Consequently, modulations in the (anterior) hippocampal formation aroused by listening to music are relevant to music therapy, particularly because patients with depression or posttraumatic stress disorder show a reduction in hippocampal formation volume that is associated with a loss of hippocampal neurons and the blockage of neurogenesis in the hippocampus.

Functional neuroimaging studies of music and emotion show that music can modulate activity in brain structures that are known to be crucially involved in emotion, such as the amygdala, nucleus accumbens, hypothalamus, hippocampus, insula, cingulate cortex and orbitofrontal cortex (Koelsch 2014). The fact that music elicits activity changes in limbic and paralimbic brain structures opens up the possibility for numerous applications of music-based therapy (Koelsch 2014), including GIM.

Listening to music that is liked or a favorite song affects functional connectivity in regions involved in self-referential thought and memory encoding, such as the default mode network and the hippocampus. (Wilkins et al. 2014).

One specific study compared GIM with stimuli represented by music-only and guided imagery alone (Lee, Han & Park 2016). The researchers used functional magnetic resonance imaging (fMRI) to demonstrate neural mechanisms of GIM for negative emotional processing when personal episodic memory is recalled and re-experienced through GIM processes. Data from the same research showed that during the GIM experience there was an increased activation over the music-only stimuli in five neural regions associated with negative emotional and episodic memory processing, including the left amygdala, left anterior cingulate gyrus, left insula, bilateral culmen, and left angular gyrus (AG). Compared with guided imagery alone, GIM showed increased activation in three regions associated with episodic memory processing in the emotional brain areas including the right posterior cingulate gyrus, bilateral parahippocampal gyrus, and left angular gyrus (Lee, Han & Park 2016).

Another interesting study examined the influence of classical music and silence on the mental imagery of 317 undergraduate students enrolled in six classes at a large university in the south-eastern United States (Band, Quilter & Miller 2002). Each class was randomly assigned to one of six experimental or control conditions, which involved a brief progressive relaxation procedure, instructions for imagery, a structured or unstructured induction, music (a piece of baroque music and a piece of impressionistic music) or silence. At the end of each intervention the participants used Visual Analogue Scales and an Imagery Content Questionnaire to describe their imagery experience in terms of vividness, control, absorption, tension/anxiety, vigor/activity, and depression/dejection. The analysis of the data

indicated significant differences in vividness of imagery, absorption, and vigor/activity during the imagery mainly due to the music. The music also significantly increased visual details, bright colours, sensations of movement, emotions, and experiences of past times.

In their research, Trost, Ethofer, Zentner and Vuilleumier (2012) sought to investigate the cerebral substrate of complex emotions elicited by music. Their research was based on a model with nine emotion factors (joy, sadness, tension, wonder, peacefulness, power, tenderness, nostalgia and transcendence), grouped into three higher-order categories (sublimity, vitality and unease) (Zentner, Grandjean & Scherer 2008). Trost et al. (2012) used functional neuroimaging with parametric analyses based on the intensity of felt emotions to explore a wider spectrum of affective responses reported during music listening. The data revealed a differentiated engagement across emotions of networks involved in reward, memory process (hippocampal and parahippocampal regions particularly in the right hemisphere), self-reflective, and sensorimotor processes, which may account for the unique richness of musical emotions and their relevance in evoking tacit knowledge and bringing it into awareness. Trost et al. (2012) proposed that hippocampus activation through music may reflect automatic associative processes that arise during absorbing state and "dreamy" state, a feeling state reported in response to music (Zentner, Grandjean & Scherer 2008). Moreover, the previously mentioned higher-order affective dimensions were found to map onto brain areas shared with reward and more basic emotions such as sadness. The research showed a fundamental involvement of brain systems removed from emotional areas, including motor pathways, memory (hippocampus and parahippocampal gyrus) and the area responsible for the self-reflexive process (ventral ACC). As Trost and colleagues (2012) wrote, the engagement of these brain systems shows their role to their impact on memory and self-relevant associations (Zentner & Scherer 2001).

Singer and colleagues examined participants' brain responses to music stimuli (*Ricercata no 1 & 2* by Ligeti and a piano version of *'The Hours'* by Philip Glass) using functional magnetic resonance imaging (fMRI) (Singer, Jacobi, Lin, Raz, Spigelman, Gilam, Granot & Hendler 2016). They found an association between the unfolding music-induced emotionality and modulation within a vast network of limbic regions. Such modulation corresponded with continuous changes in two temporal musical features: beat strength and tempo. Their findings highlight a multilayered processing of affective information in music, a core process common between individuals and rooted in the limbic network. The complexity of emotional response to music seems to be attributed to musical temporal variations. In addition Singer et al. (2016) argued that a more elaborated and evaluative process contributes to the affective response; it relies on prior experience with music and is governed by a higher-order fronto-parietal network.

Considering the numerous research results which demonstrate how music affects emotional and cognitive responses in humans, it is reasonable to posit that GIM could work to improve the functions in cortical and subcortical brain regions necessary for bringing tacit knowledge into awareness. This process of developing knowledge at an explicit level is also possible because emotional responses and imagery are different from specific verbal information: the ambiguity in music allows it to be what could be called a "metaphorising" medium. The music enables individual listeners to connect personal meaning to the musical structure (Lepping et al. 2016). This may involve the "default mode network", a state of wakeful rest and mind-wandering where several regions of the brain are coordinated during introspection and self-referential thought, which is probably also functioning during GIM experience.

Besides neurophysiological and neuropsychological processes, verbal and non-verbal modalities are involved in the GIM process, and specifically in the present adaptation purposefully planned to bring up tacit knowledge into awareness.

THE BONNY METHOD OF GUIDED IMAGERY AND MUSIC

The Bonny Method of Guided Imagery and Music (BMGIM) is a music-based psychotherapy created by Helen Bonny at the beginning of the 1970s. The approach developed out of research at the Maryland Psychiatric centre (Bonny 2002). The research data indicated that listening to classical music in a relaxed state could modify alert consciousness in altered states. Each individual session includes five phases (Bruscia 2002, 2015):

1) In the "Preliminary Conversation" phase, the therapist and client discuss the client's current life situation, or particular issues that the client

would like to explore in the session. Sometimes the client may do a drawing to help identify an issue for exploration. Both client and therapist set goals for the session. During this period the therapist decides how to proceed with the induction, and selects a music programme suitable for pursuing the session goal.

2) In the "Induction" phase, the therapist helps the client to enter an altered state of consciousness using various relaxation procedures. The therapist also helps to focus the client's attention on either the music listening experience or on a specific starting image.

3) In the "Music-Imaging" phase, the client images freely and spontaneously to one of the classical music programmes, specifically designed for GIM; listening to the music pieces, the client regularly and verbally reports his/her inner experiences to the therapist. The images evoked by the music may be sensations, emotions, memories, and so forth. The therapist follows the client's unfolding experiences and assists with nondirective verbal or nonverbal interventions intended to further develop or deepen the client's music imagery experience. The therapist makes a transcript of the dialogue.

4) The "Return" phase begins as the music programme finishes. At this time, the therapist helps the client to finish the imagery experience and then assists the client to return to an alert state and an upright position.

5) In the "Conclusive Dialogue" phase, the therapist and client reflect upon the music-imagery experience; at this point, by reviewing the transcript, they give meaning to prominent images, associating them to aspects of the client's life.

This contribution will propose a technique, the redescriptive narrative, as a form of homework, to add to the GIM process. The reason for the redescriptive narrative is that the dialogue is co-constructed by the client and the therapist, while a written narrative on the experience is a self-contained production by the client himself. Studies show that oral narrative and written narrative require different emotional and cognitive functions (Drijbooms, Groen & Verhoeven 2015). Moreover, adults seem able to use expressive writing as a useful way of creating meaning and coping with aversive emotions in the long term (Pennebaker 1997).

Thus, in this adaptation, writing the redescription of experience has at least four main purposes: 1) to increase intercommunication between the sensory and cognitive functions; 2) to develop a long-lasting memory and understanding of the experiential process itself; 3) to have at the client's disposal written material which can be read many times to aid reflection and modify nonadaptive emotion regulation strategies and non-functional ways of thinking; and 4) to help the therapist to evaluate a client's emotional and cognitive abilities (Giordanella Perilli 2017).

Our contribution emphasises that human beings are considered as whole, complex systems, evolving through interaction with their social and cultural environment (Gallese, Eagle & Migone 2005; Liotti 2011); it also suggests the efficacy of multidimensional interventions in clinical practice (European Association for Integrative Psychotherapy 2011; Giordanella Perilli & Cicinelli 2012) in acquiring self-awareness or self-knowledge and, eventually, self-integration. According to these principles, research and studies in neuroscience and psychological fields provide prominent data to make sense of the efficacy of GIM in achieving such goals (Damasio 2010; Gallese & Cuccio 2015; Guidano 1997; Kosslyn, Ganis & Thompson 2009; Paivio 1991).

Developing self-knowledge

There are two main aspects to be considered in the development of self-knowledge: first the tacit level of consciousness, including sensory, motor, and affective experiences which works together with the explicit level of consciousness, often in an automatised way; second the analogical and analytic codes, i.e. imagery and verbal language, used to express, communicate, process human experience (Damasio 2010; Giordanella Perilli & Cicinelli 2012; Paivio 1971,1986,1991) and give meaning to individual life (Schiff 2012).

Based on the above, GIM can be viewed as a psychotherapeutic method which engages the client in the exploration of different levels of consciousness while listening to specially designed classical music programmes in a deeply relaxed state, all while dialoguing with the therapist. As described above, the typical GIM session unfolds in five phases (Preliminary Conversation, Induction, Music-Imaging, Return, and Conclusive Dialogue). Stemming from the Redefining Psychotherapy (Giordanella Perilli & Cicinelli 2012), the Redescriptive Technique is added to the original GIM method; an adaptation given as homework that has the aim to help the client increase his

awareness of the meaning of his GIM experience and reflect coherently on its association with his own life (Bruscia 2015). In therapy, this technique enables the therapist to chart the client's progress and to reformulate the treatment plan accordingly (Giordanella Perilli 2017).

Since Redefining Psychotherapy is included in the present GIM adaptation, a brief theoretical description of that approach will be summarised in the following section.

THEORETICAL PERSPECTIVES OF THE REDEFINING PSYCHOTHERAPY

The Redefining Psychotherapy approach is based on second-generation cognitive science (Giordanella Perilli & Cicinelli 2012). That approach includes interdisciplinary contributions describing how human beings develop and function from a neurophysiological and psychological perspective. This complex system of knowledge regarding the individual forms the basis of an integrated psychotherapeutic methodology that has the aim of responding effectively and flexibly to various human processes, needs and resources.

The Redefining Psychotherapy includes the GIM which facilitates the representation of tacit knowledge through the music-imagery metaphoric experiences. As is well-known by GIM therapists, bringing tacit content into awareness enables a person to identify and change ego-dystonic issues and to construct (or reconstruct) self-narratives that are consistent with one's values and life goals (Bruscia 2015).

Thus, in the initial stage, the client acquires nonverbal awareness during a music-imaging experience, which is enhanced by verbal analysis during the conclusive dialogue. In that phase, assisted by the therapist, the client begins to understand how nonadaptive ways of thinking maintain a painful state of being and prevent the development of self-potentialities. Through the metaphorical process, the client transfers the imagery and its meaning from tacit to explicit knowledge. Now the client is better able to evaluate and explain those behaviours, emotions, and thoughts that limit his/her opportunities and choices.

In the Redefining Psychotherapy, once represented at a conscious level, the tacit metaphorical content can be examined using logical-analytical and verbal methods. The main purpose of verbal modalities is to allow the clients to reflect and modify automatic thoughts and unbearable emotions which retain painful memories (Giordanella Perilli & Cicinelli 2012). Emotional dysregulation and nonadaptive cognitive modalities are analysed using verbal techniques, which include:

1) Verbal constructs to define oneself (Kelly 1955);
2) Debating irrational beliefs (Ellis 1962);
3) Life story, emotion regulation strategies (Wang et al. 2014).

In addition, to reflect on the meaning-making process with logical way of thinking and responsibility, in the Redefining Psychotherapy approach the client is asked to write a narrative of his GIM experience, as homework assignment, called the "Redescriptive Technique" which is described below.

The Redescriptive Technique

To enable the client to write a description of his experience developed during the imagery and music phases the therapist takes note of what is happening, the interpersonal dialogue and the client's responses to music. The transcript will include the Conclusive Dialogue detailing the choices regarding images, meaning-making and life associations made by the client. The therapist will give a copy of the transcript to the client for further elaboration. As homework, based on the therapist's transcript and on his own memory, the client will write the redescription of the session in a more meaningful narrative.

The Redescriptive Technique is useful since the understanding that occurs immediately after the GIM experience is sometimes provisional and open to revision possible upon further reflection on the written transcript of the session. On reading the transcript, interpretive distancing permits the individual to form different perspectives on the tacit knowledge accessed through the music-imaging experience. In this way, the client is able to evaluate parts of the experience using logic-emotive abilities and therein focus on key issues. The entire meaning-making process enables the client to easily create an organised reworking of the episodes in a coherent narrative structure (Giordanella Perilli & Cicinelli 2012).

The client will bring the written narrative to therapy, as it could enlighten cognitive and emotional processes which need to be assessed, evaluated, and then modified and/or improved by cognitive methods and techniques (Giordanella Perilli & Cicinelli 2012).

CONSCIOUSNESS MODALITIES

As outlined above, the therapeutic process includes experiential, imaginative methods and cognitive verbal techniques; each requiring different consciousness modalities. The imagery and music provides clients with experience using tacit knowledge or primary consciousness, while verbal methods require explicit knowledge or secondary consciousness. Consequently, it is worthwhile to present specific information on the differences between consciousness modalities which draws on cognitive neuroscience (Damasio 2010; Edelman 1989, 2004, 2006; Edelman & Tononi 2000):

Primary or core consciousness, which is stored and coded in nonverbal analogues, constitutes most of what in cognitive science is called tacit or implicit knowledge, which individuals are not aware of. It is the basis for the music and imagery experience, the "how" of clients' experience.

Secondary or extended consciousness, which is stored and coded verbally, constitutes most of what in cognitive science is called explicit knowledge which clients know at a conscious level. It shapes the "why" of, or the clients' interpretation and reflection on, their experiences.

The neural complexity of the brain, which develops from interactions with the external environment, facilitates the integration of information. By consequence the brain may use such integrated information to develop consciousness and meaning. A similar process for promoting self-consciousness and meaning-making happens in dreams, imagination (Edelman & Tononi, 2000), and, we posit, in music imagery experiences, too. Consciousness is neither linear nor homogeneous. As a consequence, it is more coherent to conceive conscious states as a complicated flow between a conscious equilibrium and a less conscious one (Edelman & Tononi 2000).

Alternating non-ordinary and ordinary states of consciousness is an efficient process in bringing tacit knowledge into awareness that is at a secondary consciousness level. Both states are explored in the music and imagery session through various verbal and nonverbal modalities.

To understand the fundamental role of music in tacit knowledge and the role of verbal language in explicit knowledge, the Redefining Psychotherapy method refers to an approach based on Paivio's Dual-Coding Theory which was first introduced in 1971 and tested extensively today.

Dual-Coding Theory

The Dual-Coding Theory proposes that information gathered from the sensory system can be represented in two symbolic ways; one verbal and the other nonverbal (Paivio 1971, 1986, 1991). After processing, sensory information is stored in separate specialised systems:

1) Verbal information is maintained in analytical form in a system where human beings use abstract, sequential, and focused reasoning. This is the world of words.

2) Nonverbal information is stored in analogue code, perceptual or visual form, using a synthetic method, and the Gestalt, where holistic concepts prevail. In general, this is the world of images, sounds, sensations and emotions (Paivio 1971, 1986, 1991).

The units that make up the nonverbal symbolic system, called images, contain the information needed to generate all kinds of imagery, including not only visual images, but also internal, imaginative, emotional, sensory-perceptive, and motoric representations. The various kinds of images occur together and coalesce to form different patterns, combinations, and relationships; thus, when one kind of image is accessed, the others are accessed as well, or are at least made available for access.

The units, called logogens, relate to verbal information and are organised sequentially. They follow rules of logic and order and are concerned with reflexive thought, interpretation, and meaning-making.

The two symbolic systems communicate with each other vis-à-vis experiences that activate different areas of the brain. According to Damasio (2010), although analogue and propositional representations (i.e. nonverbal and verbal symbols) are separately and differently stored in the brain (Paivio 1971) our everyday experiences create different brain maps or representations that intersect and form multidirectional connections between these areas of the brain (Damasio 2010).

IMAGES EVOKED BY LANGUAGE AND MUSIC

While images evoked by verbal language are static, those stimulated by music are dynamic, e.g. images change according to music temporal

features (Zbikowski 2011). An image is a structured dynamic model of human experiences, including somatosensory (visual, auditory, gustatory, tactile) and proprioceptive characteristics (muscle tone, body temperature, sensation of pain, visceral organs and feedback from the vestibular system) (Kosslyn, Ganis & Thompson 2009). These images can be defined as representations or maps stored in different areas of the brain. In processing information, the human brain, using multidirectional connections, establishes a kind of code. In this way, the neural areas involved in information-processing learn that, just as they are activated simultaneously and linked together to encode complex experiences, in the same way they will reconnect in order to rebuild the same experiences when evoked at conscious level by internal or external stimuli (Damasio 2010).

Images are easily evoked through music-listening. For Johnson (2007), music serves to temporally represent and enact our experiences. Therefore he argues that music can be significant in that it reveals the dynamic flow of metaphorical images inherent in the human experience of past, present and future time.

Language conveys propositional, logical meaning, while music expresses the meaning of experiences based on sensory-motor, emotional, and cognitive structures, "imaginative schemas", or brain maps created through the metaphorical process and from experiences stored in memory. The "metaphorical process" consists of projection on multiple fronts: from one area of experience or modality to another, from bodily to emotional to conceptual, from nonverbal to verbal, and from tacit to explicit knowledge. The outcome of this dynamic process is an imaginative structure referred to as a "metaphor" (Lakoff & Johnson 1980). Since the metaphorical process and experiences saved in memory build up brain maps it seems quite evident that brain maps exist at different levels of consciousness; that issue is well explained by Damasio (2010) who talks about certain memory maps as being automatic, fast and unrefined, existing at the primary level of consciousness (walking, eating, and speaking). In contrast, there are also maps that store recollections at a conscious level, that is, secondary consciousness. An example would be recalling specific events from the past. The ways that each person uses language and music for such purposes are directly linked to his/her individual characteristics, stage of development, and ways of coping with life.

Interestingly, an EEG study showed how N400 (the minimum neurophysiological marker for verifying semantic processing) was evoked both when participants were presented with verbal sentences followed by semantically unrelated words and when participants listened to musical stimuli followed by semantically unrelated words. This seems to show that musical information can affect the semantic processing of words. Moreover, the N400 marker occurred both with words with and without emotional content, showing that the meaning in music is not limited to its emotional properties (Koelsch et al. 2004; Koelsch & Siebel 2005).

Taking into account Damasio's perspective (2010), it can be deduced that the images evoked by music, in an altered state of consciousness, are a product of the prototypical mental structure that unwittingly determine the behaviours of the individual. The representations of these images, mental constructions, and behaviours are imaginative and metaphorical, and therefore initially removed from the formal logical analysis of the verbal processes.

Moreover, any interpretation of these representations, while the client is actually engaged in the music-imaging experience, is usually made through primary processing. Thus, such interpretations occur in a general and stereotypic manner and rely upon interpretive schemes of which people have less awareness and which are less reliable (Giordanella Perilli & Cicinelli 2012).

Nevertheless, these analogical codes provide a cognitive bridge between tacit and explicit knowledge, but need a further verbal code to define a personal meaning. The following vignette will clarify this concept.

Case vignette 1

In her initial image during a GIM experience while listening to Ravel's *Daphnis et Chloé* (Explorations-M programme), Mary states:

> I am in a field where a furious battle took place. Corps lie everywhere, the ground is full of enormous fissures, there is smoke, everything was burnt.

After the experience, Mary was emotionally exhausted. For that reason, the therapist proposed to Mary that she conclude the session by drawing a mandala, which Mary titled *'The Void'*. In the redescription the client writes:

> I feel dead, my life is finished. Because I have HIV people will not accept me. I must be free from this disease. As things stand I cannot accept myself, I cannot love myself, I do not trust myself! I feel depressed, guilty, anxious, angry, empty like the mandala. At the same time, I realise that I don't like to live in this way, I would like to modify something in my inner world. I would like to accept myself and my life despite the difficulties I'm facing.

After this GIM experience and its redescription, it was clear that to contribute to the effectiveness of GIM, the treatment plan for Mary has to provide cognitive structured techniques to purposefully work on modifying not functional thoughts and emotion regulation strategies. In the author's opinion, integrating experiential and verbal modalities provides a faster and more specific way to address the therapeutic issues and to consolidate the understanding and self-transformation developed through the GIM experiences.

NARRATIVES EVOLVING FROM METAPHORICAL PROCESS

To understand the relevance of narrative in the process of human development and well-being, some basic issues must first be considered.

As is well known by GIM professionals, new metaphors arise from the experiential process; they represent the evolving self. Sometimes the metaphorical process produces metaphorical images that vary in complexity. Some metaphorical images represent single objects or concepts, whereas others form larger gestalts composed of several episodes or concepts associated with the individual self and his/her life. Three levels of metaphorical thinking emerge during the therapeutic process: 1) the narrative episode, configured around one or more core metaphors; 2) the narrative configuration of metaphors of the ego and the self, and 3) the full narrative, or the ensemble of metaphors for telling the life story within a narration with a plot (Bonde 2000). All kinds of metaphorical images form the basis of narratives.

Narrative in GIM

Previous GIM studies and descriptions of GIM adaptations have included descriptions of narratives with the purpose of increasing the effectiveness and/or reliability of the method. Bonde (2004) examined the transcripts of the GIM sessions and interviews with cancer survivors (Bonde 2004). In that study, the clients' narratives were coded so that it was possible to gather new clinical information through the following seven categories: new perspectives, promoting coping ability, improved mood and quality of life, enhanced hope, developed self-understanding, new love for music, and coming to terms with life and death. The data showed that every client had a personal style of imagery which structured the unfolding of the nonverbal narrative together with the music.

For Bonde (2000), when the music is over, creative writing along with the client's reflection on his metaphorical experience may consolidate the therapeutic process. By consequence of verbal and reflective means, the client may modify his coping strategies, redefine a problem, and clarify his desired therapeutic goal. Sometimes the therapist writes a narrative, based on the client's core metaphors, to reflect back to the client her own experience of the process (Bonde 2000: 71). Verbal narratives are fundamental in bringing awareness of and expanding the meaning developed through the embodied insight reached during the GIM experience, and in relating this to the client's life (Bonde 2000: 63).

A GIM adaptation called Music, Drawing and Narrative has been developed by Booth (2007). The structure of the MDN session is as follows: 1) client and therapist engage in an initial dialogue, followed by relaxation; 2) the client draws to the music while the guide writes information on the client's experience; 3) the client writes the story depicted in his drawing while listening to the same piece of music in order to give deep consideration to aspects of the experience, produce new material, and give a form of concretisation to the experience itself (Booth 2007: 57); 4) after finishing writing, the client reads the story aloud to the therapist; 5) client and therapist reflect on the session to provide further development and understanding and, thus, bring about a change in intention, attitude, and behaviour (Booth 2007).

By writing the narrative of his experience, the client organises it into a structure, and thus may remember and use the story many times. In the written medium, the narrative may reinforce the internal dialogue; it can be used as a method for maintaining awareness about one's self-identity.

All narratives are driven by metaphorical processes, which operate at both primary and secondary levels of consciousness and yield both tacit and explicit knowledge. Through the use of

narrative, humans increase self-efficacy and awareness. The following vignette will illustrate the different functions of narratives during and after the client's GIM experience.

Case vignette 2

An excerpt of the narrative of the client's experience while listening to Integration programme (the sixth piece, Paganini's *Concerto for violin No 1 in D major, Op. 6*, *Adagio*; the seventh piece, an excerpt from Rossini's *William Tell* Overture) (Giordanella Perilli 2012):

> This is a money box which I open with my thumbs. Inside there are many things I have deposited over many years: addresses, personal belongings, gold and silver objects, a necklace, money I saved. There is a golden necklace with a golden tag showing St. Christopher holding the Holy Child. I feel sad because this is my grandfather's gift. He told me that with this gift he protects me forever. For a long time I left it in a drawer; now I will wear it. All my sadness and nostalgia have gone. I am aware that I am protected and lucky because numerous people have loved and protected me. I feel so happy; I weep for joy.

Listening to the music, the client focused his attention internally; in an altered state of consciousness, the client was feeling really strong emotions evoked by the music and by this touching memory. In the redescription written in an alert state, the client concentrated his attention on logically organising a meaningful narrative, adding details, and explanations. More importantly, by reflecting on the experience, he became aware of the metaphorical message which could enlighten his present situation:

> Now I feel tension but no anxiety, since I've found something, the cardboard box, that contains negative and positive items. I have opened the box and become aware of the numerous belongings I had put together during my life. One of these is particularly meaningful: love. I recognise that many people have loved me and that I love them, too. By reaching this understanding, I do feel able to change my perspective and build my resilience in coping with difficult life events.

Within the frame of evolutionist and post-rationalist cognitive science (Guidano 1991) awareness is a primary therapeutic goal because it is the very foundation of psychological dysfunction or mental health. To reach that goal it is necessary to consider that awareness evolves through the continuous oscillation between tacit and explicit knowledge systems, and that the imagery and music session is designed so that it facilitates this oscillation between types of knowledge and the achievement of a dynamic balance. Through this process, individuals develop a greater capacity for complexity and a higher level of self-organisation, both of which are useful for self-continuity and self-integration.

A main challenge to a dynamic self-balance may occur also in the GIM experience when a discrepancy may arise between tacit and explicit self-image, between experiential and redescriptive narratives. In alternating between tacit processes (sensorial, emotional, preverbal) and explicit processes (conscious verbal thought), discrepancies can occur between self-images that are developed at these different levels. In other words, the tacit self-image may be very different from the explicit self-image. It may also be the case that the client may be unaware or not ready to modify discrepancies between ideal self and actual self. This situation can lead to the emergence of disturbing and uncontrollable emotions because the individual could perceive contradictory aspects of the self without being able to reorganise an integrated self-image at a conscious level, i.e. being good and depressed, or being selfish and satisfied (Giordanella Perilli & Cicinelli 2012).

Comprehension and interpretation of self-knowledge

The discrepancies between tacit and explicit knowledge bring further consequences for the development of the client's mental health for the following reasons:

1) The distinction between comprehension and interpretation is greater when the imaginative experience presents irregularities and vagaries when comparing the real and imaginary worlds, the various meanings of a particular metaphor, and the contrasting or even incongruent emotions attached to them.

2) The understanding that occurs immediately after the experience is sometimes provisional and open to revision, which could be possible upon further reflection on the written transcript of the session (Giordanella Perilli & Cicinelli 2012).

Toward a more coherent understanding of the imaginative experience

To overcome incoherent understanding of the imaginative experience, the Redescriptive Technique is added as homework. Reading the transcript and writing the redescription in an alert state of consciousness, interpretive distancing permits the individual to take different perspectives on the tacit knowledge accessed through the music imaging experience.

By taking different roles, as actor, author, and editor, the client is able to evaluate parts of the experience using logic-emotive abilities and therein focus on key issues. In this way it is possible for the client to develop an organised reworking of the episodes in coherent narratives (Giordanella Perilli 2017).

The process of developing awareness flows from non-ordinary to ordinary states of consciousness while focusing on one experience in awareness at a time. What a person selects to attend to depends upon the person's self-concept, which is eventually mediated by language (Edelman & Tononi 2000). Verbal thinking is the glue that unifies consciousness. The ability of verbal thought to produce a narrative allows a human being to construct a story – his own integrated and coherent story. In this way, humans are able to integrate the millions of different states of consciousness (Giordanella Perilli & Cicinelli 2012). To independently write a redescriptive narrative of the GIM session enables people to be aware and develop a better interpretation and comprehension of their experiences as they move towards self-integration.

DEVELOPMENT OF EXPLICIT KNOWLEDGE

The experiential aspects of imaging to music in an altered state of consciousness while dialoguing with the therapist are used to explore and evoke what is at a tacit level of awareness. The development of explicit knowledge begins in the "Conclusive Dialogue" of each session, when the therapist uses verbal methods to help the client to understand the images and metaphors. This self-reflection begins with the therapist and client reviewing the transcript, with the client assigning initial meanings and self-association to images and metaphors. A further reflexive step is made by the client writing a redescription of the session.

The therapist and the client, then, contextualise the images, metaphors, and meanings by comparing narratives gathered in several sessions. Consequently, it could be possible to identify, explain, and modify emotional maladaptive strategies and illogical ways of thinking that sustain the client's suffering (Giordanella Perilli & Cicinelli 2012).

The process goes bottom up and top down in the multiple layers of human experience. It can move the client from the tacit to explicit and from the explicit to what is stored at an implicit level of self-knowledge. The following vignette will partially illustrate the therapeutic process.

Case vignette 3

A client presents an emotional dys-regulation. He evaluates himself as an untrustworthy person and feels depressed. Listening to the GIM music programme Relationships (Bruscia 2002), he modifies his depressive emotion, feeling proud while he is helping people to get out from their house destroyed by a bomb. By reflecting on his redescription, the client realises that it is not adequate to evaluate himself as an unreliable human being; instead, it is more realistic to evaluate his actions, thoughts, and associated emotions, which he is able to modify. Considering the alternative indicated by the GIM experience, the client modified his low self-esteem by perceiving himself with a characteristic of self-efficacy.

This multidisciplinary perspective seems to be an efficient methodology to bring up tacit knowledge into awareness, to let the clients acquire knowledge on their ways of feeling, thinking, and behaving.

Such awareness is an overall goal in psychotherapy: by becoming aware of one's own limits, needs, values, motivations, and resources, the human being increases his/her freedom and resilient capacity to make decision for his/her own life. With that purpose in mind, verbal and writing modalities need to be clearly understood for their contribution to that process.

Verbal and written processing

In order to allow people to integrate tacit and explicit self-knowledge, verbal processing (i.e. language) is used to integrate primary and secondary levels of consciousness, thereby to reflect upon and gain insight into one's tacit knowledge and automatic ways of being that maintain dysfunction and suffering. Language is also used to evaluate the coherence and viability of the various narratives developed at the tacit level,

and to decide which alternatives are preferable.

It is worthwhile highlighting that oral narratives are not always completely understood by the person who created them. In addition, parts or specific details of an image may be at the explicit level while others remain at the implicit level and are thus not fully available for inclusion in the narrative at a conscious level of awareness (Giordanella Perilli & Cicinelli 2012).

Schiff (2012) argues that one of the primary functions of the dynamic process of narrating is to "make present" life experience and interpretations of life in a particular time and space. In that sense, narrating brings experience and interpretations into play, into a field of action, within a specific here-and-now. By telling, or narrating, people objectify their subjective experience and project it into the world of their social life; in doing so the narrative content can be analysed and commented upon. This allows people to understand their own experience, who they are, the meaning as human beings, and finally keep in mind meaningful aspects of their experience (Schiff 2012).

The transition from inner experience to explicit verbal speech, or narrative redescription, requires what Vygotsky (2008) called "deliberate semantics"; namely the deliberate, conscious structuring of a topic or plot about the self or world. This way of thinking allows people to conceptually represent the plot while also interpreting its meaning. An important property of written narrative is its sequential organising of events, mental states, situations and emotions. In contrast to experiential narrative, the written narrative involves linear thought processes necessary for bringing all contents into consciousness and giving an acceptable meaning to personal experience (Vygotsky 2008).

During the oral narrative in GIM phases, the client is actively and emotionally involved with the numerous characters in imagery, with the empathic relationship with the guide, and with the music. During the imagery experience especially, verbal narration is short and simple, and characterised by emotional, colloquial and colourful words; in contrast to this, written narratives select and integrate events, are better planned, and executed with more precise sentences shaped by cognitive processes.

Writing is defined as the act of composing a text, which requires a goal-directed thinking process guided by the writer's own growing network of goals (Drijbooms, Groen, & Verhoeven 2015). Numerous mental processes, or self-regulation strategies including attention, guide and monitor the cognitive process in writing: these are known as planning, translating, reviewing and revising (Hayes & Flower 1980). These mental functions provide the capacity for reasoning, problem-solving and planning (Diamond 2013). From this perspective, when the client writes his experience, he quite often creates a more coherent and emotionally integrated narrative of what happened. In doing so, it seems that the client not only creates meaning but also gains control over a stressful experience and integrates it into his life story (Pennebaker 1997).

Narratives reflect one's values, and can therefore be used to redescribe or reconstruct the self in a coherent, integrative way, thereby leading to appropriate changes in emotions, thoughts, and behaviours. The psychological process of becoming self-aware is in a continuous evolution and is fundamental for structuring a self-identity. A vignette from the already-mentioned client Mary illustrates this issue in her GIM process.

Case vignette 4

In the following experience, Mary was listening to Brahms:' *Symphony No.3, Allegro con brio* (Inner Odyssey programme):

> It is a strong oak with a beautiful rough bark. It is the lord of this field, a wise guardian. It succeeded in growing despite the bad weather. It was not easy. It covered a long distance with patience and determination. Now it is fulfilled. I am smiling listening to its story, I feel happy!

In the redescriptive narrative, the client wrote:

> The strong, sage oak gives me a meaningful message, through which I realise that it is possible to change from my previous self-evaluation as a rotten person into a person able to cope with distressful life events.
>
> I understand that life energy comes from inside. The oak shows the rough bark caused by the many injuries received due to the bad weather; I have damage to my body due to the severe illness, i.e. HIV. But I am alive and stronger than before. Now I can see those experiences as challenges to help me develop my power to cope with painful life events.
>
> Unfortunately, life is not always as I would like. However, I accept it and love myself more, knowing that I am able to take care of myself and other people who need my support with responsibility and hope.

The evolving process from tacit imaginative content to explicit written narrative

Case vignette 5

The following vignette illustrates how a client's awareness could improve by writing a narrative on his experiential work: a client presents with an obsessive-compulsive disorder. During a GIM experience, while listening to the music programme Explorations, he imagines being in a park watching a woman and a man. They are quarrelling. The man is jealous and really angry because she is leaving him. He tells her that he can't be without her; she is his and he can't give up their relationship. He feels afraid because he will not be able to live alone.

In the redescription of the session, the client wrote:

> The woman represents my obsessive behaviour. I am working to overcome it but I am afraid to change; I don't know who I might become without it. When I was younger I perceived myself as cunning, I was able to fight to reach my goal; now I think of myself a half-man, nothing at all. But I am afraid because if I wasn't an obsessive-compulsive person who would I be? I am really attached to my disorder, which I consider almost like my lover. Then I feel scared to lose it! At the same time, I suffer deeply in my current condition and I would like to change and become independent from that impairment and responsible for my life.

To elaborate on the meaning of the session, verbal interventions were planned to discuss and modify his dysfunctional belief concerning the absolute need to stay with his obsessive-compulsive behaviour.

In the next GIM session, listening to the music programme 'Nurturing', the client images that he drives a small airplane, happy to go up above the sky, able to watch big mountains from above. He feels excited to be able to overcome his difficulties. He is in control of where he goes. After a trip, he lands in an unknown place. There is a park and he enjoys spending time there, savoring a tasty ice-cream.

In the conclusive dialogue, the client feels enthusiastic but confused because he is normally afraid to fly. Thus he is unable to find a meaning and association in the images – except for the last one regarding the park and the ice-cream, which represented his willingness to relax and enjoy life.

In the redescription, he reflects that the journey represents his development:

> I take command of my life. All what I afforded with commitment in the therapeutic process has changed me; I feel able to take responsibility for my life. I see my situation from a different perspective. There are many opportunities for me, not only to live with the obsessive-compulsive behaviour. I know that there are difficulties. I have already suffered the experience of being in hospital, the pain when I had doubt concerning my way to live. I did overcome my limits, my fear. But I had a strong will to change because that unhealthy behaviour has been holding me back for too long time. I am alive. I am savoring sweet and unknown aspects of my life, knowing that there could also be bitter situations which I feel ready to cope with.

Based on the above vignette, it seems quite evident that the roles as writer and subsequent reader enable the client to reflect and establish an emotional distance from his direct experience. Through that process, the client is able to discover the hidden meanings in his experience, linking unusual, uncommon images in a logical and organised structure. In the above case, writing the redescription enables the client to take a different perspective when interpreting and finding meaning in his experience coherently with his own actual developed self-knowledge.

To conclude, a summary will consider the major issues developed in this article.

SUMMARY OF THE ADAPTATION OF GIM FOR BRINGING TACIT KNOWLEDGE INTO AWARENESS

Here is a summary of the process, including imaginative and verbal modalities:

1) Through the metaphorical process, the client transfers the imagery and its meaning from tacit to explicit knowledge. Through a felt-emotional imagery experience, the client is enabled to articulate his/her own metaphorical process with new elements which, in turn, allow him/her to modify and reconstruct tacit memories as they emerge at a conscious level.

2) The client acquires nonverbal awareness during a music-imaging experience which is then enhanced by verbal analysis.

3) Then, assisted by the therapist, the client begins to understand how nonadaptive or maladaptive ways of thinking sustain a painful state of being and prevent creative potentialities from developing.

4) Based on the transcript of the session, the client redescribes his/her own story in a new, coherent narrative that will illustrate the new, purposefully modified self-image.

5) Now the client is better able to evaluate and explain those behaviours, emotions and thoughts that limit his/her opportunities and choices.

6) Through the therapeutic relationship, based on his/her own values, beliefs, and goals, the client works to modify those behaviours, emotions, and thoughts that negatively affect his/her quality of life in order to cope more efficiently with life and, hopefully, increase wellbeing.

Various purposes of the verbal and written processing

From the summary of the process, exemplified by the above vignettes, it is possible to summarise some purposes which could be reached using verbal and written modalities. In the GIM session, during the conclusive dialogue, the verbal processing of the material arising from the imagery and music experience serves:

1) To enable the client to capture meanings and insights that were unavailable at the actual time of the session.

2) To bring the metaphorical images closer to consciousness.

3) To reveal the contradictions in one's own self-image arising during the imagery and music experience.

Writing the redescription of the session enables the client:

4) To reflect and develop strategies for resolving discrepancies in self-image.

5) To construct a more articulate and accurate narrative of oneself in the world.

6) To develop the self-meaning making process at a conscious level.

INDICATIONS AND ADAPTATIONS FOR THE USE OF THE REDESCRIPTIVE TECHNIQUE IN GIM

This adaptation to GIM seems to provide an efficient method for bringing tacit knowledge into awareness. Like GIM, it requires that the client possesses the following characteristics:

A) The medical and physical stamina needed to experience the music and withstand the images that may arise.

B) The emotional regulation and self-organisation needed to experience the feelings that arise in response to the music and images.

C) The intellectual ability required to understand one's own experiences in imagery, and not to become dangerously overwhelmed or confused.

D) The verbal ability needed to dialogue with the guide before, during, and after the music-imaging experience, and for writing the redescriptive narrative of the session.

E) Sufficient reality-orientation to distinguish between imaginary and real worlds.

F) The ego boundaries needed to maintain a separate sense of self after deep imagery experiences; as in these experiences boundaries between self and other (or environment) may merge.

The Redescriptive Technique could be modified to suit clients' needs and their psychological status, goals, and readiness. A session can use the full format except for reduced time of music and imagery experience, by working with a maximum of 8-12 minutes of music. A single piece of music is used when the client may require more verbal interaction with the therapist and a less self-imaginative experience. In the conclusive phase, to enable vulnerable clients to stay in contact with reality and to use rational thinking modality, verbal dialogue may be combined with the written redescription of the session. Both aspects will be processed by the client in collaboration with the therapist.

CONCLUSION AND FUTURE PERSPECTIVES

The Redescriptive Technique has been developed as a structured adaptation of the BMGIM with the purpose of bringing tacit knowledge into awareness and enabling people to re-organise their self-meaning (Giordanella Perilli & Cicinelli 2012). The Redescriptive Technique retains the integrity of the method but considers numerous aspects and functions of human beings based on cognitive neuroscience and psychological theories.

The Redescriptive Technique engages the cognitive modalities necessary to write the narrative of the music and imagery experience. In that perspective, consciousness modalities, verbal and written language abilities, images and thoughts have complementary and interrelated roles; all represent meaningful components to be used in the client-therapist interaction.

Stemming from the transcript of the session written by the therapist, the redescription is created by the client, who will reflect on and modify the therapist's narrative, adding details and associations with his life, taking responsibility for the outcomes (Bruscia 2017).

Taken together, transcript and redescription seem an interesting source of knowledge because, by using the two, the therapist has an opportunity to compare the client's different ways of functioning and chart the client's progress. The transcript and the redescription allow the client to use emotional and cognitive functions in many ways, and to take different roles, in and out the imaginative experience. Through this adaptation, the client may dispose an easy and complex way to develop and consolidate the self-awareness necessary to modify painful or maladaptive characteristics (Giordanella Perilli 2017). The author has created a new method of assessment and evaluation of the transcript and redescription of the session as an easy tool for looking at the cognitive and emotional processes by which clients structure and organise narratives (Giordanella Perilli 2017).

The Redescriptive Technique may be combined with other adaptations and theoretical orientations in GIM, as a useful and effective avenue for understanding and consolidating the meaning-making process and outcome.

In this article, research, studies, and clinical examples are provided to illustrate the theoretical claims with data, and are supported with scientific and practical arguments.

To verify the proposed theoretical and methodological approach, the author would be interested in promoting a study and receiving contributions useful to answer to the following questions in a novel and radical way: 1) Could psychological modifications correspond to modifications in brain circuits? and 2) Could the present approach be efficient with populations other than people suffering from emotional disturbances and psychological distress?

Besides a few observations made in this paper, there are more gaps, problems, and questions which need to be examined thoroughly to fully understand how the integration of verbal and nonverbal modalities work with different clients and in relation to different pathologies. At the same time, the author is confident that further multidisciplinary studies could develop scientific knowledge and clarify the numerous open issues concerning how to facilitate human beings in terms of improving their awareness and, thus, their self-integration.

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SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Article

Perspectives on Music Imagery and complex chronic pain

Ilan Sanfi & Erik Christensen

ABSTRACT

The aim of the article is to examine the concept of chronic pain as a complex phenomenon and to highlight the potential role of music therapy – in particular, music imagery – in the treatment of chronic pain. Theories of pain, along with research on pain pathways and pain control in the nervous system, support the evidence from clinical practice that music interventions can alleviate the sensation of pain whilst also offering a pleasant aesthetic experience. Music therapy provides opportunities for processing psychological and existential issues and enables patients to better cope with chronic pain. Related research in neuroscience and music medicine provides supplementary evidence that music can have a considerable impact on the physiological and psychological aspects of pain. This article summarises selected theoretical, clinical, and research–based knowledge relevant for music therapy clinicians and other health professionals aiming to alleviate chronic pain.

KEYWORDS

music therapy, music imagery, complex chronic pain, theory, research, clinical implications

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INTRODUCTION

Pain is a complex, multifaceted phenomenon. Moreover, the experience and perception of pain is individual and culturally influenced. Estimates suggest that 20% of the world's adult population suffer from chronic pain (Goldberg & McGee 2011).

Pain involves sensation, emotion, and cognition. Pain is a sensation in a part, or several parts, of the body, accompanied by unpleasant emotions and implying awareness, memory and evaluation of the experienced pain. Acute pain is a signal of actual or

impending tissue damage, e.g. due to fracture, burn, sting, infection or inflammation. It is most often relieved after the healing of the damaged or disturbed tissue. Acute pain serves as a warning sign to the individual to avoid further injury and to promote the healing process (Cousins & Power 2003). However, pain is not necessarily tied to a stimulus. Pain is always subjective, and many people report pain that is not related to tissue damage or any obvious physiological cause (IASP 2012). Biological, lived-experience, and sociocultural factors are important in the perception and understanding of pain. Each culture has its own language for expressing and describing pain, and traditions and cultural resources have an influence on reporting pain and coping with pain (Callister 2003; Pillay, van Zyl & Blackbeard 2014).

Chronic pain continues past normal healing time and lacks the warning function of acute pain (Melzack 2003). It constitutes a major global and societal health issue, which is furthermore not sufficiently addressed and treated in the health care systems of most countries (Breivik, Collett, Ventafridda et al. 2006). For the individual patient, chronic pain inflicts a broad range of substantial physical, cognitive, psychological, social, economic and existential issues. Many patients suffering from chronic pain do not obtain sufficient relief from treatment with drugs (Cherny 2007; Finnerup et al. 2015). This calls for the application of complementary non–pharmacological treatments, including music therapy.

In this paper, we begin by describing various aspects of pain, followed by an examination of the quantitative research literature on music interventions and pain. After describing relevant pain theories, we address the clinical application of music therapy in pain treatment. Finally, we outline the therapeutic potential of music imagery in relation to complex chronic pain. We use the term music imagery as an umbrella term covering a broad spectrum of practices involving active music-listening and imagery performed by a trained music therapist (Grocke & Moe 2015). The article is not a systematic literature review but summarises selected theoretical, clinical, and research–based knowledge relevant to the clinical application of music imagery.

TYPES OF PAIN

Pain can be characterised as nociceptive, neuropathic, or idiopathic. *Nociceptive* pain arises from actual or threatened damage to tissue due to the activation of free nerve endings called nociceptors. It may be *somatic,* arising from skin, joints, bones, muscles and other soft tissue, or *visceral,* arising from internal organs. Nociceptive pain occurs within a normally functioning somatosensory nervous system. It serves a purpose as a signal to change behaviour, and has value for health and survival (Cervero & Laird 2004; IASP 2012; Loeser & Treede 2008). *Neuropathic* pain, however, has no beneficial biologic function. It implies a pathological condition of the somatosensory system that can be caused by a range of different diseases and lesions leading to a variety of signs and symptoms (Haanpää & Treede 2010; Jensen, Baron, Haanpää et al. 2011). Neuropathic pain can be a disabling condition following cancer, diabetes, treatment with chemotherapy, and injury to nerves due to stroke, trauma or surgery (Finnerup & Attal 2016; IASP 2012). *Idiopathic pain,* which is also called *primary pain,* encompasses a number of conditions characterised by a complaint of pain without any precise known origin. Idiopathic pain includes fibromyalgia, irritable bowel syndrome, chronic widespread pain, and back pain that has no well–defined cause (Treede, Rief, Barke et al. 2015). Such conditions are associated with pain amplification, psychological distress and significant functional disability in daily life and social activities (Diatchenko, Nackley, Slade et al. 2006).

CHRONIC PAIN

Chronic pain is recognised as persistent or recurrent pain lasting longer than three months. Chronic pain is a severe health care problem, and a source of significant disability across the globe. The World Health Organization estimates that one in ten adults are newly diagnosed with chronic pain each year (Goldberg & McGee 2011), and comprehensive surveys in European countries have documented that chronic pain of moderate or severe intensity occurs in approximately 20% of the adult population. Chronic pain is a problem not only in terms of human suffering, but also in terms of economic implications for society. Moreover, patients with long-lasting pain often experience negative attitudes from family members, acquaintances and colleagues which seriously affect the quality of their daily activities and their social and working lives. A Pan–European average of 40% does not feel satisfied with the effect of their medical treatment (Breivik, Collett, Ventafridda et al. 2006; Sjøgren, Ekholm, Peukmann et al. 2009).

In preparation for an updated international classification of diseases (ICD-11, expected in 2018), a taskforce created by the International Association for the Study of Pain (IASP) published a classification of chronic pain (Treede, Rief, Barke et al. 2015). The authors propose seven types of chronic pain: primary pain, cancer pain, postsurgical and posttraumatic pain, neuropathic pain, headache and orofacial pain, visceral pain, and musculosketal pain. Chronic pain is a complex, multifaceted phenomenon involving sensation, emotion, cognition, memories and expectation.

In chronic widespread pain, the characteristic symptoms include multifocal pain, fatigue, memory difficulties, and mood disorders such as depression and anxiety (Sarzi-Puttini, Atzeni & Mease 2011). Central sensitisation, which implies increased responsiveness of neurons in the central pain pathways, plays a prominent role in chronic pain (Phillips & Clauw 2011; Woolf 2011).

ASCENDING PAIN PATHWAYS AND DESCENDING PAIN CONTROL

This section provides a brief description of the anatomical basis for pain response and pain perception.

In numerous body parts, including skin, joints, muscles, and internal organs, free nerve endings called *nociceptors* respond to pain. Tissue injury, mechanical impact, high or low temperature, and chemicals can trigger nociceptors. In the *ascending pain pathway,* nerve fibres carry information from the nociceptors to the *dorsal horn of the spinal cord*. From there, the signals continue through the *brainstem* to the *thalamus,* which controls the flow of information in the brain. The thalamus forwards pain messages to the *somatosensory cortex,* inducing the sensation of pain, and the *anterior cingulate cortex,* evoking the emotional experience of pain. The awareness of pain involves the *prefrontal cortex,* which is important for cognition, memory, and executive function (Freberg 2015).

Descending pain control in the central nervous system can influence the perception of pain. Several parts of the brain, including the prefrontal cortex, the thalamus, and the amygdala, can transmit information to structures in the brainstem, the *periaqueductal gray (PAG)* and the *raphe nuclei.* The PAG plays an important role in coordinating bodily reactions to emotional and somatosensory signals. It can activate the raphe nuclei, which contain serotonin, a neurotransmitter that can modify incoming pain information in the dorsal horn of the spinal cord. Descending information can alleviate pain, but may also amplify pain, depending on the individual's expectations and emotional state (Brodal 2010; Senkowski, Höfle & Engel 2014). Moreover, the brain produces morphine–like substances called *endorphins*, which can prevent the passage of nociceptive signals on all levels of the pain–related pathways (Bear, Connors & Paradiso 2016).

Tissue that has been damaged may become supersensitive. This condition is called *hyperalgesia*, which often occurs in people with chronic pain. Biologically, enhanced sensitivity helps to ensure that the injured body part is kept at rest. In areas near the damaged tissue, enhanced sensitivity may occur as well, known as *secondary hyperalgesia.* Similarly, pain relief is called *analgesia*. In another condition, known as *allodynia,* pain is elicited by stimuli that do not normally provoke pain, such as light touch or moderate temperature changes (Jensen & Finnerup 2014). Allodynia may be related to sensitisation of the skin, e.g. by sunburn or inflammation, or related to increased response of neurons in the central nervous system. Like hyperalgesia, allodynia is a common symptom in chronic pain patients.

After this introductory description of pain we will now look at the evidence of the effects of music on pain present in the quantitative research literature. As mentioned above, this is followed by sections on pain theories, clinical aspects of music therapy in pain treatment, and the therapeutic potential of music imagery in terms of complex chronic pain.

QUANTITATIVE STUDIES ON MUSIC AND PAIN

As studies on chronic pain as well as music imagery are scarce, we broaden the scope of this section to comprise related studies that generate important knowledge on music–induced pain relief. Initially, we summarise meta–analyses of both music medicine and music therapy studies on pain. This is followed by studies on music imagery and chronic pain. And finally, we examine additional studies that illuminate important aspects of music–induced pain modulation.

We define *music medicine* as the use of pre-recorded music administered by the patient, nurses, or other medical staff, and *music therapy* as the systematic use of music experiences aiming at meeting therapeutic objectives, performed by a trained music therapist. Contrary to music medicine, *music therapy* involves a relationship

between the client(s), music, and music therapist. In addition, music therapy involves the process of assessment, treatment, and evaluation, plus the possibility of verbal processing and reflection.

Meta-analyses on music medicine and music therapy

Cepeda, Carr, Lau, and Alvarez (2006) conducted the first Cochrane Review and meta–analysis of music and pain. It was updated in 2013 but withdrawn in 2015. At this point, there is no recent Cochrane Review on music interventions and pain. However, Lee (2016) conducted a systematic review and meta–analysis of randomised controlled trials on music interventions and pain, in accordance with the standards of the Cochrane Reviews. The meta–analysis includes 87 music medicine studies and 10 music therapy studies involving a total of 9,184 participants. The 97 studies, published in English, German, Korean, and Japanese between 1995 and 2014, primarily involve adult patients. The analysis comprises various types of pain across 20 different medical specialty areas.

From an overall perspective, the analysis by Lee shows that, statistically, music interventions significantly reduce self–reported pain, emotional distress caused by pain, and the use of anaesthetic, opioid, and non–opioid medication. Likewise, the music interventions decreased heart rate, systolic blood pressure and respiration rate significantly. Lee found no statistically significant differences between music medicine and music therapy, but concluded that the two types of interventions can benefit patients in different ways. His results suggest that music therapy has shown a greater clinical impact on self-reported pain intensity than music medicine; on the other hand, music medicine appears to be more effective in decreasing the use of analgesic medicine.

In relation to chronic/cancer pain, a total of nine studies (751 participants) were included in the meta–analysis by Lee. Of these, five were music therapy studies involving a total of 405 participants. Participants in these music studies were primarily adult oncology patients. The type of interventions in the five music therapy studies varied and two studies used a group therapy format (Kim & Kim 2009; 2010). No study used imagery or the specific combination of relaxation, music and imagery. Clark et al. (2006) provided an introductory psycho–educational session with subsequent music-listening and relaxation sessions which varied individually in frequency and length (two to four weeks). The remaining studies involve only a single session. Fredenburg and Silverman (2014) used preferred music, which was provided by the therapist singing and playing the patient's preferred music. Gutgsell et al. (2013) applied guided relaxation and live harp music played by a music therapist. Kim and Kim (2009) used various types of music experiences (e.g. compositional, receptive). Finally, Kim and Kim (2010) compared two types of music therapy – listening-centred versus singing-centred music therapy.

With regards to the results, Lee found that music therapy is more effective in alleviating chronic pain than music medicine. Music therapy (5 studies, 405 participants) shows a large effect on chronic/cancer pain (mean effect size -1.42, confidence interval -1.99 to -0.84). In comparison, the four music medicine studies on chronic pain (346 participants) show a smaller but still significantly large effect (mean effect size -0,92, confidence interval -1,41 to -0,43). In conclusion, music therapy and music medicine demonstrate a large positive effect on chronic/cancer pain. However, due to the diversity of music therapy interventions, the results cannot be extrapolated directly to the context of chronic pain patients receiving music imagery, or to the possible long-term effects of music imagery.

In conclusion, Lee points out that the results of his meta–analysis should be interpreted with caution due to heterogeneity among studies. That said, he stresses that:

> "Considering all the possible benefits, music interventions may provide an effective complementary approach for the relief of acute, procedural, and cancer/chronic pain in the medical setting" (Lee 2016: 430).

With regards to pain related to surgery, Hole, Hirsch, Ball and Meads (2015) conducted a comprehensive systematic review and meta–analysis of music as an aid for postoperative recovery. The meta-analysis includes 73 randomised controlled trials (RCTs), and indicates that music played in the perioperative setting can reduce postoperative pain, anxiety and the need for analgesic drugs, as well as improve patient satisfaction. The researchers suggest that music-listening can reduce the perceived intensity and unpleasantness of the patient's pain and influence autonomous nervous system activity, reducing pulse and respiration rate and decreasing blood pressure. They recommend that music should be available to all patients undergoing operative procedures.

Studies on music and imagery

McKinney and Honig (2016) conducted a systematic review of studies using the Bonny Method of Guided Imagery and Music (BMGIM) to promote various health outcomes in adults. Of these, only one study involves chronic pain (Jacobi & Eisenberg 2001), and this does not feature in Lee's (2016) meta-analysis. Jacobi and Eisenberg examined the effects of BMGIM in adults with arthritis. Various physiological and psychological outcomes were measured, including walking speed, pain intensity, mood, and symptoms of distress. Results show a significant decrease in self–reported pain, distress, walking speed and joint count.

In her RCT study, Torres (2015a) examined the effect of Group Music Imagery (GrpMI) in adults with fibromyalgia. Endpoints were measured at pre–test, post–test, and follow–up after three months; these calculated pain intensity, anxiety, depression, anger, psychological wellbeing, and impact on functional capacity and health. Thirty–three participants were randomised to a GrpMI group and 26 participants to a control group. The former received 12 weekly GrpMI sessions. A high percentage of comorbidity (i.e. 76.6%) was found in the total sample, especially in terms of depression and osteoarticular disorders. Results show significant enhancement of psychological well–being and improvement in state anxiety. Moreover, 57.6% of the participants receiving GrpMI recovered in at least three variables, compared with 8.7% of the participants in the control group. Finally, significant reduction of anxiety was found in the GrpMI group at the three-month follow–up evaluation.

Further studies on music-induced modulation of pain

In a study by Roy, Peretz and Rainville (2008), healthy participants evaluated the pain induced by thermal stimulations applied to the skin of their arm in three conditions: listening to pleasant music, listening to unpleasant music, and a silent control condition. The study shows that only the pleasant music produced significant reductions in both pain intensity and unpleasantness.

Garza–Villareal, Wilson, Vase et al. (2014) investigated the effect of passive exposure to self–chosen, relaxing, pleasant music in fibromyalgia patients. The results show significant reduction of pain after listening to music compared to pink noise. The researchers suggest that music–induced analgesia may act by means of central neural functions, including the release of dopamine, the regulation of the autonomic nervous system, and the involvement of the anterior cingulate cortex (ACC). The ACC is supposed to constitute an integrative hub between affect, pain, and cognition (Menon & Uddin 2010).

Dobek, Beynon, Bosma et al. (2014) investigated the impact of music-listening on pain perception in healthy adults by means of functional magnetic resonance imaging (fMRI). The participants were exposed to brief heat pulses in two conditions: listening to their favourite music and listening to no music. On average, the participants chose pleasant, happy, calm and relaxing music. The selected pain stimulus is known to produce an effect in the central nervous system (CNS). fMRI scans of the brain, brainstem, and spinal cord provided measurements of neural activity in the CNS, permitting comparisons between the music-listening condition (music + pain) and the no-music condition (pain only). The results indicate that music-listening was associated with lower activity in CNS regions involved in pain perception, including the prefrontal cortex, brainstem areas, and the dorsal horn region of the spinal cord. In addition, the participants' subjective ratings of pain were significantly lower in the music-listening condition. The investigation shows that music-listening can modulate pain responses in the brain, brainstem and spinal cord, consistent with engagement of the descending analgesia system. Subjective pain ratings indicated that music-listening does not eliminate pain but produces a minor alleviation of pain. The researchers suggest that music analgesia is connected to the effects of dopamine and endorphins in the central nervous system. They point out that future studies are needed to examine whether music alleviates pain by influencing attention or emotion, or by a different neural process.

In conclusion, the quantitative research literature comprises many studies on the use of music interventions, especially music medicine, on various types of acute pain. The existing studies have been subject to several meta–analyses documenting the beneficial physiological and psychological effects of music. The research literature is rich in terms of studies regarding music medicine and studies which primarily focus on acute pain. However, there are only a few studies on chronic pain, despite the fact that recent research (Lee 2016) shows that music interventions have almost equal effectiveness in alleviating

chronic pain as acute pain. Similarly, there is also a lack of studies evaluating the long–term effects of music interventions. Theories of pain, and research on pain pathways and pain control in the nervous system, support the clinical research and anecdotal evidence indicating that music therapy can alleviate the sensation of pain. Likewise, music therapy can be helpful in processing a variety of emotional, social, and associated existential and spiritual issues caused by complex chronic pain.

It is not yet fully understood to what degree these effects are primarily caused by the emotional or distracting qualities of music, or perhaps by the combination of the two.

PAIN THEORIES

In this section we describe theories relevant to the application of music imagery in chronic pain treatment.

Gate control theory

In a seminal paper, Ronald Melzack and Patrick Wall (1965) introduced their 'Gate Control Theory'. They proposed that interactions between nerve cells in the dorsal horn of the spinal cord can act like a gate that determine the degree of transmission of pain signals to the brain. The theory generated vigorous debate, and the authors had to concede that some observations on pain, such as phantom limb pain, could not fit the theory (Nathan 1976; Wall 1978; Melzack 2001). Nevertheless, the basic idea that processes in the brain and spinal cord can modulate pain signals has had lasting impact on the understanding and treatment of pain (Katz & Rosenbloom 2015).

Neuromatrix theory

Three decades later Melzack developed the 'neuromatrix theory', which proposes that the brain possesses a neural network, the 'body–self neuromatrix', that responds to inputs from the whole body and produces characteristic patterns of nerve impulses (Melzack 1999). According to the theory, inputs to the neuromatrix include: (1) impulses from skin and inner organs, (2) visual and other sensory inputs that influence the cognitive interpretation of the situation, (3) cognitive and emotional inputs from other areas of the brain, (4) intrinsic neural inhibitory modulation, and (5) the activity of the body's stress–regulation systems, including the endocrine, autonomic, immune, and opioid systems (Melzack 1999: 121). According to Melzack's theory, the neuromatrix network encompasses brainstem areas, somatosensory cortex, and loops between the cortex and thalamus, as well as loops between the cortex and limbic areas. Parallel cyclic processes and synthesis of nerve impulses in the network create a stream of output patterns, which produce the constantly changing feelings of the whole body.

> "Pain, then, is produced by the output of a widely distributed neural network in the brain rather than directly by sensory input evoked by injury, inflammation, or other pathology" (Melzack 2005: 85).

Moreover, Melzack proposes that some forms of chronic pain are related to the destructive effects of excessive levels of cortisol released by the body's stress–regulation system. Melzack's theory implies that the network responds to all kinds of salient stimuli from the whole body, not just pain–inducing stimuli. Subsequent research has indicated that the processing of feeling, including pain processing, involves brainstem centres, thalamus, insula, the anterior cingulate cortex, and the somatosensory cortices (Craig 2009; Damasio & Carvalho 2013; Heimer & van Hoesen 2006; Shackman, Salomons, Slagter et al. 2011). Differing from Melzack's concept, some researchers have adopted the term 'pain matrix', which suggests the existence of a pain–specific network (Brooks & Tracey 2005; Kulkarni, Bentley, Elliott et al. 2005; Stern, Jeanmonod & Sarnthein 2006). However, this point of view is unlikely to be tenable. Investigations of nociceptive, non–nociceptive, visual, and auditory stimuli by means of functional brain-imaging (fMRI) have provided evidence that the neuromatrix neural network is not specifically related to the perception of pain (Iannetti & Mouraux 2010; Mouraux, Diukova, Lee et al. 2011; Legrain, Iannetti, Plaghki et al. 2011; Senkowski, Höfle & Engel 2014). As originally proposed by Melzack, the neuromatrix can be characterised as a multimodal *salience detection system* devoted to detecting and reacting to all kinds of salient events that are significant for the body's integrity.

Total pain

Back in the 1960s, Cicely Saunders proposed the concept of 'total pain' (Saunders, Baines & Dunlop 1995). Saunders was the founder of the modern hospice philosophy and one of the pioneers arguing for a holistic understanding of pain. According to Saunders, total pain refers to the suffering

encompassing the person's physical, psychological, social and spiritual pain, and the practical struggle to overcome it (Saunders et al. 1995). Consequently, the notion of total pain recognises that pain is a complex phenomenon with many dimensions that interweave and affect each other. Consequently, this notion implies an interdisciplinary approach and a sophisticated understanding of pain in order to address the individual's physical symptoms, psychological, emotional, and social distress, plus possible existential and spiritual questions. Although Saunders developed the concept of total pain within palliative care, it is relevant for complex chronic pain due to the broad range of similar issues, struggles, and suffering that affect individuals with chronic pain.

In summation, the theories mentioned above take into account the complexity and various dimensions and implications of pain. The Gate Theory emphasises the dynamic and modulating role of the central nervous system. The neuromatrix theory highlights the central role of the brain in pain-processing, in the form of a body–self matrix (a multimodal salience-detection system) in which complex cyclic and mutual interactions occur between physical nerve impulses, cognitive and emotional inputs, and the activity of the body's stress–regulation systems. Finally, Saunders' concept of total pain illuminates the perspective of the person experiencing pain, and takes into account the complexity and many dimensions of distress and pain.

CLINICAL APPLICATION OF MUSIC THERAPY IN PAIN TREATMENT

In this (final) section, we initially outline the application of various types of music interventions in pain treatment within the context of healthcare. Next, we describe therapeutic levels of music therapy and the clinical application of music imagery in chronic-pain treatment. Finally, we illuminate the therapeutic potential of music imagery in relation to the neuromatrix theory and the concept of total pain.

Clinical application of music interventions in pain treatment

The literature documents a broad application of music interventions (music medicine and music therapy) in addressing various types and aspects of acute pain in medical, palliative, and dental settings (Allen 2013; Bradt 2013; Dileo & Bradt 2005; Hole et al. 2015; Lee 2016; Torres 2015a). *Music medicine* is the use of pre-recorded music administered by the patient, nurses, or other medical staff. Music medicine does not involve a therapeutic relationship. It is used to facilitate and support medical treatment and assist in rehabilitation. Therapeutic objectives include reduction of pain, anxiety, and medication, and promotion of relaxation and satisfaction with medical treatment (Hole et al. 2015; Vuust & Gebauer 2014). *Music therapy*, on the other hand, is performed by a trained music therapist and involves the relationship between the client, music and therapist. Likewise, another key element in music therapy is the opportunity to engage the patient in various types of music experiences, including song-writing, instrument-playing, and music imagery (Trondalen & Bonde 2012). In addition, music therapy includes the process of assessment, treatment, and evaluation. As a pain treatment, music therapy is used in hospitals (Allen 2013; Dileo & Bradt 1999; Loewy 1997; Mondanaro & Sara 2013; Sanfi 2012), in palliative care (West 2015), and in pain clinics (Godley 1987). The literature documents the application of a range of music therapy methods and techniques in treating chronic pain (Bradt 2013, 2016; Burke 1997; Clark, Isaacks–Downton, Wells et al. 2006; Dileo & Bradt 1999; Kim & Kim 2010; Rider 1987). Methods of music imagery are described further below.

Compared to music medicine, music therapy has distinctive advantages; it can be applied individually and in groups, and provides a broad range of music experiences with varying degrees of active music participation for the patients. Music therapy involves a therapeutic relationship and the possibility of verbal processing and reflection. The music and the therapeutic objectives can be adjusted in the here and now, according to the patient's varying needs and experience. Current research suggests that music therapy is more effective in reducing pain intensity than music medicine, with exception of pain related to medical procedures (Lee 2016).

Therapeutic levels in music therapy pain treatment

Contrary to music medicine, music therapy can be applied on five therapeutic levels in pain treatment (Dileo 2012, 2013, 2016), ranging from simple distraction from the pain to more advanced psychotherapeutic processing:

1. Distraction/Refocusing
2. Supportive
3. Cathartic/Expressive
4. Existential
5. Transformational

The objective of *Distraction/Refocusing* is to avoid or ignore the pain by redirecting the attention to something else. This level includes different types of music-listening structured by the patient and/or music therapist, for example instrument-playing and music and imagery experiences (Lowey 2013; Sanfi 2012; Short 2002; West 2015). The *Supportive* level refers to practices aimed at alleviating specific symptoms of pain or enhancing the personal resources for dealing with pain, such as music and imagery, toning, music–based relaxation, vibro–acoustics, and song–writing (Burke 1997; Loewy 1999, 2013; Short 2002; West 2015). Objectives regarding the *Cathartic/Expressive* level are to express the experience, suffering and emotional aspects of having pain. Here, the individual establishes contact with the pain or emotions related to having pain. Music interventions include improvisation (voice and/or instruments), song-writing, and song improvisation (Bradt 2016). The *Existential* level aims at supporting the person in finding meaning in the pain experience or new ways of conceptualising the pain. This level comprises music interventions such as song–writing, song discussion, referential or non–referential improvisation, music imagery, and the Bonny Method of Guided Imagery and Music (Bradt 2016; Jackson 2013; Sanfi 2017; Torres 2015). Finally, in the *Transformational* level, the individual enters into the pain or dialogues with the pain, intending to form a relationship with the pain. Applied music therapy methods on this level include entrainment as well as Guided Imagery and Music, including The Bonny Method of Guided Imagery and Music (Bradt 2010, 2013; Dileo & Bradt 1999; Rider 1987; Sanfi 2017; Torres 2015a, 2015b).

Music imagery in the treatment of chronic pain

This paragraph concerns the application of receptive music therapy in the form of music imagery methods (individual and group therapy) provided by a trained music therapist in the treatment of complex chronic pain. In short, methods described in the literature cover music imagery for relaxation and pain relief, Guided Imagery and Music (GIM), and the Bonny Method of Guided Imagery and Music (BMGIM), including individual and group formats (Grocke & Moe 2015). The music imagery methods imply multiple beneficial therapeutic qualities. Music evokes emotions, memories, and associations. Likewise, music has the potential to stimulate and animate inner imagery in almost all sensory modalities simultaneously (e.g. visual, kinaesthetic, auditory). In the music-imagery process, all kinds of images and metaphors may emerge, including inner images reflecting emotional issues as well as inner resources. When working with chronic pain in music-imagery sessions, there are essentially two approaches: focusing directly on the pain or directing attention away from the pain (for example, focusing on images related to personal resources). However, due to the attributes of music and the imagery process, ambivalent feelings as well as images with positive and negative connotations can be contained at the same time. Moreover, this often facilitates a process of integration.

Jacobi and Eisenberg (2001) used BMGIM in addressing various physiological and psychological measures in adults with arthritis, including pain intensity, mood, symptoms of distress, and walking speed. Short (2002) has described the use of BMGIM with a male patient with arthritis suffering from chronic pain and depression. As shown in the study, this music experience can provide a space free from the pain, a positive sense and experience of the body, and improved mood.

In her randomised controlled trial, Torres (2015a; 2015b) used 12 weekly sessions of Group Music Imagery (GrpMI) in adults with fibromyalgia, aiming at reducing pain, anxiety, depression, and anger, and enhancing psychological well–being as well as functional capacity and health.

Sanfi (2017) describes the systematic use of music-imagery methods with a female client suffering from fibromyalgia. The course of music therapy lasted six months and encompassed 22 individual sessions using a music-imagery continuum model. The continuum model comprises various music imagery methods ranging from simple relaxation and music-listening to psychotherapeutic work using the BMGIM, covering all five therapeutic levels described by Dileo (2012, 2013, 2016). The applied methods served specific therapeutic objectives and required different degrees of active participation from the client. In the sessions, specially composed music-imagery

journeys, GIM, and BMGIM were used. This was supplemented by almost daily application of recorded relaxation exercises and music-listening for relaxation and pain relief purposes, plus recorded music-imagery journeys. In addition, Healing Music and Imagery (Bush 1995) was also applied by the client at home for supplementary processing of emotional issues. In a closing evaluation interview, the client stated that this combination of methods was beneficial in terms of provision of empowerment, self–mastery, psycho–education, processing of emotional and existential issues due to pain, and continuous training and maintenance of the relaxing and pain–relieving effects of music imagery experienced in the sessions.

Likewise, related clinical use of GIM (modified BMGIM) in adults with work–related stress (Beck 2012, 2015; Beck, Hansen & Gold 2015) and music imagery in adult refugees with post–traumatic stress disorders (Messell 2016) show that long–term pain can be transformed and mitigated. Beck et al. found significant reduction with a large effect size of physical symptoms, including chronic pain. Similarly, the applied music-imagery intervention had a positive impact on emotional and social issues. The beneficial effects of BMGIM on emotional issues and physiological parameters are well–described in the literature. As documented in their meta–analysis, McKinney and Honig (2016) found positive effects of BMGIM in various health outcomes in adults, including physiological as well as psychological outcomes.

Potential of music imagery in relation to the neuromatrix theory and total pain

As described above, Melzack (1999) proposes that five types of inputs from the body may influence the neuromatrix. Music imagery can potentially influence four of these inputs:

1. *Sensory inputs that influence cognitive interpretation of the situation:* Music imagery can provide relaxation and promote pleasant bodily sensations. Music imagery can evoke positive images in all sensory modalities (e.g. pleasant bodily sensations), which can counteract the experience of pain and associated suffering. In addition, music imagery can change the perception of time and place, and provide insights which result in new ways of relating to and conceptualising pain.
2. *Cognitive and emotional inputs from other areas of the brain (including the limbic system):* Music imagery can evoke and maintain positive emotions, and contain and express the suffering associated with the pain.
3. *Intrinsic neural inhibitory modulation:* Music can stimulate and support the pain-modulating mechanisms of the central nervous system and thereby inhibit ascending pain signals (Dobek et al. 2014).
4. *The activity of the body's stress–regulation systems:* Music can entrain the immune system, the autonomous nervous system (regulate arousal), and the hormone system (e.g. reduce cortisol) (Christensen 2014, 2017; Schneck & Berger 2006).

It is important for understanding the processing and experience of chronic pain that the neuromatrix theory underlines the existence of a multimodal *salience-detection system* in the brain. Likewise, the neuromatrix theory stresses the importance of the interaction between this network and the body's stress–regulating systems. Due to the multimodal nature of the musical experience, music imagery can exert beneficial influence on the salience-detection system. Furthermore, the application of music imagery resonates with the concept of total pain, as music imagery affords a holistic approach to therapy capable of addressing physical, psychological, social, existential and spiritual issues.

In summation, the application of music interventions for acute pain is evident in various health care settings. Music therapy can be used on five therapeutic levels of pain treatment, from simple distraction from the pain to advanced psychotherapeutic processing. In contrast to music medicine, music therapy involves a therapeutic relationship and offers a broad range of methods and techniques that are applicable and beneficial in the treatment of complex chronic pain. Music imagery can potentially affect the salience-detection system in the brain and the stress–regulation system, and consequently promote relaxation, pain relief, empowerment, self-mastery, and the processing of emotional and spiritual issues. According to the quantitative research literature, music therapy is more effective than music medicine in the treatment of chronic pain.

CONCLUSION

Chronic pain is a global health problem that imposes a broad range of physical, psychological,

social, existential and economic implications on the individuals suffering from pain, as well as on their families and social relationships. Studies on the physiology of pain and studies on music interventions indicate that various types of music interventions have beneficial effects on patients suffering from chronic pain. Music therapy affords the processing of psychological and existential issues and enables patients to better cope with chronic pain. Related research in neuroscience and music medicine provides supplementary evidence that music interventions exert a considerable impact on the physiological and psychological aspects of pain. More studies are needed to confirm the short–term and long–term effects of music imagery interventions on complex chronic pain.

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SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Article

Combining Schema Therapy and Guided Imagery and Music

Gert Tuinmann

ABSTRACT

Schema therapy (ST) is a third wave Cognitive Behavioural Therapy (CBT) and is used for the treatment of personality disorder, chronic depression and eating disorders amongst others. One goal is to evoke emotions and to regulate them. The techniques that are used are imagery rescripting, chair dialogue and standard cognitive behavioural techniques. Core elements in Guided Imagery and Music (GIM) are interactive music-activated imagery (images experienced by the five senses, body sense, memories, emotions and possibly transpersonal imagery). By combining these two treatments, the patients' experiences and the treatment efficacy overall might be enhanced. The aim of this article is to introduce ST and to inform readers about similarities between the treatments and resulting combination possibilities. The author describes the combination of treatments in a client with chronic pain. The findings and future developments are discussed. As this combination has never been described before and only one case report is given in this article, no conclusions can be drawn. Further studies are needed to investigate the efficacy of this potential combination.

KEYWORDS

Bonny Method of Guided Imagery and Music (BMGIM), music therapy, Schema Therapy (ST), imagination, Cognitive Behavioural Therapy (CBT)

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INTRODUCTION

Guided Imagery and Music (GIM) is a music-centred therapy method which was developed by Helen Bonny. GIM is based on humanistic and psychodynamic theories amongst others. It uses mainly classical music for the stimulation of spontaneous inner imagery. The aim is to overcome mental barriers and enable personal growth, personal insight and transformation (Bonny 2002; Bruscia & Grocke 2002).

GIM is a dyadic process, "one in which the client and therapist are finely attuned to one another in individual sessions" (Ventre 2002: 29). GIM sessions last approximately one-and-a-half to two hours. In the preliminary conversation, the therapist and client discuss and agree on the focus of the session. In silence the therapist chooses a music programme from a variety of programmes designed by Helen Bonny and other GIM-professionals,

which corresponds with the focus. After a verbally guided relaxation, which facilitates the desired altered state of consciousness, the music is started, and the client shares his experiences, emotions, body sensations, thoughts and images with the therapist. The therapist supports the unfolding imagery by maintaining a non-directive verbal dialogue during the music listening with the aim of deepening and sharing the experience. After the music listening, the client may draw a mandala to illustrate the experience. In the postlude, the 'music journey' and important images are discussed in relation to the client's current life situation and the personal focus.

GIM has been used with a wide variety of clinical conditions, such as mood disturbances (Körlin & Wrangsjö 2002), trauma (Maack 2015), stress-related disorders (Beck et al. 2015), cancer care (Bonde 2005; Burns 2001) and depression (Lin et al. 2010). Despite limited research, GIM has been found to have lasting benefit for a range of psychological and physiological problems (McKinney & Honig 2016).

Schema Therapy (ST) has its roots in Cognitive Behavioural Therapy (CBT) and was originally developed by Jeffrey Young for clients who did not respond well to the original CBT (Young et al. 2011). ST is based on the idea that aversive experiences and frustrations from childhood can lead to the development of maladaptive schemas. Young et al. (2011) described 18 maladaptive schemas. If a maladaptive schema becomes activated, associated painful emotions arise. In order to deal with these intense emotions, coping strategies (surrender, avoidance, overcompensation) are developed that "attenuate aversive emotions but impair adaptive interpersonal and self-regulatory behavior" (Fassbinder et al. 2016: 3) (see Table 1).

Working with clients who have a personality disorder, Young discovered that several different schemas were activated at the same time. He called these emotional states modes and described them as manifestations of a mood or state that is currently active for an individual, as opposed to a schema, which is more of a trait or an enduring aspect of the person (Young et al. 2003). Modes can be divided into four broad categories (see Figure 1).

The goal of ST is to help patients meet their basic emotional needs. The most important interventions to activate emotional states and

Schema domains	Early maladaptive schemas
Disconnection and rejection	(1) Abandonment/instability
	(2) Mistrust/abuse
	(3) Emotional deprivation
	(4) Defectiveness/shame
	(5) Social Isolation/alienation
Impaired autonomy and performance	(6) Dependence/incompetence
	(7) Vulnerability to harm or illness
	(8) Enmeshment/undeveloped self
	(9) Failure
Impaired limits	(10) Entitlement/grandiosity
	(11) Insufficient self-control/self-discipline
Other-directedness	(12) Subjugation
	(13) Self-sacrifice
	(14) Approval-seeking/recognition seeking
Overvigilance and inhibition	(15) Negativity/pessimism
	(16) Emotional inhibition
	(17) Unrelenting standards/hypercriticalness
	(18) Punitiveness

Table 1: Schema domains and early maladaptive schemas

enable change are the experiential techniques (chair dialogue, imagery reprocessing and rescripting therapy (IRRT)). For the purpose of this investigation IRRT is described in detail. In a secure environment and relaxed state the client is advised to close his eyes and recall an actual situation in which he is emotionally activated. A so-called 'affect bridge' is then created by asking the client to remain with the emotion and to picture an associated image from childhood. This memory is verbally explored by the therapist in detail, considering in particular the involved persons and the set of problems ("Who is there and what do they do?"). The main focus is on the feelings and needs of the child in the image. The child is therefore directly addressed by the therapist who then asks: *'How do you feel and what do you need?'* If this imagery is not simply used for diagnostic reasons, the therapist can intervene to change or rescript the childhood scene by

introducing a helping person (such as an adult client, fictional person or therapist) who cares for, protects the child and fulfils the child's needs. As a result the child feels well, safe and committed to the helping person ('limited re-parenting'). These feelings are intensified by encouraging the child to remain with them. Optionally, the client is asked to transfer the emotional solution from the child imagery into the actual situation, which was recalled at the beginning of the session.

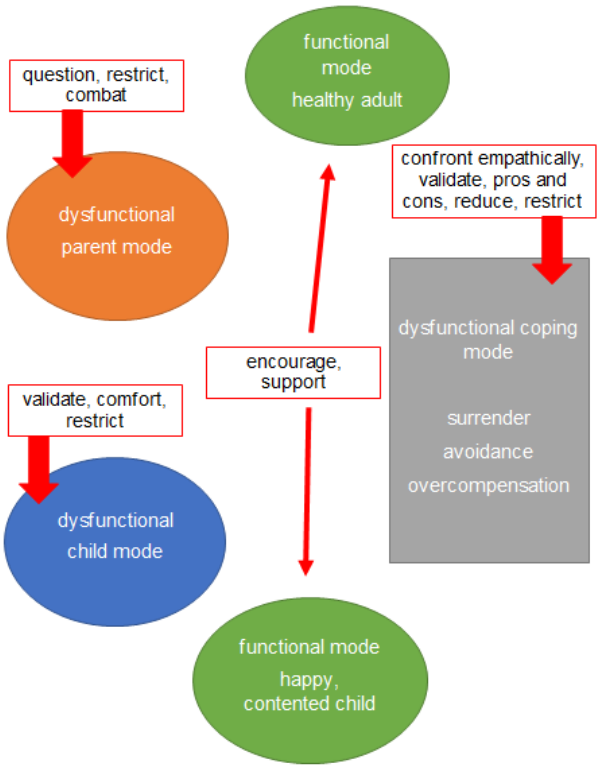

Figure 1: Modes and mode model

ST has been proven to be very effective in the treatment of clients with borderline personality disorder (Giesen-Bloo et al. 2006) but has also been beneficial for patients with depression (Renner et al. 2016) and post-traumatic stress disorder (Cockram et al. 2010). In particular, the imagery techniques have been found to be very helpful (Jacob & Tuschen-Caffier 2011).

Music and imagery are known to facilitate healing processes, especially because music enhances the imagery experiences by making images more vivid (McKinney 1990) and increases absorption or involvement in the imagery (Burns 2001). In addition, music facilitates the stimulation of imagery and the resolving of inner conflicts (Bruscia & Grocke 2002), the access to emotional processing (Juslin & Västfjäll 2008), increased empowerment and coping (Goldberg 2002), and the creating and fostering of attachment relationships (Pasiali 2014). GIM in particular has the capacity to evoke emotions and facilitate access to the unconscious (Beebe & Wyatt 2009).

The assumed efficacy of the combination of ST and GIM relies on these hypotheses:

- Clients will have fewer difficulties to enter the imagery process.
- The underlying modes and schemas will be assessed more easily.
- Emotional access is facilitated and the rescripting might be more intense and enduring.
- If traumatic material is revealed the combination of ST and GIM has the potential to access and reintegrate the traumatic memories.

In order to investigate these hypotheses I started to combine ST and GIM for clients with psychosomatic disorders. A case report is given where the combination of GIM and ST resulted in a pivotal moment for the client.

CASE REPORT

HH, a 47-year old man, was admitted for multimodal pain therapy. He suffered from diffuse chronic pain and a major depressive disorder. The client grew up with his brother (+9Y) and both parents on an agricultural holding in the former East Germany. The relationship with his father was poor as his father was very aloof. He suffered from sanctions, when he did not want to work on the farm. By contrast his relationship with his mother was closer. Although she was not very compassionate, he received a lot of attention from her, especially when he was sick. From early childhood he had a speech disorder (stutter), was a very shy pupil and experienced a lot of bullying at school. He trained as a skilled worker in gardening and works for a furniture store at present.

In a questionnaire – the Schema Mode Inventory (Young et al. 2007) – the client scored on the functional modes: happy child and healthy adult, as well as the dysfunctional modes: demanding/critical parent, vulnerable/abandoned child, detached self-soother and compliant surrender (see figure 2).

Prior to starting with the combination of GIM and ST I had previous contact with the client in two group therapy sessions and two GIM sessions. The session described here took place after a verbal session concerning the underlying modes and schemas, and an introduction to ST (see figure 3).

The starting point of the imagery was an emotionally evocative situation at the workplace: the client is in an office with his colleagues. There are a lot of orders and he asks for help. He has the feeling that no-one hears his request; his colleagues laugh at him. He is angry, feels alone and observes a tension in his back. He leaves the situation.

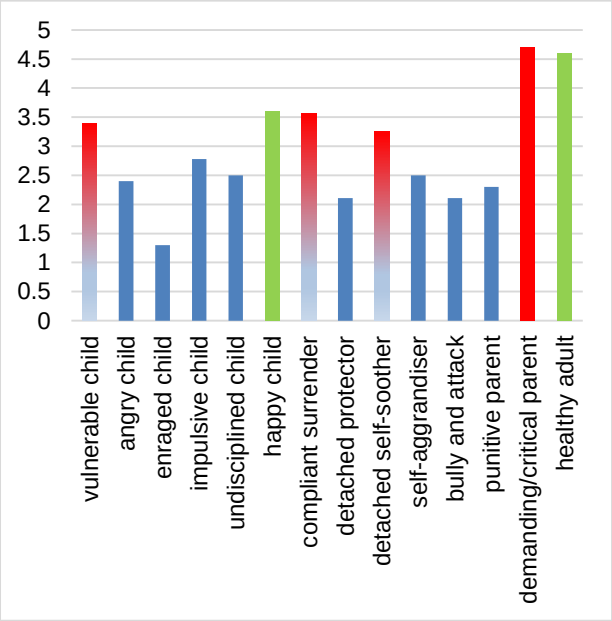

Figure 2: Schema Mode inventory of HH (strong dysfunctional mode = red; healthy mode = green; moderate dysfunctional mode = bicoloured; non-active or only slightly active dysfunctional modes = blue)

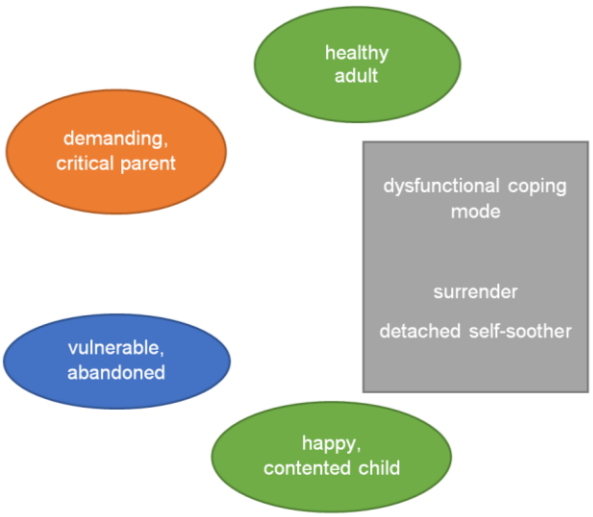

Figure 3: Case report 1 – HH (according to the schema mode inventory of HH, see Figure 2)

With the help of music *(*Ludovico Einaudi: *Svanire from Divenire)* an affect bridge to an emotional state from his childhood is created:

Client: I am nine or ten; I have to stand up at school and read something in my German lessons; everybody laughs; that hurts; I feel ashamed; my teacher doesn't do anything; everyone gets up and leaves the room – I stay behind and cry.

Therapist: You are very sad and alone; what do you need?

Client: …someone, who comforts me and empowers me.

Therapist: Can you imagine the adult H to be with you?

Client: Yes. He looks at me and kneels down; lays his arm around the little H.

Therapist: How does this feel for little H?

Client: It feels warm in the tummy.

Therapist: Enjoy this feeling!

Client: Now he disappears and keeps little H behind.

*(*Max Richter: *End credits, Lore – The Original Soundtrack)*

Therapist: May I join little H in the imagery?

Client: Yes!

Therapist: Little H do you want me to get the adult H back?

Client: Yes, please.

(Mendelssohn: *Lieder ohne Worte; Op. 30 – No.1. Andante espressivo in E flat*)

Therapist: OK. I am going to the adult H and tell him to come back, because, he promised to take care of little H and not to simply disappear…..The adult H is puzzled and returns to little H, sits down with him on the bench, and listens to what he has to say…… How do you feel now little H?

Client: I feel understood and protected.

In the postlude the client says that this was exhausting, that he was emotionally activated and that there was a lightness but heaviness at the

same time. He liked the ending, where he wasn´t alone anymore and felt good. I asked him how this experience could have altered the workplace situation. He answered that he will try not to take the role of the victim any more. He will be the one who laughs. His 'take home message' is that it is his right to ask for help and that it is good to perceive and express his feelings and to follow his needs.

DISCUSSION

With the third wave of behavioural therapy the focus has shifted towards emotion perception and regulation, especially in clients with an underlying personality disorder. Experiential techniques such as chair dialogue and imagery exercises – e.g. imagery rescripting – are essential in ST as the main focus of ST is on changing dysfunctional schemas and the meaning of emotions and needs through emotional restructuring (Fassbinder et al. 2016).

As mentioned above, GIM facilitates the evoking of emotions and the underlying needs, beliefs, thoughts and attitudes. By using appropriately chosen music and specific interventions, these experiences can be perceived, accepted, modulated and regulated. This may lead to a deeper insight into the underlying problems and offer an alternative perspective or a possible solution.

Referring to the above hypothesis, a combination of the specific and fundamental 'therapeutic factors' of ST and GIM could be valuable. This could lead to a more effective and enduring outcome of treatment.

GIM, however, should be adapted as it is not wise to use a whole programme of music. In contrast, the selection should be flexible with single pieces from different programmes or other appropriate music (new classic, film music), always considering the needs of the client and the dynamic of the imagery process.

The combination of ST and GIM could be especially useful in the treatment of clients with an underlying personality disorder or early traumatisation. In these cases the interventions by the therapist may have to be more directive, which is different to the original attitude of GIM therapists. In the example above a helping figure is introduced into the picture as the child (mode) in the imagery did not have the necessary ego strength to express his needs. Introducing the helping figure enables rescripting of the imagery which allows the former previously unmet emotional needs to be recognised and fulfilled so that consequently the client begins to feel stronger and ultimately able to meet these inner needs himself in future imageries. Other GIM therapists confirm the occasional need of directive intervention although this interferes with and changes the imagery (Frohne-Hagemann 2014; Maack 2015; Martin 2015). "Considering the specific problems of the chronically stressed" Beck et al. (2015: 311) applied some modification to their GIM intervention. In particular, she used a technique, which she called "guided renegotiation". Hereby a troubling work experience was reimagined and transformed while listening to music. The client was enabled to act in a more resourceful and active manner, which resulted in a successful ending. The aim of this intervention was to increase the participant's ability to control and cope with stress as well as providing new experiences of expression and acceptance of emotions.

Körlin (2002: 403) states "that clients with complex PTSD or early traumatization need modifications of guiding, music choice, and additional framework".

In the present article only one case example is given. It shows the feasibility of the combination but does not allow for any comments about its effectiveness, despite the client's subjective positive response. Further investigations with more clients are needed.

SUMMARY

ST and GIM are used effectively in the treatment of clients with miscellaneous psychological disorders. A combination of ST with GIM could enhance the overall therapy effect due to the additional music intervention. However, as there is no empirical evidence of the efficacy, future investigations or studies have to clarify the potential benefit.

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SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Article

Guided Imagery and Music (GIM): Reflections on supervision in training and therapy

Isabelle Frohne-Hagemann

ABSTRACT

Supervision is one of the scientifically neglected fields in music therapy and in GIM. One of the reasons for this is the different usage of the term in different countries. Clear definitions of supervision are needed. The author differentiates between supervision for training and job-related issues and reflects on a supervisor's qualifications and competencies. Is an experienced GIM therapist sufficiently qualified as a supervisor or is a double qualification needed to be GIM therapist *and* professional supervisor? In order to give an orienting with a heuristic to be used by GIM supervisors the author refers to a multiperspective and metahermeneutic concept. Political, social, cultural, theoretical, ethical and practical dimensions are taken into consideration. An example of a supervision process is given in the form of a hermeneutic spiral including different states of consciousness and reflexivity. An example heuristic could contribute to developing a broader understanding of supervision and its goals and contents.

KEYWORDS

definitions and functions of supervision; models of consciousness, states of reflexivity, hermeneutic spiral, metahermeneutic approach, supervisor's qualifications

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INTRODUCTION[1]

Guided Imagery and Music (GIM) is an integrative music psychotherapeutic method where the GIM therapist uses classical music in order to help a client to explore different dimensions of consciousness and imagery (Bruscia & Grocke 2004; Summer 2002). As GIM – both the Bonny Method and Music and Imagery (MI) – can provide very deep and existentially important experiences which can pose a great challenge, supervision is of great importance for both therapist and client.

Much literature has been published since the 1970s on music therapy in general but, in

[1] This article is based on a paper presented at the author's workshop on supervision at the 12th GIM Conference 2017 in Athens, Greece and on former articles of the author (Frohne-Hagemann 1997, 1999b, 2001)

comparison, very little has been written about GIM, and extremely little has been published about supervision in GIM.

Most of the articles about GIM supervision concentrate more or less on training issues. This, of course, is understandable, as training comes first and students have to learn the basic techniques of how to guide GIM sessions. They have to learn, for example, how to structure a prelude[2], find a focus and an adequate music programme for a certain client, the kind of helpful induction, the adequate guiding interventions while the client is listening to the music. Also, guides have to learn how to understand the 'message' of a mandala[3] and how to handle the postlude[4]. This kind of supervision, however, does not include aspects that become important once a GIM therapist works in different psychosocial and clinical fields. A supervisor has to take in many perspectives and views in order to realise and understand, e.g., the clinical conditions for the GIM therapist, psychosocial circumstances and their impact on the supervisee's work and relationship with their clients.

Unfortunately supervision is defined and interpreted differently in different countries. The reason for this is historically based. Therefore it is essential to know the definitions which are used.

DEFINITIONS OF SUPERVISION

What is supervision? Historically the concept of supervision has developed from a controlling function to the request of quality assurance. Strobelt and Petzold (2010: 7ff) have researched supervision from the medieval times until the 17th century, and found that the concept "supervision" was based on *power and control*. Churches, prisons and the feudalistic bureaucracy controlled people's religious, moral and dutiful attitudes. It was only in 1870 that supervision started to be applied in social casework and social welfare, and served as training, education and assessment of work and motivation. Between 1900 and 1960, a "psychologicalisation" took place. Pedagogically oriented psychotherapy and psychiatric social work were related to the Freudian psychoanalysis. From 1920, *psychoanalytical supervision* (casework, control analysis) was integrated as a method into postgraduate trainings of social workers and psychotherapists. Between 1960 and 1970 a "sociologicalisation" took place, and the sociological results from research were integrated into the subject area. Since then many forms have been developed for sociological issues, e.g. collegial counseling and team supervision. Supervision began to develop more democratic procedures.

Today supervision is found in many fields: in institutions and organisations as coaching (e.g. of managers), in social work, in psychotherapy and in therapy trainings.

FUNCTIONS OF SUPERVISION

In all of these different fields, supervisors work with diverse methods, intentions and goals. According to Alfred Kadushin (Kadushin 1992), supervision is always comprised of three functions in social work. However, from the author's point of view these functions should be considered in clinical and training settings as well.

Educative function

This function serves "to dispel ignorance and upgrade skill. The classic process involved with this task is to encourage reflection on and exploration of the work" (Kadushin 1992: 20). The goal is:

> "to understand the client better; become more aware of their own reactions and responses to the client; understand the dynamics of how they and their client are interacting; look at how they intervened and the consequences of their interventions" (Kadushin 1992: 20).

Administrative function

Kadushin states that "the primary problem is concerned with the correct, effective and appropriate implementation of agency policies and procedures. The primary goal is to ensure adherence to policy and procedure" (Kadushin 1992: 20). For example, GIM supervisees need to be aware of their role and status in the hierarchy of a clinic or other institution. They have to follow the rules not only in regard to hours, documentation etc., but also in regard to therapeutic contents and goals. Problems may arise: for example, if the therapeutic orientation of the employing hospital is not compatible with the GIM therapist's orientation.

[2] Preliminary talk.

[3] A mandala is a painted resonance to the GIM journey. It is called mandala, because a centering circle is presaged on the sheet.

[4] Post-talk.

Supportive function

> The supervisor seeks to prevent the development of potentially stressful situations, removes the worker from stress, reduces stress impinging on the worker, and helps her adjust to stress. The supervisor is available and approachable, communicates confidence in the worker, provides perspective, excuses failure when appropriate, sanctions and shares responsibility for different decisions, provides opportunities for independent functioning and for probable success in task achievement. (Kadushin 1992: 292)

Supervision has to take care of both a GIM trainee and a GIM therapist's mental hygiene to prevent burn-outs.

DEFINITIONS OF SUPERVISION IN GIM

The Cambridge English Dictionary defines supervision[5] as "the act of watching a person or activity and making certain that everything is done correctly, safely". This definition implies that the supervisor's task is to control, to teach and to take care that things are done in the proper way they should be done. Kia Mårtensson-Blom suggests that the Swedish definition of "handledning" (leading by the hand) suggests a *mother-child relationship* between supervisor and supervisee (Mårtensson-Blom 2003/2004: 98). This concept corresponds with the English definition of a supervisor as an expert teaching the supervisee how things have to function. *Supervision* here implies a hierarchic setting. A supervisor who is part of an institution or an organisation with a mandate to train supervisees in special aspects certainly has an educative (and partly administrative) function and the responsibility to facilitate improvement in certain areas.

Compared to this definition, Mårtensson-Blom describes the Norwegian definition of supervision as "vejledning" (leading the way,) which she links to the Guiding Technique in GIM (Mårtensson-Blom 2003/2004). Here the function of the supervisor seems to be something like a guidepost who points to something that has to be worked on and reflected but who does not push the supervisee into a certain truth. As a German supervisor, the author defines supervision as a *widespread overview* on therapeutic situations and processes (Frohne-Hagemann 2001) and the supervisee is regarded as a partner with whom one discovers the structures behind the reported phenomena.

These definitions imply different attitudes towards supervision. The required attitude always depends on the context and the conditions: students often need concrete instructions in order to develop musical and therapeutic skills, whereas therapists working in praxis would focus on clinical and sociocultural issues.

SUPERVISION FOR GIM THERAPISTS-TO-BE

Training

In the GIM literature supervision is predominantly understood as a training tool immanent in the GIM method. Madelaine Ventre (2001) argues that "GIM supervision serves the purpose of connecting theory and practice; identifying small mistakes and large problems in clinical work, alleviating stress and anxiety that can accompany clinical insequrity; providing a fresh, objective alternative to clinical decisions and styles; establishing a solid clinical support system and encouraging and acknowledging good work" (Ventre 2001: 348). In the basic and advanced GIM training levels, supervision should increasingly differentiate and deepen the supervisee's professional identity, skills and competences (including empathy and self-care). Supervision of GIM therapists-to-be (student supervisees) would aim to help them to reflect on different situations and on the specific needs of clinical and social client groups, to find a focus which is relevant to the underlying needs/structure/schemata of a client, to be able to state the reasons for choosing a certain GIM programme from the Bonny Method (modified GIM or Music and Imagery [MI]), and last but not least, to explain the choice of music which lies between the spectrum of supportive and challenging music. Trainees need to reflect on the adequate modes of induction, special guiding interventions and their competence in evaluating the client's imagery, metaphors, narratives, archetypes, myths, symbols and mandalas in the reflection.

To reach these goals, Ventre (2001) and Brooks (2002b) have outlined different techniques; for example, onsite supervision, live observations, the

[5] http://dictionary.cambridge.org/dictionary/english/supervision

use of videos and transcripts within supervision, individual consultations, theme-oriented group supervision, and supervision conferences. Other techniques were added; Exner, for example, applied onsite supervision in the *Reflecting Team* (Andersen 1990) by integrating systemic concepts and methods into GIM supervision (Exner 2014). The Onsite Supervision Reflective Team (OSS-RT) was also implemented as part of the author's GIM training course.

Supervision for GIM therapists and other professionals

Supervision as a tool can be used in a training context, but also with GIM professionals. Bruscia introduced the technique of "re-imaging" (Bruscia 1998: 549) to explore transference and countertransference in GIM and to uncover projective identification. Grocke presents a case where the supervisee re-imagined a therapy situation with a client using pieces of music (Grocke 2002). Other examples of GIM as supervision were presented by Trondalen in her new book (2016).

A single piece of music or whole GIM programmes (Mårtensson-Blom 2003/2004) or creative media (Nygaard Pedersen 2015) can also be used as a supervision tool for therapists or social workers. This kind of supervision can have supportive functions and intentions, e.g. GIM as a supervision tool for self-care.

Mårtensson-Blom who, like Grocke, is a professional supervisor, introduced GIM as a supervision tool for the self-care of social workers who had to cope with difficult emotional situations in the families they worked with. She regards GIM as a tool to help people enrich their personal competencies and self-development (promoting intuition, empathy, etc.). In this respect, GIM is a *supervision tool* with the capacity to help to transcend a merely cognitive level of understanding and interpreting complicated situations and processes and to use creative inner strategies in order to enhance the ability to bear difficult emotions, develop relational knowing, empathy and so on. Its function is to give support, prevent burnouts and promote empowerment and motivation (Mårtensson-Blom 2003/2004).

However, supervision cannot replace therapy, and personal problems (including personal problems caused by administrative rules and hierarchic structures in the public health system), should be focused on only in so far as they have a negative effect on the therapeutic work.

THE SUPERVISOR'S QUALIFICATION

The qualification of a supervisor in a training context

In 2001, Ventre suggested that supervisors should have conducted a minimum of 150 GIM sessions after having completed their GIM training, and that they should attend supervision meetings. She thought that this would enable the supervisor to supervise the clinical work and to allow "the student to forge the critical link between theory and practice and to clarify professional and personal issues" (Ventre 2001: 342). Ventre did not require the supervisor to have clinical experience in a hospital (including knowledge about the administrative functions) or awareness of developments in the public health system. Former and present national and international developments as well as the influences of globalisation have a strong psychological, sociological, political, theoretical and practical impact on our personal, social and professional existence and the "science" of GIM. Therefore Ventre's recommendations could require updating.

The qualification of a supervisor in a job-related context

To supervise GIM therapists working in clinical settings and/or to supervise the application of GIM (and MI) as a supervision tool for therapists or social workers in psychosocial contexts needs a deeper discussion about a supervisor's qualification. Is an experienced GIM therapist sufficiently qualified as supervisor or should he/she have a double qualification as GIM therapists and professional supervisors in order to match the supportive, educative and administrative functions of supervision? On the other hand, is a professional supervisor (who is not a GIM (or music) therapist) sufficiently qualified to supervise GIM relevant issues of the supervisee's work? Probably not. But this is not the topic here. The question is: What do GIM trainees and GIM therapists need in supervision apart from special knowledge about, and reflection on, the use of music?

Further qualifications

GIM students and GIM therapists probably agree that their supervisors should be competent in their profession. Desirably they should have experience

in teaching their profession and sharing their knowledge and experience with colleagues. But, as Johan Lansen and Ton Haans point out:

> "A profound experience of one's profession is a good basis to become a supervisor. However, this is not sufficient. One does not become a good supervisor by being an expert in one's profession. One needs extra equipment by learning how to do supervision" (Haans et al. 2007: 2). "People used to think that any senior professional would be a good candidate for giving supervision. It is not. There are many good senior professionals who are bad supervisors, and there are good supervisors who are only average in their professional performance. Supervision is an additional trade or craft, which has to be learned." (Haans et al. 2007: 2)

It is not only important that the supervisor can lead the supervisee by the hand by giving instructions on how to guide a client or choose the right music. It is important to be able to oversee the trainee's ability to handle spiritual and transpersonal issues and psychodynamic processes, e.g. the therapeutic relationship of client-supervisee, the supervisory relationship (supervisee-supervisor), the content of the supervision session and the parallel processes (which reveals the re-enacting of the client-therapist-relation into the supervisee-supervisor-relationship and/or the supervisor-training institute-relationship).

However, in addition, a supervisor should help the supervisee to reflect on his/her person-centred view in relation to the political, social and theoretical conditions that influence situations and processes. If, for example, spiritual and transpersonal issues are themes in supervision, discourses about implicit belief systems should be included. Sometimes belief systems might not be compatible with psychotherapeutic concepts and can lead to misunderstandings and frustrations in supervision (Schreyögg 1988, 2016).

Nowadays more and more GIM modifications, adaptations and other methods using music and imagery (MI) are applied in individual and group therapies (Frohne-Hagemann 2014; Grocke & Moe 2014). There are several reasons, for example patients in hospitals are too ill and/or will not stay long enough to be able to profit from GIM (Bonny Method), or clients expect quick results of therapy, rather want to "consume" and to avoid longer processes of emotional working through. This means that supervisors need to be competent in supervising their supervisees in relation to the clinical organisational circumstances and what that means in regard to indications and emotional working.

From what has been said until this point it becomes obvious that we need further discussions on the training requirements of a supervisor. An experienced GIM therapist might possess field competence in private practice or in his/her work at a hospital. But how much is he or she informed about research and reference theories, knowledge of organisational issues, political developments in public health systems and administrative hierarchical structures in different social fields? And to what extent is an updated expertise important for supervision of GIM processes? Further discourse is needed.

An orienting heuristic for supervisors

Mainly due to financial reasons it may be unrealistic to complete a full professional supervision training course for GIM therapists working as supervisors. But it would certainly be helpful to establish an orienting *heuristic* for supervisors, taking in "*multiperspective"* and "*metahermeneutic views"* (Petzold 1993, 1995, 1998, 2017). Awareness is needed not only of training, clinical and job-related issues but also of political and social developments and their impact on psychological disturbances. Disturbances do not only have their origins in one's childhood but may also come as the result of cultural and global developments that overstrain our ability to mentalise experiences.

GIM is not only a dyadic person-oriented therapy with personal psychodynamic and transpersonal issues. A person is not a monad, but always a part of a bio-psycho-ecological-cultural system. The client's imagery also reflects anxieties concerning the uncertain future of this planet, terror, war, new authoritarian (e.g. religious-fundamentalist or nationalistic) structures, ecological blindness to the destruction of nature, or the loss of orientation and existential meaning. These developments can overshadow or re-traumatise negative experiences made in childhood, and also affect healthy people who then become reliant on inadequate ways of coping, (i.e. spiritual pathology, internet addiction, criminal energies, etc.). The present global developments affect more than the client's GIM journeys or MI imagery – they also affect the therapist. Not only the supervisee, but the supervisor as well should ask himself how much he is affected by these developments and how much they influence his role as supervisor.

Both supervisor and supervisee need to use different interpretation foils that not only focus on a GIM client's inner psychic world and the therapeutic relationship, but also on the political and social conditions and cultural developments. Supervisors need to take *external, "eccentric positions"* (Plessner 1928/1975) and multiperspective and metahermeneutic views.

In the 1990s the author described Petzold's concept of *multiperspective and metahermeneutic supervision* (Petzold 1998) in relation to *Active Music Therapy Supervision* (Frohne-Hagemann 1997, 1999b, 2001). As it is also useful for GIM this model will briefly be described again here.

Multiperspective and metahermeneutic views in supervision

According to Petzold's concepts there are different perspectives to consider, e.g. a "phenomenological perspective", a "hermeneutic perspective" and a "valuating perspective", which mirror shared mental representations of our views of the world, of our life and of our belief systems. However, as they represent the views of diverse and different collectives, groups, subgroups and individuals and their concepts this can cause misinterpretations concerning therapy processes, situations and personal motivations, emotional coping styles and behaviour, and therefore need to be reflected upon and questioned. These limitations taken into consideration the named perspectives can reveal important issues.

The phenomenological perspective focuses on the phenomena in their complex context, including nonverbal *and* verbal techniques (atmospherically, kinaesthically, scenically, verbal, nonverbal). Supervision techniques (such as improvisation, movement, painting, creative writing, music-listening and body-listening) can be used in order to come from the phenomena to the structures. The "*hermeneutic perspective*" interprets the phenomena in relation to the underlying structures. Here supervision groups, intervision/peer groups, or a Reflective Team Supervision Group will be very helpful because of the supervisees' variety of clinical and social experiences. The *"valuating perspective*" focuses on the *reflection and the reflection on the reflections*. The categories of assessments are reflected on, as well as concepts and interpretations regarding goals and situations and processes. Within these perspectives the supervisor has to consider different dimensions such as political, theoretical, ethical and practical issues.

Political, theoretical, ethical and practical dimensions of supervision

As Moser and Petzold (2007) pointed out, these dimensions focus not only on conditions, influences and structures underlying the supervisee and his client's therapeutic work but also the supervisor's assumptions.

Reflections on the *political* conditions, influences and structures relate to actual social and global developments and to the situation of the public health service. For example, is a GIM therapist legally allowed to treat patients? If GIM is regarded as psychotherapy, the therapist - at least in Germany - has to have the authorisation of the state to work psychotherapeutically; otherwise GIM cannot legally be offered to mentally ill or disturbed patients. Registered psychotherapists are not allowed to offer GIM as a spiritual method for healing. What are the consequences for GIM therapists (and GIM supervisors) who understand their work as a spiritual healing process?

How does the current political situation influence the supervisee's relationship with the client? Who pays for the supervisee's supervisions (e.g. the hospital)? Who pays for the GIM therapy (e.g. the client or the hospital)? In other words, supervision has to consider the supervisee and his client not as private bodies but as social bodies in social realities. Many problems that a supervisee reports have to do with the issues mentioned above. To consider and discuss these aspects can prevent feelings of personal incompetence and help to mobilise resources.

Theoretical reflection is extremely important. It includes ethical issues. The therapist/supervisee's *power of knowledge* can consciously and unconsciously be used in a *manipulating way.* Therapists have a great sphere of influence and should be aware of it. Supervision must include a reflection on the *supervisee's* "philosophies", on their anthropological and clinical concepts about health and illness, on concepts of personality and psychological development and the therapeutic concepts that relate to the supervisee's power of knowledge. And furthermore what are the concepts of music, music therapy and GIM the supervisee relates to?

On the other hand, what are the *supervisor's* "philosophies" and concepts? Is the supervisor's

psychotherapy background a psychodynamic one, or a systemic, humanistic, behavioural, transpersonal, or shamanic one? And most importantly, are the supervisee, the client and the supervisor's philosophies and concepts compatible with each other? If not, both might be confronted with severe attribution-bias problems.

A GIM therapist (the supervisee) should, of course, know when GIM is indicated and when GIM is contraindicated. This very idea touches a fundamental theoretical question: *is GIM – the Bonny Method – regarded as a psychotherapeutic tool or technique within a therapeutic process or is GIM a self-contained method*? Music and Imagery methods (MI) can be regarded as special interventions within psychotherapy, but in the case of the Bonny Method this is not so clear. This issue has repercussions for the acknowledgment of GIM within the public health system.

Ethical reflection is connected to *theoretical* issues as well. The supervisor must be aware of his/her basic ethical attitudes in regard to the danger of abusing his/her powers of knowledge. This could happen if the supervisor imposed theoretical concepts on the supervisee which are incompatible with the supervisee's theoretical background (e.g. systemic theories versus esoteric belief systems). Misinterpretations of the supervisee's and the client's motivations, intentions, emotional styles, needs and behaviour can be the result. Thus, both, supervisor and supervisee need to know about each other's reference theories. For example, gender specific views have to be considered. What are the implications, if the GIM client is a woman who was raped in her youth, her GIM therapist is a man and his supervisor is also a man? Or if her therapist is a woman and the supervisor is a man? What are the supervisor's ethical values with regards to difficult ethical situations? For example, how does the supervisee cope with a client's intention to leave his partner who is suffering from paraplegia after a car accident and needs care? A supervisor's ethical attitude commits them to taking an *open, agnostic position* instead of a judging "know-it-all" attitude. If this is not possible the supervisor is emotionally too much involved and loses his/her competence to supervise.

Ethical reflection includes *cultural issues* as well: prejudices and misunderstanding are quite common, and mostly unconscious, because of a lack of cultural sensitivity, different communication styles and different worldviews. Prejudices and misunderstandings mostly are caused by different learning styles, emotional styles, traditions of behaviour, coping strategies, scientific concepts, worldviews, belief systems, traditions and norms that have in form of embodied interactional experiences been interiorised and form the mental representations (Vygotskij, cited in Petzold 2016). They produce multifaceted barriers in communication (Daniels et al. 1999). To give an example, one of the author's supervisees reported that a female Japanese client resisted expressing her feelings during her GIM journeys. She diagnosed the client's illness as alexithymia. However, the supervisee had not realised that the client was much older than herself, and that according to Japanese culture she outranked the younger therapist. She did not know that it is considered an affront to ask an older person intimate things. The client was not suffering from alexithymia, but from the therapist's – in her opinion – disrespectful and impolite attempts to try to "examine" her emotions. This lack of cultural sensitivity (or knowledge about other cultural norms and traditions) is based on the human predisposition for correspondence bias caused by *attribution errors* (Hewstone 1990). It happens when a person does not take into account other factors contributing to a person's behaviour than the seemingly obvious. Supervision therefore is necessary in order to discover, negotiate and transcend the barriers in communication.

Practical reflection is based on information about both the supervisor and the supervisee's roles: is the supervisor a counsellor, a coach, a teacher, a preventer of burnout for GIM students, patients and teams? Is the supervisor self-employed or employed? If self-employed, who pays for the therapy? If employed, what are the psychotherapeutic traditions, cultures and medical treatment concepts in the hospital? Furthermore, what status do supervisees have? Are supervisees working in their own offices or in group practices? If supervisees work in an institution or for an organisation how do they cope with the hierarchical structures? How much are the supervisees acknowledged and paid for their work? With whom do they work (adults, children)? How long do the patients stay, on average?

All these different dimensions concerning culture, society, one's social worlds, personal and collective history, personal values, belief systems and concepts represent the *highly complex nature of the different realities we live in* and supervisors should of course try to *reduce complexity*. To be informed and educated in many ways, be able to

adopt research findings, and be able to *reflect on the reflections* would enrich the process of the first *actional reflection* (to be described later) in order to find all the interventions and techniques that could be helpful for the supervisee to support, challenge, confront and change his client's mental representations of reality (situations) and models of reality (systems).

CONSCIOUSNESS AND THE HERMENEUTIC SPIRAL

GIM therapists are used to guiding clients into altered states of consciousness and helping them find meaning in their imagery. They use different concepts of consciousness: e.g. Helen Bonny's *Cut-Log-Model* (Bonny 1978: 6), Frances Goldberg's *Holistic Field Theory Model* (2002), Martin Lawes' model of levels of consciousness (2012/2013), or Hilarion Petzold's model of *Complex Consciousness* (Petzold 1993/2003; Frohne-Hagemann 2007).

The author's interpretation foils in supervision refer to Petzold's concepts of *Complex Consciousness* and *Reflexivity* (Petzold 2003) and the *Hermeneutic Spiral* (Petzold 1993) and are very useful for supervision.

Petzold's model, used in Integrative Therapy, relates to the different states of consciousness and, in addition, includes the *states of reflexivity* which we need in supervision in order to discover the conditions, influences and structures of the phenomena. For that reason, the model is presented here in a shortened form.

The spectrum of Consciousness contains gliding transitions between the realms of the Un-Consciousness, the Pre-Consciousness, the Co-Consciousness, Awareness, Ego-Consciousness, Hyper-Consciousness and the No-Consciousness. The *darkest* area, on the left side of the graphic, is the *Un-Consciousness*. Merleau-Ponty (1968) called it *l'être brut* (the rough being). The Unconscious includes the neurobiologically embodied collective memory of mankind's biopsychosocial and cultural worlds, waiting – silent and voiceless – for interaction and words. Meaning unfolds in the form of bottom-up processes from the depths of the "archive of the body" (Petzold 1993: 290). From the lighter area, meaning gradually unfolds through top-down processes through different states of reflexivity. The *lightest* area, at the right, symbolises the *No-Consciousness* which Merleau–Ponty called *le néant absolu* (the absolute nothing), and which Jungian-oriented GIM therapists would connect to the transpersonal or transcendent dimension. It is also silent and nothing can be said about it.

Awareness emerges from the *Un-Consciousness*, the *Pre-Consciousness* and the *Co-Consciousness* in different *states of reflexivity*. Music and other creative media can activate material from the embodied collective memory to reach the pre-reflexive and co-reflexive stages of the Pre-Consciousness and Co-Consciousness.

Insights emerge from there into Awareness, and can be reflected in the eccentric position of the *Ego-Consciousness*. The next reflection on the reflections should lead into the state of *Hyper-Consciousness.* The lightest state of the *No-Consciousness*, however, is not part of normal supervision, but sudden feelings of *quintessence or clairvoyance* can happen nearing a spiritual *trans-reflexive* insight.

What does this concept mean for supervision?

In order to get a sense of the supervisees and their clients' situations and processes we need to plunge into the Un-, Pre- and Co-Consciousness in order to become aware of hidden interiorised information. We first need to *seize*, to *sense* and *perceive the phenomena* using our *body as a "total sense organ"* (Merleau-Ponty 1966), just as we do with Helen Bonny's *Body Listening* (Bonny 1993) in order to experience the essence of the music. Music which is associated with a supervisee's report and problem (or which is even improvised) can play an important role by evoking *emerging corporal arousals*, *moods* and *atmospheres, associations, memories, metaphors* and *feelings* (see also Bonde 2013*)*. Here cognition and reflexivity are of secondary importance.

Only when these sensed impressions form gestalt in our *Awareness* can we continue the process by taking an *eccentric position*. Here the ability is required to change between the cognitive and emotional/sensory perception: a rhythmical and oscillating process between polarities, especially between feeling and reflecting, empathy and distancing. This epistemological process has been described by the author as the *Rhythmical Principle* (Frohne 1981; Frohne-Hagemann 1999a).The rhythmical process of self-perception and perception of the other, of feeling and reflecting, develops in *spirals,* and each new insight or knowledge is the basis for a new spiral.

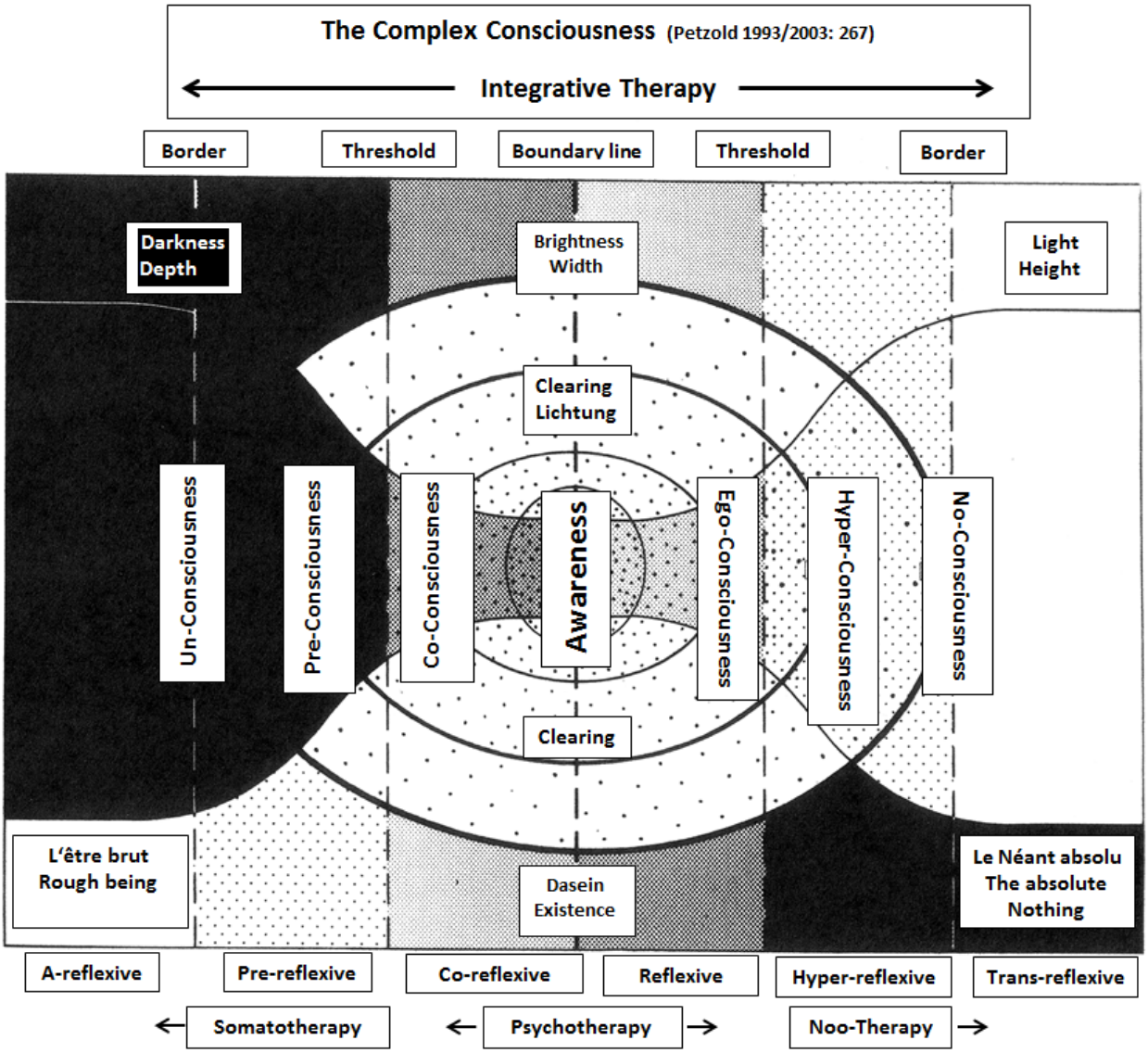

Figure 1: The complex consciousness and reflexivity (Petzold 1993/2003: 267, English translation of the figure by I. Frohne-Hagemann, confirmed by H. Petzold in 2017)

Un-Consciousness (a-reflexive): Arousals, atmospheres, moods

Pre-Consciousness (pre-reflexive): I have images, symbols, metaphors, memories

Co-Consciousness (co-reflexive): I get a sense of the context

Awareness (co- reflexive, reflexive): What am I aware/conscious of?

Ego-Consciousness (reflexive): I am aware that I am aware. This means I take in a position of *eccentricity.*

Hyper-Consciousness (reflexive, hyper-reflexive): The reflection on the conditions of the observing leads to hyper-eccentricity; the reflection of the conditions, structures, experiences and attributions is influencing the subjective consciousness of what I am aware of.

No-Consciousness (trans-reflexive): It is not part of normal supervision, but it happens that Hyper-Consciousness leads into a sudden feeling of quintessence or clairvoyance nearing a spiritual trans-reflexive insight.

Figure 2: The states of reflexivity in consciousness

The supervision process of reflecting on the therapeutic work is a *hermeneutic* spiral *process*. The last step in a hermeneutic spiral is always the start of a next spiral of wider knowledge. This assumption is based on Ricœur's theory that any hermeneutic interpretation needs a deeper understanding. To follow a text from the surface to the underlying conditions and structures entails the challenge to take in new perspectives (Ricœur 1972; Welser 2005). Here the phenomenological perspective, the hermeneutic perspective, the valuating perspective and the actional perspective find their order.

In supervision a *Hermeneutic Spiral* (Frohne-Hagemann 1999c; Petzold 1993, 2008, 2015) includes four phases:

1. The phase of phenomenological perceiving and relating
2. The phase of working through, uncovering the structures and understanding
3. The phase of multiperspective reflection, including discourse analysis and deconstructions
4. The phase of integration and training[6], with a metahermeneutic step into the next circle

AN EXAMPLE OF GIM SUPERVISION

There is a difference between supervising MI sessions and Bonny Method sessions. MI interventions concentrate on certain therapeutic themes, whereas interventions in the Bonny Method support exploring a traveller's imagery, which makes supervision more complex. It also makes a great difference whether there is an interactive dialogue between the client and the therapist or not. In order to give an example for the hermeneutic spiral as a heuristic the author will now describe the supervision of an MI session[7] with regards to the importance of reflecting on implicit views.

The supervision example refers to a real case and was chosen because the described problems are typical and often occur in supervision. The supervision takes place in a supervision group. The supervisor is a woman. "Thomas"[8] is the supervisee. He works as a music therapist in a hospital. He is not paid very well. He had invested a lot of money into his training and he tries to apply MI and GIM whenever it is possible. The medical doctors are not familiar with GIM and sceptical as to whether the method is science-based and scientifically proven. Thomas has already spent much energy on explaining his work. Now he feels he has to prove quick, positive results with GIM. However, as most patients are too ill for longer GIM journeys, Thomas very often offers MI sessions.

Thomas describes a situation with his client "Mrs E.", who has been in hospital for four weeks due to depression. For him it is important to have impartiality when meeting a client, therefore he does not wish to have too much information regarding a client's pathology and anamnesis. He only knows that Mrs E. is 42 years old and grew up in the former German Democratic Republic (GDR). She is married, a housewife and has three children aged 23, 20 and 18 (the youngest suffering from drug addiction). Her husband is an alcoholic.

Mrs E. had so far had three MI sessions, of which the first two sessions were "OK", but the last session turned out to be problematic. Thomas had had the intention of offering her J.S. Bach's "Air on the G String"[9] as a very supportive piece of music, in order to nurture her. The opposite had happened: Mrs E. had no positive images at all. Thomas showed a photo of her mandala and reported her narrative: a young woman is kept between two huge rocks; she wants to reach a wide-open landscape behind the rocks, but she cannot. In the post-talk, Mrs E. had said she felt "*very desperate not being able to change the situation and to reach* the *promised land*". Thomas was very annoyed about the message of the mandala. He felt stuck in the situation and insecure about how to continue.

Phase 1: Perceiving and relating

In the first phase of the spiral, the supervisor and the supervision group members perceive the supervisee's report in a pre- and co-reflexive holistic way. They sense and seize, atmospherically, kinaesthetically, symbolically,

[6] Training in the sense of a learning process

[7] The setting is: sitting position, prelude, the therapist gives an induction focusing on a relevant intention (relaxation, body awareness, promotion of enjoyment, etc.), client listens to (mostly) one piece of music, no interactive dialogue, client can paint a mandala (a painting resonating one's experience) while listening or afterwards, postlude.

[8] The supervisee, here called "Thomas" gave his consent to serve as an example for this purpose.

[9] 2nd movement from the 3rd Orchestra Suite, D major, BWV 1068).

metaphorically, scenically, in which mood and way The group senses how Thomas transports the quality of information about Mrs E.. They become aware of his and their own bodily reactions, images, associations, memories of familiar situations that come up (or not). They sense what kind of music comes into their minds and what it feels like. Music that the group members associate with images could sound somehow spine-chilling, not at all like the "Air" which, if associated with a promised land, in this case is unreachable. Apparently the music had touched the shadow side of a promise. In their countertransference, the group members also experience tightness and helplessness. The atmosphere seems burdensome and images of prisons arise. The group members' emotional resonance confirms that Mrs E. is depressed. Thomas assumes that she is stuck between the addicted family members (the two rocks), and that she does not feel strong enough to leave the family for a better future.

Phase 2: Working through and understanding

This assumption has to be verified and worked through. What does this interpretation have to do with Thomas' feelings of being stuck and insecure about what to do?

The supervisor invites Thomas and the group to imagine Thomas as a guide in relation to Mrs E.'s imagery. She gives an induction mentioning Mrs E.'s domestic situation – her family, her husband's alcoholism, her youngest son's drug addiction – but also Thomas' feelings of distress and drive to succeed. She then invites the group to re-imagine Mrs E.'s imagery from Bach's "Air". The group members reflect on the conflict pre- and co-consciously. It strikes the group that Thomas is in a similar position as Mrs E.: being kept in an immobile position. Thomas is struggling to be effective in his work. He needs quick success and acknowledgement. Mrs E. seems to be stuck between responsibility for her family and the necessity to attend to her own needs. Leaving the family would cause feelings of guilt. This aspect becomes comprehensible. But why is Thomas stuck with this conflict?

Thomas feels released by the group having identified a similarity between Mrs E.'s and his own dilemma. He feels that the reason for his own distress and helplessness was triggered by Mrs E.'s situation. He becomes aware of his need for quick, good results as a result of his boss' sceptical attitude and the lacking appraisal of his work. He interprets his helplessness not only as a countertransference but also as his own transference and, by taking the eccentric position, he regains for the moment, his therapeutic role.

Phase 3: Multiperspective reflection

This phase includes the valuating perspective. Beliefs, theories and personal experiences have to be reflected on in order to *detect presumptions* that can possibly harm the client (Petzold & Heinl 2015; Petzold et al. 2012). In this phase of the hermeneutical spiral, the supervisor, the supervisee and the group members need to take a reflexive/eccentric *and* a hyper-reflexive/hyper-eccentric *metahermeneutic position* based on multilayered reflections and the analysis of discourses and their deconstructions (Derrida, see Culler 1999; Petzold 2008; Völkner 1993). It would demonstrate the multivalency of explanations. Thomas is an example.

The assumed similarity between Thomas' and Mrs E.'s situations has to be reflected upon: comparing the supervisee's and the client's situation in an *eccentric position,* it becomes obvious that Thomas' situation is not at all the same as Mrs E.'s! He *could* quit the hospital if he wanted; Mrs E. could *not* leave her home, because she is housewife and mother and has no employment. If Thomas left the hospital he could find another job and the hospital would survive without him. If Mrs E. left, her family would possibly break down and she had nothing but her guilt feelings. Her husband had apparently not benefited from the breakdown of the GDR, as in West Germany he could only work *under* his former qualification. This may have been a contributing factor in the development of his addiction.

The group and the supervisee now begin to question and deconstruct their assumptions and consider Mrs E.'s background in more depth. This includes questioning Thomas' concept of not wanting to disturb a creative process in the here and now by partiality and prejudices as he had declared. He wanted to stay completely open for his client. Therefore Thomas had always pushed information from the clinical team about his clients' biographies aside.

As a possibility to reflect what Mrs E. had said the supervisor picks up the so called *promised land* which Mrs E. had mentioned. What did Mrs E. mean when she talked about the "promised land"? Did this metaphor refer to the so called *Promised Land in the bible*? Was she religious? Or was there a wish for rescue from the authoritarian system in

the GDR like the rescue of the Jewish people by Moses? Did Mrs. E.'s promised land have something to do with East and West Germany?

What did it mean for Mrs E. to have grown up in the GDR? She was 16 years old when the GDR collapsed and her family moved to West Germany. Was she happy with the promised land she found? Her husband is much older, and before the reunification had worked as a top GDR civilian administrator. After reunification he had to take employment in West Germany for which he was overqualified. For him West Germany was possibly not the promised land. Was there a secret that had to be silenced using alcohol and drugs?

The supervisor questions the message of the imagery represented in the mandala (being stuck between two rocks). Is Mrs E. stuck, imprisoned, caught and trapped, or secured, held and sheltered between the two rocks? Who or what are the rocks? Are they just a symbol for her husband and her drug-addicted son in the actual situation of her real life? And/or is Mrs E., metaphorically speaking, virtually still living in a former GDR where West Germany, for *her* family, represented open landscapes and the promised land? Or is the reality that she in fact does live is the promised land but cannot feel it because her husband feels the opposite? And what about Mrs E.'s actual situation in her family and in her social network? What other factors may have contributed to her depression? Thomas now understands that meeting clients in the here and now without knowing anything about their political, social, cultural and ethical background and their present situations is naïve and can lead to misinterpretation of countertransference.

Not all aspects can be worked through and be reflected on in one supervision session. Therefore a decision has to be made in order to reduce complexity. The supervisor, the supervisee and the group decide which aspect to focus on and investigate further. The supervisor, however, must reflect on this choice of focus and keep the other concerns in mind.

Intuitive techniques stimulate the emergence of complex themes. Intuition may emerge from our inner wisdom of collective memory (sensu C.G. Jung 2011) or from embedded and embodied interiorisations of collective mental representations (Petzold 2016). Sometimes intuition seems to emerge from the No-conscious dimension into awareness. But as subjective assumptions intuitively often *seem* to feel right they also run the risk of leading to overhasty presumptions. Therefore all momentary insights need to be reflected and re-reflected on in this never-ending hermeneutic spiral. For supervision it is necessary to switch consciously between the reflexive-eccentric and the involved positions.

The meta-hermeneutic step facilitates the *Phase of Integration and Training,* where the learning processes and the promotion of Awareness for the new insights and perspectives take place. The supervisee finds an orientation and ideas for what could be the next step. This new orientation is at the same time the starting point for a new hermeneutic spiral.

Phase 4: Integration and training

So, what did Thomas learn in this supervision session and what insights can he take with him? Certainly most important is the insight to reflect on and review the idea to be open, impartial and not biased by pre-knowledge by refusing any information about the client before starting to work music therapeutically with him or her. It is quite common for music therapists not to want to meet their clients in their pathology, but as themselves. This is understandable, as music is a field beyond pathology that can be shared. However, music is experienced in different ways depending on one's basic satisfied or unsatisfied needs, wishes, motivations, appraisals, etc., and this can lead to misinterpretations. The experience of music discloses the broad spectrum of one's interiorised social, cultural and political experiences and triggers personal psychodynamic processes that need to be mentalized.

The supervision and reflections helped Thomas develop a deeper understanding and awareness of the complexity of Mrs E.'s situation and her assumed background. As there is still a large gap in information, Thomas is motivated to investigate the conditions in Mrs E. and her family's biographical, cultural and political situation that may have led to her depression.

In this phase Thomas and the group discuss new perspectives and possible interventions and techniques. This is part of "training" the practice of new insights. Depending on how long Mrs E. stays in the hospital, how stable her psychic structure is and what she wants for herself, Thomas could offer Bach's "Air" again in two directions: 1) by giving an induction which focusses on *what has been lost or what could have been* the music would be used to allow grief and mourning with the intention to feel *compassion* (instead of despair or pity) for herself. 2) by giving an induction to *what*

could be in the future the music could help to get a feel for a promised open land.

With the help of the guide, the "Air" could allow for the expression of sadness (or anger) and possibly lead to emotional support and self-care. This could help Mrs E. to share her feelings and narratives about her biography and her current situation and the music could support her to imagine a way to find her Self (her *own* promised land).

CONCLUSION

Supervision has become more and more important as a part of training and also for professional GIM therapists. The necessity to develop methods and apply reference theories is agreed on within the GIM community; however, it is very difficult to implement training, and training standards, to become a professional GIM supervisor. Because of the lack of qualified supervisors, even GIM therapists with relatively short experience give supervision. This is not acceptable and should of course only be given for curtailed themes for training such as discussing the choice of music or inductions for special experiences.

Supervision is an art and needs training in a broad sense, including musical, philosophical, sociological, clinical and psychotherapeutic concepts. Differing orientations and reference theories within the Bonny Method and MI need to be discussed. They have an impact on supervision and should be investigated further.

With the presented heuristic model of supervision the author hopes to contribute to the development of a professional GIM supervision qualification. The concept of the hermeneutic and metahermeneutic spiral can serve as a heuristic. Like GIM therapists who design special GIM programmes for their clients by incorporating their intuitive and cognitive competencies, the professional GIM supervisor "travels" with the supervisee(s) through the hermeneutic circle(s) within different stages of reflection. This method of processing – from the bottom up and the top down, feeling and thinking, intuition and rationality – can enrich supervision for GIM trainees and supervision for professional GIM therapists as well as for other creative therapists.

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SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Article

The Process of Surrender: A psychotherapist's homecoming

Katarina Mårtenson Blom

ABSTRACT

The article describes how implicit relational qualities between therapist and client contribute to the psychotherapeutic process. The process encompasses the interaction during both the verbal parts and the music-listening experience in GIM sessions. The therapeutic stance is presented through the therapist's subjective 'voice' and claimed to be fundamental irrespective of which problem or symptomatology presented by the client. Each dimension or phase of the interactive therapeutic process is illustrated by a suggested music-listening experience, to facilitate for the reader to create a connection to his or her own implicit relational qualities as a therapist.

KEYWORDS

intersubjectivity, therapeutic process, subjectivity, interactive regulation, recognition

Katarina Mårtenson Blom qualified as a licensed psychologist in the 1970s and began her professional career in child and adolescent psychiatry. Experience in different child-guidance clinics led to her training as a licensed psychotherapist in 1989. Katarina started private practice in 1996 as a psychotherapist, supervisor and trainer in psychotherapy. During the 1990s, she trained in Guided Imagery and Music with Frances Smith Goldberg at the Therapeutic Arts Training Institute, and acquired the Swedish psychotherapy supervisor and trainer's licence. In November 2014 Katarina completed her PhD at the Doctoral programme in Music Therapy in Aalborg University. She has published several articles, book chapters and, with a colleague, a book on intersubjectivity.

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INTRODUCTION

This article is based on two manuscripts: first, from my keynote speech at the 10th GIM conference held in Vadstena, Sweden, 2012, and second, from a workshop introduction at the 12th GIM conference in Athens, Greece, 2016. The subject of both presentations concerned the significance of the therapeutic relationship in psychotherapy as well as music therapy.

The article is written with the author´s subjective experience as therapist as the point of departure. The purpose is to illustrate the composition of therapeutic presence and the therapist's inner self-regulation. These components are suggested to be fundamental in all therapeutic work irrespective of the patient's symptoms or psychic sufferings. The text is accordingly not illustrated with excerpts from specific sessions but intended to be 'heard' as the 'inner voice' of the therapist. This voice is an expression of her fundamental therapeutic stance, irrespective of specific interventions.

The process of converting the manuscripts into an article was epistemologically grounded in a hermeneutic-phenomenological tradition and a first-person perspective (Husserl 2002, Merlau-Ponty

1945/1997) in combination with an arts-based research methodology (McNiff 1998).

As a clinician and researcher, the implicit qualities in human interaction have always been my interest, and considered an important source of knowledge (Mårtenson Blom 2004, 2014). Today we know that implicit qualities in the therapeutic relationship are the major change factors rather than any specific therapeutic method (Wamplod 2010).

My first experience of a practice-based research project working in a child and family guidance clinic in Stockholm was about inviting families from previously terminated treatments. In collaborative interviews (Andersen 1997) the collaborative qualities of the interaction between therapists and clients were explored (Mårtenson Blom 2006).

The first attempt to systematically register and reflect on inner, subjective and mostly implicit sensations, images and metaphors was conducted as part of my work as consulting supervisor in different settings. I used the diary form, writing a reflective report from a session, and then, as an aesthetic response to this report, a more metaphoric, lyrical, imaginative piece that mirrored the experience and helped me to process it as supervisor. This was presented in a book chapter on supervision (Mårtenson Blom 2004). In the project, the self-inquiry was depicted in an aesthetic, arts-based form – that of poetic writing (McNiff 1998).

These projects have informed and inspired my professional development as verbal psycho-therapist and GIM therapist, and the book chapter as well as the article were included in English versions in my PhD thesis (Mårtenson Blom 2014).

In summation, the writing process for this article – to explore the therapist's subjective experiences of a Process of Surrender (Mårtenson Blom 2010, 2014) – was grounded in a phenomenological perspective on research, traditions of collaborative research (Andersen 1997; Reason & Bradbury 2001) and arts-based research (McNiff 1998).

Relational modes and the Process of Surrender

The components of implicit interaction are fundamental in developing the therapeutic intersubjective field (The Boston Change Process Study Group (BCPSG) 2010; Beebe & Lachmann 2014) with or without a music-listening experience.

In my PhD study, the components were linked to relational modes and were found to be particularly important in relation to experiences of transcendence as well as during experiences of surrender in GIM sessions (Mårtenson Blom 2014). The study used a hermeneutic-phenomenological methodology, and was based on previously written articles and book chapters where essential themes of interest were identified. First, music in GIM was explored as a relational agent, with musical elements metaphorically serving as relational ingredients in verbal as well as GIM therapeutic practice. Second, the epistemology of implicit and subjective knowledge was considered crucial in understanding the transforming power of GIM. Third, the collaboration between therapist and client was assumed to mirror the intersubjective perspective.

Data collection was carried out through two focus group interviews with GIM therapists (n=7), GIM session transcripts (n=38, participants (n=10) configured a non-clinical sample) and collaborative interviews with therapists and participants (n=4). Data analysis was performed through hermeneutic methodology and thematic analysis based on a preliminary study (Mårtenson Blom 2010) with developed categories of analysis for GIM transcripts and the key concepts of Process of Surrender and Relational Mode of Surrender.

The findings confirmed the usefulness of the categories of analysis from the preliminary pilot study. It was possible to illuminate the GIM process in new ways, e.g. it was possible to make assumptions about patterns in the participants' implicit relational knowing and deepening levels of interaction between therapist, music and participant. From an intersubjective perspective, the analysis contributed with new knowledge about the change process in GIM during transpersonal and spiritual experiences, and the transformational therapeutic process in its entirety. The concept of Relational Mode of Surrender (Mårtenson Blom 2010) from the small study was further explored and applied to the GIM process. A music analysis was conducted with the aim of exploring the interaction between music-classification categories and experiential categories (categories of analysis). The findings illuminated important elements and connections in the intersubjective field consisting of music, therapist and participants. Implications for clinical practice, training of GIM therapists and further research were discussed.

In this article, the 'voice' of the therapist-author will hopefully move the reader into a perspective, or mode, in accordance with the 'voice' of the

therapist-author, with a possibility to 'travel' together with the author, and be reminded of her/his therapeutic subjectivity. The lines in italics are the therapist-author's expressions which are addressed to the reader with added emphasis.

The ingredients of the process, or relational modes, will be described one after the other; however, it should be noted that in clinical practice they often emerge in spirals. In connection to each ingredient or dimension, a piece of music will be suggested as an illustration. This provides the reader with a possible music-listening experience while listening to the inner voice of the therapist. The pieces of music are available on Spotify.

In the article, I explore and 'travel through' the necessary relational modes of the process. They can also be considered domains of implicit relational knowing, and as such, mainly implicit parts in the interactive regulation between therapist and patient.

- The therapist's subjectivity and presence
- Subjectivity as part of the intersubjective field
- Recognition – the sense of being known
- Non-recognition, risks and possibilities
- Aesthetics of change
- Transcendence and the Process of Surrender
- Spirituality

The ingredients were identified and explored in the PhD research project summarised above. For a more developed theoretical background, I refer you to the thesis.

THE THERAPIST'S SUBJECTIVITY AND PRESENCE

During all the years working as a psychotherapist, I have known one thing for sure, having always felt certain of my uncertainty, or sense of vulnerability. This sensation is not in the foreground. Rather it is a keynote, and as such therefore has been "singing" about a kind of trust or faith.

By and by, I learned to trust its contradictory messages about trust, insecurity, vulnerability, and nowadays I know that it guides me into what is important, what is the essence in each meeting. This implicit, procedural and bodily experience is like a deep shivering inside when something important is happening. As if I then must let go of my certainty and feel my dependence, my connection to the other, to what's emerging *between us* as we meet. To be able to stay in relation to this space between us, I move hopelessly, but also with hope and aspiration, into the field of vulnerability; hopefully not alone, but together.

Strong experiences with music, so deeply healing and challenging, connect to inner relational attachment-scripts that convey a sense of *welcome home, here's your safe haven, beyond danger and threat, where you may cultivate your curiosity, love for yourself and life, and deep sense of togetherness and communion.* In terms of attachment theory and neuroplasticity research, this statement is congruent with the three basic human needs of safety, curiosity and communion (Porges 2001; Shore 2003). It holds a threat as well as a promise, a threat against old dysfunctional inner working models and a promise that it is possible to reconsolidate them.

Even if I, as a therapist, select pieces of music and induce an altered state, the Other is not going to enter a transforming process, unless we know how to enter and maintain a fruitful relationship, how to use the intersubjective process of sharing lived experience which is both the art and the soil of the art.

Music can never represent a method or technique. If we are to do psychotherapy, or convey the psychotherapeutic stance, we need to be familiar with our own implicit relational knowing, even though it is impossible to be aware of it while it is happening.

How do we dialogue? How do we share silence? How do we listen? How do we take turns in the interaction? How do we share feelings? How do I stand beside you? How can I walk in your shoes? How can we share vulnerabilities? How can I find your music? How do we develop our relational knowing? How do we become the persons we are meant to be?

The suggested listening experience may assume the following focus: *allow yourself to connect to the inner space where you care for and hold your curiosity for the other, when you meet a client.*

Music: Hugo Alfvén's *Revelation Cantata (Uppenbarelsekantaten).*

SUBJECTIVITY AS PART OF THE INTERSUBJECTIVE FIELD

There is something amazingly unique in experiencing as subjects. When I touch my own hand, the touched hand is not just a mere object

since it feels the touch itself. The decisive difference between touching my own body and anything else, be it another inanimate object or the body of another, is precisely that it implies a *double sensation,* that of touching and that of being touched (Merleau-Ponty 1945/1997; Zahavi 2005).

My subjectivity as therapist and my embodied experience is immersed in double sensations. As such it is an instrument needing its regular tuning. This happens in the local, small movements between us. I believe that is the most important, to stay close to the local, small movements, the casual, messy movements; to wait, to open, to listen, to move, to follow, to let go, to receive, to be moved. The tuning takes place through breathing, sensing and acknowledging together until we are in tune.

Mostly this happens beyond consciousness, is sensed while it is happening, or just a moment after it has happened. This demands a certain rhythm in my awareness, and a thoughtful, sensible tempo with pauses and silences in the interaction.

And I must beware of being too occupied with what we talk *about*. The content shifts into the background so that the implicit qualities of the interaction come into the foreground.

RECOGNITION – THE SENSE OF BEING KNOWN

Louis Sanders' (2002) explorative studies of parent-infant interaction generated the definition of the concept of recognition. He micro-analysed short film sequences and the following is one example: A small new family is slowly synchronising its interactions. Mother (M) is breastfeeding, baby is whimpering, father (F) tries to carry the baby, M offers the other breast, baby whimpers, F receives and holds the baby, starts to talk to the interviewer and sits closer to M, puts his hand on baby's head. When the film is watched back in slow motion, second by second, it is obvious how, *simultaneously*, the baby's hand and F's finger start to move towards each other; without conscious awareness, baby grabs F's finger and immediately falls asleep (Sanders 2002). A dynamic system is calibrating.

The keynote, in this system as well as in a therapeutic system, is the process of recognition and fittedness (BCPSG 2010:60). The recognition process is characterised by strong emotional movement and a sense of fittedness in the interactive regulation.

In human development, and in the therapeutic endeavour, therapist and client connect to the deep sense of who we are – here I am, here we are - through the sense of being known, through mutual recognition. The emotional field in between develops when "I sense that you sense that I sense". At the heart of self-experience and the possibility to develop the self-in-relation lies the task of knowing myself through the experience of being known (Lyons-Ruth 2007; Sanders 2002; Tronick 2001).

"I know that you know that I know…" As human beings and living systems we develop through increased coherence – emerging parts integrate into more complex and adaptive patterns of action, eventually into a sense of wholeness. We recognise each other. The process is experienced in moments of meeting that convey the above mentioned fittedness (BCPSG 2010).

When I as therapist deeply receive the client within the common context of therapeutic agreement, and we together also share this experience of willingness, we experience a moment of heightened affectivity and vitality. The togetherness is a collaborative activity that contains and resolves tension between two divergent systems. The recognition process is an intrinsic knowing necessary for a living system to keep its identity and still develop.

We meet and stay in each other's gaze, in each other's faces.

How do we recognise being known? Perhaps we sense being lifted to a new level, or open to new depths. Perhaps something greater, the "Third", emerges between us (Benjamin 2005; Ogden 2001; Stern 2005, 2010).

Music that meets this recognition process moves us further towards meeting ourselves. Pieces of music that match these interactive qualities contain elements that are supporting and opening, exploring and deepening, and exploring with surprises and contrasts (Wärja & Bonde 2014).

The suggested listening experience may assume the following focus: *Let the music help you to deepen and explore sensations of recognition and a sense of safety.*

Music: Franz Berwald's *Symphony No. 4 in E-flat major, Adagio.*

NON-RECOGNITION – RISKS AND POSSIBILITIES

When therapist and client experience deep recognition, they also become deeply aware of the intrinsic conditions of being and becoming subjects in front of each other. Together, we search, listen, sense from within and from outside simultaneously.

We attune precisely because we won't imitate each other. We attune through analogies, and we become aware that we are also different, separated, alone. We notice each other's Otherness; that we are different, separate, and unique, and that we must be able to experience and rest in the domain of non-confirmation and non-recognition.

In the therapeutic interaction I as a therapist then often connect to feelings of my own vulnerability and insufficiency. Sometimes the otherness of the other can explode or flood the space between us. Flood the room, run around like an unleashed dog, abrade the newly woven strands between us.

This also happens in relation to the music. The otherness of the music, apart from former experiences of being known by it, can also jump up like a ghost. Fear of extinction is evoked. The fear or dread in meeting otherness evokes true, real experiences of not being known.

Woven into my therapeutic subjectivity are also experiences of not being recognised when my deepest sense of self was expressed. Reconnecting to that experience guides the process of witnessing and co-regulating in the therapeutic relationship, practising non-confirmation and non-recognition (BCPSG 2010).

When we dare to sense this absence, emptiness emerges. We can rest in emptiness together, allowing us to let go of all meaning, invite, or at least face, meaninglessness together, go astray… together.

The relationships between us and to the music hold and help practise non-confirmation and non-recognition. Pieces of music that are helpful in this work can be classified as exploring and challenging, rhapsodic, transcending, fragmentary or splitting (Wärja & Bonde 2014).

The suggested listening experience may assume the following focus: *Let yourself connect to your capacity to meet sensations of being challenged, and let the music help you explore.*

Music: Karl Birger Blomdahl*: Aniar, Act 1 Scene 2, Instrumental.*

To explore and discover Otherness, non-recognition ruptures also evoke risks for dissociative qualities to enter the relationship with both the music and the therapist. Dissociative states affect the quality of presence and awareness, both in therapist and client, interacting recursively (Mårtenson Blom & Wrangsjö 2013). What is at stake in the therapeutic relationship when dissociative states occur is also the quality of the state of consciousness for both therapist and patient/traveller.

For me as a therapist, the qualities of my presence and awareness depend on:

- *my* vulnerability and capacity to recognise
- *my* capacity to surrender to a collaborative dialogue
- *my* inner patterns and tendencies towards dissociation

Dissociation is considered a strategy of defence, a way to regulate affective inner states, not just an effect of traumatic experiences (Beebe & Lachmann 2002, 2014, Mårtenson Blom & Wrangsjö 2013). It is considered a way to handle deep abandonment and experiences of lack of recognition. It also affects our ability to be present. Dissociation breaks down our presence, and presence is an arch towards transcendence. A transcending movement within or between us may carry our experiences across borders of self and other into that which is greater than both of us. When the feeling of presence collapses and we dissociate, self-regulation and interactive regulation is impeded by defensive mechanisms.

Dissociation can happen in relation to the music, as well as in relation to the therapist. It is even likely that this has happened in the dialogue, without our awareness, when it later happens in relation to the music.

Between us, in the therapeutic dyad, the quality of my presence and my own dissociative tendencies are important to identify.

In more and more complex movements, back and forth, in deepening spirals during a therapeutic process, the experience of being known should hopefully be recalled.

Sometimes the longing for deep recognition can be too challenging to carry, no matter how much stabilising work is done. The present between us can still become chaotic.

However, we may share confusion, failure and absence. Sometimes we must let go of all meaning and receive meaninglessness, emptiness. How can I acknowledge the otherness of you; the incomprehensibility, even distastefulness, of you? You notice that I do not understand. When you don't feel understood and recognised, you need me not to deny or destroy. How can you otherwise be/become the one you are? When I don't feel understood or recognised, I need you not to deny or destroy. How can I otherwise be and become the one I am?

We need to carry the common burden: the burden of subjectivity. We are dependent on each other's capacity to recognise (Benjamin 1998, 2005).

> I notice your attacks, trying to stay.
> Asking you, begging you to do the same.
>
> We are leaving the land of submission
> We are entering the land of surrender.
> Give in.
> Not *to* me, but *with* me.
> (Composed by the author based on text by Benjamin)

Still, the burden can be shared with me and the music. In sharing together, we may even hear or sense a calling, from something greater, perhaps through the growing field of awareness, nourished by mutually shared emotions of gratitude and love, that both may surrender to.

The suggested listening experience may assume the following focus: *Allow yourself to receive the music and let yourself be moved by it.*

Music: Allan Pettersson*: Herren går på ängen, Barefoot Songs.*

AESTHETICS OF CHANGE

When we discover inter-dependence we can let ourselves be moved by its beauty. The aesthetics of the change (Keeney 1983) and the movement into deeply acknowledging how inter-dependent we are bring us beauty. New patterns emerge between us and connect us.

We become bold, playful and sloppy, daring to surprise each other; we feel relief when nothing fits and let uncertainty puncture, let words evaporate… do nothing… be in nothingness.

The suggested listening experience may assume the following focus: *Just let yourself play with the music.*

Music: Jan Johansson: *Sy ihop dom. Music From Four Centuries.*

In this openness, the client, and therapist in her inner experience, might even meet some old exiles from the past; dissociated parts, old inner "immigrants" might come back, a small baby boy, a young girl, or something formless, shapeless.

The suggested listening experience may assume the following focus: *Just continue to move into this piece of music, and try to be sensitive to what/who is calling you.*

Music: Jan Johansson: *Emigrantvisan. Jazz in Swedish.*

Play and reality begin to interact in the field of togetherness. Spoken words contain layers of meaning and become bewitched. Reality might even expand into something even more real, as if it reflects something beyond that we have longed so much for. The implicit relational modes of interaction may become symbolic. The sense of who we are and where we are heading can reconnect to our inner keynote, to our key-rhythm; the implicitly known core self, as a centre within. We recognise the emergence of a sense of home-coming and the therapeutic agreement is beginning to become fulfilled.

Music, then – does it also change? In GIM, a receptive music therapy, the music does not interact in the moment since it is pre-recorded, but it is still a powerful relational agent. As therapist, I select… Or do I? Who selects? What selects?

When therapist and client are in the field of togetherness, consciousness grows beyond individual borders.

When therapist and client are in the field of music, consciousness grows beyond individual borders.

Music is a memory, a wider space in time, eternally there and beyond. It can only be rediscovered, we can only reconnect to it and be recognised.

TRANSCENDENCE AND THE PROCESS OF SURRENDER

As human beings, we may long for transcendence; the experience of transcending borders of self and of the field between us. Perhaps we also long for surrender, even though it has a slightly scary or uncomfortable quality. Most problems people suffer from are signs, or callings, to reconnect to what is deeply and subjectively known; to recognise the very feeling of being known, and then transcend into something greater which may receive them.

When we connect to deeper levels of consciousness, we inevitably also connect to that which connects us all as human beings, between us.

In my PhD project, summarised in the introduction of this article, surrender appeared as an ongoing experiential movement between a deep sense of being known and a deep sense of seclusion and aloneness, even abandonment (Mårtenson Blom 2014). Sometimes this paved the way for transcendence and a mystical experience, but then always as a surprise emerging beyond intentional will.

Sometimes music can surprise us, sweep us away in transcendence. When that happens, we need to catch the movements in retrospect and reconsolidate the patterns of surrender.

Somewhere here, unconditional love enters the field between us.

The music assists in interacting, sharing and regulating lived experience. Music, togetherness, dialoguing – as organically connected as possible - move and change in the meeting and cultivate communion.

The suggested listening experience may assume the following focus*: Let yourself find your inner place of communion and let the music meet you there.*

Music: Esbjörn Svensson Trio (E.S.T.): *Believe, Beleft, Below.*

SPIRITUALITY

It is my clinical as well as personal experience that we become deeply emotionally moved when we fall; when nothing is solid anymore. There is loss, grief, despair, confusion. When meeting the other I must also be prepared to fall. The uncertainty and vulnerability sensed inside induces me to approach the unconditional. A deep bodily sensation of surrender is an experience of grace.

To be together and travel in music and dialogue, to be known in Otherness, is for me the essence of psychotherapy.

And music is a crack in time where eternity oozes in (Stinissen 2004).

> Music recognises
> Music finds fittedness
> Music meets my otherness and abandonment
> Music abandons and provides silence and emptiness
> Music surrenders and transcends
>
> So, gods are wandering yet upon the earth.
> One of them sits, perhaps, beside your hearth.
>
> Think not that any god can ever die,
> He walks beside you, but you shield your eye.
>
> He bears no spear, nor wears a purple gown.
>
> But by his deeds a god might be made known.
>
> It is a rule unbroken, be advised:
> when gods are on the earth, they go disguised!
> (Lyrics: Hjalmar Gullberg)

Music: L-E Larsson: God in Disguise, Op. 24.

EPILOGUE

Through this writing process, ingredients of the therapeutic implicit field between therapist, client and music, investigated in a PhD study, were explored from a subjective perspective. The steps of a Process of Surrender were illustrated through listening to suggested pieces of music. It was challenging to make explicit and try to convey in writing what was subjectively felt as "true" and intersubjectively, practically – clinically – confirmed as useful and relevant. However, findings from the PhD project as a representative of a more "objective" and reflecting perspective served as important guiding statements. The material of the article, both text and listening experience, was previously presented to different audiences and feedback from these groups also encouraged me to make a written text available.

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SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Article

Music as dynamic experience of unfolding wholeness in Guided Imagery and Music (GIM): A psychoanalytic, musical, transpersonal and trans-scientific paradigm

Martin Lawes

ABSTRACT

This article discusses how the music used in Guided Music and Imagery (GIM) functions as a container for the client's experience as he opens to unconscious depth. Many different but related perspectives are systematically presented and integrated. Included is a discussion of music having an inner necessity that governs its unfolding. As a result of the client attuning with this necessity, which can be understood ultimately to be that governing the creative unfolding of the universe itself, the music can help the client discover inner resources, find solutions to problems, and experience healing and transformation in the often unexpected yet deeply enriching ways that are possible in GIM.

KEYWORDS

Guided Imagery and Music (GIM), rhythms of harmony and dissonance, subtle body, dynamic equilibrium, opening-closing, hidden order, implicate order, present moment, real-illusion, trans-subjective-participation

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INTRODUCTION

> Let me tell you [...] there is something very odd indeed about this music of yours. A manifestation of the highest energy – not at all abstract, but without an object, energy in a void; in pure ether – where else in the universe does such a thing appear? […] But here you have it, such music is energy itself; yet not as idea, rather in its actuality. I call your attention to the fact that this is almost the definition of God. (Mann 1996: 43)

Helen Bonny, American musician, researcher and music therapist, developed The Bonny Method of Guided Imagery and Music in the 1970s. A spectrum of Guided Imagery and Music (GIM) and Music and Imagery (MI) methods featuring imaging to music have subsequently been developed. These are practised throughout the world, including in many European countries.

This article focuses on the function of the music in the individual form of GIM originally developed by Bonny. Individual GIM involves the client or traveller imaging whilst listening to a sequence of 30-45 minutes of pre-recorded music (a music programme) in an altered (or non-ordinary) state of consciousness. The therapist or guide provides non-directive support, dialoguing with the traveller as he images to the music. Individual GIM sessions typically last one and a half to two hours. They feature a preliminary conversation; an induction into the altered state of consciousness; a guided music imaging experience; a return to ordinary consciousness; and verbal processing, with mandala-drawing or other creative processing sometimes included.

The music functions as co-therapist, even, at times, as the primary therapist (Bruscia 2015). It contains the client's experience, is a catalyst for tension and release, and stimulates the flow and movement of the imagery. The music can induce shifts in consciousness, stimulate multimodal imagery and generate body responses. It can help travellers to experience their feelings more fully and work through emotional conflict. The music can also evoke the dynamics of transference, the exploration of relationships and of past and projected future experience. It facilitates creativity and problem-solving, transpersonal and spiritual opening, and can bring experiences of healing, transformation and integration (Bonny 2002a; Bruscia 2015; Clark 2014; Goldberg 2002; Grocke 1999).

Bonny created eighteen core music programmes for use in GIM. These are sequences of three to eight pieces of classical music mainly drawn from the eighteenth, nineteenth and twentieth century orchestral, choral and concerto repertoire. Many other GIM music programmes have subsequently been created. Some of these draw on other genres of music, including jazz, world, film, folk and Chinese music (Grocke & Moe 2015). There are over one hundred and twenty five music programmes now in existence. Whilst these music programmes are often used as originally created, they can also be shortened, extended, adapted, and switched one for another in sessions. Music programmes may also be created with a client in mind, including spontaneously in sessions.

One of the roles of the guide is to support the traveller to open himself to the music and what it has to offer as fully as possible; whether support, deepening or challenge; the discovery of solutions to problems and inner resources; or opening to the spiritual dimension of existence. As the traveller becomes 'one' with the music in GIM, which is encouraged (Bonny 2002b; Lawes 2016; Mårtenson Blom 2014; Summer 2011), the music has an uncanny capacity to take him 'where he needs to go' internally, so as to develop psychologically, emotionally and spiritually (Lawes 2016). This involves the traveller's imagery process evolving from within in response to the music[1], as an experience of 'unfolding wholeness'. Whilst the traveller's experience has been discussed in such terms in the literature in relation to the process of individuation (Bush 1995; Clark 2014), the nature of the music itself as an experience of unfolding wholeness has not. This is my theme.

I explore how the music may be able to support the traveller's experience of unfolding wholeness, integrating perspectives from psychoanalysis, developmental and transpersonal psychology, and music theory. I also draw on quantum physicist Bohm's (1980) discussion of the experience of music. This is where Bohm proposes mind and matter to be grounded in an *implicate order* in which all things interconnect and are ultimately one, with music giving direct experience of it. Bohm

[1] It is important to appreciate that the relationship between music and image in GIM is far from being that of a simplistic cause and effect (Bruscia 2015). There is indeed a highly complex interplay of music and image in the work where many factors come into play (Bonde 2005; Bruscia et al. 2005). The travellers who most benefit from the process seem to be those able to image sometimes very closely with the music, and sometimes more independently from it. This is on an ever-shifting continuum as is most conducive to their needs (Bruscia et al. 2005; Lawes 2016).

suggests the existence of the implicate order to imply there is some kind of "creative intelligence" (Bohm & Wijers 1989) underpinning the whole, hence my use of the term trans-scientific in the title.

In developing the meta-theoretical perspective presented in the article, I use a number of quasi-religious terms. These include *god-composer* (Lawes 2016: 114), *trans-subjective-participation* (Lawes 2016: 112) and *spirit-in-action* (Wilber 2000: 143). I also draw on pre-modern spiritual insights, taking a secular approach to spirituality which does not adhere to any specific religion. Indeed, I consider religious and spiritual concepts to be *real-illusions* (Lawes 2016: 103) which 'point towards' an ultimate reality that is completely ineffable, and as thing-in-itself beyond what can be grasped with words and images.

To begin, I outline a framework of levels of consciousness, and discuss the role of the music as dream-form in GIM, drawing on previously published articles (Lawes 2013, 2016). This discussion forms the basis for the exploration of music as dynamic experience of unfolding wholeness which follows, where many different but related perspectives are systematically presented and integrated. The elaboration of the topic is itself a gradually unfolding one. It involves my exploring the subjectively experienced structure of music, which needs to be differentiated from what can be objectively analysed at 'the level of the score'. Whilst there are correlations between what is experienced and what is notated, which I discuss, ultimately musical structure is beyond what can be consciously grasped and analysed. The score represents a secondary, surface-level, differentiated 'translation' of music's primary, undifferentiated depth structure which is unconsciously grasped. This I explore, integrating Ehrenzweig's (1953, 1967) work from a psychoanalytic perspective with Bohm's. I am especially concerned with the way in which the more challenging music used in GIM (Bonde & Wärja 2014) may be able to contain unconscious depth and the significance of this for the traveller. For ease of exposition, the traveller is referred to as 'he' and the guide as 'she' throughout.

PART 1: MUSIC, DREAMING AND THE SPECTRUM OF CONSCIOUSNESS

Music is resonant and potentially meaningful at four different levels of consciousness simultaneously. This is as Campbell (1968, 1990, 2007) discusses in his elaboration of the framework of consciousness set out in the Mandukya Upanishad, an ancient Hindu (Vedic) text. The text discusses the mystic syllable AUM[2]. AUM is described as the imperishable sound of the energy of the universe, with everything that exists being a manifestation of it. AUM has four elements. 'A' denotes outward-turned waking consciousness (what has become); 'U' inward-turned dream consciousness (what is becoming); and 'M' the formless consciousness of deep dreamless sleep (what will become). The fourth element is the silence which supports AUM as its ultimate transcendent ground.

In this model of consciousness, dream consciousness serves as a channel of communication between consciousness at the levels of deep dreamless sleep and of ordinary waking conscious awareness. The former is alluded to in the following way:

> "Here a sleeper […] is an undifferentiated mass of consciousness, consisting of bliss and feeding on bliss, his only mouth being spirit. He is here 'The Knower': the Lord of All, the Omniscient, the Indwelling Controller, the Source or Generative Womb of All: the Beginning and End of Beings." (Mandukya Upanishad translated by Campbell 1968: 656)

Human psychological, emotional and spiritual experience is continuously being created, or dreamt, out of its ground at the level of deep dreamless sleep, involving the operation of the *Generative Womb* described in the Upanishad. Indeed, it is through the individual's being able to successfully dream himself into being, grounded in transpersonal depth, that his life has meaning at an everyday level. This is where his existence is ultimately the manifestation of a reality which as thing-in-itself is utterly beyond words and understanding (Campbell 1968; Grotstein 2007; Lawes 2013, 2016; Ogden 2005).

Music is most essentially operative at the level of dream consciousness and in its functioning as dream-form naturally opens the traveller to this level of consciousness 'awake' (Campbell 1968; Lawes 2013). This makes music very well suited to helping the traveller in GIM dream himself into being in ways he has not managed before (Lawes 2016). Indeed, in an altered state of consciousness, music's potential as a vehicle for 'that which is becoming' at the level of dream can be realised especially deeply and richly. This is where an

[2] This is often spelt OM. It can also be spelt AUM since the Sanskrit O is interpreted as an amalgam of A and U (Campbell 2007).

individual piece, or music programme, has an almost unlimited potential to be meaningful for the traveller (Lawes 2016), his imagery experience emergent from within in response to the music.

Whilst the traveller's imagery experience gives the music a meaning which can be discussed and reflected on, at the deepest level of its resonance music points beyond the reach of meaning altogether. The most important function of music is:

> "to render a *sense of existence*, not an *assurance of some meaning* […] that sense of existence - of spontaneous and willing arising - which is the first and deepest characteristic of being, and which it is the province of art to waken." (Campbell 1990: 188)

Music ultimately has no referential meaning. Its most essential function is to awaken the individual to the reality-beyond-meaning which is the ineffable essence of life itself. Such is possible in GIM, especially when the music functions as primary therapist.

> "The imager steps into the structures and processes unfolding in the music from moment to moment and begins to live within them, generating images and inner experiences that arise directly out of the music. And by living within these musical structures and processes as they continually transform themselves, the experiencer and the experience are similarly transformed. The entire phenomenon is intrinsically musical in nature, and similarly ineffable; and this seems to hold true, even when the imager tries to describe the experience verbally, using non-musical referents (e.g. images of an animal, person, situation, etc.). In fact, often the non-musical images and the verbal reports of them seem like mere artefacts of an essentially musical experience." (Bruscia 2002: 44)

Most deeply and inwardly heard - before, between, during and after the notes sounded – is the silence of AUM which music incarnates, and which supports it as its ultimate 'transcendent ground' (Campbell 1968; Lawes 2013). Garred (2006) writes about a profound intimation of this ground which he experienced as a GIM traveller. This was during a momentary pause near the end of Brahms *Symphony No. 4 (2nd movement)*, the final selection from Bonny's *Emotional Expression 1* programme (Grocke 2002b). Garred describes being deeply connected to the music, feeling his body melting into it, and then sensing during the pause the inexhaustible creative source of all the music that had come before and of all that would follow. The experience made a huge impact on him, changing his relationship to music (Garred 2006).

The framework of levels of consciousness and the understanding of music as dream-form presented here, have close correlations with contemporary psychoanalytic thinking (Grotstein 2007; Lawes 2013, 2016; Ogden 2005). This is where, according to Ogden (2005), in his development of Bion's work, dreaming (occurring day and night) creates the structure of the mind as *mediated conversation* between its finite (conscious) and infinite (unconscious) dimensions. Ogden proposes clinical work to require the analyst's participation in dreaming the emotional experiences which the client has not been able to successfully dream (that is, process). The analyst's role is most essentially to help the client "dream himself more fully into being" (Ogden 2005: 1). This also describes well, and perhaps even more aptly, what takes place in GIM. Here it is the guide and the music that effectively function as intersubjective participants with the traveller in his process of dreaming himself more fully into being (Lawes 2016).

Music as universal dream-form and vehicle of trans-subjective-participation

In discussing the function of the music programmes in GIM, Bruscia (1999) proposes each to be a universal story of human experience, the traveller particularising the story in the form of his imagery experience. This is a perspective I develop further (2016), discussing the traveller's imagery experience in GIM to be a manifestation, ultimately, of his participation in a universal process of being and becoming in which he, others and all things partake and interconnect. The traveller dreams himself more into being as part of a cosmic scale dream, a realisation that has in India, according to Campbell (1974), enchanted and shaped the entire civilisation. The music functions as *universal formatting template* (Lawes 2013) and *vehicle-of-access* (Lawes 2016) for the traveller's experience of what I term *trans-subjective-participation* (Lawes 2016), his participation in the universal process personalised in the form of his imagery experience. His process unfolds in accord with his *personal hierarchy* (Goldberg 2002) and what is psychologically and emotionally figural at the time of a session, driven from within by the Self (in the Jungian sense [Goldberg 2002]).

The traveller's experience of unfolding wholeness is thus personal to him, whilst it also involves his dreaming himself more into being as

part of a universal creative process at the level of trans-subjective-participation. His experience is grounded ultimately in the formless-infinite in which he and all things become completely undifferentiated; with psychological, emotional and spiritual growth depending on a successfully mediated contact with such undifferentiated depth within (Grotstein 2007; Lawes 2013). In GIM, the music acts as universal dream-form to facilitate a safely mediated contact with depth so that this can nurture growth and wellbeing where it might otherwise overwhelm.

On the traveller's creation of the music in GIM

Objectively considered at 'the level of the score', the music is unresponsive to the traveller's needs. However, this may not be true to the experience from the traveller's perspective as he dreams himself more fully into being. The music effectively functions as intersubjective partner in his process, often providing what he needs in an uncannily fitting way. Indeed, it can seem almost as if the music adapts to the traveller's needs (Clark 2014). I discuss this paradoxical yet important aspect of the process in terms of the traveller unconsciously creating, not simply the experience of the music that he needs, but even the music itself in a sense. On this basis, the music appears to respond to him, whilst at another level the music is something that is externally provided and separate[3] (Lawes 2016).

The traveller's relationship with the music and his experience of it at each of the levels of consciousness discussed can thus be considered different (Lawes 2016). This is illustrated in Figure 1, based on Bonny's "Cut-Log Diagram of Consciousness" (Bonny 2002c: 82).

PART 2: HARMONY

Background harmony

The music theorist Schenker developed a method to analyse tonally based classical music of the type used in GIM. He proposed every composition at the deepest structural level to be simply be an elaboration of the tonic chord (Cadwallader & Gagné 2011). This musical insight can be elaborated as a psychological insight: human experience and wellbeing are grounded in a primary experience of harmony and wholeness that is sounded by music. This grounding of experience is at the level of the *background presence of primary identification* described by Grotstein (2000: 17). As a psychoanalyst, Grotstein associates this background presence with a sense of oneness and continuity, normally taken for granted, that is unconsciously felt to bind internal and external reality together. This "background of safety" (Grotstein 2000: 18) develops on the basis of the infant's experience of the environment of care provided by his mother. More broadly considered, the background presence can be associated with the whole cultural tradition in which the infant is reared. In adult maturity, an individual's sense of this background to his experience can deepen. He apprehends an ineffable spiritual presence or principle which binds everything together on a cosmic scale (Grotstein 2000) at the level of trans-subjective-participation.

Music's resonance of the background presence can be most obviously associated with its harmoniousness. Where for the traveller the music "permeates and fills the space" (Clark 2014: 16) in which he resides, harmony is the ineffable background as well as the essential substance of his experience of unfolding wholeness.

Tonality and the harmony-of-the-beyond

The experience of harmony is usually tonally based in GIM. According to Bruscia (1987), tonality provides a gravitational force towards a point of rest at the centre of the self and is the ground for melody and harmony and their unification. It is the tonic chord itself which is most directly resonant of the absolute, primal oneness and harmony in which everything is bound together and one. Yet, it is not the thing-in-itself.

For at the centre of the self, there is also the formless-infinite (Grotstein 2007; Lawes 2013, 2016; Wilber 2000; Winnicott 1971). In this sense, music is resonant of a harmony that as a thing-in-itself is utterly transcendent, beyond sensory-based reality, space and time, which at the same time thoroughly permeates and interpenetrates every

[3] Although it lies beyond the scope of the article to explore this further, I do so elsewhere (Lawes, 2016), drawing on Winnicott's (1971) ideas about the infant's creation of his mother in infancy.

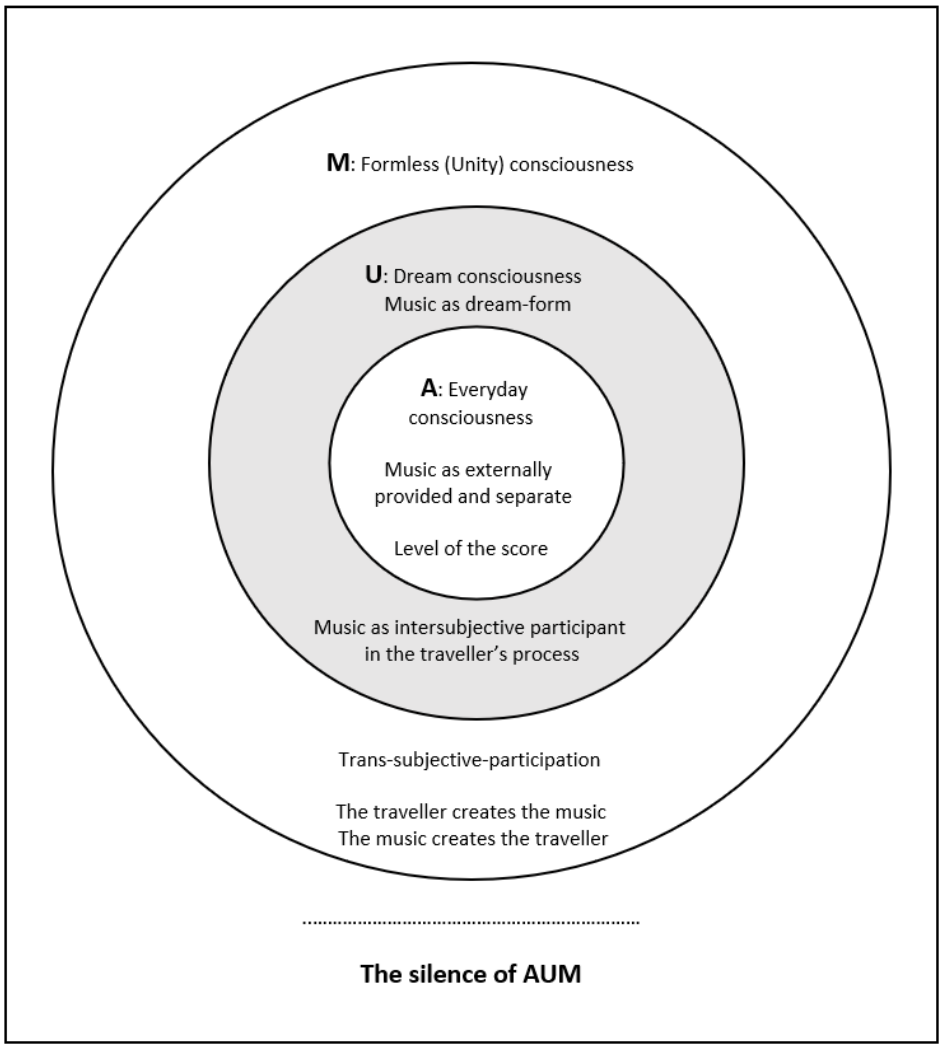

Figure 1: The traveller's relationship with the music in GIM across the spectrum of consciousness, after Bonny (2002c), Campbell (1968), Lawes (2013, 2016) and Wilber (2000)

aspect of our existence. This silent harmony, in which human experience is most deeply grounded (the soundless-sound AUM), can be associated not only with the tonic chord but also with the pulse of the music. As with the tonic chord, the music's felt pulse is not the thing-in-itself. This might be more directly associated with the enigmatical Zen Buddhist koan[4] "the sound of one hand clapping" (Watts 1957: 184-185). The experience of music, when the listener is open to the ground of his existence at this deepest level, is one of stillness-in-movement; movement being experience in time, and stillness experience in eternity, as Campbell describes it (Campbell 1988: 89).

Music gives resonance to this ultra-ineffable harmony-of-the-beyond so that it becomes imminent experientially. The experience is rooted in psycho-biological processes, but is also culture-bound, involving the various traditions of music-making found around the world. Within these traditions, music exists as a temporally and spatially[5] structured experience of wholeness bound together, grounded in the absolute oneness of the formless infinite. Music, as dream-form, thus mediates between the different dimensions of consciousness discussed. Most especially, it allows the traveller in GIM to be in direct contact with the creative ground of his existence - the source of its harmoniousness and meaning.

[4] Koan are paradoxical problems given to adherents of the Rinzai school of Zen Buddhism. These cannot be solved logically, but only by 'tasting' enlightenment. In the example given, the silence of AUM, which underpins the experience of being as its transcendent ground, needs to be apprehended directly to 'solve' the koan.

[5] Music structures psychic space and time at the level of the subtle body discussed below.

PART 3: MUSIC AS DYNAMIC OPENING-CLOSING

Dynamic fields of tone and metre

The music used in GIM is generally tonally based as discussed. In the containment provided by the music, tonic-dominant based harmony is especially important, integrated with the music's metrical and rhythmic organisation. Zuckerkandl's (1956) discussion of *dynamic fields of tone* and *metre* is helpful in understanding this.

The dynamic field of tone is generated subjectively as the traveller apprehends the way the various scale tones 'point' towards and away from one another as a melody unfolds with its harmonic accompaniment (Aigen 2005; Zuckerkandl 1956). The operation of the dynamic field of tone, grounded in the tonic and featuring this dynamic pointing, is central to music's structuring of tension and release. This latter is important in GIM (Grocke 1999, 2002a) and in music generally in its ability to contain unconscious depth (Rose 2004).

Through patterning tension and release, the dynamic field of tone keeps the experiential fabric of the music bound together and whole as it 'breathes'. The experience of the music in this sense is that of a dynamic 'opening-closing' as I conceive of it. This is a complex, subtle and ultimately ineffable aspect of the experience of music, where 'opening' and 'closing' occur both sequentially and simultaneously. The simplest sequential example is where the music opens from the tonic to the dominant and closes back to the tonic again. Other aspects of music's dynamic 'opening-closing' I explore below.

The dynamic field of metre is generated in a similar way to the dynamic field of tone. This is as the music opens away from the first beat of the bar, and closes towards the beginning of the next. Zuckerkandl characterises this to be in an ongoing wave motion, the dynamic field of metre patterning tension and release just as does the dynamic field of tone (Zukerkandl 1956). The operation of the two dynamic fields tends, in fact, to be integrated in music's structuring of tension and release.

Wholes within wholes

In music, there is also a hierarchy of metrical structure involving hyperbars (Begbie 2000: 42). In this, the opening-closing, or breathing, of the music in the localised context, is contained within increasingly broad contexts of unfolding wholeness.

The beginning of Brahms' *Piano Concerto No 2*, which is used in Bonny's *Emotional Expression 1* GIM music programme (Grocke 2002b), illustrates what I am attempting to describe here. The first three-bar phrase, or hyperbar, is a whole that is complete in itself: it opens and closes as a melodically embellished elaboration of the tonic chord. The second, answering three-bar phrase moves to the dominant. Whilst each phrase is a whole, taken together they form a larger whole - a six-bar hyperbar. Two further phrases follow of two bars each. These taken together also form a whole. This whole answers the whole formed by the first two phrases. More broadly considered, the first four phrases comprise the opening whole of the movement. The music is composed of wholes within wholes within wholes (Figure 2). [6]

Indivisible wholeness

At 'the level of the score', a phrase of music appears to be the sum of its separate parts – the individual tones that comprise it - heard in sequence. Yet this is not how a phrase is apprehended subjectively which is as an indivisible whole gestalt (Stern 2004). Similarly, sequences of phrases form wholes within wholes within wholes as discussed. Ultimately an entire movement exists as an indivisible whole which can be experienced to open and close as if in a single breath[7]. If the music were experienced simply as separate phrases, played one after another, and not as an integrated totality, the experience of the music would be a fragmented one (Ehrenzweig 1967).

Music is thus psychologically containing through being unconsciously perceived to exist as an unfolding indivisible whole that is more than the sum of its separate parts (tones, phrases, sections etc.). Whilst the experience of wholeness can be considered primary in human life, it is often obscured in everyday living (Bohm 1980; Ehrenzweig 1967; Stern 2010). Music puts the traveller back in touch with the experience. This

[6] Brahms, J., arr. 2 pianos, 4 hands by Hughes, E. (1878-81). Piano Concerto No. 2. Leipzig: Edition Peters, No.3895, n.d. (ca.1910). Plate 10401. Retrieved from http://www.free-scores.com/download-sheet-music.php?pdf=80204

[7] An entire movement of tonal music, according to Schenker, is underpinned by the progression from the tonic to the dominant and back to the tonic. This basic harmonic progression represents the simplest elaboration of the tonic chord (Cadwallader & Gagné 2011).

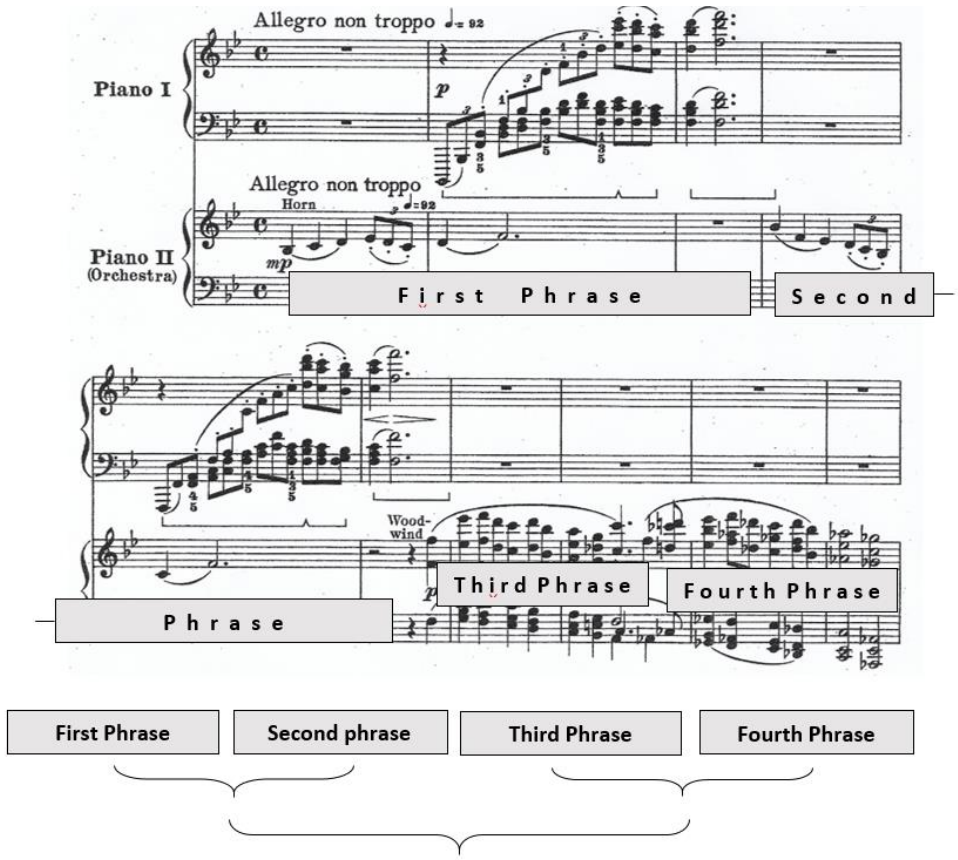

Figure 2: Wholes within wholes within wholes in Brahms' *Piano Concerto No 2*, opening

may be why music can heal, transform and nurture wellbeing so deeply.

Simultaneous opening-closing

In the experience of music as dynamic opening-closing referred to above, opening and closing occur not only sequentially but also simultaneously. To give a simple and relatively obvious example of the latter, there is a feeling of closure at the conclusion of the first two phrases of the Brahms piano concerto (Figure 2) as the music comes to rest on the dominant. At the same time, there is a feeling of something remaining open, so that the next two phrases follow on inevitably and naturally. The experienced breathing of the musical fabric also has a feeling of closure at the end of the excerpt. At the same time, the music remains open harmonically, having modulated, leading into what follows. The opening and closing of one phrase is thus contained within the opening and closing of progressively broader spans of music in the way the music is comprised of wholes within wholes within wholes. In many pieces, there is a polyphonic web of different lines opening and closing, adding to the complexity.

It is thus that the dynamic interplay of opening and closing (the opening-closing of the music) is experienced both simultaneously and sequentially. This is even through the course of the unfolding of a single phrase, where the experience of the music's opening-closing is a continually shifting one.[8] It is through this ever-shifting dynamic interplay, in which opening and closing balance one another in an integrated way, that the experiential fabric of the music is most essentially generated as something which can contain the traveller's experience of unfolding wholeness in GIM.

Whilst music's opening-closing (simultaneous, sequential, hierarchical and multi-layered,) may to some extent be possible to analyse at 'the level of the score', as in the examples given, opening and closing become increasingly undifferentiated at unconscious depth. The essence of the experience of music involves its being unconsciously perceived to exist as an indivisible totality, where opening and closing occur simultaneously in the present moment as it continually unfolds. This is at a level which cannot be fully grasped consciously, let alone analysed. I discuss this further in Part 8.

[8] This is because of the changing quality of music's dynamic pointing as discussed.

PART 4: LEVELS OF EMBODIMENT

Music and the embodiment of consciousness

When the traveller "steps into the structures and processes unfolding in the music from moment to moment and begins to live within them" (Bruscia 2002: 44), the dynamic opening-closing of the music's experiential fabric serves to keep his experience bound together and whole as he opens to depth. The traveller's experience is embodied at the level of the "subtle" or "dream body" (Wilber et al. 2008: 130). This is where consciousness is embodied differently at the levels of waking conscious awareness, dreaming and deep dreamless sleep, according to pre-modern understanding (Wilber 2000). Music's subtle energy fabric helps give body to the emotion, image, archetype, radiance and life force experienced at the level of dream consciousness, the level of embodiment experienced awake in GIM (Campbell 1968; Wilber et al. 2008: 130).

Music as dynamic equilibrium

Drawing on Stern's (1985/2000) work, one of the functions of music from a developmental perspective is to contain the experience of the core self[9]. This concerns the physical embodiment of experience at the level of everyday waking conscious awareness. Stern associates the experience of the 'body container' at this level, with a sense of boundedness, self-coherence and continuity which he considers basic to mental health and wellbeing throughout the lifespan[10].

The core self is a *dynamic equilibrium* (Stern 1985/2000: 199), ever in flux:

> "It is being built up, maintained, eroded, rebuilt, and dissolves, and all these things go on simultaneously. The sense of [core] self at any moment, then, is the network of the many forming and dissolving dynamic process. It is the experience of an equilibrium" (Stern 1985/2000: 199).

Music, with its ever-shifting dynamic interplay of opening-closing, is well suited to containing experience at the level of the core self as Stern describes. For music itself is a multi-layered structured network of forming and dissolving dynamic processes. The significance of this for GIM is that in opening to depth, this level of containment is not entirely left behind. This is even though, beginning in the relaxation induction, the physical embodiment of experience melts into what may be the ever more subtle levels of embodiment experienced in an altered state, as Garred (2006) describes of his experience, cited above[11].

As he opens to depth, the traveller's *imaging ego* (Clark 2014: 10) continues to remain held together by the music's form-play experienced as dynamic equilibrium. This reflects the way that the ego is not completely transcended in higher (transpersonal) development, as discussed by Wilber (Wilber 2000: 91). That which structures everyday ego-functioning becomes integral to the subtler levels of embodiment experienced in an altered state of consciousness. The traveller remains anchored in everyday reality even whilst he temporarily transcends it. His experience remains bound together and finite, structured by the opening-closing of the music's dynamic equilibrium. At the same time, the music, functioning as dream-form, mediates the traveller's experience of being in contact with the infinite depths within and beyond (Lawes 2016). The music 'houses' the traveller's encounter with depth so that it is both meaningful and manageable, and in this way can nurture growth and wellbeing.

PART 5: HARMONY CONTAINING DISSONANCE

Rhythms of harmony and dissonance

A more unconsciously oriented insight into the experience of music as dynamic equilibrium (or dynamic opening-closing) comes from Segal (1986), a psychoanalyst with a special interest in the arts and creativity. Segal proposes that the deepest impulse in the creative process is to re-

[9] Music is also containing of the various other domains of self-experience discussed by Stern. These include most especially the sense of subjective or intersubjective self (Stern 1985/2000).

[10] The core self is also important in the generation of the background presence.

[11] Wilber et al. (2008) describe the densest subtle energies to be closely associated with the physical body - with bodily sensations of flowing life force, for example. Subtler bands of energy they associate with the emotions, and the subtlest bands of all with the causal body. The causal body is an ultra-subtle energy body which embodies consciousness at the level of deep dreamless sleep. It is formless, timeless, spaceless, still and silent, infinite and infinitesimal - the deepest source of being (p. 131).

establish a feeling of the primary wholeness or harmony of experience (closing) in a way that integrates the dissonant realities of loss, separation, aggression and disintegration (opening). She believes the aesthetic impact of a successful work of art to result from the balance of its beautiful and ugly elements. This involves the rhythms of connection which bind the work together as an integrated totality (Segal 1991). In music, these rhythms of connection are its *rhythms of harmony and dissonance* as I describe them (Lawes 2002, 2003). By dissonance, I mean that which across the whole spectrum of musical elements "opens up new possibilities but also tends towards the (temporary) disintegration and disorganisation of musical structure and continuity" (Lawes 2002: 1051). It is the music's rhythms of harmony and dissonance which structure its dynamic opening-closing, binding the music together as a contained experience of unfolding wholeness.

Through dissonance being integrated in the way Segal describes, involvement in the creative arts potentially involves less denial of reality, even in its most painful and disturbing aspects, than does involvement in any other human activity (Segal 1986). This can be so in GIM when the traveller is able to work through painful emotional conflict that he may find very difficult to face otherwise (Lawes 2016). Music can enable his experience as traveller (his imaging ego) to remain bound together as he opens to emotional intensity which has the potential to be very destabilising. It is this that most especially allows him to successfully dream himself more fully into being where his ego might otherwise fragment (Goldberg 2002).

To help the reader hold in mind what has been discussed up to this point, Figure 3 brings together the various themes and perspectives that have been presented.

PART 6: UNFOLDING WHOLENESS

The de-integration, re-integration cycle

It is to explore the nature of music's rhythms of harmony and dissonance further, and related to this how music may be experienced to contain unconscious depth, that I turn next. This exploration is focused, to begin with, on the dynamics of the developmental process as these can be understood to be embedded in music structurally.

The work of the Jungian analyst Fordham is especially useful to draw on, where he proposes development in infancy to involve an ongoing cyclic process of de-integration and re-integration (Astor 1995; Sidoli 1983). This is akin to opening and closing as discussed. Fordham postulates the process to begin with the Primal Self, (an integrated psychosomatic potential beyond space and time, of formless harmony and equilibrium,) waiting to unfold in interaction with the environment. He discusses development proceeding on the basis of the Primal Self de-integrating, or opening, the psychic energy bound up within it dividing into opposites. In a state of instability and dissonance, the infant is open to new experiences of the type necessary for ego development. These then require consolidation and the re-integration of the ego, akin to closing (Astor 1995; Sidoli 1983).

Whilst the process is driven from within by the Self, the containing support of the mother is essential. This is so that de-integration does not become disintegration. In other words, so that that the infant's experience is sustained as a dynamic equilibrium (with his basic sense of a harmony, oneness and continuity of being preserved). The mother's role is first to facilitate the infant's having new experiences of the type he needs and for which he is ready. In this, she needs to protect him from what might overwhelm and fragment (Grotstein 2007; Lawes 2016; Winnicott 1971). She then needs to help him integrate what he has experienced so as to grow from it. In this way, the mother participates in dreaming her infant's experience with him. This enables him to dream himself more fully into being as he could not without her help (Lawes 2013, 2016; Ogden 2005).

The dynamics of the process are not confined to early experiencing alone. Rather, they are those which, driven from within, underpin the individual's unfolding experience of being whole, which is of individuation, throughout the lifespan. In GIM, the music functions as a vehicle for the dynamic activity of the Self through which individuation occurs, helping structure a contained experience of de-integration followed by consolidation and re-integration. GIM music programmes are indeed often constructed with this in mind. Thus Summer (1998), drawing on Winnicott (1971), describes some of the music in a GIM programme to have a holding function; the first music the client hears when it is well-enough chosen by the therapist, for instance. The purpose is to generate a 'me' experience where the music matches the traveller's internal state. Other music has a stimulating

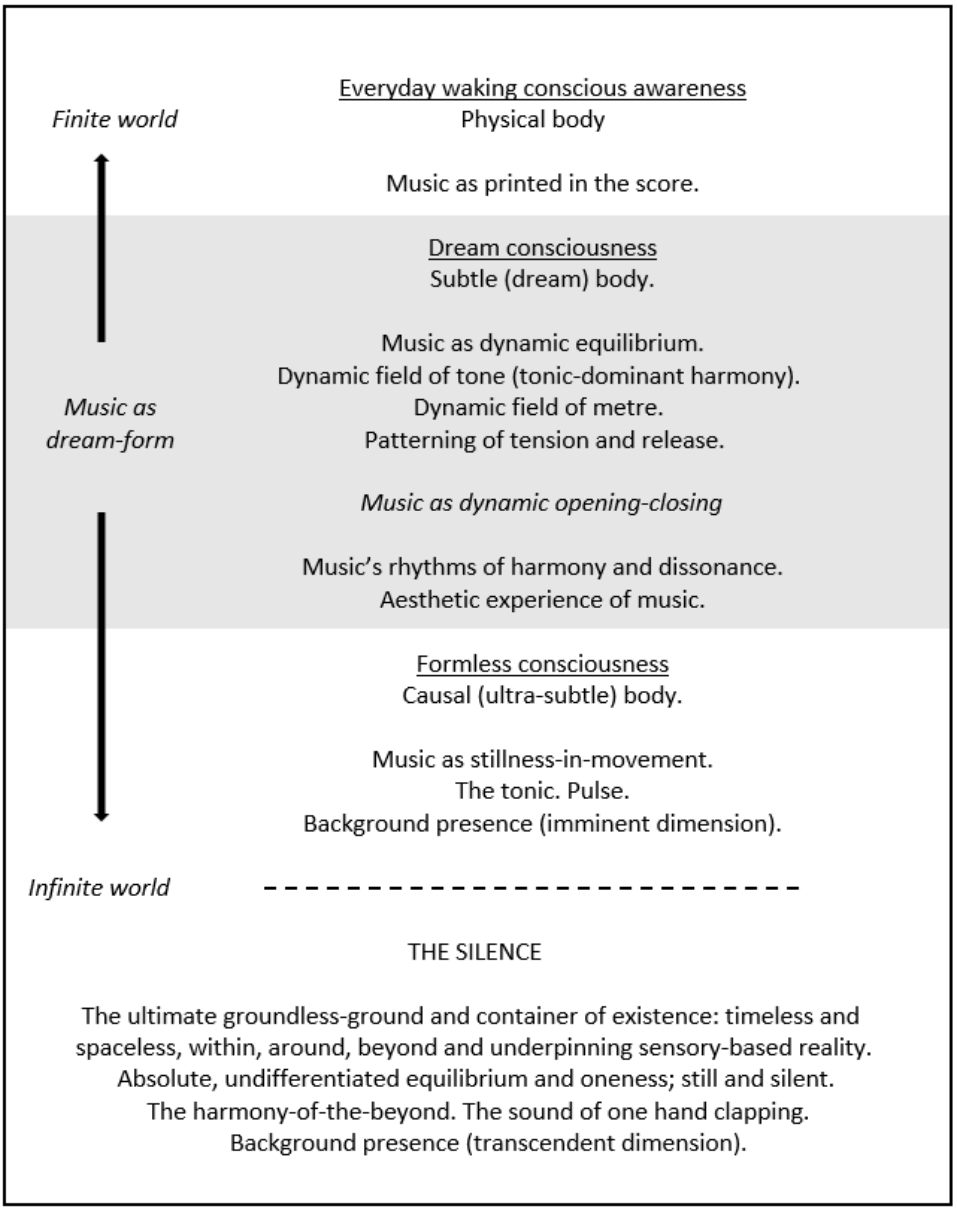

Figure 3: The experience of the music as dream-form in GIM across the spectrum of consciousness

function. Here the purpose is to generate a 'not me' or new experience, designed to transform the traveller's state of consciousness. In both its holding and stimulating functions, the music is heir to the mother of infancy and acts as intersubjective participant in the traveller's process of dreaming himself more fully into being (Lawes 2016).

Challenging music

Even the simplest music used in GIM, which is that with a supportive profile (Bonde & Wärja 2014), has the de-integration, re-integration cycle embedded within the dynamic opening-closing of its structural web. This tends to be at a shallow level of opening, so that the de-integration of the music's form-play (e.g. moving to the dominant chord) is hardly noticed. The music's dynamic equilibrium remains a relatively stable one.

It is music with a more challenging profile (Bonde & Wärja 2014) that is used to facilitate the deeper experiences of de-integration in GIM. If the music is well-enough chosen by the guide, it can be creatively experienced to provide just the opportunity and challenge that the traveller needs, and for which he is ready. The music sustains him as he discovers resources, stays with and works on what challenges him, experiences healing and transformation, and opens to completely new domains of experiencing.

Challenging music is likely to be complex and may seem unpredictable, with its changing rhythms and tempos, sudden shifts in timbre or mood, and high degrees of harmonic and melodic tension

(Bonde & Wärja 2014). To understand how such music may nevertheless be experienced to be containing, and enable the traveller's imaging ego to remain bound together as he opens to depth, the work of Ehrenzweig (1953, 1967) is especially illuminating. Ehrenzweig is another psychoanalytic writer with a special interest in the arts and creativity.

Creative process

Ehrenzweig (1967) discusses the creative process to involve something like the de-integration, re-integration cycle described by Fordham. Ehrenzweig discusses this in terms of the composer's having the capacity for ego "de-differentiation" (Ehrenzweig 1967: 103), or opening. In de-differentiating, the composer becomes one with his music as he surrenders to the death-rebirth rhythm of the creative process. This allows the fragmented (dissonant), as yet unrealised potential which the composer projects into his music (emergent from infinite depth within) to be transformed and integrated through being dreamt[12].

The process involves the music creating a *containing womb* (Ehrenzweig 1967: 110-127, 171-227) in the depth unconscious, akin to the Generative Womb of the Mandukya Upanishad (Campbell 1968). The composer experiences the music with which he has become one to be this containing womb. This is the basis for his dreaming himself more fully into being as he discovers his music's rhythms of harmony and dissonance, or *hidden order* (Ehrenzweig 1967), to be discussed further in Part 7. In this way, the de-integration, re-integration cycle of the creative process comes to be embedded in the music's experiential fabric[13], with the dissonance of experience contained (harmonised) rather as Segal describes (1986).

The parallels with the traveller's process in GIM are striking, where the music facilitates a creative, imagery based process involving de-integration and re-integration. As the traveller becomes one with the music (Bonny 2002b), even surrenders to it (Lawes 2016; Mårtenson Blom 2014; Summer 2011), the music's subtle energy fabric functions as a transformative containing vehicle (a containing womb) for him just as it did for the composer. On the basis of the process the composer has been able to successfully work through, his music can support the traveller's imaging ego to remain bound together. This helps ensure the traveller's experience is one of de-integration rather than disintegration and fragmentation (Goldberg 2002; Lawes 2016). The traveller may even experience a death-rebirth process himself, as Bonny had in mind in creating a music programme of that name (Grocke 2002b).

PART 7: INNER NECESSITY

Ambiguity

Bonny identified ambiguity to be an important characteristic of the classical music used in GIM (Grocke 1999, 2002a). Structurally, ambiguity in the music's form-play may appear to be undermining of the music's being experienced to be a coherent, containing dynamic equilibrium. Yet this may not be so in relation to music's ability to contain unconscious depth. This can be understood, referring to Bernstein's work in describing it, and Ehrenzweig's in helping account for it.

Bernstein (1976) analyses musical ambiguity, describing metrical asymmetry in the opening of Mozart's well-known *Symphony No. 40*, where there is a conflict of simultaneously occurring metrical patterns (Figure 4).[14] It might be assumed that this conflict would cloud the listener's apprehension of the operation of the dynamic field of metre with its containing hierarchy of bars and hyperbars (Begbie 2000), distorting the subtle energy fabric of the music in the process. Yet the conflict is absolutely integral to the music's expressivity and to the way it contains unconscious depth[15].

[12] Summer (2011: 57) describes a "projection-reintrojection cycle" in GIM that has some affinities with the compositional process as Ehrenzweig describes it.

[13] According to Ehrenzweig (1967), the creative process itself is music's most essential psychological content, form and content being one in this sense.

[14] Mozart, W. A., arr. for piano solo by Meves W. (1788). *Symphony No. 40.* Braunschweig: H. Litolff's Verlag, n.d. Retrieved from http://www.free-scores.com/download-sheet-music.php?pdf=63340#

[15] As in the Brahms example (Figure 2), there is in Figure 4 a layering of hyperbars. Two-bar phrases are contained within four-bar phrases within eight-bar phrases etc. The asymmetrical layering of hyperbars indicated occurs where the second bar of each two-bar hyperbar is weak in emphasis, whilst the first is strong. It is in the strong and week bars occuring simultaneously, in the layering of the music's hyperbar structure, that the music's expressive ambiguity lies (Bernstein, 1976).

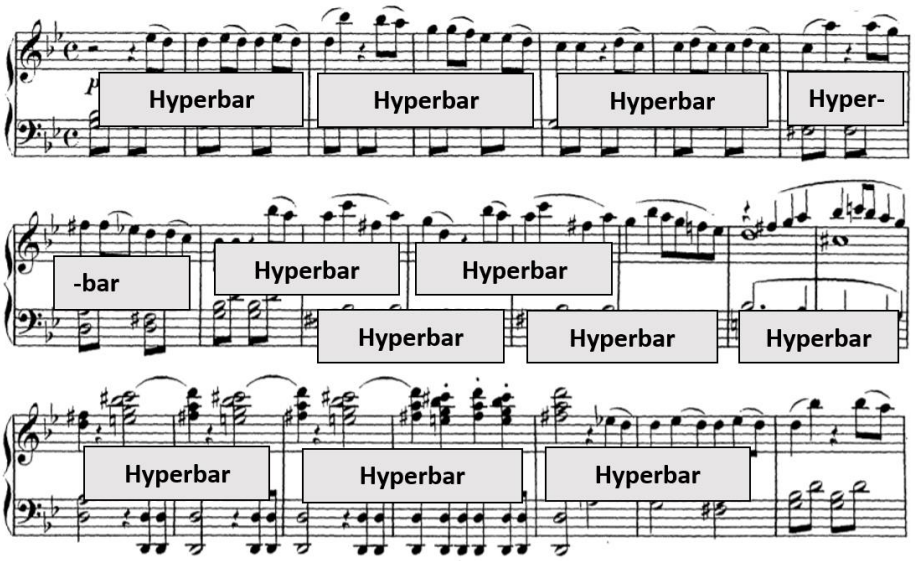

Figure 4: Metrical asymmetry and ambiguity in the opening of Mozart's Symphony No. 40 after Bernstein (1976) and Begbie (2000)

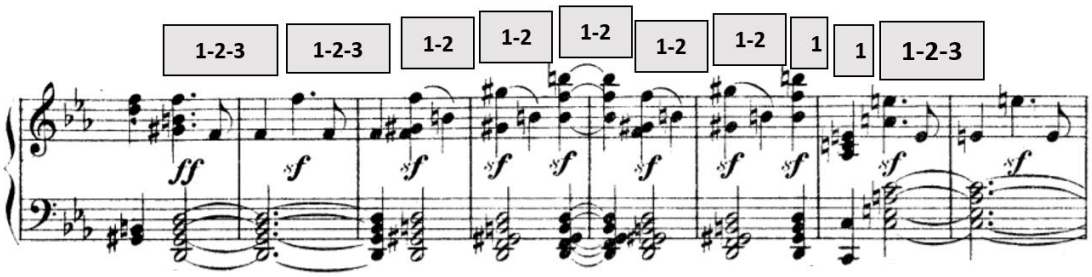

Figure 5: Complex metrical ambiguity in the first movement of Beethoven's Symphony No. 3

Metrical asymmetry and ambiguity become even more pronounced in Beethoven's music, and still more so in the music of the later Romantic period composers (Bernstein 1976, 2007). The first movement of Beethoven's *Eroica* Symphony contains many examples. Although notated in three beats in the bar, the music sometimes feels as if it is in two beats in the bar, even one beat in a bar at times. The beginning of the bar is also displaced, rupturing the music's continuity and coherence in a way reminiscent almost of Stravinsky's *Rite of Spring* (Figure 5).[16]

The situation is similar with tonality. Bernstein (1976) discusses how a balance is established in Mozart's music between the containment of tonic-dominant harmony on the one hand, and the freedom of expressive chromaticism on the other. In the music of the Romantic period composers, tonal ambiguity and chromaticism become increasingly prevalent, yet are central to the music's expressive power. In the *Eroica* Symphony, for instance, there are powerful clashing dissonances at various points. This includes where the tonic and dominant minor 9th chord are sounded together at one dramatic moment near the end of the exposition (Figure 6). [17]

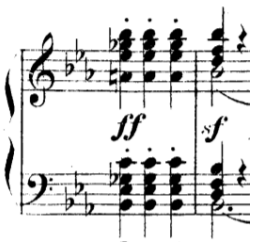

Figure 6: Tonic and dominant minor 9th sounding together in Beethoven's Symphony No. 3

[16] Beethoven, L, van, arr. Pauer, E, for piano solo. (1803-1804). *Symphony No 3*. London: Augener Ed.8006A, n.d.(ca.1900). Plate 7912. Retrieved from: http://www.free-scores.com/download-sheet-music.php?pdf=69161#

[17] See footnote 16.

This, again, is reminiscent of passages in Stravinsky's *The Rite of Spring*. It is an example of the dynamic opening-closing of the music's form-play having become undifferentiated even at 'the level of the score', where tonic and dominant are normally separated out, occurring sequentially.

A composition to which Bernstein (1976) pays particular attention is Debussy's *Prélude à l'après-midi d'un faune*. This is used in Bonny's *Quiet Music* programme (Grocke 2002b). Tonal ambiguity is extreme indeed in this music. The opening flute phrase, for example, is initially very vague tonally, spanning the interval of a tritone (the 'devil in music'). This is the most unstable interval and absolute negation of tonality. The phrase opens out in the third bar with a hint of E major until the orchestra joins and the music slips tonally, finishing on a dominant seventh chord built on Bb. This implies Eb major. The close juxtaposition of E major and the Bb dominant (involving the tritone relationship again), causes the tonal vagueness of the music. This is sustained into the silence that follows (Figure 7). [18]

Bernstein (1976) explores this and other tonal ambiguities in Debussy's music. He also demonstrates how the music is tonally contained in the most orthodox way at key points structurally, i.e. based in tonic-dominant harmony.

Mozart, Beethoven and Debussy's music, along with the music of many other composers whose works are used in GIM, has ambiguity embedded structurally, where it is integral to the music's rhythms of harmony and dissonance and its dynamic opening-closing. This is potentially of great significance in terms of the capacity of the music to act as containing womb for the traveller's process of de-integration and re-integration. I continue the elaboration of Ehrenzweig's work to help account for this.

Depth coherence

Structural ambiguity of the type described, and more generally the complexity of challenging music in GIM, can be understood to arise from a composer's being primarily concerned with the depth rather than surface coherence of his music. Ehrenzweig discusses this in relation to the "unconscious cross ties and submerged harmonies" (Ehrenzweig 1967: 102, 107) of a piece's hidden order. These bind the music together as an integrated indivisible totality at the level where it contains undifferentiated unconscious depth. This is where normally differentiated and separate, or opposite aspects of experience (e.g. male and female, love and hate, birth and death) merge as part of a single undifferentiated matrix[19]. This matrix is undifferentiated in the sense that the structure of experience, even when successfully contained at this level, is beyond what can be consciously grasped (Ehrenzweig 1953). Its undifferentiated structure can, however, be grasped unconsciously.

When experience is contained in its wholeness at depth, as a result of the composer's having submitted to the death-rebirth rhythm of the creative process in discovering his music's hidden order, his music has an unconsciously perceived inevitability and necessity to its unfolding. This is in spite of the music's ambiguities of form-play, changeability and complexity. Whilst the music's necessity may defy logical analysis, it is as aesthetically as it is psychologically significant (Ehrenzweig 1967). In GIM, as the traveller's process becomes aligned with the necessity of the music's unfolding, through his being open to the music's aesthetic impact, the music's hidden order binds his experience together at undifferentiated unconscious depth. This allows the music to function successfully as containing womb for the traveller to more fully dream himself into being, his experience of the music personalised in the form of his imagery experience (Lawes 2016).

[18] Debussy, C. arr. Borwick, D. for piano (1912). *Prélude à l'après-midi d'un faune.* Paris: E. Fromont. Plate E. 1426 F. Retrieved from: file:///C:/Users/marti/Downloads/[Free-scores.com]_debussy-claude-pra-lude-a-l-039-apra-s-midi-d-039-un-faune-71370%20(1).pdf

[19] Grof (1993), from a transpersonal psychology perspective, similarly describes an unconscious undifferentiated matrix of opposites, of Dionysian agony-ecstasy. He associates this matrix of experiencing with the death-rebirth struggle of the birth process. This he believes can be re-experienced consciously in a deeply altered state of consciousness.

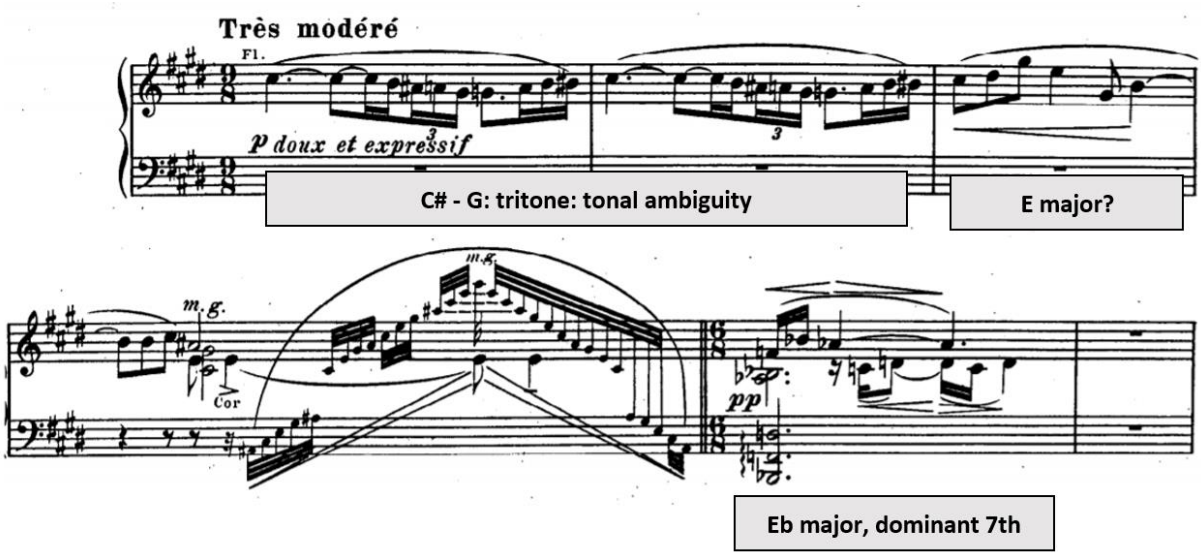

Figure 7: Tonal ambiguity in Debussy's *Prélude à l'après-midi d'un faune*

Levels of predictability

Music, as dynamic experience of unfolding wholeness, can be understood to have both surface and depth levels of predictability, or necessity, and associated coherence. Both levels of predictability are important in GIM; the former especially in music with a supportive profile (Bonde & Wärja 2014), and the latter more in challenging music (Figure 8).

In the simple, stable music with a clear melodic phrase structure that is suitable for use in Supportive (or resource-oriented) Music and Imagery[20] (SMI) (Paik-Maier 2010; personal communication, June 2016), the gestalts of the melodic phrases are apprehended to be indivisible wholes (Stern 2004) by the surface (conscious) mind (Ehrenzweig 1967). Associated with this, the melody has its own necessity and predictability of unfolding, both within each phrase and in an ongoing sense. The form-play of the music, with its coherent phrase structure, helps the client to remain focused in an ordinary waking conscious state[21]. This is as he draws an image of his chosen supportive resource whilst listening to the music which he has chosen. The music helps the client explore the image, deepening and integrating his experience of it, without his process unfolding further.

The aim in SMI is for the client to identify a suitable familiar experience that can be developed into an ego resource, rather than for his experience of wholeness to unfold in new ways that involve ego de-integration and re-integration. The stable dynamic equilibrium of the music, with a coherence readily accessible to the surface mind, supports this.

The music is also resonant of an ineffable harmony, oneness and continuity of being that can be associated with the background presence. This is at the level of the creative ground of the client's experience where his authentic experience of self emerges out of the formless-infinite (Winnicott 1971). It may be through the client being grounded at this level, via his experience of his chosen music, that this type of work can be of a depth that is more than (superficially) supportive. The music opens up a space within which the "true self" (Winnicott 1958) can emerge in the midst of the busyness, challenge and stress of everyday living (L. Summer, personal communication, July 2017).

Challenging music is grounded at the same level, but in a way that is more facilitative of ego de-integration and re-integration, the music having this embedded structurally as discussed. The music's lack of surface predictability and coherence is more than made up for by its depth coherence (Ehrenzweig 1967) and associated inevitability of unfolding with which the traveller can potentially attune. Through a process of deep unconscious identification, the necessity of the music's unfolding becomes that of the traveller's own experience of unfolding wholeness. His process evolves in new and often unexpected directions as a result, that yet

[20] SMI is part of the continuum of practice in Music and Imagery (MI) and GIM developed by Summer (2015).

[21] Or, perhaps more accurately, in a minimally altered state of consciousness (L. Summer, personal communication, July 2017).

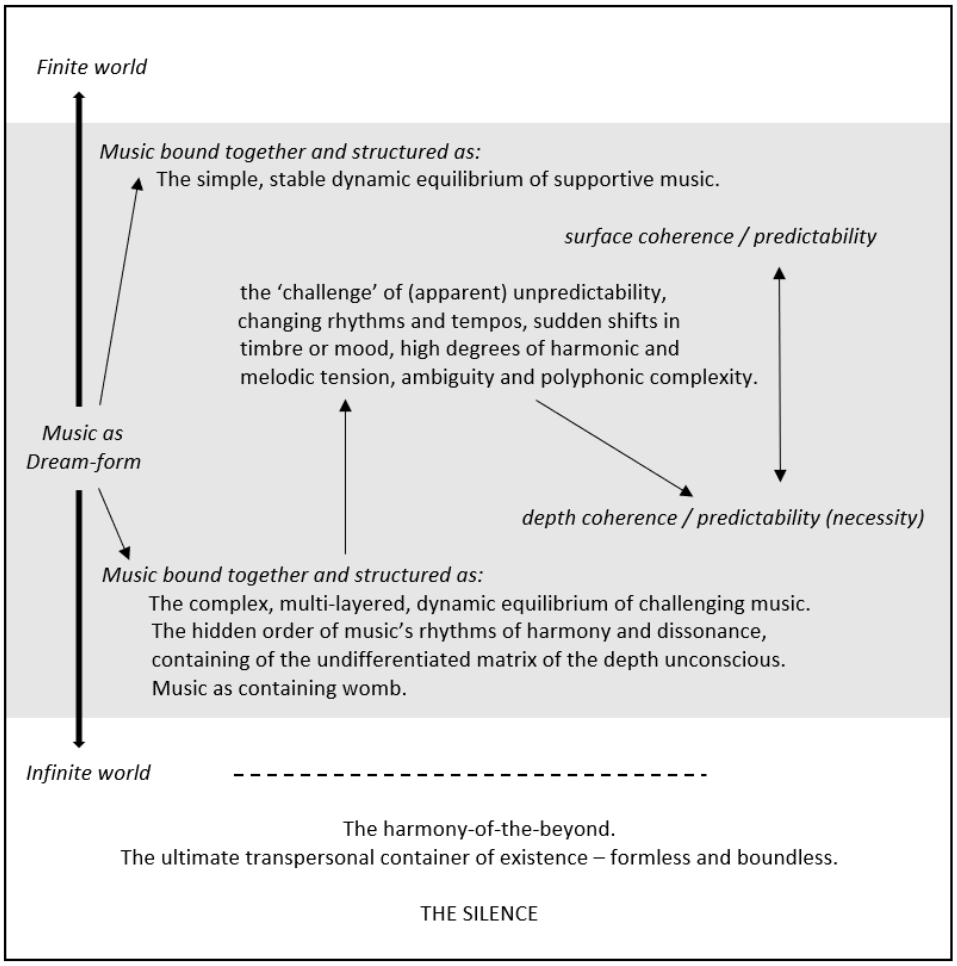

Figure 8: Conscious (surface) and unconscious levels of predictability and coherence in music's experiential fabric

can have a profoundly experienced inevitability and authenticity for him.

Cosmic necessity

At the level of trans-subjective-participation, the traveller's experience of the music in GIM involves his being connected into the indivisible unfolding wholeness in which all things relate, interconnect and ultimately merge (Bohm 1980; Lawes 2016).

The music in GIM functions as universal formatting-template and vehicle-of-access for trans-subjective-participation, on the basis of the composer having 'tuned in' at this level in discovering the hidden order of his music as integrated indivisible totality. Through the composer's work, the inner necessity governing his music's unfolding can become that of the traveller's own unfolding process. This is as the traveller personalises his experience of the music in the form of his imagery experience, grounded in the universal truth sounded by the music (Lawes 2016; Ogden 2005). The music's hidden order becomes that of the traveller's own experience of unfolding wholeness, helping structure and bind it together. In this way, the traveller may be able to discover inner resources and solutions to problems, and experience healing and transformation as he may not otherwise, aligned with what ultimately is a cosmic scale process of unfolding wholeness in which he participates (Lawes 2016).

Spirit-in-action

When the composer becomes one with his music, open deeply to dream consciousness awake, he experiences his music to have a life of its own (Ehrenzweig 1967). The necessity of the music's unfolding as indivisible integrated whole is discovered beyond his full conscious control and understanding, emergent from unknown infinite depth within and beyond. "I heard and I wrote what I heard. I am the vessel through which Le Sacre passed", said Stravinsky of the composition of the Rite of Spring (Stravinsky & Craft 1981: 147-48). In this sense and transpersonally considered, composition is the work of the god-composer within (Lawes 2016) - a manifestation of "spirit-in-action"

(Wilber 2000: 143). The process involves the composer opening to the operation of a creative intelligence which can be understood to be at work in all things (Bohm & Wijers 1989; Reiner 2009). He dreams himself more fully into being as part of a cosmic scale dream, in which he transcends the constraints of his individual existence, time and space (Ehrenzweig 1967; Lawes 2016). At the same time, his music is a manifestation of the very essence of who he is. His music 'speaks' of the deepest truth of his experience beyond words and understanding. This is personal truth that is a manifestation of universal truth (Campbell 1968; Grotstein 2007; Lawes 2013; Ogden 2005). On the basis of the composer's achievement, the traveller in GIM can tune into the operation of the same creative intelligence which the composer has in the first place. Indeed, it is this transpersonal intelligence which ultimately drives the traveller's imagery process as experience of unfolding wholeness (Lawes 2016).

Immortal music

In the way the music functions as universal formatting-template in GIM, it can potentially be meaningful for the traveller in endless different ways as he personalizes the music in the form of his imagery experience (Bruscia 1999; Lawes 2016). Ehrenzweig discusses such inexhaustibility of meaning in the creative arts more generally:

> "What alone seems to matter to us is the complex diffuse substructure of all art. It had its source in the unconscious and our own unconsciousness still reacts readily to it, preparing the way for ever new interpretations. The immortality of great art seems bound up with the inevitable loss of its original surface meaning and its rebirth in the spirit of every new age." (Ehrenzweig 1967: 77)

In GIM, the meaning of the music, in the sense Ehrenzweig describes, is reborn every session in the way the traveller personalises his experience of the music so as to dream himself more fully into being. The music is effectively created anew in each session with each traveller (Lawes 2016).

That the music used has survived the test of time and may be the work of creative genius can perhaps be explained, in part, on the basis of the music's containing unconscious depth. This containment may result from the composers' unusually well-developed capacity for the ego de-differentiation, or opening, required to surrender to the death-rebirth dynamic of the creative process. This opening is at a level that would dangerously disintegrate most people's ego functioning. The composer's gift is to provide music that enables the traveller to safely de-integrate, rather than disintegrate, as he opens to such depth.

PART 8: WHOLENESS IN THE PRESENT MOMENT

Indivisible flowing wholeness

A remarkable insight into music as an experience of unfolding wholeness comes from quantum physicist Bohm (1980), whose implicate order can be equated with Ehrenzweig's hidden order.

Bohm considers the implicate order to be the primary order of reality. It is the ground of both mind (consciousness) and matter, with the manifest world of sensory-based reality, time and space continually unfolding out of, and enfolding back into, the implicate order. Everything instantaneously connects and interpenetrates with everything else in the implicate order, ultimately across all of time and space. This is as part of "the unbroken wholeness of the totality of existence as an undivided flowing movement without borders" (Bohm 1980: 218), as Bohm beautifully describes it. This interconnectedness of all things is at the level of trans-subjective-participation where a creative intelligence seems to be at work (Bohm & Wijers 1989; Lawes 2016).

Music has special significance in the way the implicate order is apprehended directly. Bohm's insight is that the experience of flow and movement involved, which is central in music, does not take place in time, or even as an experience of time, as ordinarily understood. Rather, it is generated by a simultaneous interplay of tones in consciousness at each moment:

> "At a given moment a certain note is being played but a number of the previous notes are still 'reverberating' in consciousness. Close attention will show that it is the simultaneous presence and activity of all these reverberations that is responsible for the direct and immediately felt sense of movement, flow and continuity […]
>
> It is clear […] that one does not experience the actuality of this whole movement by 'holding on' to the past, with the aid of a memory of the sequence of notes, and comparing this past with the present. Rather, as one can discover by further attention, the 'reverberations' that make such an experience possible are not memories but are rather *active transformations* of what came earlier, in which are to be found not only a generally diffused sense of the original sounds, with an intensity that falls off, according to the

> time elapsed since they were picked up by the ear, but also various emotional responses, bodily sensations, incipient muscular movements and the evocation of a wide range of yet further meanings, often of great subtlety. One can thus obtain a direct sense of how a sequence of notes is enfolding into many levels of consciousness, and of how at any given moment, the transformations flowing out of many such enfolded notes inter-penetrate and intermingle to give rise to an immediate and primary feeling of movement." (Bohm 1980: 252-253)

Bohm continues:

> "An enfolded order is *sensed immediately* as the presence together of many different but interrelated degrees of transformations of tones and sounds. In the latter, there is a feeling of both tension and harmony between the various co-present transformations, and this feeling is indeed what is primary in the apprehension of the music in its undivided state of flowing movement.
>
> In listening to music, *one is therefore directly perceiving an implicate order*. Evidently this order is active in the sense that it continually flows into emotional, physical, and other responses, that are inseparable from the transformations out of which it is essentially constituted" (Bohm 1980: 253).

Past and future in the present

The dynamic opening-closing of music's experiential fabric, is the simultaneous undifferentiated one referred to above at the level of the implicate order. This is where there is the feeling of simultaneous harmony (closing) and tension (opening) between the co-present transformations at each moment which Bohm describes. Past, present, and anticipated future music[22] are actively present in the 'taste' of indivisible flowing wholeness experienced at each moment.

Past and future are not being thought about as if from a distance, as they often are in everyday living. Rather, they are experienced to be actively present in the moment. Perhaps because of this, music, as dynamic experience of unfolding wholeness, has a remarkable capacity to bring the traveller fully into the present moment. He is nurtured through being in contact with a sense of reality, truth and wholeness, experienced as if all-at-once. This is where wholeness tends to be experienced otherwise in a more fragmented way in everyday living[23] (Bohm 1980; Stern 1985/2000).

The traveller is helped to connect with whatever it is he needs to experience psychologically, emotionally and spiritually, partly because of the way the music brings him into present moment. This is a moment where all possible past and potential future experience and all domains of experience are, in theory, present at a level which ultimately completely transcends the traveller's everyday existence, time and space. Grounded in the flowing undivided wholeness of the implicate order, the traveller's process unfolds as the dynamic opening-closing of the music's subtle energy fabric creates the real-illusion[24] (Lawes 2016: 103) of an embodied (structured) dynamic experience of inner (psychic) time and space. The music takes the traveller 'where he needs to go' internally as he lives ever more deeply and fully 'into' the experience of the present moment as it unfolds. In a sense he goes nowhere in either time or space, yet also potentially everywhere. Aspects of the traveller's unrealised experience of wholeness, present at an implicate level (e.g. his undreamt past and potential future experience), become manifest according to his personal hierarchy and what is figural at the time of the session[25]. As the traveller dreams himself more fully into being, the opening-closing of an entire piece, even of an entire music programme, can become that of a kind of extended present moment

[22] Stern (2004) discusses how a musical phrase is apprehended to be an indivisible totality with the listener anticipating how it may end. The ending is present in the listener's mind in this implicate sense mid-phrase.

[23] This is where people and things seem to have their own independent, solid and substantial existence, but ultimately do not according to Bohm. It is this appearance of things having an independent existence of their own that causes the fragmented everyday perception of reality (1980).

[24] According to Bohm (1980), time and space as ordinarily experienced are secondary-order realities projected out of the primary reality of the implicate order. Music functions as containing (generative) womb at a level where the real-illusion of an experience structured in time and space emerges out of the timelessness and spacelessness of the implicate order (or out of its multi-dimensionality as discussed below).

[25] The process involves an "inner radar system" (Grof 1993: 23), which scans the psyche and the body for the most important issues so as to make them available to the traveller's conscious mind to be worked on. This is a unique feature of work in an altered state of consciousness.

of unfolding wholeness[26].

Multi-dimensional truth and wholeness.

Bohm describes how a "force of necessity" (Bohm 1980: 248) binds wholeness together as it unfolds at the manifest level. This is just as Ehrenzweig (1967) describes music to have a necessity to its unfolding as indivisible totality, where a perceived necessity can bind the unfolding of a single phrase together as much as it can a complete piece, with music having the different levels of necessity and coherence discussed.

Challenging music especially may have ruptures in continuity, sudden changes and the types of ambiguity and multi-layered complexity described and still be perceived to have an inner necessity that governs its unfolding. This is where the music's manifest existence at 'the level of the score', may exist as a projection of the multi-dimensionality (even of the infinite dimensionality) of the implicate order, with different orders of time arising out of this multi-dimensionality at the manifest level of experience according to Bohm (1980). These orders of temporal structuring are more complex than the simple temporal order associated with the unfolding of a musical phrase. The metrical ambiguity in Mozart's and Beethoven's music illustrated above, may represent a projection of such temporal multi-dimensionality, which can be perfectly well comprehended at an unconscious level.

It is this multi-dimensional ground of human consciousness to which the composer has attuned unconsciously in discovering his work's hidden order. This gives his music a coherence and necessity of unfolding which transcends its challenge at 'the level of the score'. The dynamic opening-closing of the music's experiential fabric is apprehended to be an integrated, multi-dimensional one at the level it contains unconscious depth. This allows the traveller in GIM to be enriched and nurtured as he 'lives into' and breathes of the real-illusion of a music-based experience that can feel more real than anything he experiences in the everyday (Lawes 2016). He tastes of the multi-dimensional wholeness and truth of human experience, beyond words and understanding, as may not be able to be experienced so directly in any other way.

Mediated conversation

In the way the traveller's imaging ego remains bound together whilst he opens to depth, his imagery experience unfolds as a mediated conversation between the conscious and unconscious, or finite and infinite dimensions of the mind (Lawes 2016; Ogden 2005). In functioning as universal dream-form, the music supports the process. Indeed, the dynamic opening-closing of the music's experiential fabric is itself generated as a mediated conversation between the finite and infinite dimensions of the mind[27]. This is a conversation of the type which most essentially creates and sustains mental structure (Ogden 2005).

The experience of music as dream-form, can most broadly and deeply be considered to be that of a cosmic form-play in which the play of an infinite movement and energy (the soundless-sound AUM) can be 'heard' inwardly, as it becomes incarnate in the music's finite form-play. Music in this sense puts the traveller in contact with infinite wholeness all-at-once, in a way that is manageable because it is limited and finite. This makes the experience the mentally palatable, nurturing and deeply enriching one it can be (Grotstein 2007; Lawes 2016).

Most especially, music contains human emotional experience in its multi-dimensional wholeness and truth at a depth where emotional intensity tends towards becoming unbound and infinite (Matte Blanco 1975; Rose 2004; Tarantelli 2003). Music keeps the intensity of such experience within bounds, potentially allowing the death-rebirth experience to be worked through in GIM, for instance, without dangerous ego-fragmentation (Lawes 2016). This may lead to a realisation awake of the serene cosmic bliss of the oceanic infinite in which consciousness ultimately rests (Bohm 1980; Campbell 1968; Ehrenzweig

[26] Also relevant to the discussion here, is the dynamic polyphonic fabric of the more complex classical music compositions often deriving from a few very simple motifs. In many works these motifs may be present throughout in some form in every layer of the music but undergo continuous transformation (Bernstein 1976, 2007). This holographic aspect of the music is another important factor in its being unconsciously apprehended to be an integrated totality, where the whole is present at each moment at the level of the implicate order, but is sounded in a process of continuous unfolding and transformation.

[27] Associated with this, the experience of music is also generated as a creative interplay of opening and closing, of harmony and dissonance, of sound and silence, and of stillness and movement.

1967; Grof 1993; Matte Blanco 1975). The experience of the music is then one of stillness-in-movement (Figure 9):

> "At the still point of the turning world. Neither flesh nor fleshless;
>
> Neither from nor towards; at the still point, there the dance is
>
> Where past and future are gathered. Neither movement from nor towards,
>
> Neither ascent nor decline. Except for the point, the still point,
>
> There would be no dance, and there is only the dance.
>
> I can only say, there we have been: but I cannot say where
>
> And I cannot say, how long, for that is to place it in time." (Eliot 2001: 5)

PART 9: OLD MUSIC, NEW MUSIC

Too familiar?

In the music that is suitable for use in GIM, the music's surface-level coherence is not excessively disrupted as it is in some of the more radical twentieth and twenty-first century compositions like Stravinsky's *Rite of Spring* where the music's unconscious undifferentiated substructure lies exposed on the surface in all its apparent fragmentation and chaos (Ehrenzweig 1967). Yet, especially in the more challenging music used in GIM, there may be more in the way of fragmentation, discontinuity, and ambiguity of form-play than is realised. It is there, as discussed, because of the composer's principal concern with the depth, rather than surface, coherence of his music (Ehrenzweig 1967).

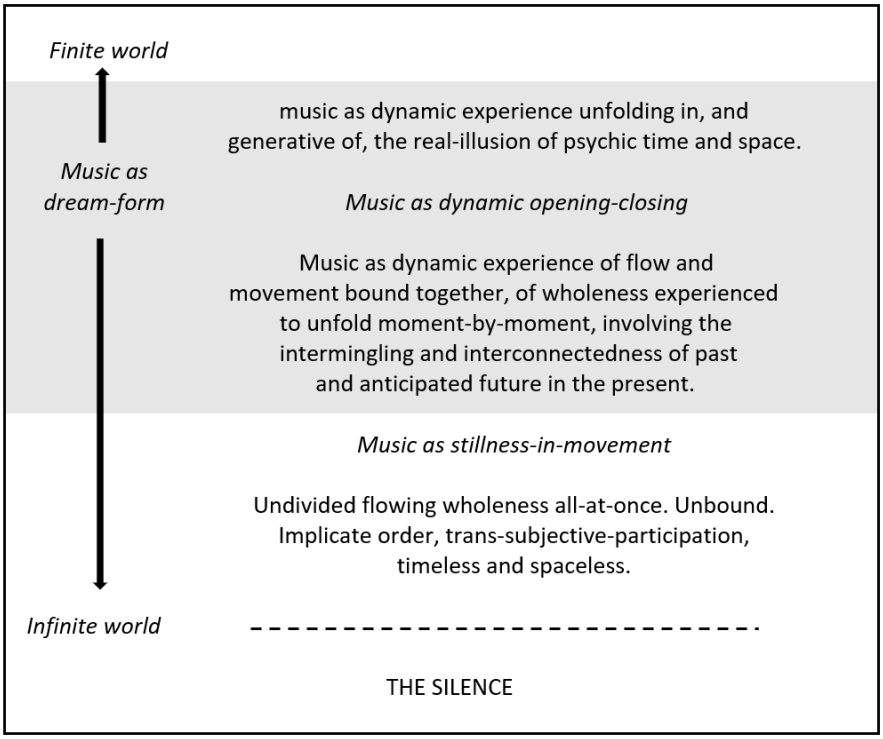

Figure 9: Music as mediated conversation and taste of undivided flowing wholeness

Debussy's *Prélude à l'après-midi d'un faune*, for instance, is music that deeply troubled some of its first listeners (Bernstein 1976). On the other hand, the piece has subsequently become a staple of the concert hall, and was included by Bonny in *Quiet Music* (Grocke 2002b), one of the beginning music programmes used in GIM. This acceptance of the music, and its suitability for a use in a beginning GIM programme, may not simply result from listeners having become more able to perceive the music's depth coherence. It may also be due to listener's familiarity with the piece and with the type of music. This is another topic usefully elaborated by Ehrenzweig, who proposes that unconscious psychological processes, individual and collective, change the perception of music over time (Ehrenzweig 1953, 1967). This can result in once radical, emotionally charged new music being effectively tamed; perceived to have more surface coherence and solidity than it truly does. According to Ehrenzweig, this is an irreversible process, one which he describes as having affected his perception of Brahms' music over the course of his lifetime (Ehrenzweig 1967). It is the threat posed by

contact with the apparent chaos of undifferentiated unconscious depth, that Ehrenzweig (1953) believes causes the music to be heard differently. Through the unconscious psychological processes which he describes, the music comes, ineluctably, to be perceived to have a more harmonious and coherent surface structure, with more superficially pleasing gestalts. As a result, the listener's attention remains focused on the surface, the potentially destabilising encounter with undifferentiated unconscious depth averted. The aesthetic pleasure generated is at the expense of a deeper and more authentic emotional experience of the music (Ehrenzweig 1953).

I experience what Ehrenzweig describes sometimes listening to recordings of improvised music from music psychotherapy sessions. This is when the aesthetic of the music sounds disappointing after my experience of the music during the session. According to Ehrenzweig, it is the same for the composer as he faces the inevitable limitations and imperfections of his finished work in 'the cold light of day'. This follows the profoundly satisfying real-illusion of the totality of integration and wholeness experienced in the midst of the process, when the composer felt one with his music as it contained the undifferentiated unconscious depth to which he had opened deeply (Ehrenzweig 1967). In my case, due to the process that Ehrenzweig describes, the recordings of the improvisations often sound more pleasing on subsequent listening. Coherent gestalts are heard which do not really exist. They serve to tidy up the surface impression of the music which was originally less coherently heard. This makes the music, at a superficial level of listening, sound more pleasing and acceptable to the super-ego as Ehrenzweig explains it (1953).

The operation of this process which Ehrenzweig has so usefully elaborated can make for a stylised, mannered impression of the music of the past that imprisons its living vitality and serves to inhibit depth-listening. Music that was once experienced to be full of a passionate Dionysian intensity can become calm and 'pretty', as if emotionally neutered; a surface impression that cannot easily be undone (Ehrenzweig 1953). Musical form-play that was once radical and new becomes clichéd.

New-old music in GIM

Ehrenzweig's insight into the inevitable change in the perception of music over time is useful in reflecting on the suitability of classical music for use in GIM. For this is music of the past, that for a majority of the population may not be heard at all except at a superficial level of listening. The music may impress as having an emotionally inert and mannered historical style, that is at best superficially pleasing 'music for relaxation'. Potential clients may have little initial sense of the possibility of their being able to identify with classical music as something alive, emotionally resonant, and potentially of great personal meaning for them in the present. Whilst GIM may lack wide appeal because of this, it is also the case that in an altered state of consciousness, an exclusively superficial, over-stylised impression of the music can be overcome fairly easily; the music working at a deeper level to contain, heal and transform, its living dynamic energy as if released from its prison.[28]

For the traveller ready to open to it, the multi-layered (multi-dimensional) complexity of classical music helps deepen the traveller's state of consciousness, shifting his psychic energy from the surface to the depth mind (Ehrenzweig 1953). This is from a superficial aesthetic pleasure to a more authentic emotional experience of the music. The music transcends its historical and cultural limitations and becomes rich in present meaning for the traveller, no longer simply music of the past. The music is effectively created anew as the traveller dreams himself more fully into being (Lawes 2016).

This is not a final argument for or against the suitability of classical music for use in GIM. The music can and does work very well and is highly suited to depth work especially. This may be due to some of the things I have highlighted. On the other hand, the music remains culture-bound however much it may be able to function as universal containing vehicle. This may in limit or inhibit some travellers from being able to use the music to more

[28] According to Gross (2016), who analyses GIM music from a Schenkerian perspective, some classical music compositions appear calm on the surface, yet have unresolved tension embedded structurally at a deeper level. Whilst this may not be immediately apparent, in terms of the music's use in GIM it can be very important. Gross gives an example from the GIM literature to illustrate this, exploring how the therapist's intuitive music choice and the client's imagery make sense when the music is analysed according to Shenkerian principals. He discusses other music that appears to be dynamically active and complex on the surface but has less unresolved tension at a deeper level, again drawing on the GIM literature to illustrate how the client's imagery experience appears to reflect this.

fully dream themselves into being[29]. It is also noteworthy that Ehrenzweig himself suggests that Western art music, with its excessive emphasis on what he characterises to be a quasi-scientific precision and neatness of workmanship, which is on surface coherence, may ultimately prove inferior to the more authentic aesthetic of some other traditions (Ehrenzweig 1953: 163). This, however, raises complex questions beyond the scope of this article.

SUMMARY

In this article I discuss how music may be able to support the traveller's experience of unfolding wholeness in GIM. This is where the experience of the music is of a harmoniousness that helps contain and transform the disequilibrium and dissonance of the traveller's experience as he dreams himself more fully into being. Of especial importance is the music functioning as dream-form to mediate contact with unconscious depth, so that this nurtures wellbeing rather than overwhelms, and can lead to psychological, emotional and spiritual growth, and transformation. The process involves the music's subtle energy fabric helping to embody the traveller's experience of consciousness at the level of the subtle or dream body. The dynamic opening-closing of the music's breathing, allied with the operation of the dynamic fields of tone and metre, generates the real-illusion of an embodied inner experience of time and space. On this basis, the music 'takes the traveller where he needs to go' internally. Through his imagery experience as it unfolds, he personalises his experience of the music in accord with his personal hierarchy and what is figural at the time of the session.

Music's experiential fabric is structured as a dynamic equilibrium and formed of a complex layering of wholeness where the opening-closing of the music is simultaneous, sequential, hierarchical, multi-layered and ultimately undifferentiated. Where challenging music in particular appears complex and unpredictable on the surface, it may yet have a necessity to its unfolding, and in this a predictability with which the traveller can potentially attune. The hidden order of the music's rhythms of harmony and dissonance, which can be associated with this felt inevitability of the music's unfolding and with the aesthetic experience of the music, bind the music's subtle energy fabric together. This is at the unconsciously perceived level an entire composition can be apprehended to be an indivisible integrated totality. Through the music with which the traveller has become unconsciously identified functioning as containing womb, the traveller's experience remains bound together as he opens to depth. This is in a process akin to de-integration and re-integration. As the necessity of his inner process unfolds in creative interplay with the necessity of the music's unfolding, healing, transformation and growth can occur in a unique way.

More broadly and transpersonally considered, the music functions as universal formatting-template and vehicle-of-access for the traveller's personalising his experience of the trans-subjective-participation in which he and all things connect in the undivided flowing wholeness of the implicate order. This is at a level which transcends the bounds of the traveller's individual existence, time and space. Through being attuned with the necessity of the music's unfolding, the traveller at the same time comes into alignment with the necessity of the unfolding of the cosmos at large and the operation of spirit-in-action. This gives his individual process its deepest authenticity and meaning. It may also be the basis for the transformation of consciousness that can occur in GIM. The traveller becomes the unconscious creator, not simply of the experience of the music, but even of the music itself in a sense. This is at a level of deep unconscious identification where the music also creates him, whilst at another level it is externally provided and separate (Lawes 2016).

In tasting of the immediacy of the dynamic opening-closing of the music as experience of flow and movement, and more deeply as experience of stillness-in-movement, the traveller is brought into the present moment where past, present and anticipated future interpenetrate and intermingle. The present moment experience of the music becomes a portal-of-access for the traveller's tuning into the undivided flowing wholeness of the implicate order. All past and potential future experience, and all domains of experience are then present unconsciously (at and implicate level) - and therefore potentially accessible.

As the traveller lives ever more deeply into the present moment as it unfolds, and becomes aligned with the deeper necessity and inevitability that governs the unfolding of an entire selection or music programme, he comes to realise most fully the inexhaustible potential of the music in GIM to help him dream himself more fully into being.

[29] The music's being resonant or not for the traveller of the cultural dimension of the background presence of primary identification discussed by Grotstein (2000) is relevant here.

Beyond the imagery and all that it may mean for him personally, the traveller tastes of the spontaneous and willing arising which is the first and deepest characteristic of being as Campbell describes (Campbell 1990), the music a manifestation of spirit-in-action. The traveller experiences the real-illusion of an ineffable 'presence' – at once personal and transpersonal - which normally lies hidden in the background of his awareness. Aligned with the necessity of the music's unfolding, and associated with this, open to the music's aesthetic impact, the traveller is awakened to the radiance of 'divine beauty' within and beyond where love is the personal-transpersonal binding force at the level of trans-subjective-participation (Lawes 2016). The traveller is nurtured deeply through being in contact with the source of all that is meaningful (harmonious), real and true, beyond the reach of words, understanding and even images.

CODA

In conclusion, it is important to clarity that when the traveller's process is aligned with the necessity of the music's unfolding, with the music functioning as containing womb, it is unlikely to be the case that every moment-by-moment shift in the music creates a corresponding change in the traveller's imagery experience. Rather, the inevitability of the traveller's process, as experience of unfolding wholeness, is generated in interplay with the necessity of the music's unfolding. Ultimately the necessity of both are a manifestation of, and one in, the necessity of the being and becoming of the universe itself.

At the level at which the relationship between music and image can be analysed, the traveller's process may unfold sometimes closer to, and sometimes more independently from the music (Bruscia et al. 2005). When the music recedes from conscious awareness it can still provide focus and structure, dynamic movement to the imagery, and emotional support (Goldberg 2002). Even if the traveller appears to ignore the music so there is no apparent connection between music and image, the music may, nevertheless, have an important role to play as background presence (Bruscia 2015; Lawes 2016). Music and image may also have no "forms of vitality"[30] (Stern 2010) in common and, associated with this, have quite different (even opposite) movement, energy and mood content, and yet be apprehended together to constellate an experience of wholeness. At undifferentiated unconscious depth, music and image, and their necessity of unfolding, can be experienced to be one. In the world of film, the use of Barber's *Adagio for Strings* to accompany violent war scenes in *Platoon* (Kitman et al. 1986) is an especially striking example.

In GIM, the music is resonant as a kind of meta-context of unfolding wholeness within which the traveller's personal experience of unfolding wholeness is generated, and to which he can attune as he needs. As vehicle of trans-subjective-participation, the music holds the potential for the traveller to deepen, integrate, transform and transcend the limitations of his existing narratives of wholeness. This is where, in their established inevitability of unfolding, there may be emotional blocks related to undreamt past experience or unrealised potential. The solidity of the traveller's existing patterns of experiencing is loosened up as he de-integrates. This allows his 'inner scripts' to be reconfigured and develop in contact with the undivided flowing wholeness of the implicate order, mediated by the experience of the necessity of the music's unfolding in its functioning as universal formatting-template (Lawes 2016). In this lies the remarkable potential of the music in GIM to be an experience of unfolding wholeness through which the traveller can dream himself more fully into being.

[30] These are the dynamic contours of timing, intensity and shape present in music that can be associated with qualities of, for example, surging, accelerating, gliding, fading and halting (Stern 1985/2000, 2010).

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SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Article

The future of the Bonny Method: A perspective on Danish practice with a forecast to the future

Lars Ole Bonde

ABSTRACT

The article presents the current status of the Bonny Method of Guided Imagery and Music (GIM) in Denmark, with an outlook to the international context. The central focus is on the results of a survey (2016) of Danish GIM practitioners (n = 20), with relevant international surveys introduced as comparisons. Clinical applications of the different formats within the 'spectrum of GIM' are also presented and discussed in a Danish context; the future potential of the many Bonny Method session formats is then outlined, and implications for training are discussed.

KEYWORDS

Guided Imagery and Music (GIM), GIM spectrum, clinical applications, training

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INTRODUCTION: CONCEPTS AND SURVEYS

The purpose of this article is not only to present and discuss the future of the Bonny Method of Guided Imagery and Music, but also the current situation of Music and Imagery-based therapy in Denmark, with reference to international trends. 'Guided Imagery and Music' (GIM) is the umbrella term for receptive methods combining music, imagery and therapeutic dialogue. 'Music and Imagery' (MI) is a rather new conceptual framework

for therapeutic formats including music-listening, multimodal imagery and artistic/verbal processing of personal experience (Grocke & Moe 2015). The original or 'generic' format is nowadays called the 'Bonny Method of Guided Imagery and Music', sometimes (and in this article) abbreviated as BMGIM. The format was developed by Helen Lindquist Bonny in the 1970s for individual therapy. She defined it as a process where mental images are evoked while listening to classical music, and explored a therapeutic dialogue between 'traveller' and 'guide' (Bonny 2002).

Inspired by Helen Bonny's work, and evolving as a result of the clinical work carried out by (music) therapists in many countries around the world, several other (less demanding) session formats have been developed. They all include: (1) a verbal pre-talk, (2) a relaxation/induction, (3) a music-listening period with multimodal imagery, and (4) a processing of the experience, artistic and/or verbal. In this article, I refer to the three formats identified by Grocke and Moe (2015), which they present as a 'spectrum model':

1. *Music and Imagery,* used for individual therapy (MI) and in groups (GrpMI). In these formats, there is no guiding during the music-listening, which typically lasts 2-8 minutes. Music is not defined or limited by genre or style, but selected by clinical relevance, at the therapist's discretion.

2. *Guided Imagery and Music*, used in therapy for individuals (GIM), and occasionally for groups (Group GIM). In these formats, there is supportive (therapist-led) guiding during the music-listening. This typically lasts 2-8 minutes, but can last longer when a manuscript is used in guiding ('a guided music journey'). Most often, classical music is used.

3. *Shortened Bonny Method of GIM* (BMGIM) sessions, for individual therapy only. In this format, all elements of a full BMGIM session are present, but the music-listening period is shorter, typically 10-20 minutes. Classical music is used (including Bonny's own short music programmes).

Internationally, these formats are used increasingly alongside BMGIM, and a few surveys have been carried out to document the situation.

An international survey (Muller 2011) was carried out prior to the publication of the book outlining the GIM spectrum, however, Bryan Muller identified the same elements as Grocke and Moe (2015) as those most commonly modified to suit the client's needs: length of the session, length of the 'music travel', music selection (classical as well as non-classical), and verbal dialogue/guiding (e.g. with clients sitting up/with eyes open). Overall, 107 respondents contributed to Muller's survey. About half of these reported that they offered shorter sessions with shorter music-listening periods. This could be done by: eliminating pieces (86% of respondents); using short programmes designed by others (80% of respondents); designing their own short programmes (72%); or programming ('improvising') the music extemporaneously within the timeframe (60% of respondents). 88% of the respondents reported that they used classical music 'often' or 'always'. Other music-genre options were movie (14.6% often), world (6.4% often), and new age (8.2% often).

In an AMI survey from 2008, 83% of respondents reported that they used GrpMI sessions, while 77% used short BMGIM sessions. 70% reported using non-classical music.

A survey by Denise Grocke and Alison Short (2015) was answered by 17 of 21 Australian GIM practitioners. Five of the 17 answered that they currently do not work with GIM in their clinical practice. The 12 active therapists reported as follows:

- Ten therapists had between one and five regular clients at the time of the survey; two had between six and ten.
- Nine therapists used the full BMGIM session with some of their clients; only three used it with all.
- The GIM clients were reported to have the following health concerns: anxiety (n = 12), depression (n = 9), grief and loss (n = 12), stress (n = 3), PTSD (n = 4), physical illness (n = 6), relationship issues (11). Others specified were: drug and alcohol addiction (n = 3), life direction (n = 2), life transition (n = 2), history of abuse (n = 2), stress management, eating disorders, child trauma, sexuality and intimacy, relationship with the sacred (spirituality / religious beliefs), blocked creativity, training sessions for students, bereavement and palliative care.

For clients who could not use full BMGIM sessions, the following adaptations/modifications were reported: Music Drawing Narrative (*n* = 4); Group MI/GrpMI (*n* = 3); Supportive MI (*n* = 3); Shortened 50-minute sessions (*n* = 2); Single piece of music at the end of a verbal session; Verbal session and relaxation; Repeating single piece of music; Sometimes clients bring their own music; Music and mindfulness script for stress; GIM by Skype, ISM (imagery, sandplay and music); Graded process of verbal sessions first, relaxation and static image, then trial unguided MI, then short GIM. For palliative care, the following adaptations / modifications were reported: Relaxation only and non-GIM music; Short MI (client silent), short GIM (patient speaking), one piece of music with mandala-drawing; Focus on breath supported by music. In general, sessions were shorter, the music lighter, and the focus more supportive than exploratory.

The therapists reported that their choice of adaptations was influenced by: The here-and-now presentation of the client (*n* = 13); Suggestions from supervisors or colleagues (*n* = 7); Suggestions from the literature (*n* = 8).

GUIDED IMAGERY AND MUSIC IN DENMARK – CURRENT STATUS

In Denmark, there are four primary trainers, 14 Fellows, and 26 trainees or former trainees (having completed a minimum of Level II GIM training). More than 100 music therapists have completed Level I as part of their master's training programme at Aalborg University. The course was mandatory between 1998 and 2008, and since then has become an elective that almost all students choose (Bonde 2014b). Other receptive formats are also taught in the programme. In other words, all GIM formats are well-known among the majority of Danish music therapists, and many of them practise MI techniques, as described above (Grocke & Moe 2015), while only a minority (the respondents of the survey described below) also use BMGIM.

Between 1998 and 2008 there was a Danish Association of Music and Imagery. In 2010, this was replaced by a network hosted by Aalborg University, the so-called *Network of Receptive Music Therapy*, which is open to all professionals with an interest in the topic. At present, the network has 25 members and meets once or twice a year. GIM topics are always on the agenda.

THE SURVEY

What are your thoughts about the place of the Bonny Method in its original form in contemporary practice? This basic question formulated by Martin Lawes (for the roundtable mentioned in the opening note) made me first look back on my own practice since becoming a fellow in 1999. I realised that I have almost exclusively used the classical Bonny Method (BMGIM) in training contexts and with non-clinical clients working on non-clinical, self-development issues. As a clinician – primarily in psychiatry – I worked a lot with GrpMI, and sometimes with MI, but never once with the complete classical session format. My GIM-trained colleagues in psychiatry worked in a similar way; using methods from the spectrum mentioned above (Bonde 2010; Bonde & Pedersen 2014; Fønsbo 2013; Lund & Fønsbo 2011).

However, as the survey results demonstrate, the classical Bonny Method session does have its place in a Danish context. Not only as the core element in the GIM training (the dyadic experiences of being guide or traveller are unique as experiential learning) and in self-developmental work, but also in the treatment palette of a (BMGIM-trained) music therapist/psychotherapist with certain clinical target groups.

I designed a survey that was sent to 28 Danish GIM practitioners, asking them about how they use methods from the GIM spectrum in their work. 20 of the 28 questionnaires were returned, and thus the response rate was 71.4%. Respondents could also add other clinical areas to those suggested (in bold), and comments on present and future. Table 1 shows the results and gives an overview of GIM-spectrum methods used in major clinical settings in Denmark. The numbers in the table show the percentages of respondents answering 'yes' to the specific categories.

All in all, this shows that the full spectrum of receptive methods is used in five areas, and part of the spectrum in three or more areas ('stress' was added as well as other non-clinical areas). The full Bonny Method format is used by 10% or more of the respondents in four of the eight areas, and short Bonny Method sessions in all areas. Also, in the areas of palliative care, refugees/trauma and brain injury, at least one respondent reports that the full Bonny Method session can be used, even if

rarely.

I now turn to each of the clinical target groups to observe how receptive music is used with these different populations.

Self-development: Danish GIM therapists in private practice use both the classical and the short form of the Bonny Method with their clients. Research has documented the rich benefits of even a very short series of sessions (Blom, Thomasen & Bonde 2012; Bonde & Blom 2016).

Psychiatry: In Denmark, almost the whole spectrum of receptive methods is used in psychiatry (Lund & Fønsbo 2011), however, classical BMGIM sessions are very rare. Recently, the GIM spectrum was officially accepted as a treatment modality at Aalborg University Hospital's psychiatry department (C. Dammeyer, personal communication, March 9, 2017).

Palliative care/hospice: Patients admitted to hospices in Denmark have on average little more than two weeks left to live. They are fragile and frail, and therefore full or short BM sessions are rarely possible. The individual MI session is the most appropriate and most frequently used format in this context (Bode & Bonde 2011).

Refugees (with or without PTSD): Receptive methods, including MI, have been used with refugees in Denmark for a decade. An ongoing research study has focused on the effect of short BMGIM sessions and individual MI sessions on trauma. Results are promising (Beck et al. 2017).

Brain injury: Only a few music therapists work in this area, and very few reports are published (Hald 2014; Moe & Thostrup 1999). However, it is possible to work with Short BMGIM and MI sessions in this field.

Somatic problems: Full BMGIM sessions have been documented as effective for cancer survivors (Bonde 2005, 2007), and an ongoing Scandinavian study is revealing the potential of the full GIM spectrum with children and teenagers in cancer care (I. Sanfi, personal communication, February 22, 2017).

Many GIM therapists work with *pain management* in different clinical contexts. In fact, it seems to be a common denominator in all the clinical areas mentioned in the table.

(Music therapy) *supervision* could be added to the list. Short BM sessions (re-imagination) and individual MI work can be very effective elements in supervision (Bonde 2013, 2014a).

		Method				
		BMGIM	Short BMGIM	MI Individual	GrpMI	Other Receptive Methods
Areas	Training	40%	40%	15%	25%	25%
	Self-development	85%	60%	35%	20%	20%
	Psychiatry	10%	40%	20%	15%	20%
	Palliative / hospice	5%	15%	30%	0%	20%
	Refugees / trauma	5%	30%	35%	5%	15%
	Brain injury	5%	5%	10%	0%	10%
	Somatic problems	10%	20%	30%	10%	20%
	Stress	5%	0%	0%	0%	0%
	Other	0%	10%	5%	5%	5%

Table 1: A spectrum of receptive methods, including the Bonny Method, used in clinical settings in Denmark (*n* = 20 (of 28 invited); 5% = one respondent. Other areas mentioned were nursing homes/institutions for the elderly in particular)

The future of the Bonny Method in Denmark

Based on the results of the survey, the future seems promising for GIM in Denmark. The full BMGIM session is of course used in private practice, and it has been proved applicable and effective in areas such as cancer care and psychiatry, while other methods in the GIM spectrum have also been established in palliative care and in rehabilitation of refugees with PTSD. Full sessions could be used in palliative care, particularly if GIM therapists have access to patients receiving care at home (i.e. earlier in the trajectory). MI can also be used in the rehabilitation of people with acquired brain injury as more clinicians become employed in this area.

DISCUSSION

Comparison of surveys

The results of the Danish survey can be compared to the international survey by Muller and colleagues (Muller 2011; Muller & McShane 2014), and to the Australian survey by Denise Grocke and Alison Short (Grocke & Short 2015).

A direct comparison with the two surveys is not possible, since the questions were not formulated in the same way. However, many similarities can be observed. The general pattern in the surveys is the same: a majority of the therapists use both the full BMGIM session format and other formats, either from the 'spectrum of GIM' or personal modifications tailored to the client's needs. Anxiety, depression, grief & loss are dealt with in many sessions, while non-clinical, self-developmental issues are often of a relational nature. It is not possible to compare the clinical contexts of the respondents directly.

The overall pattern seems to be consistent: the full BMGIM session is used when possible and appropriate, while elements of the session are modified to meet the needs of the client in the specific clinical context. Thus, the GIM spectrum is applicable to, and used by, most GIM practitioners.

Implications for training

The fact that the GIM spectrum is used extensively leads me to the conclusion that GIM training should be more inclusive of other formats, not just the full BMGIM session. In Scandinavia (Denmark, Norway, Sweden), MI formats have been included in the training by most trainers for several years. The most logical way seems to be that the simpler formats (individual and group MI), including relaxation techniques, are taught first, while the more complex skills of non-directive guiding/dialoguing are primarily taught in the advanced training.

The educational committee of EAMI is currently working on a set of Training Standards that reflects this: the session requirements will include both full BMGIM sessions and other formats from the spectrum. The trainers will be free to structure their programme to include these formats in the training. Personally, I think this is in line with Helen Bonny's vision and practice. She developed the GrpMI format in her very first book (Bonny & Savary 1983); she developed *Music Rx* as a finely tuned MI format for hospital use (Bonny 1998); and, together with Ken Bruscia, she developed short music programmes for short sessions (Bruscia 2014). GIM trainees come with experience from many different clinical settings, and often the full session is not applicable to their specific work. The vision could be to make the GIM spectrum a clinical reality in as many contexts as possible, and therefore the whole spectrum should be integrated into the training.

CONCLUSION

This article presents the current status of GIM in Denmark, as reported by Danish GIM practitioners in different clinical and non-clinical settings. The Danish survey is in line with other, international surveys that document how the full BMGIM session is the jewel or cornerstone of a whole spectrum of MI formats developed by Helen Bonny and her followers to fit the needs of their clients within a large range of contexts. In recent years, this spectrum has been systematised and described in detail by Grocke and Moe (2015). It is now time to include the whole spectrum in clinical training and in the requirements of the international associations.

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SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Article

Fairy tale composing as an alternative creative processing in group GIM

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ABSTRACT

Fairy tales have universal themes and can be viewed as dramatic representations of basic psychological processes. They encourage creative thinking, universalise human problems and establish hope for the future. In Guided Imagery and Music (GIM) practice, self-understanding and personal growth is approached through imagery evoked by music-listening; however, the emerging imagery may be fragmented, unclear or incoherent. Writing a fairy tale may be used to integrate the GIM experience into a coherent narrative, to promote meaning-reconstruction and re-scripting of one's life. Furthermore, the enactment of fairy tales, as well as the interactive group process, may enhance personal insight and group functioning. This article describes the process in which Group Guided Imagery and Music (grpGIM) material is transformed into a fairy tale which is then narrated. In grpGIM, verbal interaction occurs between group members, or group members and the guide (group co-coordinator), while listening to the music. The project presented in this article has evolved through the authors' personal experience of a musical and creative analysis of Helen Bonny's Quiet Music Program (HBQMP). It is suggested that the writing of fairy tales could be an alternative, creative post-session analysis of the emerging grpGIM material.

KEYWORDS

group GIM (grpGIM), fairy tales, groups, narration

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INTRODUCTION

> "The lesson of a fairy tale is that a struggle against severe difficulties in life is unavoidable but that if one does not shy away, but steadfastly meets unexpected and often unjust hardships, one masters all obstacles and at the end emerges victorious" (Bettelheim 1976: 8).

The process presented in this article describes how the material from a Group Guided Imagery and Music (grpGIM) session is transformed into a fairy tale which is then narrated. This project has evolved through the authors' personal experience of a musical and creative analysis of Helen Bonny's Quiet Music Program (HBQMP). The creative analysis consisted of producing and presenting a piece of art inspired by the HBQMP. The material from the grpGIM session was used to form a fairy tale which integrated musical elements, imagery material and understanding the group's dynamics. Through processing the imagery material and collaborating in writing the fairy tale, members' self-understanding and group relationships improved mainly through projection, mirroring and story development.

Working with fairy tales can be seen as a less invasive intervention; bridging the person's inner and outer experiences, thoughts and emotions (Brink-Jensen 2015), and giving the client and the therapist more insight into the identity of the client (Biechonski 2005). During grpGIM, the group's dynamics surface and self-observation is enhanced; members recognise group stressors, show better acceptance of individual differences and are given a safe space to release stress (Pehk 2015). Furthermore, the group travel and group processing stimulates self-expression, resulting in the development of self-confidence in a creative and spontaneous way (Pehk 2015). Positive personal experience of the combination of grpGIM and fairy-tale writing and narrating prompted the authors to further explore this process.

THEORETICAL FRAMEWORK

In the psychotherapeutic context, imagery experiences can be interpreted in various ways; the imagery is symbolic, has layers of meaning and includes both conscious and unconscious material. Using imagery is an effective way to bypass the critical factor of the conscious mind (Biechonski 2005). Nevertheless, the imagery may often be quite hazy, semi-transparent, impressionistic and fleeting, lacking in continuity, or appear fragmented (Summer 2002; Young 2006). It is suggested that when the imagery material is integrated into structured and coherent stories, therapeutic results may be attained (Perilli 2016).

Due to its symbolic character, the fairy tale creates a safe space allowing sensitive issues to be addressed. Without uncomfortable self-disclosure (Bettelheim 1976; Ucko 1991), but through projection and identification with the tale's heroes and predicaments, the person has a chance to gain distance from personal issues and relate to them in a new, creative way (Bettelheim 1976; Brink-Jensen 2015; Bunt & Wärja 2016; Gagnon 2003; Hill 1992; Mitchell 2010; White & Epston 1990). Writing a fairy tale provides a space for self-expression and externalisation; eventually integrating experiences in a meaningful way and providing a sense of control and agency over life issues (Brink-Jensen 2016; White & Epston 1990).

In group settings, co-authoring a story is a way for group members to connect and get to know each other (Neuner, Schauer, Klaschik, Karunakara, & Elbert 2004; Pehk 2015), to create mutual experiences on a deeper, symbolic or metaphorical level (Ruini, Masoni, Ottolini & Ferrari 2014). Treadwell, Reisch, Travaglini and Kumar (2011) observed that the interactive and active parts of collaborative story-writing increased group cohesion.

Narratives and fairy tales have been extensively used in psychotherapy both as diagnostic tools (viz. T.A.T., Rorschach and Duss Fables) – as they

employ defence mechanisms such as denial, projection and identification (Cramer 1991) - and as therapeutic interventions. Elements of narrative therapy have been incorporated into work with families (Kiser, Baumgardner & Dorado 2010), with patients suffering from dementia or other neuro-degenerative illnesses (Broadhead 2012), as well as with patients with chronic illnesses such as cancer (Carpenter, Brockopp & Andrykowski 1999) and HIV (Ezzy 2000). Narrative psychotherapy has also been applied when working with trauma and PTSD (Soroko 2012), including children, adolescents and adults in crisis and post-conflict regions, and survivors of political violence, war and torture (Gwozdziewycz & Mehl-Madrona 2013; Neuner et al. 2008; Neuner et al. 2004; Onyut et al. 2005; Schaal, Elbert & Neuner 2009).

It is suggested in the literature (Brink-Jensen 2015; Pehk 2015; Summer 1990) that grpGIM, as well as the combination of GIM and fairy tales, is beneficial for the individual. Pehk (2015) proposed a model for institutions and organisations (TEAM-GIM) aiming at group development, change and the integration of new members or leaders. According Pehk's method, group members are provided with a creative and safe framework in which group patterns and dynamics are understood and individual differences are addressed, promoting self-reflection and development through grpGIM. Brink-Jensen (2015), working with fairy-tale composition as part of a GIM intervention, provides a structured frame enabling clients suffering from trauma or schizophrenic–spectrum and psychotic disorders to work with intense and chaotic perceptions and experiences. Perilli (2016: 9) also advocates that writing narratives based on a GIM experience assists clients "to re-define or re-construct the self in a coherent, integrative way, thereby leading to appropriate changes in emotions, thoughts, and behavior".

CREATING A FAIRY TALE

This project originated from the authors' personal experience as members of a study group in GIM training. Upon completion of the musical analysis of the HBQMP, tension and withdrawal between group members were observed, and it was communicated within the group that all members experienced stress and fatigue. The group had to take part in a creative analysis of the same programme, presenting a final piece of art to a group of colleagues. In anticipation of further work, tension in group relations and indecision increased. However, members agreed upon the following creative process: to re-experience the programme (HBQM) in a grpGIM session, draw a group mandala and decide which art form to use based on the emerging material. Musical elements, together with the group's imagery and mandala, allowed members' personal and relational issues to surface whilst inspiring the group to compose a fairy tale as the final art product. The fairy tale provided a common, symbolic language and a safe space to elaborate on member and group issues.

Group discussions and reflections on the music and the grpGIM material took place over a period of six months. Music, elements and symbols such as colours, animals and objects, as well as group dynamics, transference issues and personal interpretations of the experience and the processing, were elaborated. This processing alternated between individual and group work and, over time, insight on the material deepened. We described this process as a *post session meta-analysis.*

The musical programme included two pieces by Debussy (*Danse sacrée et danse profane, Prélude à l'après-midi d'un faune*), Holst's *Venus* (*The Planets*) and *Fantasia on Greensleeves* by Vaughan Williams. Debussy's impressionistic style creates a vague sense of rhythm through subtle, complex and irregular rhythmic alternations; frequent modulations, transpositions, deceptive cadences and transitions allude to a "dreamy, longing, sentimental, playful, whimsical" (Hevner 1936 as cited in Bonny & Savary 1973: 161) and exploratory atmosphere. In general, Debussy is revolting against form and harmony in composition, whereas Holst and Vaughan Williams rely on form and harmony. Venus gently adds a rhythmic, pulsating stability, concrete melodies and form; the programme concludes with the pastoral and familiar tunes of *Greensleeves*, subtly suggesting an ending.

The grpGIM's script was enriched with new elements in order to take a fairy-tale form. The initial image was 'a picnic in the forest': the four group members wandered a while and eventually came to a lake which appeared dark and frightening to everybody. One of the members saw little spiders, another frogs, and a third suggested throwing pebbles in the lake, which all members eagerly did. In the fairy tale, the four members became four sister princesses who, disobeying

their parents, ventured to their kingdom's forbidden lake. Throwing pebbles in the lake, they woke up the lake's evil spirit, who cursed them. The princesses only had until sunset to break the spell. Coming to their aid, little spiders and frogs showed them the way. The princesses embarked on an adventure, overcoming obstacles and solving riddles, which promoted individuation and growth. They returned to their palace victorious.

In both the imagery and the fairy tale, the group members and heroines start and finish their journey at the same place; the picnic site and the castle respectively. The final piece of music has a circular and grounding quality which perhaps enhanced the sense of returning to a familiar place. The element of fear experienced by the group members whilst by the lake was transformed into the evil spirit who placed the curse. The time limit for breaking the spell worked as a symbol, reflecting issues within our group; in terms of meeting the project's deadline, growth and the passing of time. The harp's timbre and pizzicati brought the animals into the imagery. Further serving the function and form of the fairy tale, the animals were transformed into helpers giving advice on how to break the spell. Along these lines, the final fairy-tale plot was created.

Part of our project was to present the process and the artwork. The fairy tale, including text and poetry, was recited by the group while excerpts of the HBQMP programme were used as background music. This externalisation of their experience was felt to be cathartic by the group members, who reported a sense of belonging and accomplishment. The emerging narrative of the grpGIM became a fairy tale which was then narrated; this entire process enhanced members' understanding of themselves and others, communication and relationships. Consequently, group cohesion and resilience improved.

DISCUSSION

The process as a whole offers a combination of GIM with group interaction and the use of fairy tales. It is hypothesised that the process of grpGIM and story-composing and -telling may further promote the therapeutic group factors, as presented by Yalom (2006). Both the grpGIM and the processing needed for writing and presenting the fairy tale enhance interactive learning and self-understanding. By using fairy tales, existential issues are addressed, the universality of human conditions is emphasised and hope is instilled. The group members may experience catharsis through reciting or enacting the story. This processing could also enhance cohesion and facilitate crisis-resolution in groups.

Reflecting on our personal experience, we decided to further explore the process we followed in terms of its effects and potential benefits in group work with different client groups and within a variety of settings. These could include non-clinical groups such as student, teacher or parent groups, organisations or institutions for employees, and clinical groups ranging from patients with autoimmune diseases to refugees and deprived populations. Moreover, it could be applied both in group and in dyadic psychotherapy to assist therapists and clients to gain insight into the clients' issues. Although we speculate that it could be a tool to facilitate meaning-integration in conditions where there is fragmentation or disorganisation of the psyche, caution is required in the application of such projective processing with patients suffering from severe psychopathology.

We are currently in the process of developing a more structured procedure for groups in order to evaluate whether this could be a viable and useful model for psychotherapeutic practice. We are trying out modifications of the initial process with typically developed adults familiar with GIM. Several components have been modified in order to delineate a framework for further research. Specifically, the guidelines, the induction and the music selection are being further examined for their duration, content and qualitative characteristics in subsequent trials. The number of sessions and their duration are being considered to allow space for elaborating and reflecting on the material as well as for writing and presenting the story. In view of combining GIM with other psychotherapeutic practices, we hope that this project will be continued and the authors may be able to develop a more structured and practically applicable process.

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Article

Searching for the unknown: A case study with a young woman suffering from music performance anxiety

Alice Pehk

ABSTRACT

This case study is based on a psychodynamically-oriented music therapy service comprising 17 therapy sessions throughout 11 months with a 19-year-old woman suffering from music performance anxiety. The main therapy method used throughout this work was the Bonny Method of Guided Imagery and Music which enabled to find, recognise and reactivate the client's anxiety-producing experiences, to become conscious of them, to accept them, to work through them, and finally to integrate the new aspects and strengths that grew from these experiences into the client's current life. The outcome of the therapy process shows its effectiveness in lowering performance anxiety and anxiety in general (measured before and after the therapy and during a six-month follow-up), decreasing psychosomatic problems as well as improving self-esteem and self-confidence, and a better sense of control.

KEYWORDS

music performance anxiety, psychodynamics, Bonny Method of Guided Imagery and Music (BMGIM), unconscious, fear of death

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INTRODUCTION

Psychodynamically-oriented music therapy – as the main approach used in this case study – provides the opportunity to discover and become conscious of the experiences (e.g. early experiences), cognitive and behavioural patterns, and values and preconceptions of the client that can be seen as predictors of the formation of music performance anxiety (MPA) or anxiety in general (e.g. Barlow 2000; Benjet et al. 2010; Knappe et al. 2010). The main aim of the therapy has been to find, recognise and reactivate the anxiety-producing experiences, to become conscious of them, to accept them, to

work through them and finally to integrate the possible new aspects and strengths growing from these experiences into current life.

According to Heinz Kohut (2011), the individual knows that the outer world needs to be dealt with, and the developing ego begins to recognise it as the danger produced by the unknown but also as a source of satisfaction. Music which consists of balanced and meaningful elements can produce early symbolic associations with pleasurable events and produce remarkable relief from anxiety. There is evidence that listening to classical music can reduce anxiety (Chang et al. 2008; Labbé et al. 2007; Lai et al. 2008). The research also shows significant decrease of anxiety as an outcome of receptive music therapy (Gutierrez & Camarena, 2015; Bulfone et al. 2009; Guetin et al. 2009). These findings support the Bonny Method of Guided Imagery and Music (BMGIM) as an applicable method for reducing anxiety. The energies that were previously involved in sustaining anxious tension were freed and directed to more productive inner activities, e.g. making it possible to look inside one's inner world in a more relieved state and explore the themes that would be rather painful or even impossible to explore without music.

It is important to point out that intentional listening to music in an altered state of consciousness can bring an internalised sense of order, balance and harmony, as well as a sense of connection to the pulse and movement of consciousness. In BMGIM, altered states of consciousness experiences induced and supported by trained facilitators enable a multidimensional connection and interaction with music and imagery, facilitate the emergence of both positive and problematic aspects of the individual psyche, and provide access to peak experiences containing healing processes not available in waking states (Bonny 1978).

BACKGROUND INFORMATION

Emma (name changed) is a 19-year-old music student. Her main intention in coming to therapy was an unbearable level of music performance anxiety which she saw as a major problem for her as a future musician and music teacher. Emma likes making music. She remembers, however, having suffered from MPA since she started to study and perform music. She cannot perform at any concert without experiencing a nagging anxiety. She cannot control herself and her playing while performing and it makes her angry with herself. Musicians and evaluators among the audience make her more anxious than an audience consisting of ordinary people. Interestingly, she does not feel anxiety while dancing or acting.

Emma does not understand what makes her anxious while performing. She realises that there is nothing to be afraid of in these situations; that she knows the material and is sure that she is able to perform correctly and artistically. She recognises, however, that there is "something" that does not let her enjoy performing. Emma added that she has the same kind of feeling when she must tell somebody something that she would not like to tell or that would be hard for her to tell.

Emma acknowledges that even though other people regard her as a very calm and balanced person she often feels anxious and nervous inside. She also admits locking unpleasant feelings like anger and aggressiveness inside by suppressing these feelings.

Emma lives and learns far from home. She shows tight attachment to her family, although she seems to be highly motivated to move towards gaining more independence and freedom in her life. Her family occupies her attention very much. Emma believes that a sense of wellbeing in her family depends on her in many ways; she feels responsible for it and tries to give her best to all family members. Emma's mother likes to make her worry about her by sharing every little health problem with Emma. Mother also tends to tell Emma what to do and what the right way of doing something is. Emma meets her demands conscientiously and tries to comfort her so that she could feel better. Furthermore, Emma tries to mother her mother. She sometimes takes responsibility for her and tries to solve her problems. She finds her mother to be obstinate. Her mother does not talk much about her deepest issues and does not express her strong feelings. Emma's father seems to be a person of little authority in the family as he obeys his wife. Emma's older sister is the first close person to her. Emma's grandmother (her maternal grandmother) was a very important person for Emma in her childhood. Emma took care of her grandmother during her illness and until her last moments. Emma was the person to find her dead and this experience left its mark on her. She added that her first thought after her grandmother's death had been that she had done something wrong, that she was responsible for it.

Emma's background is highly relevant to the indicators of the Profile of Music Performance

Anxiety (Pehk 2012) – a general structure which encloses personal background, personality traits, behavioural patterns and life attitudes that are characteristic of a person suffering from MPA.

METHODOLOGY

Therapy method

The main therapy method used throughout the case was the Bonny Method of Guided Imagery and Music (BMGIM). In addition, other music therapy techniques (free and referential improvisation, unguided music imaging, directed music imaging) as well as techniques from other psychotherapy methods (active imagination, empty chair technique, constellations, body work) were used in the therapy processes if deemed efficient concerning the therapy process and the client's intentions and needs. In addition, other creative modalities like drawing and sculpturing were used to deepen the understanding of the process.

Therapy setting

Because of the long distance between Emma's home and the therapist's room, the sessions were not held regularly. There were sometimes large pauses between sessions and sometimes two sessions were carried out on successive days. The number of sessions was not agreed in advance. The client and therapist decided to follow the process freely and carry on until the aims were achieved. The duration of one session was one-and-a-half to two hours. The therapy process started with an initial semi-structured interview and was followed by 17 therapy sessions over 11 months. At the end of the process, a closing semi-structured interview was carried out. Six months after the end of the therapy process a follow-up questionnaire was filled in by the client.

Objectives of the therapy

The main objective of the therapy was to cope better with MPA and to understand what might cause such an acute anxiety before and during the client's performances. The other aim for the client was to know herself better and to gain a proper understanding of her intentions in certain activities and her feelings caused by these situations. The client also expressed a wish to have fewer questions and more answers in her life.

Evaluation data

Qualitative as well as quantitative data were gathered from music therapy sessions and interviews. Every therapy session and interview was audio-recorded. The qualitative data included: two semi-structured interviews; field notes from every music therapy session gathered from Meaning Units (Giorgi 2005); BMGIM travel transcriptions; recordings of the improvisations; drawings and mini sculptures. The quantitative data included: the State-Trait Anxiety Inventory (STAI) EX-2 (Spielberger et al. 1983); the Kenny Music Performance Anxiety Inventory (Kenny 2005); the Performance Anxiety Self Report; the Self-Image Inventory; the ten-item subjective general self-condition scale and anxiety level scale.

The follow-up questionnaire was completed by the client approximately six months after the end of the music therapy process. The questionnaire included open questions and a ten-item scale for subjective evaluation of the total outcome of the music therapy process as seen by the client at the current moment, and the questionnaires mentioned above.

Ethical issues

The client has given her consent for all the materials gathered in the music therapy process to be used in the current paper, including the transcriptions of interviews and sessions, artwork and test results. Personal data are presented delicately in the study. To ensure complete confidentiality, the names of geographical places or certain institutions were removed from the materials. The name of the client has been changed.

TREATMENT PROCESS

Session 1: Taking the challenge

Emma talked a lot during pre- and post-session as well as while imagining. It seemed that her constant chatter served as a defence against the therapist's possible intervening reflections or questions.

In her first imagination with the BMGIM-programme 'Pastorale' (Bruscia) Emma entered a scary forest. She expressed ambivalence in some aspects. The forest was scary but she also found it beautiful. She entered the forest despite being afraid of what she might find or what she could

experience. Emma found a cabin on a tree and went up there. She knew that she did not feel good being somewhere high but she still wanted to go there and have the experience once again. She refused to continue walking along the road to reach the destination, which was unknown to her, and allowed her friend to guide her back to the safe place where she had started the image. It seemed that she was not ready yet to look into the unknown parts of herself.

At the end of her image Emma drifted into superficial sleep and saw herself in a park with a fountain in the centre and four tracks leading towards it. According to Jung, the nucleus of the psyche, the Self, expresses itself in some kind of four-fold structure (Jung 1968/1980). The number four might be considered as an equivalent of centredness, balance and wholeness, moreover when a fountain as a symbol of the Self (placed in the centre of a garden or park) stands at the starting point of these roads, in the balanced centre. Jung (1968/1980) was convinced that a fountain was an image of the soul as the source of inner life and spiritual energy. He also pointed out that the symbol appeared while the individual's life was perceived as inhibited. One can consider the imagination to represent Emma's further intentions that her unconsciousness already 'knew'. She had shown a clear wish to take the challenge and to take a deeper look into herself to find the important answers and to cope better with her life.

Sessions 2 and 3: Honey and hedgehog

During these two sessions, the focus was on Emma's stomach ache. She remembered that her stomach problems had started while she was in eighth grade. Although she spent a lot of time in hospitals there have been no biological findings.

In the imagery of the second session (GIM-programme 'Creativity I' by Bruscia and Bonny) Emma saw that her stomach was like a big bowl with an orange honey-coloured whirlwind, which caused a huge fountain of honey. Interestingly, she said she admired the fountain of honey; she saw what was hurtful, harmful and disturbing in real life as something pleasant and admirable in her imagery.

In the third session the image of the fountain was still relevant for Emma. She said she kept holding on to the stomach ache. In the active imagination before the GIM-travel she gave the stomach ache the form of a hedgehog. The therapist considered using the GIM-programme 'Imagery' (Bonny), which allows the traveller to go through different kinds of experiences by being emotionally quite evocative, but also allowing some rest at the same time. The hedgehog ate honey and liked it the way Emma had done in the imagery. The hedgehog also scratched Emma inside but she let it happen because it was important for her to allow the hedgehog to reach up (out), but it failed. Excerpts from the session:

> (Ravel): "…The hedgehog sits on the edge of the bowl and watches the whirl… it is afraid of light… There is the way out like a gallery as was in the previous imagery… The hedgehog tries to move up to the gallery and it would like to have some honey, but it doesn't succeed… because the gallery is too high for it… The hedgehog reaches up with the help of a chair… gets some honey… and goes back down… It repeats this action… It likes honey because it is sweet… the hedgehog gets full of it…"

> (Tchaikovsky): "There are some scratches inside… this is the place where the hedgehog has stayed… /…/ I'm like feeling the pain that these scratches may cause… this is disgusting… /…/ I feel my stomach… it stings a bit... Butterflies landed on my stomach… it's a nice feeling..."

During the post-session, Emma made the hedgehog and the balloon-like empty hole out of modelling paste (see Picture 1).

Picture 1: The hedgehog and the empty hole

There were scratches inside the bowl which appeared there after the hedgehog had left the hole. It was notable that she saw the hedgehog on a parent's lap and it was two years old. She said that the hedgehog was in the bowl later, at kindergarten age. Therefore, we can assume that something happened in Emma's life during kindergarten years that 'scratched' her inside and took the form of a disease.

Emma seemed to be separated from her real feelings. During both imageries, there were several moments when the content was quite challenging and powerful, but Emma remained calm and neutral.

Session 5: Moving on

During this session's imagery, Emma arrived in a soft wide warm room, which could be interpreted as a perinatal issue representing the mother's womb, and the twine she grasped and moved along could symbolise the umbilical cord connecting the mother and the child. The client held the twine until she got out of this soft and warm room to the real world represented by the image of nature. This experience was new and somehow unexpected for the client; she was rather amazed and could not see its meaning or connection to her real life. The music that evoked this experience was Vaughan Williams' *Fantasia on a Theme of Thomas Tallis* from the BMGIM-programme 'Expanded awareness' (Keiser). This music fits very well with Grof's (2008/2000) suggestions for experiencing deep transpersonal issues; the music was of high artistic quality, not familiar to the listener and with no specific meaning. The client showed that she was open to this kind of deep experience. Emma felt that in those images there were certain important issues for her, but it was still difficult to find the real meaning of the images and to integrate them into her everyday life.

Session 8: What am I doing and why?

During the eighth session, Emma described herself as being stuck in multicoloured pieces of wool and she proposed the imagery as the opening image for a short GIM-travel with Hovhaness' *Meditation on Orpheus* and Duruflé's *In Paradisum*. The ball of wool happened to be soft and warm, but sticky and multiplying at the same time and Emma could not get rid of it. She felt angry and annoyed. Moreover, the ball had a piece of paper with a question in it, a message that Emma could not yet understand, "What are you doing and why?". She thought about the meaning of the question while sitting by her grandmother's grave. The question seemed to contain a feeling of guilt; Emma was uncertain if it was acceptable to behave in accordance to her needs and to feel her ego growing during that process. She was afraid of actualising herself and being less attached to her mother. Emma needed a Wise Old Man (Jung 1968/1980) in her imagery to tell her that everything she was doing was right. Emma seemed to get quite close to something that bothered her, which she had not yet understood. During the session, she experienced strong fear like never before, which was also connected to body feelings.

Session 9: Death and fear

This time Emma chose to begin the GIM-travel from the place in which the last session she had felt fear and shivering – just before the gate of the graveyard. The BMGIM-programme 'Positive affect' (Bonny) was chosen for potentially allowing and experiencing spiritual and transpersonal issues (Grocke 2002). *Scaramouche* by Sibelius was added to the programme because of the course of the imagery. From this imagery, Emma searched answers to her questions: "What is going on? What am I doing here?".

Irvin Yalom (1980/2008) considered fear of death to be the heart of anxiety. Such recognition is often catalysed by an 'awakening experience' – a dream, or loss (the death of a loved one, divorce, loss of a job or home), illness, trauma, or aging. According to Yalom, once we confront our own mortality, we are inspired to rearrange our priorities, communicate more deeply with those we love, appreciate more keenly the beauty of life, and increase our willingness to take the risks necessary for personal fulfilment. It seemed that Emma's anxiety might be connected to the fear of death. Now she could see that other people's death touched her very deeply and she was afraid of the possible death of people close to her.

It seemed that Emma had started to accept the fact of her grandmother passing away. In the current imagery, she allowed her to lie down to her grave and disappear. Excerpts from the session:

> (Mozart): "/…/ I see myself in a double picture: sitting on a bench by my grandmother's grave and at the same time standing by the graveyard gate…
>
> (Barber): "/…/ I'm back in the graveyard... All the gravestones are grey... My grandmother is walking around there… I see my mother who tells the grandmother to go to sleep now… the grandmother laid down into the grave and disappeared...
>
> (Sibelius): /…/ I'm in another graveyard now... /…/ The picture of how we took care of my grandmother during her illness appears now and then...

Emma said she needed time to digest the information she got from the imagery. It was quite symbolic because digesting problems and the stomach ache have been her main physiological (psychosomatic) problems.

Session 11: Close to the dead

In the previous session, Emma made an interesting point. Namely, she expressed her fear of losing her mother. She realised that the fear was connected to being afraid of losing a person whom she could contact. This finding surprised Emma quite a lot and she said she should look at the areas that might have connections to that theme a bit more.

Emma had had a dream of a figure of a dead body which had been quite a dreadful image for her. While re-imaging it during active imagination and talking about it afterwards, many times she expressed thoughts like "I don't know who it was", or "I don't know what this imagery is trying to tell me", or "I don't know how to take this dream". Because of 'not knowing' it was decided to leave the focus for GIM-travel open and just let things go their way.

The programme 'Hero's Journey' (Clark) was chosen because the therapist proposed that Emma should be ready for a deep inner excursion following the so-called myth cycle (Campbell 1986) that might allow getting in contact with the important and deep aspects of her troubles. During that travel, Emma seemed to have reached a very deep level of the expanded state of awareness. The pictures moved slowly, she expressed herself in silent slow verbal phrases that were accompanied by deep calm breathing. Emma found herself between many dead bodies. The feeling was frightening and sad but she expressed it calmly and quietly, and she did not have any tears or physical expressions that could indicate these feelings. Excerpts from the session:

> (Bartok): /…/ It is a cave, a round room full of dead bodies… a bit scary… The bodies have calm faces… older unfamiliar people… I'm alone there… it's dreadful… I don't know why they are there… I'm sitting down next to the bodies… it's a sad feeling…

> (Hovhaness): /…/ A big snake between the stretcher… it moves towards me… it's not a good snake… I feel that somebody is watching me... The snake came again from somewhere… it's bigger than me… it wants to bite me and I hide my head between my knees…

> (Duruflé): /…/ The dead people's souls rise up… I see my reflection among them… I'm in white clothes… and I feel good and happy…

Afterwards she mentioned having winced many times during the imagination, but these winces were not noticeable from the outside. Emma could not get in real contact with her feelings that time either.

The imagination brought up two sides of Emma. The "white side", the nice figure representing her, indicated her inner resources supporting her, giving her a sense of security and showing her the way out of the dreadful place. The snake could be considered to represent her Shadow-side that would like to attack her, also being powerful and having much energy. Emma could not discover what the message actually was that the snake should have brought her. She did not have courage to face the snake in the imagery.

Session 12: Waves of fear

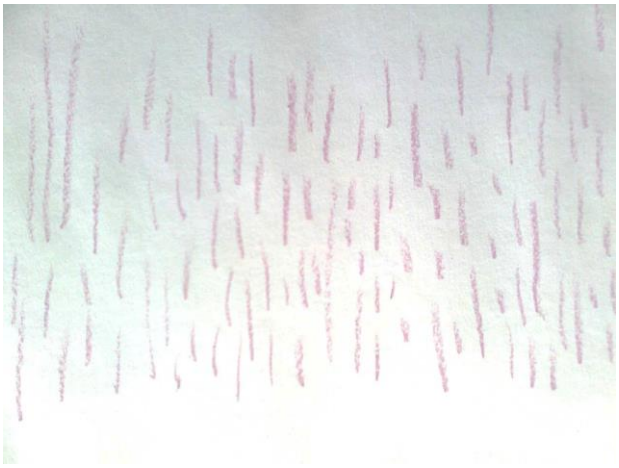
Emma drew her MPA as "light lilac" waves or flashes which came from above (see Picture 2)

Emma said that she was ready to explore the issues that might be connected straight to her MPA. She was also prepared to start the imagination by picturing herself right between the waves of her MPA.

The BMGIM-programme 'Faith' (Bruscia) had such characteristics which could touch the areas connected to Emma's MPA. And so, in her imagery Emma reported expecting something big and awful without knowing what it might be. She agreed to bear the anxiety, which "that something" might cause. She expected it and regarded the situation inevitable that she could not change. It was hard, however, for Emma to see what "it" was, because there was too much light in her imagery.

Jacobi (1964/1978) considers the symbol of "too bright light" to represent the dreamer's condition being driven into anxiety and because of these too intensive and unpleasant feelings it might lead to rationalisation as a defence mechanism. That seems to be exactly what happened to Emma. To her surprise there was no dangerous or evil "something" behind the dazzle. It was a big funny ball which had little hands and legs and was not dreadful at all. We might consider that Emma was still not ready to meet the "real issue".

Emma felt that she was stuck in something that did not let her release her anxiety. She would have liked to know what it was, but she could not find tools for that yet.



Picture 2: Music performance anxiety

Session 13: I should do what is good for me

At the beginning of the session, the client was very excited about her recent dream in which the key symbols were danger of the collapse of a store, and souls of dead children that could not find peace. The main feeling connected to it was big fear and she had woken up weeping. Interestingly, the client did not find any particular moment, feeling or metaphor, which she would have liked to explore more during the GIM-travel.

The therapist thought that the programme 'Guilt' (Frohne-Hagemann) had certain qualities ("dark" feelings, sadness, but also comforting and consoling) that could get in contact with the client's feelings experienced during the dream that were bothering her. Emma received many questions in the imagery. One of them was "Why is everybody in hospital?" She did not get the answer from the old lady; she could not answer the taxi driver where she would like to go. By the end of the imagery, Emma reached the situation similar to her earlier imaginations; she did not know where to go, what to do and what was bothering her. In the post-session, Emma admitted she liked to tease herself and felt that it was interesting and exciting when doing so. This kind of behaviour might be considered "a compulsive defensive mechanism for avoiding the roots of the experience" (Leiper & Maltby 2008: 106) or resistance to change (Freud 1937). Freud saw the repetition compulsion as a manifestation of the death instinct and hidden aggression. The death instinct (Thanatos) is considered to be the unconscious drive towards dissolution and death, turned inwards on oneself and tending to self-destruction, later turned outwards in the form of aggression. According to Melanie Klein (1957), anxiety is the immediate response to the endopsychic perception of the death drive.

Emma talked about being angry at her unconscious and the therapist proposed that she might communicate with it. The empty chair technique, known from Gestalt-therapy (Brownell 2008) was used to explore the theme more profoundly. However, there were no signs of anger in Emma's way of having a conversation with that part of her. She admitted closing the feelings and emotions in her and also expressed a will to try to take the risk and express her feelings. As an important aspect in the conversation with her unconsciousness she had come to the conclusion that "you should do everything that is good for you and you know what is good for you".

Session 15: A track to the unknown

It was decided that the issue of death should be focused on because many matters in Emma's life seemed to be connected with this theme. She considered it hard for her to go through it, but she could see the advantage that might rise from it and worked on the issue with great commitment. The GIM-programme 'Deep Soul' (Borling) seemed to be suitable for exploring these matters in depth. During the imagery, Emma talked very little in comparison to her previous travels. There were many different pictures, and several disturbing moments when her thoughts were distracted from music. Excerpts from the session:

> (Pärt, Cantus in Memory of Benjamin Britten): /…/ Many different pictures change... I see a line... … Many disturbing moments when thoughts go away from music...

> (Pärt, Fratres): /…/ The line is a deep and wide forest with high pines... Many gibbet girls hang on the trees… They are strangers... It is dreadful to go there... I go forward… there are so many corpses… /…/ Ordinary forest, but there is something mystic in it that I would like to find…

The key images included a bottle with a letter saying, "Go away!" and another message found by a tree saying, "Go to the right place!". Finally, she saw a family model: a mother and a father, one daughter and three sons in a picture. Emma said afterwards that the model was somehow connected to her piano playing, but she did not know how.

It seemed as if Emma was fighting against the imageries and feelings; she clearly defended herself from experiencing something too hard or awful. Afterwards she said she was too tired to continue the struggle until the end of the travel.

It appeared that there was a major fear of death behind Emma's fears. She was brave and took chances to explore the theme in different ways but something always remained unknown. She had searched for 'that something' for a very long time, but without success. She searched for something that she could never find – something that was behind the "line", on the other side of being, the "land of darkness" – death.

Being aware that she was afraid of the unknown, she understood that it did not make any sense to be scared of that, because there could not be any answers. Nobody knows what is waiting for us after crossing the line. We can speculate about those themes, we can believe in some existing dogmas connected to them, but the sane mind says that there is no way to know what is 'there', if there is heavenly eternal life or complete darkness or nothing at all, if we can continue our existence in some way or if our track ends at the moment of death. This is knowledge that is hard to integrate, but when a person can accept it, their life becomes undoubtedly easier and more serene.

During the post-session, Emma made long pauses to think about the issues and expressed an understanding and acceptance towards the development of the themes. This session had an important influence on her process and there was hope that she could integrate the experiences and understandings received from the session into her life as naturally as she handled the theme in the therapy. By the end of the session, Emma was quite convinced that she was ready to continue on her own and that she had the tools to manage with the most complicated situations and inner conflicts.

Session 17: It is all right not knowing the future

Emma came to the session with the extremely important understanding that it would not be necessary to know everything about the future. That statement could be regarded as the most important statement for the whole therapy process. She had been heavily involved in searching for 'something' throughout the therapy, something she did not know, something that "had to be behind other things", but was unreachable for some reason and she did not know why. She was more than satisfied with herself for reaching that point.

Emma drew a picture to illustrate her current condition. She used many colours. She worked intensively; her movements were firm and confident. The hand moved from the lower left to the upper right side. Emma named the picture 'Versatile flowing up' (see Picture 3).

Picture 3: Versatile flowing up

The client explained that if she had a problem, she could solve that faster than before. She also talked about being flexible and seeing her problems from a different angle, which allowed her to find a solution more quickly and sometimes discover that the issue was not as bad as it had seemed at first sight. She also said that she could now be satisfied with her answer "I don't know" and she could take that as normal because she could not forecast the answers to many questions and problems in her life. She said she was curious about what would happen next instead of being anxious about it, she was no longer afraid to meet some challenges in her life. That understanding had taken a firm place in Emma's inner world. Emma felt calm and happy. She said that the feeling was neutral in a way, no highly positive or negative sensations, balanced. She liked the feeling. The client also said that she was looking for interesting new experiences and new challenges; she was open to everything that would come to her. She had reached a secure balanced point in her life.

OUTCOME

From the client's point of view, the most important change during the therapy process was that she now knows how to listen and understand herself. This is where she found all the other shifts to start from.

Emma finds herself to be a versatile person at the current moment. She concentrates much more on herself than on other people's problems and concerns. She likes challenges and new situations more than ever before. She is open to everything that might happen and to meeting new people and getting acquainted with them. She is not afraid to

express her opinion to different people; she is not concerned about how they react or what they are thinking about her.

Emma points out that she regards her higher self-esteem and self-confidence as the main results of the therapy. She can understand her real needs and the reasons for certain feelings or moods. She can also see connections between psychical and physiological processes; she understands how these might be connected and could depend on each other. She finds that understanding herself better helps her to cope in any situation, including before and during performances. She can also regard her own needs as primary and act the way in which she feels comfortable.

One of the significant outcomes is that she can establish herself much more now in relating to her mother. She is no longer afraid of expressing her thoughts and understandings to her mother. She can also see that her mother takes her seriously and considers her thoughts.

Emma now realises that if she did not make certain decisions then nothing would move. She feels that she can control her life and she understood that her life was in her hands.

To accentuate some of the quantitative outcomes, Emma's subjective evaluations of her anxiety before and after therapy sessions are summarised in Figure 1. She perceived the biggest increase in her anxiety level during the 8th and 11th sessions. At the end of the eighth session, she realised that everything was messy, after the 11th session she was confused but optimistic concerning her future. She said that she did not know where to go, but nevertheless she felt like moving. In the last three sessions, Emma seemed to perceive a rather low anxiety compared to the previous sessions.

MPA as measured by the Kenny Music Performance Anxiety Inventory showed a clear decrease after the therapy from 140 to 87 (out of 259) and a slight increase during the follow-up to 95 (see Figure 3).

On the Self-Image Inventory the largest alteration in the scales was from extreme worrying at the beginning of the therapy to moderate carefree perception during the follow-up (from 1 to 5 on a 7-item scale).

Emma's trait anxiety as measured by STAI EX-2 shows a decrease. Her trait anxiety level at the beginning of the therapy was 39, after the therapy it was 31 and during the follow-up period it decreased to 28 (see Figure 2).

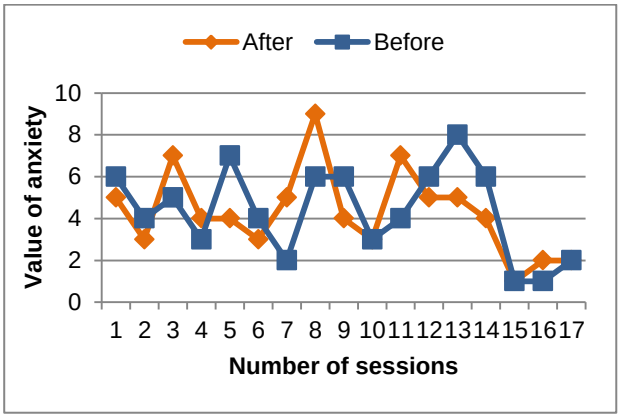


Figure 1: Emma's anxiety level before and after therapy sessions

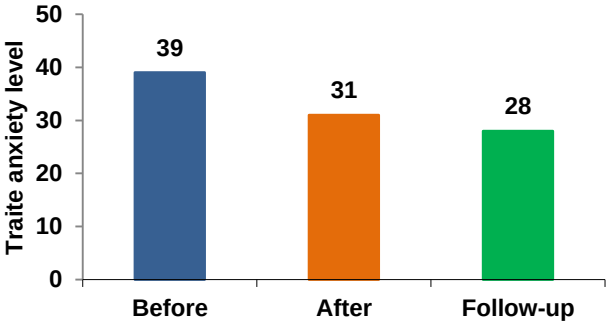


Figure 2: Changes in trait anxiety (STAI EX-2)

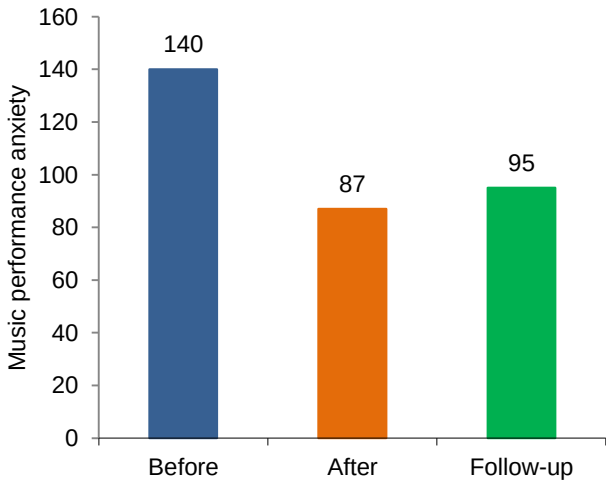


Figure 3: Changes in music performance anxiety (K-MPAI)

DISCUSSION

Emma's case was named 'Searching for the unknown'. This knowledge was the key concept during the whole therapy process with Emma. Even in the first session, she took advantage of moving towards something she did not know, but she was not ready yet to know the unknown. The major

problem was her stomach ache, which had accompanied Emma since she was a little child. The first thing she saw when entering her image world at the beginning of her first BMGIM-travel, was the image of her stomach. This was a clear sign that stomach problems were one of the major issues that were connected to her unbalanced inner condition.

Further important personal issues that grew out of the stomach problems were obscurity and the unknown, which was clearly connected to death issues and the relationship with her mother. An essential turning point in dealing with the mother issue was in the sixth session when she made a constellation illustrating the relationship with her. Emma visibly realised then that her mother played on her emotions and that she surely needed more space to live her own life. She felt great relief after reaching these insights and once having admitted the nature of the relationship with her mother, she also acquired a clearer understanding of other processes that took place in her family.

The issues of the unknown, fear and death filled most of the sessions with Emma. She was obviously searching for something that she might never be able to find. According to the existential view concerning death issues by Yalom (1980/2008), confronting these issues can release much energy that has been used mainly for purposes of avoiding this knowledge and, amongst other matters, to also fight with anxiety that emerges while our psyche tries to reach more balance and keeps us from knowing the real meaning of it.

Emma saw the clear connection between her performance anxiety and the unknown and death issues. She struggled with herself for a long time to let herself know what could be behind her troubles and anxiety. These issues appeared in her BMGIM-travels in many ways and in her imaginations as well as in the verbal therapy process where we could find a lot of questions that had remained unanswered for her for a long time. As a result, Emma now likes to be on the stage much more and she can enjoy making music with all her 'Dasein' (Heidegger 1996).

Based on the current case study and the author's other experiences with clients with MPA (Pehk 2012), the author suggests MPA not to be the primary problem for persons suffering from it. There is research evidence which confirms that social anxiety often comes out from under other disorders and problems (Wittchen & Fehm 2003). The MPA can be seen as a defensive mechanism in the form of compulsive repetition that prevents oneself from feeling and expressing the "death drive" (Klein 1957: 83) and gaining maturation. Erik H. Erikson (1950) describes compulsive repetition as a state while the individual unconsciously arranges variations of an original theme, which they have not learned either to overcome or to live with. The persons suffering from MPA repeat the anxious situation over and over again and are not able to move further. They are unconsciously afraid of looking behind MPA because of the fear of finding something more dreadful or identifying the unknown aspects of their personalities and lives that should be recognised, accepted or altered. It appears to be rather convenient to admit that a person feels fear before or during the performance and not to think about the aetiology and roots of the phenomenon that would make the perceived situation more complicated.

Getting to know more about and accepting one's deeper intentions, behavioural patterns and life attitudes induces remarkable changes in people's lives. The process that the individual could start would be taking responsibility for their lives and gaining maturation not only in the meaning of growing up but more widely becoming the Self – the process that Carl Jung (1968/1980) has referred to as initiation. According to Jung (1968/1980) while a person is in the initial crisis they might search for something that is not known or impossible to find. In such a case only one thing works – turning directly toward the darkness or jumble and approaching it naïvely and without prejudice to find out what the secret aim of it would be. The process of individuation generally starts with the wounding of the personality and the suffering that accompanies it. It can therefore be considered to be much easier bearing the pain of MPA than digging deep inside oneself and discovering even more hurtful matters.

Nagel (1990) takes into consideration the suggestion by Gabbard (1990) that from the psychoanalytical point of view, somatoform disorders are the transformations of painful feelings to body parts and suggests that physical symptoms of performance anxiety can be seen as a defensive mechanism "against intrapsychic conflict". The current author dares to suggest MPA in general as a defence mechanism.

According to the study, psychodynamically-oriented music therapy, e.g. the Bonny Method of Guided Imagery and Music, can be suggested as an effective tool for going through the life matters which are connected with formulating MPA. The

task for the therapist dealing with MPA-clients is considered to be relating to the clients' matters as open-mindedly as possible to enable the emergence of every unique personal issue that might have a vital role to play in the particular person's way of fulfilling the aims of therapy. At the same time, however, the therapist should especially notice the themes connected to early experiences, family matters and existential issues of the client and try to use all the knowledge impartially and respectfully remaining in the role of a supporter and facilitator during the client's important inner journey.

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SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Article

Aging into childhood through loss, emptiness, and recognition: A GIM case study

Katarina Mårtenson Blom

ABSTRACT

The article comprises a clinical case study focusing on a psychotherapeutic process using psychodynamic relational methodology integrated with Guided Imagery and Music (GIM), and analysis of the outcome of the process using the Experiential Categories of Analysis developed by Mårtenson Blom (2010, 2014). The clinical work focused on trauma-related loss and grief, and later led on to reclaiming genuine parts of the self and possible self-transcendence and spiritual development.

KEYWORDS

relational perspective, recognition process, therapeutic self-disclosure, therapeutic alliance, GIM experiential categories of analysis, process of surrender, transcendence

Katarina Mårtenson Blom qualified as a licensed psychologist in the 1970s and began her professional career in child and adolescent psychiatry. Experience in different child-guidance clinics led to her training as a licensed psychotherapist in 1989. Katarina started private practice in 1996 as a psychotherapist, supervisor and trainer in psychotherapy. During the 1990s, she trained in Guided Imagery and Music by Frances Smith Goldberg at the Therapeutic Arts Training Institute, and acquired the Swedish psychotherapy supervisor and trainer's licence. In November 2014 Katarina completed her PhD at the Doctoral programme in Music Therapy in Aalborg University. She has published several articles, book chapters and, with a colleague, a book on intersubjectivity.

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INTRODUCTION

This case study describes a psychotherapy process with a 50-year-old woman who attended 21 GIM sessions and five verbal sessions. The work focused on trauma-related loss and grief, and later began to address issues regarding reclaiming genuine parts of the self and possible self-transcendence and spiritual development. Guided Imagery and Music (GIM) is a receptive music therapy method providing the client with a music-listening experience in an altered state of consciousness to explore themes, issues and problems. The music is preferably classical, and selected by the therapist, who also assists with relaxation, focusing, guiding and processing, before, during and after the listening experience (Bruscia & Grocke 2002).

The case was originally included in a PhD thesis (Mårtenson Blom 2014) illuminating the contribution from a relational perspective on the therapeutic

GIM process. Transcripts were analysed through elaborated categories of analysis developed in the study. The developed definitions of the Experiential Categories of Analysis (ECs) (Mårtenson Blom 2010, 2014), as well as the relational perspective on therapeutic process, are a couple of recently developed theoretical fields within the Psychodynamic tradition (Beebe & Lachmann 2002; Mitchell 2000; The Boston Change Process Study Group (BCPSG) 2010). Based on theories of intersubjectivity and attachment, the understanding of what works and generates change in psychotherapy is explained through qualities of the therapeutic relationship and how therapist and patient interact. The ECs are elaborated descriptions of *how* the patient experiences interacting with music and therapist during the GIM music experience, and are summarised below (Mårtenson Blom 2010, 2014).

Experiential category (EC) of analysis		Definition	Example
1	Focus of attention – sharing attention	Descriptions and expressions of where in the experiential field the focus of attention of the traveller is, establishing a starting point for movement and direction.	*I see myself,* *I can sense water.*
2	Movement and direction – sharing intention	Descriptions and expressions of intention, directions, movements, experienced more or less intentionally.	*Warm air is coming towards me.* *Perhaps I will fall.*
3	Affectivity – shared and conveyed in words and expression – attuning	Descriptions and expressions of the affective qualities surrounding and colouring the relational sequence (vitality affects and/or category affects).	*Sad and melancholic. Pleasant and powerful.*
4	Share and regulate coherence/correspondence in attention, intention and/or affectivity.	Expressions of experiencing qualities of recognition and/or confirmation and belonging. Often also strong activating affects.	*The air is balancing my body, me.* *I can feel the mountain under my feet.*
5	Share and regulate difference/non-confirmation in attention, intention and/or affectivity.	Expressions of experiencing tensions, differences, ruptures and/or non-confirmation. Often also anxiety, shame or other inhibiting affects.	*I need to work in order not to fall.I feel fear and dizziness.*
6	Surrender in relation to something “greater” and /or “beyond”, to something “third, between”.	Expressions of containing or encompassing fields of tensions, letting go and transcending.	*I am connected to and at one with nature.* *I am light; it is inside and around me.*

Table 1: Experiential categories (EC) of analysis of GIM transcripts

The relational perspective as well as its methodological stance, comprises the therapist’s subjective self-regulation and interactive regulation in the here and now with the patient. According to Stern and the Boston Change Process Study Group (BCPSG) it is no longer enough, or even adequate, to use the more traditional concepts of transference and countertransference (BCPSG 2010; Stern 2004).

With the purpose of developing an understanding of the change process in GIM, this article will illustrate the relational perspective on the overall process and specifically interactive modes during the music experience through EC analysis. This case study also needed a format that displayed the intersubjective qualities of the

therapeutic process. Hence, the case description is written in the style of *clinical writing*, with a specific structure developed within the tradition of relational psychoanalysis (Naiburg 2014). It is based on the idea of making the therapeutic relationship transparent through the experience of the therapist, alongside the description of the client and the therapeutic process. Therefore the text comprises parts of *reflexive self-disclosure* (Safran & Muran 2000; Naiburg 2014) on behalf of the therapist, interwoven with theoretical considerations, *paradigmatics* (Naiburg 2014), and clinical observations summarising the transcript analysis. Readers who want in-depth analysis and developed descriptions of the Experiential Categories of Analysis are recommended to read Mårtenson Blom (2010, 2014).

THE FIRST EXPLORATIVE MEETINGS

In the following account I describe the shared information and shared implicit qualities during the meetings which eventually led to an agreement and formulation for the focus of the work.

> Her unreserved eyes met mine almost too quickly. I got a scent of my own shyness that sometimes guides me into the landscape of many shadows, misty meadows and unforeseen holes in the ground. But her eyes stayed connected and seemed to be able to rest in faith; faith in seeing and finding what they searched for. I decided to also have faith; to trust that we could work together. Leni's body was slender and girlish in spite of her 50 years and being a mother of two grown-up children.
>
> In some way, she entered my room as if she had entered any kind of room, and I felt in my body how this conveyed her unreserved intentionality. I felt eager to treat and cultivate that. One of my closest colleagues had recommended that Leni make contact with me. The bridging between seemed to be important. This had happened before, but this time, in this first meeting, I got the feeling of having received a puppy to take good care of. A puppy that was too used to attach to too many, and through that in a way seemed strong and patient. Yes, a true patient, but who also was soft, searching and vulnerable, like puppies are. Did the unreserved mirror this? Expectations of a hug and a pat, nothing else – 'as long as I can curl up in your chair or on the mat for a while, then it's OK…?'
>
> Her background was in the warm and industrious soil of the working class. The warmth came from her mother, but she also was painfully aware of her mother being inexorably subordinated. Due to her father´s alcohol abuse, the emotional climate and interactive fields in the family were very unpredictable. In storms, Leni's task was to be alert, warn and protect her mother, and try her best to take care of herself. This was quite far from my home terrain of class travels and areas of tension between an upper middle-class mother and a working-class father who made his way. However, I could discern something to recognise – me too, carried a resistant and stubborn confidence in the feeling that I exclusively, knew what I needed. This could have turned into a dance of the hedgehogs…
>
> Leni also sought me out with a kind of naive non-judgmental stance that I also envied. She carried an open face and, as I discovered, was genuinely curious and unconditional in the meeting. I often struggle to keep myself in the restful domain of not knowing, non-valuing, and have a constant need for practice.
>
> Eventually I noticed that she also had made a class journey. She became a nurse, continued into social work, where she had become an entrepreneur and run a company who provided care and treatment to families, parents and young people with significant social and behavioural problems. Over the years Leni had worked much too hard, and one of the reasons for attending therapy was that she found herself facing burn-out and depression.
>
> Leni was explicit about worry, anxiety, restlessness, fear of being alone, fear of feelings like sadness, sorrow, and a longing for John, the beloved eight-year older brother who died in a motorbike accident when she was eight years old. What Leni conveyed and I sensed implicitly were those feelings of fear, dread, restlessness. Her blank face did not seem to really know if those feelings could be felt. Fear and dread, shame and guilt for many reasons that we eventually explored on safe enough paths in the musical landscape.

We worked together for two and a half years, and Leni attended 21 GIM sessions and ten verbal sessions, each of one and a half hours in length. In addition to this depiction of Leni which emerged during our first explorative meetings, Leni also shared the following background information: she was 52 and mother of a daughter of 28 and a son of 23, diagnosed with attention deficit hyperactivity disorder (ADHD). This had been a major burden for Leni, starting with a dramatic labour and delivery, constant worry about his school and relationships to friends. She divorced the children's father when the son was seven.

At the time of the therapy, Leni was in a new

marriage for three years. Her husband was very supportive and always picked her up after sessions. She acknowledged the importance of this in the follow-up interview and said, "I would recommend others to have someone who picks you up and let you be with all that's come up after sessions". This also conveyed how deeply Leni let herself be open in the therapeutic work. Leni's profession was as a nurse, but she worked as social worker in a company she started with two other colleagues, owned by them for some years, but recently overtaken by others. The business/firm provided care, schooling and family support to parents and teenagers with major social problems.

Leni had an older sister and her mother was still alive. Her father had died five years previously and had abused alcohol throughout Leni's childhood. Leni's brother John, who was eight years older than her, had died in a motorbike accident when he was 16 and Leni was eight. The circumstances were still unclear, but it had probably been related to alcohol. The relationship between the sisters was still affected by shame and guilt, partly due to unanswered questions. Had the sister been aware about the brother's drinking, and had she been unable, or even reluctant, to stop John's fatal journey?

Based in part on Leni's story, but more so on the information that poured into the implicit relational field, I felt that we needed to work with the following more diagnostically formulated issues:

- dissociated parts of a relational trauma,
- affects complexly layered on top of each other,
- problems of somatisation and need for differentiated affect regulation,
- existential cut-off, dead brother perhaps an opening path into spirituality?

PROCESS – THE FIRST SEMESTER

During the first nine sessions, Leni gradually developed her ways of experiencing in the music. In the first three sessions, she mainly explored her inner world and identified the themes she then worked with. We used shorter GIM music programmes – parts of Peak Experience, Grieving, Mostly Bach and Caring (Bruscia & Grocke 2002, appendix). Several spiralling rounds took her to those themes during the whole therapy. However, in the second session, Leni met her dead brother, John. After the session, she stated, "John is now alive to me". From this session, Marcello's oboe concerto became a theme for Leni's relationship with her dead brother. Below is an excerpt from the analysed transcript of the second session.

EC	Transcript excerpt	Music
4	Feel…he is in the bedroom... See him sitting on the bed...brown sweater…happy… Mum is in the kitchen…don't worry...he knows.	Marcello. Oboe Concerto #2
4	He becomes light… Is in the light… I have always been inside you (*conveyed from John*)	#
5	Light into a form…like a chalice...but now light is more a storm...sand storm (*L feels afraid*)… Lights from an ambulance? (*I guide Leni into finding herself a safe place to end*).	Grieg. Air from Holberg Suite.

Table 2: Excerpt from transcript, session 2

Figure 1: Art work, session 2

ANALYSIS

The *sharing of lived experience* constitutes and creates the intersubjective field. We had shared focus of attention, intentionality, and affects in interaction and music. Through sharing her emotionality in the music and altered state of consciousness, Leni began to connect and recreate her relationship to John. When she became open to this, her feelings also evoked fear and defensive affects. The experiences were analysed as movements between experiential categories (EC) 4 and 5, of recognition and strong non-confirmation;

the latter due to her *fear* of sadness and strong emotions (Table 2).

This was a first step in the process of mentalisation (Fonagy et al. 2006) and in processing the dissociated parts of the relational trauma. During the experiential phase, I also noticed the close proximity between the new symbolising experience and the dissociated parts of her inner state. The latter, containing "alarm-qualities", equivalent to a dissociating *emotional part* (Van der Hart, Nijenhuis & Steele 2006) of her personality, emerged when the benevolent form of light in a chalice changed into the light of an ambulance. The *window of tolerance* (Siegel 2001) for Leni was still narrow.

PROCESS – FOCUS ON THE FIFTH SESSION

The fifth session was the last before the first Christmas holiday leave and contained mutual processing and reflecting on all the work done during autumn. We talked a lot, and I felt more like a guide in the landscape of words and descriptions than in the field of music in trying out which words could suit Leni's inner experiences. The dialoguing was also conducted in the implicit domain – we tuned in rhythmically, through turn-taking, through tone of voice, in gestures, eye contact, etc. It helped Leni to more explicitly identify and describe her relationship to her brother and father, and her need to stay with her feelings of sorrow, sadness and pain.

In session five, the shifts continued to develop: into a more wholehearted exploration of the sharing atmosphere of a recognising and confirming experience (EC 4) and into a non-confirming and unpleasant experience (EC 5). This deepening involved experiences of reconnection to a deeper form of vitality, beyond affects and emotions, into the sense of self-compassion, of being known. The session contained a fully developed process of surrender (EC 6). During the music, which was only one piece – Strauss' *Ein Heldenleben* – Leni experienced the following: excerpts illustrating ECs 4-5-4 (see Table 3).

In the art work, a painted image, Leni shaped the most fundamental in her experience, darkness and light. While watching her painting, I sensed a shivering sensation of joy in Leni. The little face inside the light gave a deep sense of hope – she considered herself to be on the side of hope.

EC	Transcript excerpts	Music
4	I am in the old apartment... Can see Mum…and John (*brother*)… He disappeared… Feel a swirling feeling... He is with me... happy and strong… Feel as if we are in a light… Think about longing… (*anything needs to be conveyed?)*	Strauss. Ein Heldenleben. #
5	Feel that he is dead and I long… Can't stand this once again… (*cries*)… That's what my fear is about.	#
4	Light is as strong as darkness… Darkness is like a cover... Everything outside is surface... Find a bottom… (*feel it?)*… Warmer in body… Angry…	#

Table 3: Excerpts from transcript, session 5

Figure 2: Art work, session 5

ANALYSIS

Stern's concept of *dynamic forms of vitality* is relevant here (Stern 2010). Shifts and changes are strongly connected to affectivity, but in a safe place and during sharing and regulating conditions. Self-compassion is a deep emotion but more connected to vitality since it contains love and care for yourself. It also contains gratitude and joy – a deep sense of being in life, loving to be alive. In the image, Leni depicted the balance between darkness and light, and the sharing of strong emotions in the music. The process of sharing inner

experiences with therapist and music and simultaneously symbolising inner relationships like the one with John, is *mentalising* work (Allen & Fonagy 2006). We moved away from both 'pretend mode', where inner and outer world are completely separated and disconnected, and from 'psychic equivalence', where there is no difference at all between inner and outer worlds. By now, we have started our work in developing the intersubjective field through *affect regulation, mentalisation, and new patterns in implicit relational knowing* (Fonagy 2006; Schore 1994; Stern 2004).

PROCESS – FOCUS ON THE EIGHTH SESSION

The eighth session was deeply connected to the previous one when Leni remained in her sorrow and longing for John. She got hold of herself even more through several shifts between EC 4 and 5. I saw the shifts as signs of change, could also acknowledge the shifts inside me; I felt more secure in knowing what went on in Leni and sensed that we needed to share even more what it is to feel. In our dialogue we moved between discussing "what is a feeling?", "how can we know what's right to feel?", "what do we notice in our bodies?", etc. Both the dialogue and the shifts in experiential qualities during music-listening appeared as a developed intersubjective capacity in Leni.

In session eight, Leni expressed the need for a safe and calm place as a starting focus. We remembered together the glade full of cowslips where she ended up in the previous session. She cried floods of tears there, though, so it was not a totally safe place when it came to feelings. That session also brought forth my tears in response to Leni's brave and moving work, and as a deep compassionate disclosure. The selected music was Beethoven, Vivaldi and Fauré (Table 4). Affectivity can be beautifully explored through these pieces. Leni needed to be moved by feelings, exploring what it is to feel, mostly sadness and fear, and again connecting to feelings of self-compassion.

EC	Transcript excerpts	Music
4	I pick clowslips…am about 12 in age…great. Sense a stressful feeling…like being afraid, in my stomach (*piano*)…move towards the water.	Beethoven. Piano Concert 5#2
5	A sea, big waves…both scary and powerful…surging feeling… moved into… at first… Oh! Then OK… (*let the music be with you*). I can be there… see myself floating. The water is both dread and comfort.	Vivaldi. Gloria. Et in terra pax
4	See me as a child…but I think as an adult...(*cries*)…she needs SO MUCH! (*Anything you need to do?)*… Flood her with cowslips… touch… hold her hand.	Fauré. In paradisum
4		#

Table 4: Excerpt from transcript, session 8

Figure 3: Art work, session 8

ANALYSIS

Leni had now established relationships with the central themes of our work. We had shared attention, intentionality, and affectivity with the music and her inner self. The intersubjective field had deepened. So far we had not run into any ruptures between us, which may seem strange. I sensed, though, that the kind of indifferent attentiveness or manner of evasive attachment-style had gradually shifted into a clearer view between us. I saw her more clearly after this first sequence of sessions. We could not have moved into ruptures, since the bonds between us still did not qualify for that. And I also think that the issues that contained possible ruptures and repairs of the therapeutic relationship were shared with the

music, in the music.

There is strong evidence for the importance of how ruptures and repairs strengthen and develop a therapeutic relationship (Safran & Muran 2000). I consider shifts in the traveller's experiences during music between experiences analysed as EC 4 and 5 equal to such a process of ruptures and repairs.

The work with Leni moved into a phase where a full Process of Surrender (Mårtenson Blom 2010) was developed and established. In 6 out of 21 sessions Leni experienced the Process of Surrender. Four of them moved into a spiritual experience and three were more transpersonal for her. The issues of the existential and/or spiritual were not explicitly conveyed as important themes for Leni from the start. They emerged as an effect of deepened ways of being in a relational mode of surrender.

The connection between the Process of Surrender and the domain of spiritual experiences was one focus of interest informing my PhD project. Shifts into the field of spiritual experiences can come very suddenly, even during a first session. When that happens, a GIM psychotherapist's task is to follow and help in the processing, through moving back and forth between spiritual and psychodynamic work (Bonny & Summer 2002). The quality of such experiences directly put the self-compassion and the trust of being known in focus, and reinforces the healing power of that connection. My experience, however, is that in order for this movement to be steady and reliable, the person needs to move back and forth, or rather in spirals, between the basic relational modes, into the more complex modes of sharing in a deep sense of recognition (EC 4) and deep sense of non-recognition (EC 5). These modes develop the person's sense of subjectivity and intersubjectivity into a readiness to share the space between us, the intersubjective consciousness (Stern 2004), or share that which is greater than me/us. As a human being, one may transcend into the transforming power of letting go, of surrender, and a spiritual experience may be received. I consider this process as somewhat equal to what is described in the GIM tradition as a movement between psychodynamic and spiritual work (Bonny & Summer 2002). However, my way of registering and conceptualising the process, makes it possible to understand and explain change and transformation in terms of interaction and relationship (Mårtenson Blom 2010, 2014).

PROCESS – ONE YEAR LATER

We were in the end of the third term and one year had passed since session five. During this time, we had explored the relationships between Leni and her father, her mother and her sister. She had reconnected to her relationship with her dead brother in her inner world. We had met 12 times and had nine GIM sessions.

The meetings with Leni felt very intimate and familiar. The rhythms in turn-taking and sharing moved smoothly most of the time. I had a sense of what music Leni needed, and the repertoire had broadened but still had a basic centre that seemed to provide a room for her inner self, stretched out in time-space. We had worked on the theme of worry connected to the birth of Leni's son and the labour. We had shared some of the pain through her re-experiencing of him as an infant in relationship to HER inner child. This issue of parenting a child with special needs was also close to my own experience and made our collaboration more intimate.

During the autumn, Leni had also left her job and entered into completely new territory. When the company was sold she earned a large amount of money, making it possible to leave without having any new options. Leni decided to quit, to start listening to some deep inner voice that seemed to beg for space and time, and really sense what that could be about. She had no idea, but just before session 14, reactions from her colleagues on her decision to quit her job had washed over her like a tsunami, or rather, HER reactions to their quite understandable and normal responses. She moved into feelings of guilt, anguish, and fear. And like hooks on a fishing rod, her feelings now tore up all old scripts of fear and abandonment. This time, in a GIM session, she again met her father. To Leni this was even more unpredictable and her task to protect her mother enlightened and flavoured the whole fear-quilt-shame affective vicious circle. She travelled more intensely in sharing non-confirmation, horror and shame in several sessions. In the next example, with illustrating excerpts from session 14, she explored the theme of transformation: "Who am I now?" "Who will I encounter?" As therapist, I felt rather confident that she was ready to let go, and I tried to be supportive without causing undue expectations. Perhaps I also needed some excitement as guide, since I found myself searching for some new music, or new combinations of music. After the focusing induction, just before the music, Leni was both occupied by some kind of fatherly scary presence and her own

longing for movement, so what music could match this? We started with music from Ken Bruscia's music compilation, Music for the Imagination – (MFI) Transportive. First we began with Borodin's *1st Symphony, andante*, then moved into Brahms' *3rd symphony, poco allegretto*, followed by Beethoven's *9th Symphony, adagio molto*, Fauré's *Requiem, In Paradisum* and, finally, Wagner's *Prelude to Lohengrin*.

EC	Transcript excerpt	Music
5	Wooden threshold... huge… I am very small… crawl up…on the other side is water… gushing… nothing to stand on…	Borodin. 1st symphony #Andante
5	This is sick… A boat came… my father is in the boat… if I jump in, he can´t steer… does not see…I knew it…	Brahms. 3rd symphony #Poco allegretto
5-6	All by myself… in the forest now... something here I want… (*let music help*)… (*deep, deep crying*)… Very strong light (*L silent*)	Beethoven. 5th Piano Concert #2
6	See... I am a baby in that light... Now like fire moving around me calmly… Warm and soft… like a blanket… like a friend…	Fauré. In Paradisum Wagner. Lohengrin.Prelude

Table 5: Excerpt from transcript, session 14

In the painting work and dialoguing after the music experience we did not say much about the light. I just had a clear sensation of being able to confirm Leni in her awe and wonder.

I tried words from the relational domain, formulations that anchored the experience in interactive and relational qualities with the possibility to understand it from a relational perspective. Examples: "What did you sense in relation to…noticed any feeling…this huge light…any intentions?"; "Did the light…baby…notice you…?"; "How was the guiding?"; "How did we collaborate during the music?"; "Was there anything that prevented you from…?"

Figure 4: Art work, session 14

ANALYSIS

How can we understand the transforming power in this session, and in other similar GIM sessions? In addition to the concepts I have used so far, I will connect to the concept Relational Mode of Surrender (Mårtenson Blom 2010) mentioned previously in this article. During a therapeutic process including GIM, the relationship between therapist, client and music creates more complex levels in the intersubjective field and more complex levels in the intersubjective consciousness. Even though the music in GIM is not a living interactional partner, its characteristics serve as interactive components for the traveller. The music is also chosen by the therapist and accompanied by the therapist's interactive skills and implicit relational knowing.

As an outcome of the research presented in my thesis (Mårtenson Blom 2014), the Relational Mode of Surrender is proposed as such a complex level in the intersubjective field. The complexity indicates that the implicit relational knowing (Stern 2004) for the client as well as for the therapist has deepened and developed. The "we" between therapist and client allows to deepen, and the client discovers (rediscovers?) her capacity to interact – relate – in this mode – the Relational Mode of Surrender. Emotions that emerge are for instance gratitude, awe and love (Fosha 2000). The Process of Surrender is the interactive movement/process leading to this Relational Mode of Surrender, which also may encompass transcendence (Mårtenson Blom 2014).

In her process of surrender Leni transcended her deep sense of self and met something greater; in her case, the light.

PROCESS – THE LAST SEMESTER

During spring Leni had five GIM sessions (15-19) blended with three verbal sessions. According to the Experiential Category Analysis, she moved into the process of surrender, and eventually the light experience, three times. We did a lot of processing through dialoguing and reviewing some images. We also started to talk about ending and separation, which moved Leni into the following theme in session 19, also with a surrendering experience. I had a growing sensation of more or less being on the receiving end during the meetings with Leni. The transforming process moved by itself; it was greater than both of us. When Leni talked about closure and accepting the past, I noticed heaviness and relief in myself simultaneously; heaviness of a melancholic kind coupled with a certain sense of relief. I would miss her and get some space. For Leni, the closure also encompassed saying goodbye to her old working relationships. All these emotional qualities were braided into the focus of session 19. We had a short but very concentrated session with the music: Mozart's *Clarinet quintet* and Duruflé's *In paradisum*.

EC	Transcript excerpts	Music
4-5	Courage…to accept… On my way? (*Let the music provide a path.)* Huge drops of water...strange…eyes beside the drops…	Mozart. Clarinet quinte F
5-6	Like owl's eyes…spreading their wings…fly… I move… (*receive that…*) let go…(*Leni emotionally moved*)… I really separate, do I?!	Duruflé. In Paradisum

Table 6: Excerpts from transcript, session 19

During the autumn we continued with two GIM sessions mixed with three verbal sessions and began a final closing/saying-goodbye process from December to March the following year. Before the very last session we worked with a reflective meta-travel, giving an overview of paintings from all sessions. They were spread on the floor, Leni moved around to music (Pachelbel's *Canon in D*) and put notes with written words on each picture. After that, we dialogued and I shared with her my thoughts and feelings about her work. As Leni expressed it we did jointly put a jigsaw puzzle together.

Figure 5: Art work, session 19

CLOSING ANALYSIS

A jigsaw served as a good metaphor for an aesthetic process of change with emerging patterns that connect (Keeney 1983), patterns in interactive modes and in levels of consciousness, in the interactive field between Leni, therapist and music (Mårtenson Blom 2014). In terms of relational modes and implicit relational knowing, Leni's experiences of the Process of Surrender developed her implicit relational knowing into a relational mode which could include and encompass the relationship to her dead brother. This made the self-compassion and deeper core self accessible to her. The Relational Mode of Surrender expanded her daily awareness and she could find this stance more easily in daily life. She encountered experiences of transcendence and spirituality convincing her of the existence of something greater - in Leni's own words, *a richer life* and a sense of *now I know.*

The therapeutic relationship contained the transforming power of sharing and regulating affects and dynamics of vitality, in relation to music as well as to the therapist. In order to bring about change, the regulating process needs a true recognising character, conveying a deep sense of being known. The capacity for unconditional love and the sharing of vulnerabilities is always at stake, and the challenge is in changing perspectives, not from me to you, not from you to me, but to You and Me in togetherness, and beyond You and Me.

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SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Article

'Soundscapes': A Norwegian music programme in the Bonny Method of Guided Imagery and Music (GIM) elucidated through individual GIM therapy

Gro Trondalen

ABSTRACT

This text focuses on the music-listening practice of the Bonny Method of Guided Imagery and Music *(BMGIM). Soundscapes*, a music-listening programme comprising only Norwegian music, is described and illustrated through the practice of GIM with a female executive in her mid-thirties. After offering a brief overview of the GIM method, including development, training, and the music in GIM, I then turn to the development of the music programme *Soundscapes*. Thereafter, I discuss the music programme's potential to evoke images related to Norwegian landscape and culture. The main themes in the GIM process, 'in motion' and 'belonging', link to the client's renewed line of development. I suggest that music and music-listening can promote images and transformative experiences where nature and cultural belonging are core elements, and that this is particularly evident when the *Soundscapes* programme is incorporated into GIM therapy.

KEYWORDS

music programme, soundscapes, Guided Imagery and Music (GIM)

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INTRODUCTION

Sometimes we make music ourselves. At other times, the music-listening experience is at the forefront. This text addresses music-listening through the Bonny Method of Guided Imagery and Music (GIM*).* The music programme *Soundscapes,* comprised of Norwegian composers and compiled by Aksnes and Ruud (2006, 2008), is described and elucidated in this article through an example of individual GIM practice. There is a short presentation of the listening method, followed by a presentation of the music programme and an example of the use of *Soundscapes* in clinical practice.[1]

[1] This text is a variation and an expansion of the book chapter: "Soundscapes. Et norsk musikkprogram i musikkklyttemetoden The Bonny Method of Guided

THE BONNY METHOD OF GIM

Development and training

The Bonny Method of Guided Imagery and Music (GIM) was developed in the 1970s at the Psychiatric Research Center in Baltimore (USA) by the violinist and music therapist Helen Lindquist Bonny (Bonny 2002; Bonny & Savary 1973; Summer 1988). GIM is a music-listening process that allows for a variety of images to emerge while listening to classical music in a relaxed state of mind. It is an in-depth therapeutic method where music is used to promote the exploration and expansion of inner experiences (Goldberg 1995).

GIM is known all over the world, and the field continues to expand. Practical development, expansion of theory, new music programmes and research all contribute to the development of the method (Bruscia & Grocke 2002, Bruscia 2016). The application of GIM ranges from treatment in psychiatric care to music-listening for people undergoing self-development processes. The GIM training is usually several years takes the form of modules where clinical practice and theoretical reflection are vital.

GIM as a method

GIM is a music-centred method with music-listening at its very core. It includes specific music programmes and a procedure for performing a session (Bruscia 2016; Bruscia & Grocke 2002). GIM combines music-listening with relaxation, visualisation and conversation. It offers the opportunity for music-listening at different levels of consciousness. Listening to music in a relaxed state of mind allows for different forms of images to emerge. 'Imagery' or 'image' refer to "experiences of music during the listening phase of GIM, including images in all sensory modalities, kinaesthetic images, body sensations, feelings, thoughts and noetic images (an intuitive sense of imaginal events that arise outside of other imagery modes)" (Goldberg 2002: 360). Researchers have demonstrated that GIM can change counterproductive behaviour, reduce stress, empower people to solve problems, and increase access to creative personal resources (see, for example, Beck 2012; Bonde 2002; Körlin & Wrangsjö 2002; Trondalen 2010, 2015).

A GIM session in its classical individual format lasts for 1½-2 hours and consists of five parts. GIM starts with a pre-conversation (Prelude) to promote a theme or a metaphor as a starting point for the music-listening experience - the music journey. This verbal conversation forms the basis for the therapist's choice of music. Then follows a relaxation phase (Induction), in preparation for the music journey, where the client is lying down or relaxing in a recliner. During the core segment, the music journey (30-40 minutes), the client tells the therapist about her experiences. The therapist listens intently and periodically makes nondirective verbal comments to support the client to try to describe the experience; to stay close to it and to feel the full impact of it (Grocke 2005). The therapist assists the client in exploring and staying close to her experiences through a supportive and non-judgmental dialogue. During the music journey, the GIM therapist writes down the client's words for her images. The client gets this transcription when the session is over, while the therapist keeps a copy. When the music has ended, the GIM therapist encourages the client to finalise her images and return to an awakened state of mind (Return). After the music-listening has finished, the experience is processed in a conversation with the therapist (Postludium). This segment is often combined with circle-drawing ('mandala', Kellogg 1984), the use of clay, movement, or other creative forms.

The music in GIM

The original 18 core music programmes in GIM comprise classical Western art music, mainly from the eighteenth to the twentieth centuries (Bonny 1978; Meadows 2010). Over the years, music therapists have used a variety of music genres, and today there are about 100 music programmes (Bonde 2009). Accordingly, the musical content is subject to discussion. The music programmes have different names – for example, 'Caring', 'Relationship' and 'Affect Release' - and consist of carefully selected movements/pieces. The programme is created to support and deepen different psychological needs; for example, the experience of unconditional support, or a symbolic goodbye to (one aspect) of life (Bonde, Pedersen, & Wigram 2001: 89).

In an interview with the American music therapy professor Nicki Cohen (2003-2004), Bonny accentuates the importance of the structure of the

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Imagery and Music" (Trondalen, 2017). Thanks to the publisher, who has given informed consent to publish the text in English.

music, dynamics, melodic variation, pitch, rhythm, expressive quality, and instrumentation. The qualities that characterise the music can be equivalent to the way our emotional life unfolds. The music mirrors and promotes what is active in the client's awareness in the here and now; our inner life fluctuates with the life that pulsates in the music. Furthermore, Bonny draws attention to the recording itself, and to the quality of the instruments. This is important, particularly since the music is experienced differently in a relaxed state of mind compared to the way in which we experience music through everyday listening (Bonny 1978).

SOUNDSCAPES

The development of the music programme

The idea behind the *Soundscapes* programme was to develop a new programme based on a local music tradition within a European classical canon; specifically, a music programme with only Norwegian composers.

> "The music should be of Norwegian composers, and there should be sufficiently agreed upon 'national' elements to afford references to local culture and geography." (Aksnes & Ruud 2006: 52)

The programme should include an affective-intensity profile with points of high intensity towards the end of the programme, and take into account therapeutic dimensions like 'holding' and 'stimulation'. Holding links to a musical space, i.e. a home base for the client to feel safe; while stimulation relates to the expansion of a musical terrain (Summer 1995: 38-39). The first pieces of music should facilitate 'the transition from the induced, altered state of consciousness to the sounding of music' (Aksnes & Ruud 2006: 52). They say,

> "When music was selected, we considered the actual mood of the individual piece, as intuitively reflected in Hevner's mood-wheel. Both score-based analysis and phenomenologically based self-listening procedures were utilized in the process." (Ruud 2005: 15)[2]

The evaluation process included analysis of the scores, a structural music-listening procedure, in addition to a phenomenological open-listening (Ferrara 1991). The result became the music programme *Soundscapes*, which consists of seven short pieces. The Norwegian professors Hallgjerd Aksnes and Even Ruud developed the music-listening programme as a part of the research project *Musical Gestures* at the Department of Musicology at the University of Oslo (Aksnes & Ruud 2006, 2008).

Soundscapes comprises of music from the Norwegian composers Geirr Tveitt and Johan Svendsen, which seem to fulfil the criteria for "national elements as well as the metaphorical and metonymic 'affordances' we wanted to research" (Ruud 2005: 15).[3] The metaphorical and metonymic affordances are not connected to language alone, but include the whole human being's sensory-motoric system with its complex interaction of cognitive processes. Another reason for the choice of music was Aksnes' (2002) expert knowledge of Tveitt's music.

In addition to the working procedure presented above, the music was also tried out through nine music-listening sessions with people with different music-listening competencies. Based on this feedback, and the researchers' heuristic knowledge, one piece was replaced. The following music was chosen (Aksnes & Ruud 2006: 52):

No.	Title	Duration
1.	Geir Tveitt. *O Be Ye Most Heartily Welcome (Vélkomne med æra)* From: A Hundred Folktunes from Hardanger, Op. 151, # 1 Naxos 8.555078	3:41

[2] Hevner's (1937) "mood wheel" is a systematic model of feelings and moods that can be expressed musically, of which we as listeners recognize and react to (Bonde, 2014, pp. 61-62).

[3] *Metonymy***,** (from Greek *metōnymia*, "change of name", or "misnomer"), figure of speech in which the name of an object or concept is replaced with a word closely related to or suggested by the original, as "crown" to mean "king" ("the power of the crown was mortally weakened"), or an author for his works ("I'm studying Shakespeare"). A familiar Shakespearean example is Mark Antony's speech in *Julius Caesar,* in which he asks of his audience: "Lend me your ears" (Encyclopaedia Britannica 2008).

2.	Geir Tveitt. *Consecration of the New Beer (Uppskoka)* From: A Hundred Folktunes from Hardanger, Op. 151, # 7 Naxos 8.555078	2:35
3.	Geir Tveitt. *Stave Church Chant (Stavkyrkjestev)* From: A Hundred Folktunes from Hardanger, Op. 151, # 5 Naxos 8.555078	1:29
4.	Geir Tveitt. *Snow Goose on the Glacier (Rhupo pao Folgafodne)* From: A Hundred Folktunes from Hardanger, Op. 151, # 23 Naxos 8.555078	3:34
5.	Geir Tveitt. *Concerto No. 2 for Hardanger Fiddle and Orchestra (Konsert nr. 2 for hardingfele og orkester)* From: Hardanger Fjord Aurora NCD-B 4945	4:19
6.	Geir Tveitt. *Piano Concerto No. 1 in F major, Op. 1, 1st Movement (Klaverkonsert nr. 1 i F-dur, op. 1, 1. sats)* Naxos 8. 555077	7:02
7.	Johan S. Svendsen. *Last Year I Was Tending the Goats (I Fjol Gjætt'e Gjeirinn*) Op. 31. Simax PSC 1097	4:32

Table 1: Soundscapes

Several recordings were examined. For pragmatic reasons, the researchers chose productions available to an international audience, mainly within NAXOS (Marco Polo) (Ruud 2005).

Soundscapes in practice: An example from individual GIM

Ann was a sporty Norwegian female executive working in an international business firm. She was in her mid-thirties and experiencing unsolved issues in her life that seemed to impede her work performance. Ann had five GIM sessions over a period of four months. She came with a mission, as she wanted to explore what she described as her 'rucksack of sadness'.[4] The GIM therapy also included elements from life coaching, presented as homework. The author performed the sessions; hence, the author is both researcher and GIM-therapist in the setting. Such a double role may present challenges for those trained in traditional view of experimental design and quantitative analysis" (Robson 2002: 314). However, the present study is a qualitative one, where the researcher uses herself as both participant and observer, and is therefore a first-hand source of information and empirical closeness to the phenomena. Bruscia argues (1995a: 71):

> "Thus, the researcher may be both participant and observer. This active engagement gives the researcher the first-hand experiences and empathy needed to understand the subjects or phenomena from an inside perspective."

He continues: "The only way a researcher can study another person is to experience that person's behavior within an interpersonal context" (Bruscia 1995b: 395). Therefore it is only the researcher's experiences of the events and subjects that she is able to grasp and, in this way, the interpersonal context in itself becomes important. Different researchers will always experience the same situation in different ways. The music programme was chosen on the basis of Ann's here-and-now focus, in addition to the therapist's "intuitive choice". [5] The client has given informed consent. She is anonymised in the text and the name used is a pseudonym.

Session 1

In the first session, Ann listened to the music programme *Caring* (Bonny & Keiser Mardis, as cited in Grocke 2002: 130-131). In her imagery, Ann is sailing but has to return due to bad weather. She meets her father who passed away years ago. Her father looks after her throughout the image on an eagle. Ann is mourning. She visualises her grandmother and grandfather at *The Place* (which

[4] This care example is published in full length as a research case in the article "Exploring the Rucksack of Sadness. Focused, Time-Limited Bonny Method of Guided Imagery and Music with a Female Executive" (Trondalen 2009-2010). The present text, however, focuses on the exploration of the music programme *Soundscapes*, which elucidates especially through session four in the client's GIM process.

[5] Intuitive choice is understood as an immediate and creative mobilisation of the complete experience the therapist possesses (Eide & Eide 1996).

is both a real place and a house in reality), where she used to spend her childhood vacations. She wishes that she does not have to be so strong all the time. It is hard to breathe. At her father's funeral, she meets an old woman, who tells her about her childhood.

Drawing: Ann draws a globe inside a circle. On the globe, she draws some small countries of the European continent. The globe is only partially covered with dry land; the rest of the globe is empty.

Session 2

In the second session, Ann listens to *Relationships-M* (Bonny 1978; Bruscia & Grocke 2002, Appendix B). She visualises beautiful dresses and luxury. Ann enters a concert hall and becomes aware of the oboe, before going on a sailing trip. She experiences a clearing in the forest, where she encounters Robin Hood and Cinderella. Ann travels to rivers and castles. Flutes and birds are important, together with an ice-blue colour.

Drawing: Ann draws a princess with a crown wearing an ice-blue ballgown.

Session 3

In the third session, *Nurturing–M* (Bonny 1978; Bruscia & Grocke 2002, Appendix B) the images vary a lot. There are dark skies, beautiful nature and old furniture. Ann sees her grandmother and grandfather at *The Place,* and is back in the old church at her father's funeral. She connects to the oboe and bassoon, and she recalls kindergarten and the play *Peter and the Wolf*. Ann is in the mountains. The nature is stunning and it is warm and beautiful.

Drawing: Ann makes a drawing of *The Place* seen through the porthole of a ship passing by.

Session 4: Soundscapes

During session four, Ann listens to the music programme *Soundscapes* (Aksnes & Ruud 2006, 2008). Tveitt's *Welcome with Honour* evokes changes between different boats and colours, as well as between the past and the present. The colours change from brown to white. On board the boats there are many people. The images remind Ann of romantic paintings of nature by the Swedish painter Carl Larsson. Ann is dancing while holding a parasol. Reeds cover the lake and the image is very green - *"Like a painting by Claude Monet"*, she says

Listening to Tveitt's *Consecration of the New Beer,* the images also include rotating movements, fog and a steamboat. Ann visualises herself in the Danish author Karen Blixen's book *My Africa,* as she meets decorated elephants.

Tveitt's *Stavkyrkejstev (Stave Church Chant)* leads into a world of fairy tales. Ann meets with a narrator of the Norwegian folk tale *The Fox Widow*[6]. She sits down and visualises the whole scene as it is in the animated movie of the story. The image moves to another animated Norwegian movie, *Flåklypa*. Within this movie, she meets with the Arabian princess and then with Solan[7]. Ann reflects upon how strange it is to encounter all these images.

Winter photos in black and white dominate during Tveitt's *Snow Goose on the Glacier*.

When Tveitt's *Concerto No. 2 for Hardanger Fiddle and Orchestra* plays, the imagery turns to a ballet scene, with a prima ballerina on stage. Then Myllarguten[8] turns up and Nøkken[9] plays the violin. Ann is aware of the huge waterfall close to her. The scenery changes to Gudbrandsdalen[10]. Ann

[6] The storyline of the fairy tale is as follows: Mr. Fox is dead. His widow, Reve-enka (literally "the fox widow"), sits alone in her empty house with only her trusty feline maid Korse for company. Three suitors—the Bear, the Wolf and a young Fox—come to her door. The movie *The Fox's Widow* has almost achieved celebrity status in Norway for its sparkling animation, superb staging, enchanting characters and music by Bjarne Amdahl.

[7] The storyline for this very famous animated movies is: 100 miles north, to the east and up, is Flåklypa, the home of bicycle repairman Reodor Felgen, and his two assistants – Solan Gundersen, morning bird and natural born optimist, and Ludvig who is a true pessimist. Sponsored by oil sheik Ben Redic Fy Fazan, they build the car "Il Tempo Gigante", and the race of the decade is on. The Arabian Princess arrives with the oil sheik but falls in love with the optimistic Solan. This movie has achieved celebrity status in Norway.

[8] Myllarguten is the most acknowledged Norwegian folk musician (fiddle player) to this day, and by far the most legendary.

[9] The Norwegian (and Swedish) Nøkken (*näcken*, *näkki*, *nøkk)* is a male water spirit who plays enchanted songs on the violin, luring women and children to drown in lakes or streams.

[10] The Gudbrand Valley (Norwegian: Gudbrandsdalen) is a valley and traditional district in the Norwegian county of Oppland. The Gudbrand Valley is the main land-transport corridor through South Norway, from Oslo and central eastern lowlands to Trondheim and Møre and Romsdal.

visualises Sinclair's men: the Scottish Army[11] arrives. Prillar-Guri[12] blows the lur[13]. Ann *hears* everything very vividly. The music is very powerful, described as "very fussy". She does not see them clearly but hears the Scottish army coming closer. It is just around the corner. An orchestra is arriving, tuning their instruments before playing. It turns out there is Landskappleik[14] at Lom. Ann travels to Sjåk and is aware of all the log cabins. She finds the images fussy and exhausting.

During Tveitt's *Piano Concerto No. 1 in F major, Op. 1, 1st Movement,* a young woman emerges wearing old-fashioned clothes. The flowing foci are on the music and the instruments, piano/grand piano, oboe/bassoon, and wind instruments from the 18th century. Two people play piano. Ann moves between them. 'The Lady' dissolves – and disappears.

During the final selection, Svendsen's *Last Year I Was Tending the Goats, Op. 31,* the weather is nice. Ann is cross-country skiing in the forest. It is Easter time and the snow slowly melts. Ann enjoys the experience very much. She visualises ski tracks emerging, pointing straight ahead.

Drawing: Two people are sitting in a rowboat on a sunny day.

Postlude: In the verbal conversation afterwards, Ann talks about how it is to travel in time and space. She also notices there have been more musical instruments in this journey than in the previous sessions. Ann is surprised.

Homework: "Be aware of how you feel and how you behave whenever different situations arise at work, with friends, and when you are alone". The aim of this assignment is to notice – and later reflect on – what is happening within and around her. Such reflective work forms the basis for choosing and controlling her own life in different settings (self-agency, Stern 1985/2000).

Session 5

The very last session, *Caring* (Bonny & Keiser Mardis, as cited in Grocke 2002: 130-131), evokes the colour green, identical to the colour of a desk placed in the basement at *The Place*. Ann visualises many green avenues, many strong colours, flower meadows, and the harvesting of hay. Cinderella emerges. Ann returns to her desk at work, which is covered with administrative documents, and recognises she *"has too little space"*. She changes the light bulb and throws out the linoleum from the basement at *The Place*, saying, *"It is useless"*. It is summertime and she returns to the house where she lives in real life.

Drawing: She draws a big, blooming red flower with green petals.

REFLECTIONS

"Music works but I don't know why – something has happened", Ann said in the last session (Trondalen 2009-2010: 8). Indeed, many things happened to Ann at a variety of levels during the GIM process. One metaphor for change was Ann changing the light bulb, which may have presented her with a new (and brighter) perspective on life. She experienced a variety of images like body sensations, visual images and kinaesthetic experiences. She felt the instruments and the music were more evident towards the end of the GIM process. During the five sessions, she met significant people in her life, like her father and an old lady who told her about her childhood. In addition, she travelled to important places in her life (for example, *The Place*). Ruud (2003: 122) writes:

> "[…] BMGIM facilitates the release and construction of emotions and images. These may be organized within scenes and identified as characteristic scripts which inform us about how the client/traveller tends to meet situations in general. […] The personally felt and subjectively experienced state may help the client/traveller to gain contact with his or her self and to reorganize the scripts."

[11] The battle of *Kringen* (Norwegian: *Slaget i Kringom*) involved an ambush by Norwegian peasant militia of Scottish mercenary soldiers who were on their way to enlist in the Swedish army for the Kalmar War. The battle has since become a part of folklore in Norway, giving names to local places in the Ottadalen valley. A longstanding misconception was that George Sinclair, a nephew of the George SinclaiRr, 5ht Earl of Caithness was the commander of the forces; in fact, he was subordinate to Lieutenant Colonel Alexander Ramsay.

[12] Pillarguri is a semi-legendary figure who, according to oral tradition, was a woman from Sel, Norway, who played a key role in the Battle of Kringen in August 1612. Hence, a peasant militia force of around 500 decided to ambush the Scots at Kringen (the narrowest part of the valley). The terrain chosen by the Norwegians made ambush very effective. The Scottish force was resolutely beaten.

[13] A lur is a long natural blowing horn without finger holes that is played using the embouchure.

[14] Landskappleik is an annual convention and competition in Norwegian folk music and dance. The arrangements are ambulatory and move every year to a new place.

The music afforded a variety of interpretations, and Ann, as a listener, appropriated (DeNora 2000) the music in her own way. The images offered a myriad of feelings about time and space. 'Travelling' together with an emotionally available and experienced GIM therapist enabled processing of the experiences in a relational and context-sensitive way. Ruud (2003: 122) says: "Being contained by an empathic guide may help the clients to accept their feelings and recognize and accept the ownership of their own emotions".

This means focusing on personal resources, but without avoiding troublesome or painful experiences in the client's life. Through musical experiences, at an implicit level (implicit relational knowing), together with an exploration at a semantic level, the client was supported in her mental, emotional, physical and spiritual integration (Trondalen 2016). Such a contextual understanding, focusing on cooperation and intersubjective exchange between client and therapist, can support the client in releasing self-healing forces and personal empowerment.

Ann's GIM process was discussed through a qualitative research case, a single instrumental case study (Stake 1995). The analysis was performed through a phenomenologically inspired procedure (Trondalen 2007, 2009-2010). The data comprised transcripts, drawings, transcribed conversation and reflexive notes. Occasionally, written scores were examined to tie them together with the images from the music-listening journeys.

During the procedure of the analysis, the different texts were arranged In chronological order in one document and treated as one unit. I read the text many times and used an open coding: that is, the codes derived directly from the client's description of the experience (e.g., *Sun*). The codes were then intuitively grouped together into code families (e.g. *Sun* belonged to the code family *Nature*). Descriptions were sometimes connected to more than one code. In turn, code families were linked to a super family, which was a meaning unit consisting of two or more families (e.g., *Sun* belonged to the code *Nature* and to the super family *Belonging,* which also included *Family*). These meaning units, or super families, constituted the headings in the discussion.[15] Through this analysis, two main themes emerged, *In Motion* and *Belonging*. The first main theme (i.e. super family), *In Motion*, comprised the subthemes *Feelings, Affects, Body Sensations, Visual Images* and *The Aspect of Time*. The second main theme included the subthemes *Family, Roots,* and *Nature.*

IN MOTION

The subthemes *Feelings, Affects, Body Sensations, Visual Images* and *The Aspect of Time* underpinned the main theme *In Motion*. Feelings and affects seemed to be in fluctuation. Ann often changed from, for example, crying to no tears, from easy breathing to problems with breathing, and moving from place to place. Visual images were linked to movement in nature, such as waterfalls, sailboats, waves, melting snow, and an emerging ski track. Movement was also created through the variety of imagery scenes, the diversity of instruments, multiple colours, and the experience of changes in the perception of the body. One drawing seemed to represent a turning point: *The Place* seen through the porthole of a ship. It was as if the here-and-now met with the past; for example, through the visualisation of meeting deceased people, like her father and an old woman, in the present. There seemed to be a movement in time, from the past towards the future, symbolised in a here-and-now drawing. In the journeys, Ann moved between unknown and known territory while travelling in time and space. In addition, the music was in motion.

During *Soundscapes*, Ann connected the music directly with different instruments, colours, Africa, the Scottish army, Sinclair, mountains and valleys, and with story characters like Cinderella, Nøkken, and the Fox Widow. Ann's images seemed to be in accordance with Aksnes' and Ruud's close analysis (particularly of the fifth piece in) of the music programme *Soundscapes*. They hypothesise:

> "[…] this music would lead to metonymical associations drawn from the cognitive domain of 'the national'; a domain affording a vast range of images that are essential to the cultural meanings attributed to folkloristic works of music. […] it seemed that most subjects manage to integrate the stereotypical images within their own personal narrative, transforming the 'national' images to suit their own need." (Aksnes & Ruud 2006: 55)

Ann linked many of her visual, auditory and kinaesthetic experiences to Norwegian nature and culture. However, her images were not reduced to only such experiences. One example of another dimension was the experience of time; sometimes related to here-and-now experiences, other times

[15] For a thorough description of the research methodology, see Trondalen (2009-2010).

connected to a journey in previous times. In addition to this was the intentional experience of activities not only connected to the past or the present, but to possible - and sometimes anticipated – future scenarios (for example, sailing, travelling, and dancing).

BELONGING

The second theme in the analysis (Trondalen 2009-2010), was *Belonging*, including the subthemes *Family, Roots,* and *Nature*. Ann met with her deceased father, went to *The Place,* which was connected to the best memories (summer vacation as a child) and the worst (her father's funeral). She found strength in hearing narratives about her childhood, while also being aware that her father was following her through the image of the owl and an eagle. The owl is often associated with death and is synonymous with wisdom and learning; the eagle is associated with nobility. It is a symbol of strength and rebirth, conjuring up striking similarities with the legend of the Phoenix rising from the ashes (Biedermann 1992; Shepherd & Shepherd 2002). These birds, with their influential qualities, looked after her and gave her strength throughout the journeys (Trondalen 2009-2010). Images linked to 'belonging' included mountains, waterfalls, flowers, meadows, hay-harvesting, forests, sea and waves - not to mention the colours linked to the stunning images of nature. The musical journey indicated a 'Hero(ine)'s Journey' (Clark 1995), where Ann set out on a solo journey, met trials and tasks, before her return – and reward. Finally, she threw out the old linoleum and decided to invite friends to *The Place* – *her* place – which was situated within the most stunning and demanding nature of Norway.

Through musical experiences, drawing and verbal processing, it seemed as if Ann made peace with her past and moved onward as an uplifted woman, anticipating a new future. Ann seemed to restore a renewed identity through musical relational experiences. I suggest these experiences built upon recognition, belonging and the experience of being alive and present in her own life. The experiences, not least while listening to *Soundscapes*, afforded images, metaphors and symbols (Bonde 2007) which were integrated into the client's personal narrative. Aksnes and Ruud (2006: 56) show similar findings:

> "Our results also indicated that the travelers' images of national stereotypes were received positively, being integrated into the travelers' personal narratives, and giving access to private memories and identification with local landscapes."

Ann transferred the experiences from the GIM process into her own life. She decided to use her inheritance, *The Place,* to a higher degree than before. Ann decided to throw out (the real) linoleum in the basement and invite friends for the first time to her Place as well. In her professional life, she asked for a new office and a bigger desk. She felt she had acquired a new foothold suitable for a woman in her mid-thirties with responsibility in a business firm.

A MUSICAL SOUL-SCAPE: A RENEWED LINE OF DEVELOPMENT

Soundscapes was chosen on the basis of the client's cultural roots, and as a follow-up to the client's introduction to *The Place*, which was situated where water perforates the mountains, eventually creating fjords. During the music-listening experience, Ann seemed to connect her inner soul-scape with the musical soundscape, and eventually nature and cultural images emerged. She linked to different instruments, both referential, as a metaphor, and as analogy (Trondalen 2016).

The musical journey, containing music from only Norwegian composers, seemed to offer images connected to Norwegian experiences through nature and memories. It seemed as though one conceptual entity ('folkloristic music') could provide access to other conceptual entities (such as mountains, fjords, hay-harvesting, and forests) within the same domain of 'the national'. However, my experience indeed resonates with Aksnes and Ruud (2006: 56):

> "Furthermore, the findings of this project indicate that during the process of selecting musical works for BMGIM programs, a phenomenological listening procedure enables the therapist to have some measure of control over the images afforded by the music – although it will, luckily, never be possible to foresee all of the rich images afforded by the musical creativity of each individual traveler."

The therapist, on her side, attuned herself to the client's experiences, listened intently and supported Ann to describe her experience through different senses, to stay close to the experience, and to feel the full impact of it (Grocke 2005). Central in such an attunement process were the dynamic forms of vitality; the inner experiences of being alive which

are always open to interpersonal relating. The process of attunement is primarily connected to *how* this happens, more than the content per se (Stern 2010).

The role of the music might have facilitated the development of vitality, creativity and personal resources through a relational music-listening experience (GIM). Contemporary neuroscience and brain research show that music is operated by brain structures closely related to motivation, reward and emotions. For example, peak emotional arousal during music-listening releases dopamine, a neurotransmitter which plays a crucial role in reward-based learning (Koelsch 2010; Salimpoor, Benovoy, Larcher, Dagher, & Zatorre 2011). Music, then, is multi-layered: an agent in itself, a way of communicating, a field of exploration, in addition to a re-creation of the musical relational experiences in the moment. From this, it follows:

> "The deepest nature of art (here music) is inscrutable and linked to human existence. Music as an art form is multidimensional, alive, and created in a participating here-and-now. Seen from an artistic perspective, expressive and receptive music experiences are ambiguous, multilayered phenomena unfolding in time and space, yet paradoxically not bounded by these characteristics. Music allows for a variety of experiences at different levels while supporting the creation of new life stories. The phenomenal music therapy relationship then emerges as an art form—a field of relational lived experiences—emerging from an inborn, communicative musicality." (Trondalen 2016: 89)

Music can support images and transformative experiences. It might, however, be questioned whether the client actually remained in an altered state of consciousness for the whole time, as associations and visual images linked to movies, and similar, might point in a different direction. Nevertheless, the images came from the client herself, as they added personal value to Ann's life. Therefore it's important that we have a reflexive understanding when exploring the music's functions and meaning, especially in relation to the client's experience and perspective. Meaningful relational experiences through GIM can support re-creative musical soundscapes, which may have significant meaning - both for the client and the therapist.

CLOSING COMMENTS

The basis for this text was the music-listening method the Bonny Method of GIM. *Soundscapes*, a music-listening programme composed of Norwegian music only, was described and illustrated through a series of GIM sessions with a female executive in her mid-thirties. Having offered a brief overview of the method of GIM, including development, training, and the music in GIM, I then turned to the music programme *Soundscapes* before discussing the programme within a therapeutic process. The discussion section focused on *Soundscapes'* potential for supporting images connected to Norwegian landscape and culture. I suggested connecting the client's main themes from her GIM process, i.e. 'in motion' and 'belonging', to the client's musical soul-scape and a renewed line of development in her life. Ann said the music worked, even though she did not know why. She related her comment to how she was able to take more care of herself in her daily activities. This was especially true when dealing with friends. Ann also told her boss she needed more space and a bigger desk, which she got. Finally, the text suggested that music and music-listening through GIM could promote images and transformative experiences where nature and cultural belonging were at the very core, not least through listening to a music programme like *Soundscapes*.

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SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Article

'New Blood': A contemporary GIM programme

Svein Fuglestad

ABSTRACT

This article is a presentation of a new contemporary Guided Imagery and Music (GIM) program based on orchestral re-recordings of various tracks by the English pop and rock musician Peter Gabriel. The intention is to share with the GIM community the author's own experiences and perspectives using this music from the popular music genre with individual clients. The different pieces in the music programme are presented and described using the MIA intensity profile, Hevner's Mood Wheel and the taxonomy of music. Whether the use of non-classical music is consistent with the individual form of the Bonny Method of GIM will be discussed, together with the potential advantages of repetitions and recognitions due to simplicity in structure, form and harmonies in building safety for clients within a therapeutic setting.

KEYWORDS

Guided Imagery and Music, new GIM programme, non-classical music in GIM, receptive music therapy, music and imagery, Peter Gabriel

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INTRODUCTION

This practice-based article is a presentation of a new contemporary Guided Imagery and Music (GIM) programme based on orchestral re-recordings of various tracks by the English pop and rock musician Peter Gabriel. The music in this programme is set for full orchestra, arranged by John Metcalfe, and internationally released in 2011 on the double album *New Blood* (Real World Records).

Based on my own experiences of using this music in GIM sessions with clients, I want to share my perspectives from this work with the GIM community. Could this new programme be a possible addition to the existing and continuously growing pool of new music programmes within the field of GIM practice? From my perspective, it is also relevant to ask: can new music genres also used in individual therapeutic settings be beneficial to some clients – not as a substitute for the classical core Bonny programmes, but as a supplement – and can it also be a way of broadening the perspectives of GIM therapists.

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THE USE OF NON-CLASSICAL MUSIC IN GIM

In the history of GIM it has been a recurring issue whether the use of non-classical music "(e.g. new age, popular jazz, music for movies, folk or indigenous music) is appropriate for individual and group work" (Bruscia 2002: 307). Before presenting this new programme, I will therefore consider the question whether the use of music from the popular music context can be consistent with the Bonny Method of GIM.

The GIM programmes Helen Bonny developed specifically for individual work contain only music from the Western classical tradition, and in her writings and speeches she argued continuously for its advantages over other musical styles (Bruscia 2002: 307-308). The reason Bonny gave for this was that:

> "Classical selections are able to provide depth of experience, variety of color and form, harmonic and melodic complexity which are qualities needed for self-exploration. […] Popular music, on the other hand, is more peripheral, simpler in form, and less intrusive. Therefore, popular music of the appropriate kind (usually instrumental) may serve well in group sessions" (Bonny 2002: 150).

On the other hand, in different Music and Imagery formats a wide range of different types and genres of music are used (Fugle 2015, Grocke & Wigram 2007, Noer 2015, Wärja 2015). In several adaptations and modifications of the GIM method, with KMR (Korta Musik Resor/Short Music Journeys) as a relevant example, short pieces of music both from a classical and a non-classical tradition are used in group and individual formats with good therapeutic outcomes for the clients (Wärja 2015). According to Bruscia, therefore, "only classical music is considered indigenous to the individual form of the Bonny Method, while the use of classical and/or non-classical music is considered more characteristic of Bonny's group form and adaptations thereof" (Bruscia 2002: 307-308).

Despite this, a couple of GIM programmes based on other musical genres like contemporary jazz and new-age inspired music have been developed during the last decade for individual therapeutic work. The programmes *Awakenings* and *Earth Spirit* are now used by GIM therapists as an addition to the classical GIM repertoire, and they seem to be beneficial to clients within a therapeutic process (Hall 2015, Leslie 2015). The *Awakenings* programme was included in the Norwegian research project *Music, Motion and Emotion*; this was used with ten different participants and worked very well in a context together with programmes based on classical music (Aksnes & Fuglestad 2012).

Grocke and Moe (2015) have gathered the range of adaptations and modifications currently used in Music and Imagery and in GIM as practised by qualified practitioners, and made a table to depict the differences. The way these contemporary non-classical music-based programmes are used in individual therapeutic settings correspond in all the different variables to the Bonny Method of GIM (individual therapy). In this table, Grocke and Moe (2015: 25) describe the music used in BMGIM as "predominantly classical, or other structured form". They are not excluding the use of structured non-classical music within this method.

Whether programmes based on non-classical music should be considered as new BMGIM programmes, (or categorised as adaptations or developments of other Music and Imagery formats), can certainly be a topic for further discussion. In a broader definition of GIM by Bruscia (2015), it would appear that he also includes the use of non-classical music within a GIM setting:

> "Guided imagery and music (GIM) is a generic term for all forms of imaging to music in an expanded state of consciousness, including not only the specific individual and group forms that Helen Bonny developed, but also all variations and modifications on those forms created by her followers" (Bruscia 2015: 1).

The motivation to explore and possibly expand the potential of the GIM method by including new music genres is also encouraged by Helen Bonny herself. The creator of the *Awakenings* programme, Ian Leslie (2015), received a personal email from Helen Bonny as feedback to the CD Leslie sent her with the contemporary jazz programme: "I like your CD; selections well chosen. […] Congratulations! I'm glad you are pursuing the creative area for GIM" (Leslie 2015: 311-312). To pursue the creative area – both for GIM and in my development as a therapist – has been part of my intention for creating the *New Blood* programme. Another aim has been to continuously strive to search for music that might help the clients to get access to their own inner sources for development and self-healing.

An inspiration for my work as a GIM therapist can be found in the description of this music-

centred receptive method given by AMI (Association for Music & Imagery). The aim is to "stimulate and sustain a dynamic unfolding of inner experiences in support of physical, psychological, and spiritual wholeness" (Clark & Keiser Mardis 1992: no pagination). The theoretical basis for my work is rooted in humanistic ideas (Ruud 2010), where one approach is that the human can be understood as *homo communicans;* able to give and share thoughts, experiences, and actions. "Such a sharing allows for recognition and partaking in one another's life at an existential level" (Trondalen 2009-2010: 2). A part of this approach is the self-understanding and the client's own lived experience that continues to develop throughout the therapeutic process (Heiderscheit 2015; Schneider, Bugental & Pierson 2002).

In GIM the music itself is a part of this process as a relational agent (Blom 2011, 2014). The musical elements are metaphorically serving as relational ingredients with transformational potential. The triangle of music – therapist – client (the therapeutic relationship) is the interpersonal framework of this process (Blom 2011, 2014; Bonde in press), where being together in time in the 'here-and-now mode' – together with the music – is necessary to establish this kind of intersubjective relationship (Trondalen 2016).

THE INTENTION OF THE *NEW BLOOD* PROGRAMME

In addition to expanding the creative area and broaden my own perspective as a therapist, the intention of the *New Blood* programme corresponds with the definition of the term 'new blood' found in several dictionaries; to provide renewed force, strength, revival, new ideas and new energy to the traveller. The composer Peter Gabriel relates to his own metaphoric-title of his CD in this way:

> "We wanted to pump new blood into this old material. […] We were trying to explore things to see if we could do it differently. There are places on this record where you hear something that you won't have heard before. And that's always exciting to me. So we chose songs that were more textural, more evocative, ambient pieces" (http://petergabriel.com/release/new-blood/).

The orchestral arrangements are at times quite massive, or 'fat', as the intentions of these new arrangements are described by Peter Gabriel (2011). He wanted to work outside traditional rock arrangements and instrumentation, be bold and innovative, and to work with dynamics and extremes where it was possible. He concludes: "In essence, still and stark at one point, fat, fleshy and emotional at another" (Gabriel 2011).

Although the music contains both clear contrasts, delicate nuances, drama and depths, it is less complex than most orchestral music used in the traditional GIM repertoire when it comes to musical form and harmony. The different themes and parts of the songs are being repeated various times, often without much musical development or change. There are clear parallels to this in older classical musical forms from the Baroque period (1600-1750) like rondo form, ABA form, the canon and the chaconne. This possible intuitive recognition due to simplicity, structure, form and harmonies both from popular music and Baroque style music, might give the (Western) client a safer environment for travelling. The advantages of repetitions and recognitions within a therapeutic setting are also made clear by Helen Bonny herself:

> "The Western ear, for example, revels in the repetition of melodic phrases, especially if each is slightly altered by repetition on different instruments … […] The appearance of these expected phrases represents security, a return to the familiar. The harmonic progression, I-IV-V (and occasional II and VI chord) is so basic to our listening responses that much popular music is based on these simple patterns of chords. It is my impression that music listening affects deeper layers of human consciousness where primary process thinking and reacting occur. These deeper personal areas are moved less by words than by emotional feelings and concepts, and by the established musical forms which have been culturally reinforced through the centuries" (Bonny 1978/2002: 306).

As GIM therapists we strive to give the traveller a safe and stable base for exploring and processing during the sessions. Bonny here shows how the expected melodic and harmonic development in the music can be one way of creating security and be a "return to the familiar" (Bonny 1978/2002: 306). Another well-known approach is to afford "secure and holding music" (Wärja & Bonde 2014: 19) to the client, meaning music described as music with no major musical surprises, steady rhythm, clear and predictable melody and harmonic progression (Wärja & Bonde 2014). An extended use of repeated music listening can also be quite beneficial (Summer 2009), and to use music with repetitive forms and harmonies within the music itself can be another way of establishing this kind of

holding environment for the client.[1]

The *New Blood* programme is based on contemporary popular music 'of our time'. The 'familiarity' concerning structure, form and harmonies could possibly help build a safe field for the client and help him/her to trust the music and let go – because 'the Western ear' intuitively 'knows how the song goes'. This music might also give associations to music made for films and movies, but Gabriel clarifies the difference from his own perspective in a very direct way:

> "We didn't want the typical film score approach of whacking you over the head with hyped-up mixes, and scraping your ears out with the string collection, we wanted a more retro approach, with enough space to allow the instruments to have their natural voice and colour. I also wanted a bass big enough to drive the bottom end that I didn't often hear in conventional classical mixes. I hope you enjoy it as much as we did making it" (Gabriel 2011).

A "retro approach" (Gabriel 2011: no pagination) can within our context give associations to the classical GIM repertoire from the core recordings selected by Helen Bonny (Bonny 1978/2002). Music that allows "enough space for the instruments to have their natural voice and colour" (Gabriel 2011: no pagination) can also be relevant metaphors for clients travelling to this music.

Categorising the music in the *New Blood* programme

To get a deeper understanding of the therapeutic potential and affordances that lies in the different pieces in the *New Blood* programme, I have categorised the pieces using the Mood Wheel developed by Kate Hevner (Hevner 1937). This is a systematic model of emotions, or rather moods, that can be expressed in music in a way that a listener can recognise it. "The mood wheel is used as a tool to classify emotional expressions of musical selections in GIM, where it is useful to match the mood of the client in the first music sequence of a session" (Wigram, Pedersen & Bonde 2002: 60).

In this context it has been more suitable to use the revised version of the Mood Wheel (Figure 1) developed by Bonde (1997), where "category 7 is an addition that allows the inclusion of forms in popular music" (Wigram, Pedersen & Bonde 2002: 59). Each of the nine different categories are represented in the *New Blood* programme, which offers the traveller a whole spectrum of different moods.

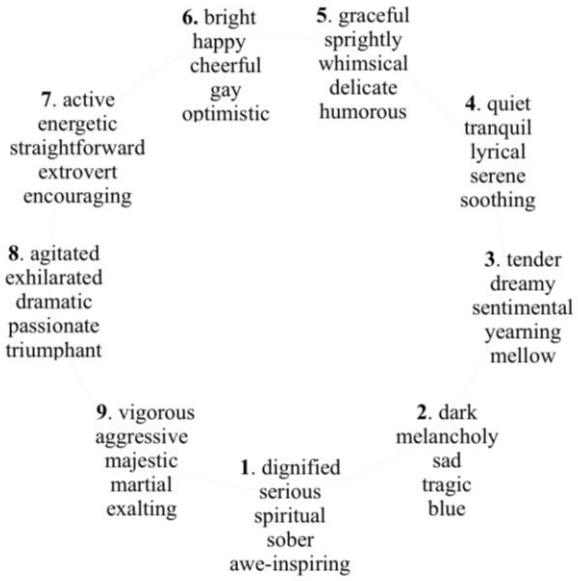

Figure 1: Hevner's Mood Wheel (revised version). Category 7 is an addition that allows the inclusion of forms of popular music (Bonde 1997; Wigram, Pedersen & Bonde 2002: 59)[2]

I have also used the taxonomy of music developed to classify music used in therapeutic music and imagery work (Wärja & Bonde 2014) in order to categorise the different music selections in the *New Blood* programme. The authors Wärja and Bonde (2014) write:

> "[…] there is no general consensus on how the music can be classified according to the therapeutic needs and stamina of the client/patient. The authors have independently worked with the classification issue as related to the musical repertoire of GIM and to various client groups" (Wärja & Bonde 2014: 16).

As a result of this work Wärja and Bonde are presenting a matrix with three main categories: 1) *Supportive music* 2) *Mixed supportive-challenging music* 3) *Challenging music,* with three

[1] A case experience on the use of repetitive music in sessions was presented by the author of this text in the paper 'Insistence on truth. Excerpts from the opera Satyagraha by Philip Glass used in processing traumatic childhood experiences' at the 11th European GIM Conference, Berlin 2014.

[2] The Figure is remade for this article with permission from Lars Ole Bonde.

subcategories where the level of intensity is gradually increasing within each of these main categories (Wärja & Bonde 2014: 16). The music pieces in the *New Blood* programme are all placed in either the least complex category *Supportive music* or in the category *Mixed supportive-challenging music,* which also makes the programme suitable for less experienced travellers.

A PRESENTATION OF THE PROGRAMME

The double CD *New Blood* contains 28 tracks; all songs by Peter Gabriel in full orchestral arrangements. The 14 songs on the first CD have vocals by Peter Gabriel, Melanie Gabriel – Peter's daughter – and the Norwegian singer Ane Brun. The second CD contains instrumental versions of the same tracks, and these are the pieces I have used in the *New Blood* GIM programme.

Over the last four years, since I started using this music from the *New Blood* CD in GIM sessions, I have tried several different combinations, taking songs in and out of the programme and making intuitive music choices during sessions with clients. When it came to creating a full music programme, I ended up with these seven pieces:

New Blood programme

1: ***Mercy Street*** (Instrumental) 6:00
Peter Gabriel: New Blood (Special Edition 2011 – original track # 21)

2: ***Red Rain*** (Instrumental) 5:16
Peter Gabriel: New Blood (Special Edition 2011 - original track # 22)

3: ***Darkness*** (Instrumental) 6:11
Peter Gabriel: New Blood (Special Edition 2011 - original track # 23)

4: ***The Nest that Sailed the Sky*** (Instrumental) 3:54
Peter Gabriel: New Blood (Special Edition 2011 - original track # 26)

5: ***Don't Give Up*** (Instrumental) 6:40
Peter Gabriel: New Blood (Special Edition 2011 - original track # 24)

6: ***Downside Up*** (Instrumental) 3:52
Peter Gabriel: New Blood (Special Edition 2011 - original track # 16)

7: ***Wallflower*** (Instrumental) 6:25
Peter Gabriel: New Blood (Special Edition 2011 -original track # 19)

The shifts in the music – both dynamically and melodically – are clearer and more distinct than in the majority of classically based GIM programmes. In Figure 2 you can see an intensity profile of the full programme, and as the profiles show, the music has many clear contrasts and a massive texture. It is also possible to recognise some of the repeated forms in the music through this intensity profile.

Description of the programme

In this section of the text I will provide a summary of each music selection in general, focusing on a description of the music as it is heard as well as categorising the music as already mentioned.

#1 Mercy Street sets an open, airy and bright atmosphere, where the rhythmic percussion ostinato accompanied by a solo flute and a steady bass in the first theme gives the traveller the space and security needed for entering the scene of the journey. The second theme (Theme B, or refrain, marked in blue in Figure 3 comes with woodwind, brass, strings and longer melodic lines like a soothing and comforting blanket, but optionally also with some darker sensations/moods for the traveller.

Although the intensity profile (Figure 2) shows quite big dynamic contrasts between the two themes, it still feels safe and opening, and moreover grounding, due to the repetitive bass. The lighter A theme in C# minor with the solo flute in the foreground, and the darker and more powerful B theme in E major, give the piece a kind of 'double depth'; the lighter parts are set in a minor key with a dreamy, yearning, soothing and lyrical mood (Hevner's categories 3 and 4), while the darker moods are set in a major key. This part of the piece can be experienced as more dark and melancholic (Hevner's category 2), but also with a slight push forward.

According to the taxonomy of music (Bonde & Wärja 2014), this piece belongs in the third subcategory of *Supportive music*: *the secure and exploratory field*, and is suitable as an opening piece according to Helen Bonny's description: "The first piece [on a tape] should be suggestive, but not overwhelming; it should comfort, but not frighten" (Bonny 1978/2002: 310).

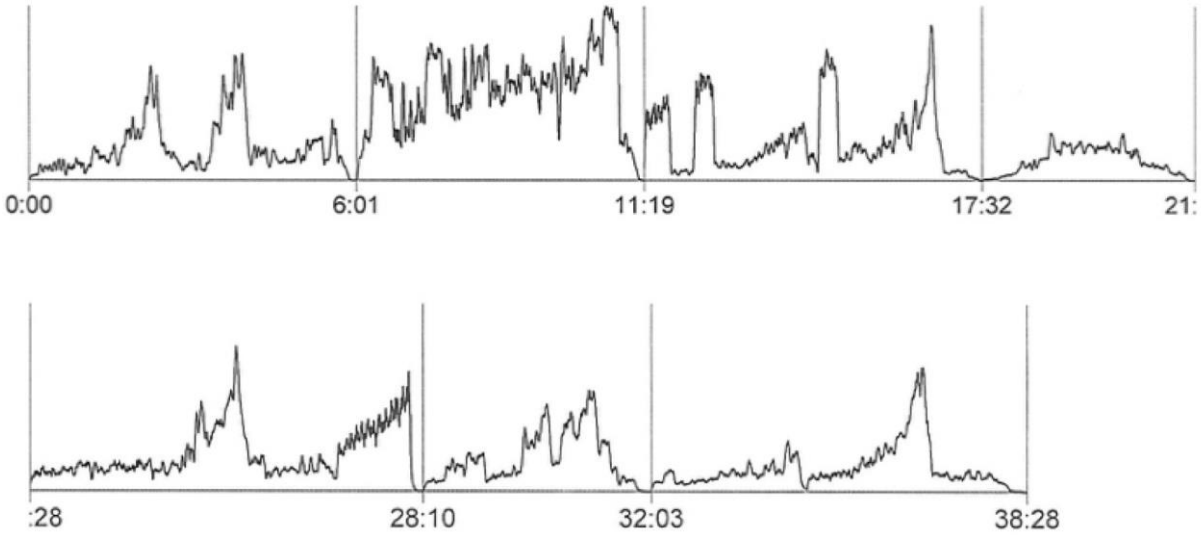

Figure 2: Intensity profile: *New Blood* programme

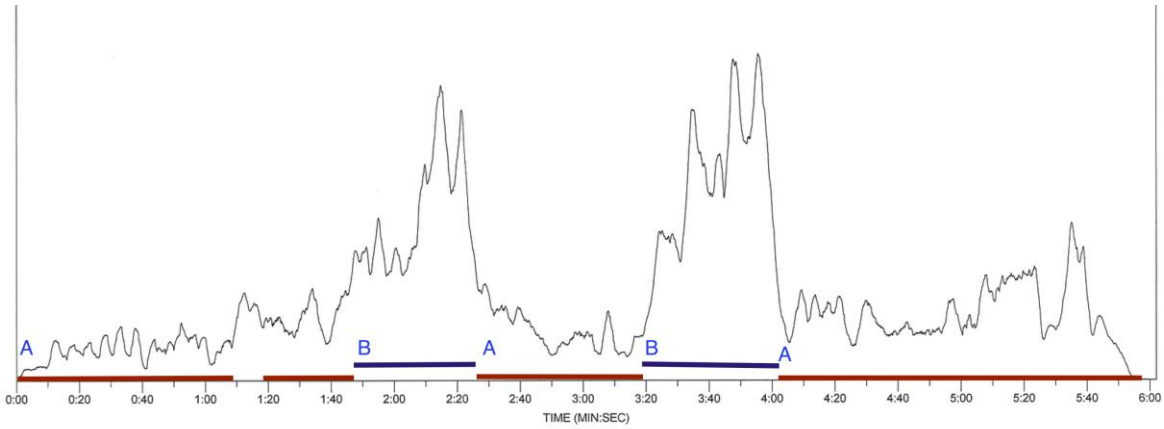

Figure 3: Intensity profile: *#1 Mercy street*

#2 Red Rain opens with a short build-up of tension with piano and trumpets in the lead (marked with blue colour in the MIA intensity profile, Figure 4), before the massive, full orchestra takes over in the A part (refrain) followed by a more 'spacious' and open B part with a very distinct rhythmical bass line. The piece has the classical pop song format: A B A B A C A C A, where the bridge (C part) is more or less a development of the A part. The massive and 'fat' sound Peter Gabriel intended (2011) is present throughout the whole piece, as can be seen quite clearly in the MIA intensity profile. Yet despite the massive orchestral arrangement with high intensity and power throughout the piece, it still feels quite predictable and 'safe' – without surprising shifts or big changes in the music. Based on this conclusion, it might be a contradiction to place the piece in the first category of *Mixed supportive-challenging music*: *the explorative field with surprises and contrasts* (subcategory 4) in the taxonomic system. The music, however, is more explorative than supportive, and the contextualised experience of this piece of music makes category 4 most suitable.

The moods represented in this piece are found on the other side of the Mood Wheel compared to the moods in the first piece, and are placed in categories 7, 8 and 9; active, energetic, dramatic, triumphant and majestic. The piece has a function of "building to peak" (Bonny 1978/2002: 310), as Helen Bonny describes the second stage in the original contour based on the LSD-induced

sessions introducing and preparing the client for what is to come.

#3 Darkness is the most challenging part of the programme with its intensely evocative combination of contrasts. The music takes the traveller directly into a dark atmosphere where the full orchestra plays an insisting, almost 'attacking', but steady and rhythmic ostinato in *forte* and *fortissimo* repeated in the same shape and form three times. This theme A – marked in red in the MIA intensity profile (Figure 5) – lasting no longer than 20 seconds every time it occurs, is followed by two very gentle and soothing themes, one very light with solo flute (theme B) and the other more dark and melancholic with brass and larger orchestra (theme C).

These very abrupt, attacking and potentially scary shifts in the music place the piece in subcategory 6 in the taxonomic system: *the explorative and challenging field* (Wärja & Bonde 2014).

The big contrasts in this piece of music afford a wide spectrum of different and 'opposite moods' related to Hevner's Mood Wheel (Hevner 1937). The dark *fortissimo* parts are agitated, dramatic, aggressive and energetic (categories 7, 8 and 9) while the brighter parts of the music are quiet, lyrical, tender, dreamy and melancholic (categories 2, 3 and 4), but also optimistic, bright and graceful (categories 5 and 6) – and even spiritual and awe-inspiring (category 1). Based on this, all nine moods according to Bonde's revised Mood Wheel (1997) are represented in this dramatic piece of music full of contrasts.

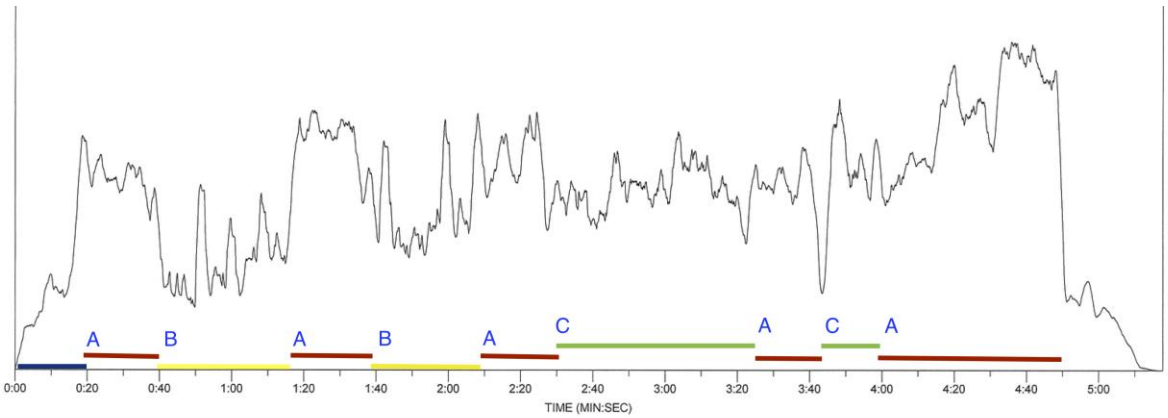

Figure 4: Intensity profile: *#2 Red rain*

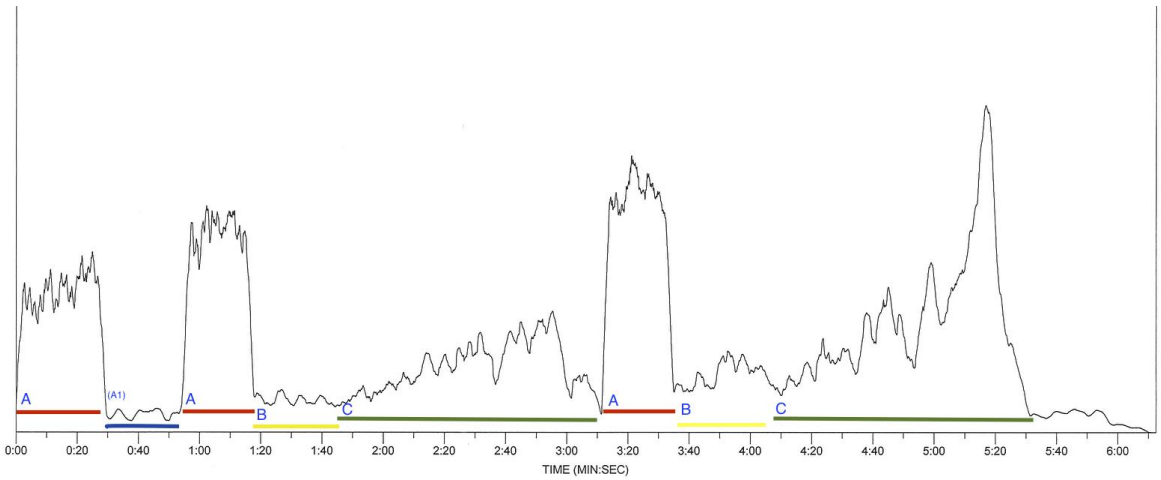

Figure 5: Intensity profile: *#3 Darkness*

#4 The Nest that Sailed the Sky is a short piece for rest and stabilisation after the potential heavy multilayered and highly-contrasted *Darkness*. This is originally an instrumental piece, written for the *Millennium Dome Show* in London in 2000. With repeated chords played by strings in slow tempo and new layers added and then peeled off again, it offers a calm, dreamy and restful moment in the

middle of the two peak – or working pieces in this programme (Figure 6). The music is dreamy and quiet (Hevner's categories 3 and 4), and belongs in *the secure and opening field* (subcategory 2) of *supportive music* (Wärja & Bonde 2014).

#5 Don't Give Up is the most well-known song in this contemporary programme. (I will reflect upon the pros and cons about this piece later in this text.) The structure is typical for a pop song where verses are followed by refrains, a bridge (marked in red and C in Figure 7) and a tail or a loop in the end (marked in green in Figure 7). There are big dynamic contrasts in the song, with the bridge and the loop in the end as the two dynamic and emotional peak points.

The moods are mostly in categories 3 and 4 regarding Hevner's Mood Wheel, but I would argue also with the potential of experiencing moods in category 6, 7, 8, 9 and 1. Regarding the taxonomy, I have placed the song in *the explorative field with surprises and contrasts,* subcategory 4 in *mixed supportive-challenging music* (Wärja & Bonde 2014).

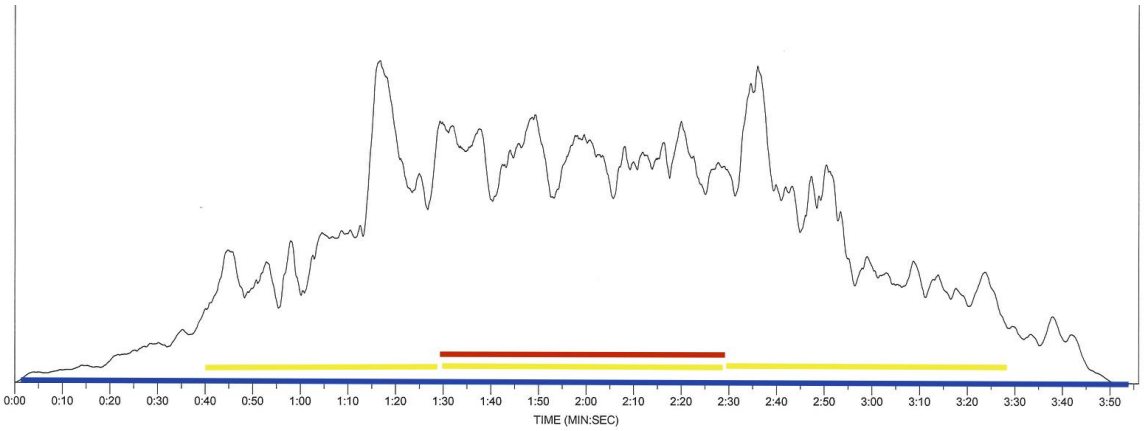

Figure 6: Intensity profile: # 4 The nest that sailed the sky

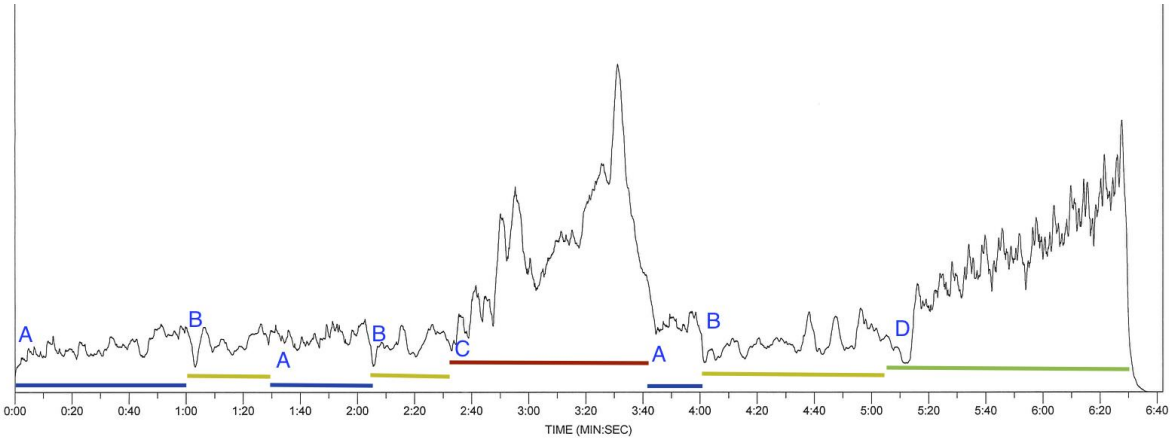

Figure 7: Intensity profile: *#5 Don't give up*

#6 Downside Up is the piece for "stabilization", related to the stages or sections in a GIM programme as defined by Helen Bonny (1978/2002: 311). This song has only two different themes: verse and refrain, and a little tail at the end, where you can hear Peter Gabriel singing: "*Pull me in"* three times (see Figure 8). This is the only vocal in the programme, and the 'message' might not be totally inappropriate for most travellers at that stage of the GIM travel. The piece has an uplifting, bright and optimistic character, taking you forward with its long lines and light agitated strings on top in the B part (refrain). The emotional expressions of this musical selection can be placed into categories 3, 4, 5, 6 and 7 (Bonde 1997). This piece has a supportive character in the programme, and I have placed it in subcategory 3: *the secure and exploratory field* according to the taxonomy by Wärja and Bonde (2014).

#7 Wallflower ends this programme. The piano and a smaller string quartet are playing the dominant role in this song, except for the peak where full string orchestra is added. The song is soothing, quiet, tender and dreamy (Hevner's categories 3 and 4) with a spiritual and awe-inspiring potential (Hevner's category 1). In this context, I have placed this piece in the taxonomic subcategory 3: *the secure and exploratory field*, because of its dynamic changes and support for surrender (Bonde & Wärja 2014). The last 1:30 minutes of the piece contain a beautiful and simple ostinato melody, marked in green in the MIA intensity profile (see Figure 9). This "return" (Bonny 1978/2002: 311) gives a safe way of ending this musical journey.

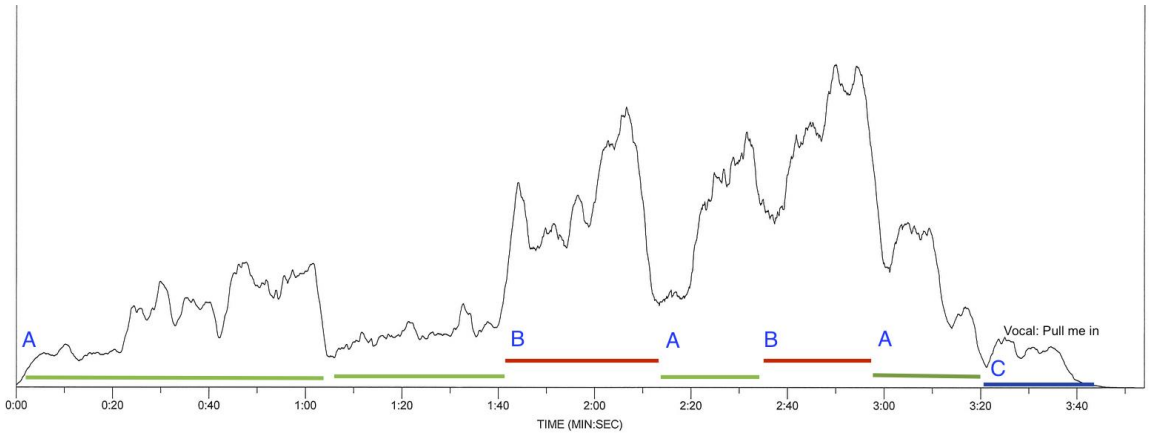

Figure 8: Intensity profile: *#6 Downside up*

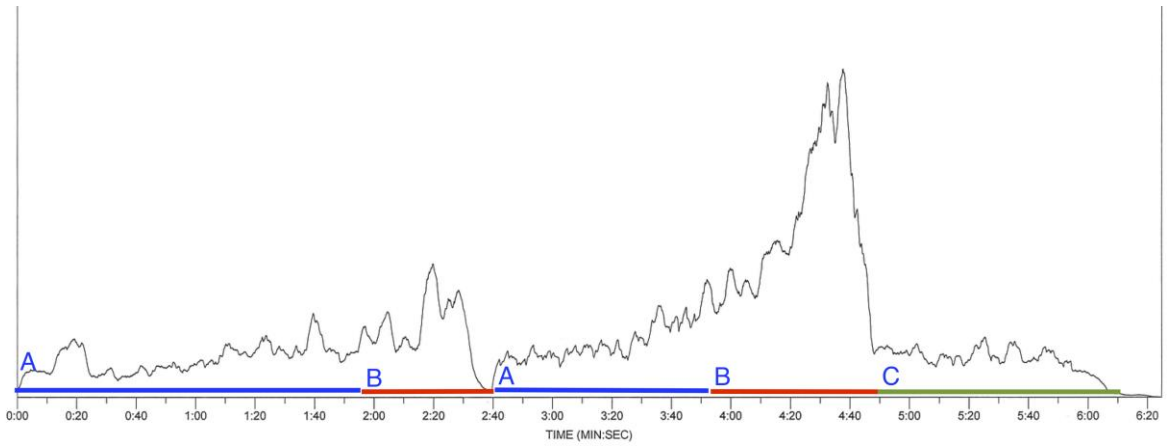

Figure 9: Intensity profile: *#7 Wallflower*

The absence of lyrics

The musical pieces in the *New Blood* programme are pop/rock songs with more or less well-known lyrics by Peter Gabriel. In these instrumental versions set for full orchestra, both the lyrics and the melody lines are absent. I have been curious about the potential influence this absence might have on the traveller during the music journey. With the exception of the core piece *Don't Give Up*, none of the clients travelling to this programme has recognised any of the songs or fragments of the lyrics during the sessions, neither while listening in an altered state of consciousness, nor in the postlude. But when I looked deeper into the lyrics of the seven songs in the order I had chosen to set the GIM programme, I discovered a fascinating aspect; a story of its own, describing a person's surrender into a therapeutic or healing process:

#1) dreaming of mercy …
wear your insides out …

#2) I come to you, defences down
with the trust of a child …

No more denial …

#3) … It's not the way it has to be
… When I allow it to be
There's no control over me
I have my fears
But they do not have me …
… And the monster I was so afraid of
Lies curled up on the floor …

#4 …

#5 …You're not beaten yet …
It's gonna be all right …
… Don't give up,

#6 … I could feel my balance shifting
Everything was moving around …
… The only constant I am sure of
is this accelerating rate of change.
Downside up, upside down.
… Slipping into the unknown

#7 … Hold on
… Let your spirit stay unbroken
… You're not forgotten here
And I will say to you:
I will do what I can do

All lyrics: © Peter Gabriel (*New Blood*)

This 'little story' about a person with "defences down" and "the trust of a child", (from *Red Rain*, track #2, Gabriel 2011) reminds us about the necessity of acceptance and surrender (Blom 2011, 2014) in the process of therapy: "When I allow it to be, there's no control over me." (from *Darkness*, track #3, Gabriel 2011) The feeling of "balance shifting" and "everything moving around", and daring to "slip into the unknown" (from *Downside Up*, track #6, Gabriel 2011), reminds me of the famous Kierkegaard quote: "To dare is to momentarily lose one's footing. But not to dare is to lose oneself" (Kierkegaard 2016: 39).

The last text line is repeated several times in the vocal version: "I will do what I can do"[3] Could these potentially healing words – at least as a fascinating thought and reflection – be imagined coming from the music itself? And could this also be a message from the therapist to the client, or from the depths of the self-healing sources within the client herself?

The use of music with embedded meaning: Pros and cons

One of the core pieces in the programme is #5 *Don't Give Up*, a song which many people know by heart and might connect to specific memories. In other words, maybe not the first choice of music suitable for therapeutic work based on music without embedded meaning. I have therefore been taking this piece in and out of the programme, uncertain if it should be included or not. But because the piece fits so well with the intention of 'being renewed and getting new blood and new energy', I could not resist using it. Of course, to some clients – or maybe to many clients – the piece might be too directive and bring up too many concrete associations. To many British people the song might be directly connected to memories about the political situation in the UK during the 1980s: Margaret Thatcher, unemployment and people losing their jobs. Others might first see or hear Kate Bush and Peter Gabriel, or remember using the piece as a kind of a sing-along track to lyrics they know very well by heart.

I have used this piece in five sessions, with four different clients. Only one of the clients has connected directly to the song, strongly and immediately (See case study: Client A.) The other three clients did not have any specific memories connected to *Don't Give Up*, and another even said this in the postlude after listening to the full *New Blood* programme: "It's good not to know the music so well. It makes it easier to avoid memories of there and then".

Although the melody line of the song is absent, the melodic figures and themes in the flute and piano as well as the well-known bass theme surrounding the original melody make this piece stand out from the rest of the pieces by its more directive way, and it might therefore be excluded from the programme. Some classical pieces might also have a similar embedded meaning connected to specific memories, persons, situations and feelings, and my experiences in general are that most clients use the music to their benefits and in the way they need there and then, related to their personal processes.

[3] This text line is, of course, not heard in the instrumental version used in this programme.

CLINICAL EXPERIENCES WITH THE PROGRAMME: CRITICAL PERSPECTIVES AND POTENTIAL BENEFITS

My intention with this practice-based article has been, as already mentioned, to share my own experiences and perspectives using this orchestral music in therapeutic settings with individual clients with the GIM community. From a qualitative research perspective, a more approved scientific approach involving clients and other practitioners in clinical trials with this programme would have been beneficial. The triple role of being the therapist producing a programme, the therapist testing the effect of the programme on clients, and also the one to reflect upon this, can give me a unique closeness to and knowledge of all the sides of the process. On the other hand, it is crucial to be aware of how my own pre-understanding is affecting the writing process and the way I interpret the reactions and experiences from the clients, as there is a danger of being overly positive and not seeing or including critical comments or questions (Stige, Malterud & Midtgarden 2011).

With this reflection from qualitative research methodology as a background, I will now present my findings and experiences with the use of *New Blood* in individual therapeutic GIM settings. I have used this programme – or selected pieces from the programme in another order – in eight different sessions with five different clients (four women and one man), all of whom had previous GIM experience, so that they were quite familiar with the traditional classical GIM repertoire. In addition to this, I used this programme in a workshop I did in Athens with a Greek GIM level 3 training group led by Dag Körlin and Evangelia Papanikolaou in July 2014.

The music from the *New Blood* CD was used in 'real' therapy sessions with these clients, and not in any set up 'test situations'. All of the clients had experiences with a rich and broad spectrum of different imagery and meaningful metaphors travelling to *New Blood,* and most sessions also had a clear narrative from beginning to end. The clients have given me permission to use quotes from their GIM travels in this text.

When reflecting upon the music in the postlude of the session, one of the clients said:

"It was good with the clear structure in the bass" (Client B, woman), while another client responded: "The music was clearer in a way, simple in the sense of clear. The shifts in the music were clear" (Client C, woman). The two clients' experiences with the clear shifts and bass are substantiated by Gabriel's intentions with the orchestral arrangements, wanting a bass "big enough to drive the bottom end that is not often heard in conventional classical mixes" (Gabriel 2011: no pagination). The distinctive and grounding bass, which is a characteristic element throughout the whole programme, allows for contrasting experiences and potential clear choices for the traveller, like Client B concludes in the postlude:

> "I got new tools: a stick and the knights on horseback. And I wonder: how pleasant and comfortable shall it [life?] be? Shall I keep on walking on the hard gravel or allow myself to float away with help from the church bells? Permission to rest and be in the pleasant present?" (Client B, woman)

Client E (man) experiences other kinds of contrasts: "Life and love is like music. The clock: to march in step with oneself. It's like a phoenix rising from the ashes. From winter to spring." Here also the stable rhythmical element in the music might be the underlying catalyst for "the clock". "I feel strong and confident" is a quote from Client D (woman), who might be inspired by both the distinct bass and the steady rhythm in this music.

Despite the big contrasts, this programme also affords a potential sensation of nuances: "It was an experience of everything at the same time, like an ability to sense the life and what's happening in all the very small processes. Awareness and senses" (Client C, woman). The description of the music as "clear" can also be connected to Client E's experience of the music as a tool with the capacity of enlightening the soul: "The music shows the way. It is like a torch enlightening what you might forget. The soul gets enlightened when you participate in the music. It gives calmness and meditation, and becomes like a nice and warm blanket" (Client E, man).

Client B describes her experience travelling to *New Blood* with these words: "It was exciting and unpredictable music. It made me curious. I might have experienced more feelings if the music had had classical wrapping" (Client B, woman). This reflection corresponds with Helen Bonny's argument for using only classical music selections with its harmonic and melodic complexity in individual GIM therapy, qualities needed for self-exploration (Bonny 2002).

Music is often described as "the language of

emotions" (Corrigall & Schellenberg 2013: 299)[4], and as GIM therapists (and clients) we have experienced the great potential music has to evoke a wide spectrum of feelings and emotions. Sometimes these feelings might almost be too overwhelming for the client during sessions. Structured music like these 'predictable' pop songs might therefore be supportive and suitable in regulating feelings for some clients.

As already mentioned there are no instruments playing the melodic lines from the well-known original songs as a substitute for the lack of vocals in these instrumental versions of the songs. According to the philosopher and musician Rousseau, who lived in the Age of Enlightenment, the melodic line contributes to the communication of emotions, and acts on us as signs of our affections and sentiments (Gracyk & Kania 2011). The absence of a melodic line, as in this GIM programme, might therefore lead to less feelings, as Client B also experienced it. This absence, however, might also give a kind of openness and space for new underlying melodies, instruments and ostinati to come forth when the original melody line is no longer there. If fewer feelings and emotions do occur during the travel, it might give room and space so more and perhaps richer imagery can flow, as several of the clients experienced during the travels. In addition to this, less focus on feelings might also lead to deeper body experiences and be an invitation to go deeper into the clients' own self-awareness.

Client D made a colourful mandala after travelling to the *New Blood* programme and named it *Undertow*. She said: "There's something about the depths that is infinite. One cannot understand oneself 100 percent. One becomes dizzy if one starts thinking about the infinite depths inside oneself, or outside". My reflection upon Client D's self-recognition was the well-known poem *Romanesque Arches* by the Swedish Nobel Prize winner Tomas Tranströmer[5] (2001). The poem contains this famous quote: *"An angel whose face I couldn't see embraced me, and his whisper went all through my body: Don't be ashamed to be a human being, be proud!"* (Tranströmer 2001:102) The poem continues and reminds us that inside ourselves vault after vault opens endlessly. We will never be complete, and Tranströmer concludes: "That is exactly as it should be" (Tranströmer 2001:102)

The experience of vaults – or "new rooms" – opening inside is also very prominent in the following case study, together with profound body experiences.

New Blood programme: Case study Client A: An expanding body journey

A woman in her early 40s is going through massive changes in her life, and uses GIM therapy in this process.[6] Here follows a full transcript of the GIM session where she was travelling to the *New Blood* programme.

Prelude

It is challenging with all the new possibilities in my life. I long for freedom, but when I get that, it feels overwhelming. I need to find a way to get out of the narrow room I've been living in.

Induction

Focus on breath – open up and fill the body, expand in different directions.

#1 Mercy Street

I feel my own distrust for being received as I am. There are so much frustration and anger in my lower back, a pain like a claw. [Cries …] I'm incredibly pissed, feels like I could have killed someone. My chest clamps my back so I can't stand up. I'm so tired of living like this. The music says I am allowed to grow bigger, to design and move in a big room. I'm ambivalent, it's safer to crawl into a foetal position and close the door to the room.

#2 Red Rain

[Client asks for a pillow.]

What does the music do to you?

The music lifts me, but at the same time I feel I am being chased: Watch out for this and watch out for that, don't do that!

Is there something you want to say to the chasers?

Fuck off!

I can't hear you!
[With louder voice] Fuck off! Leave me alone!

[4] See also Gabrielsson (2011) and Juslin and Sloboda (2010).

[5] Translated by Robert Bly.

[6] The client has read this transcription of the session, and has given me permission to include it in this text.

Fuck off! Leave me alone!

There is a fear deep down in my diaphragm; what shall I do if nobody is actually chasing me?

#3 Darkness

I'm growing and notice more strength and energy in my body.

Almost like a protecting shield.

Now I feel the old anxiety again, telling me it will all be very bad.
When will the old ghosts stop chasing me?
That's why I go into the narrow room, but I need more space.
There must be another room for me to move in.

#4 The Nest that Sailed the Sky

…There must be another room for you to move in.

Somewhere there's a room where my heart has space to move, but I need to open up.
My chest is just too narrow.
…

It feels like I'm getting angel wings, spreading out backwards, opening up my breaths.

Wow!

Oh my god, how wonderful!

Oh my god, how wonderful!

I need to breathe backwards and not downwards. Or, not up and down, but out and back.[7]

 # 5 *Don't Give Up*

Oh my god. I have listened to that song so much, it contains so much. Now I hear Kate Bush, I have listened to this recording one year of my life.

What does the song do to you?

It gives me motivation and comfort. It represents something beautiful, belonging.

Does it fit with your angel wings?

This song fits to anything! I feel growing pains out in my arms. When you let go of something there is pain connected to it.

[Shivering in body. Shivers and breathes.] …

[7] This experience might be influenced or inspired by the Induction to the session with the focus on breath expansion in different directions.

#6 *Downside Up*

[Shivers in body.]

Frost, I'm freezing in my legs and hands. I think it is anxiety on its way out.

Use the music … release and let go of what's no longer supposed to be there.

[Shivers in body]

Blood and oxygen are coming to my head through my breath.

#7 Wallflower

It feels like I have opened a room inside myself that I didn't know I had, or a door or something. I feel very present, like a religious experience. There's love in that new room.

Can you receive that love?

[Client nods]

I'm thinking about my children, they have a natural place there.

I'm also receiving that love.

[Cries …]

….

This is where I shall be [– puts her hands on her heart/chest.]

The room is really big. I need time to explore it. I know about it now, that's a start

Postlude

It was wonderful to be in the body this way, but it is also difficult. I have so much to discharge. So much fear and uncertainty need to be discharged to get room for this new love.

It went from not being anybody there able to receive, till me being able to both receive and give at the same time. That was an important experience. I still got frost in my body, but it's pulsing out now – like 100 persons are giving me healing at the same time, wow! I feel total presence in my whole body, but still some pain in my arms. The tensions in my lower back are gone, and the anger and aggression down there also needed to be discharged.

It is powerful to work with(in) the body. There's a lot of insight there.

Therapist's reflections

This powerful and transformative journey from Client A adds more layers to the potential of using structured, semi-predictable music with clear contrasts and elements like well-known harmonies and form in GIM.

Hall (2015) points out several advantages of using non-classical music in GIM settings:

> "[…] the programme may appeal to a wider group of potential GIM travellers. It might also not be as threatening as classical music to anyone who has an adverse reaction to classical pieces. A final advantage may be found when working with a client whose life has been closely connected to classical music (e.g. a professional musician) or someone who has a very good academic knowledge of classical music. In these situations, using classical music may be too intense for the traveller or trigger a large volume of thoughts, which may impede the deepening of awareness into emotion, instinct and imagery" (Hall 2015: 315).

Client A is an experienced musician with a great knowledge of classical music, and the orchestral arrangements of pop songs in the *New Blood* programme might have been the right facilitator and entrance key for her to go into deeper expanding body experiences in her travel. In this session, the music serves as a relational agent with transformational potential (Bonde in press) to Client A. Her travel to the New Blood programme becomes a interpersonal experience with a transcendence which also brings "a quality of awe, ineffability and surrender" (Blom 2011: 191). The client surrenders to the music and she lets the music open new rooms and layers within her body, which leads to new insight and growth. At this point I find it relevant to bring in Peter Gabriel's own *New Blood* metaphor; the photo by Steve Gschmeisser used on the front cover of Gabriel's double CD *New Blood*.[8]

The photo shows a coloured *Scanning Electron Micrograph* (SEM) of an *Embryonic Stem Cell* (ESC) placed on the tip of a needle. ESCs are pluripotent and can differentiate into any cell type. This ability makes ESCs a potential source of cells to repair damaged tissue in diseases such as Parkinson's and insulin-dependent diabetes. However, research using ESCs is controversial as it requires the destruction of an embryo.[9] An *Embryonic Stem Cell* might be a clear symbol and metaphor of new growth, new life, and a change within yourself, not only mentally and psychologically, but even physically, as Client A experiences: "It feels like I have opened a room inside myself that I didn't know I had". – Like the cells are changing and the blood is renewed. Can this be like a birth of something new, a birth from an embryo…?

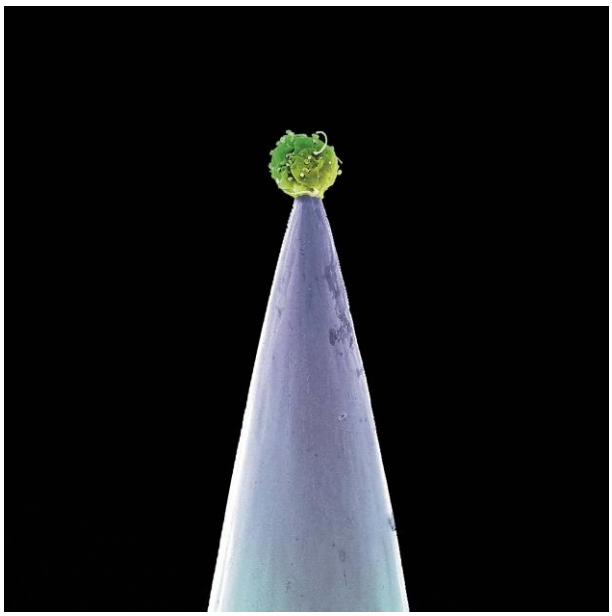

Figure 10: Front cover of Peter Gabriel's double CD *New Blood*

FINAL REMARKS

In this article based on my own experiences as a GIM therapist using orchestral arrangements of pop/rock songs written by Peter Gabriel, I have asked these questions: can new music genres also used in individual GIM sessions be beneficial to some of our clients – not as a substitute to the classical core Bonny programmes, but as a supplement – and can it also be a way of broadening our perspectives as GIM therapists; and could the *New Blood* programme be a possible addition to the existing and continuously growing pool of new music programmes within our field of practice. My suggested answer to these questions would be: yes. I see, however, that my embeddedness in all the different parts of this process – including my triple role of producing, testing and reflecting upon the potential outcome of

[8] The photo is reproduced in this article with permission from the photographer Steve Gschmeisser.

[9] Downloaded on 10 May 2017, from: https://stemcells.nih.gov/info/Regenerative_Medicine/2006Chapter1.htm ()

the *New Blood* programme – could have made me overly positive and not being able to see or include critical comments or questions.

I would therefore encourage GIM fellows to use this programme in their work, and invite those of you who could find this interesting to send me comments and feedback from your own experiences using the *New Blood* programme in therapeutic GIM settings. A further investigation of the potential outcomes of using non-classical music also in individual GIM therapy, and not only for group work, would be useful.

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SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Interview

In search of the lost grail: An interview with Torben Moe

Torben Moe & Steen Teis Lund

ABSTRACT

In this interview Torben Moe, current chair of the European Association of Music and Imagery (EAMI), reflects on his own motivations and experiences at being one of the pioneers of Guided Imagery and Music (GIM) in Europe, both as a trainer and as a clinician and researcher within the psychiatric establishment in Denmark. He has also been a driving force throughout a ten-year-long process which has led to the official formation of the EAMI at the 12th European GIM Conference in Athens, September 2016. The interview concludes with some thoughts on current and future possibilities of GIM, and a special call for readers' help with the search of the lost grail.

KEYWORDS

Guided Imagery and Music, healthcare, the unconscious, European Association of Music and Imagery

Torben Moe is a researcher and clinician at the Department of Psychiatry, Region Zealand, Denmark. He participated in the build-up of the Music Therapy faculty at Aalborg University, pioneered GIM training in northern Europe since 1997 and wrote a PhD thesis on receptive music therapy with groups of psychiatric patients. He was a leading figure in the European Network of GIM (ENGIM) leading up to the formation of the European Association of Music and Imagery in Athens, September 2016, of which he is the current chair. Torben Moe is currently leading a randomised controlled research project exploring the treatment of refugees with PTSD with a trauma-adapted form of GIM.

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INTRODUCTION

Steen: You are currently the first chair of EAMI, you were in the steering committee in the ENGIM network and you were in the European GIM movement almost from the beginning, being the second primary trainer in Europe after Margareta Wärja. I know that you have been working toward the creation of EAMI for a long time. I would like to take a look at the events from your personal perspective right from your first experiences with GIM and up to the present, and after that have some thoughts on future perspectives.

But first and foremost: What is it that drives your work with GIM? There were other times back when you first made contact with GIM, what happened?

Photograph 1: Torben Moe

BACKGROUND

Torben: I did various things after high school. I helped to make the Danish production of *Hair* and I also joined the political action theatre group *Solvognen* (which created controversial performances in public spaces, the most well-known being the *Santa Claus Army* which entered the most popular mall in Copenhagen and gave away the goods on the shelves as Christmas presents to the customers). There was an assistant telling me that if you want to do some serious theatre, go down to Poland, to the Laboratory Theatre created and led by Jerzy Grotowski (Encyclopedia 2004) (see Factbox 1).

So, I went down there, I did not know what I was joining but there were hundreds of people in line for the admission tests. I explained to the director that I had acted as a police officer in the supermarkets and things like that, and he did not believe his own ears because it was behind the Iron Curtain and it was a whole other world I had come down to. For six months, I became part of a regular group who worked together day and night and we had nothing, just ourselves. It was interesting to work with the unconscious. It's like: "I can see you're trying to tell me something – but what is it? What is it really?" The interaction with others was amazing. You became incredibly sensuous about how you experienced other people and what you believed in – using almost Grotowski as a kind of Bible.

Steen: That must have been a very intense experience indeed?

Torben: It was very intense; we just had to find each other non-verbally and I was supposed to make some instruments or sounds that could support the movements of others and it was really exciting. I was 23 years old and had just done high school and then got to do something radically different. The whole idea was called the nude theatre, that is, to take off all the costumes and see what was left there. It was incredibly inspiring and it clearly laid the groundwork for my interest in music, psychodrama, etc.

When they worked on a performance, they spent three years making that performance. The

Jerzy Grotowski was born in 1933 in Rzeszów, Poland and died in 1999 in Pontedera, Italy (‘Jerzy Grotowski - Biography | Artist | Culture.pl’, n.d.).

He founded the Laboratory Theatre in Wroclaw, Poland (‘Strona główna - Instytut im. Jerzego Grotowskiego’, n.d.), and the workcenter of Jerzy Grotowski and Thomas Richards in Pontedera, Italy (‘Workcenter of Jerzy Grotowski and Thomas Richards’, n.d.). These were experimental theatres focused on the 'total act' as an authentic creation within the relation between actor and audience, with the following qualities (with many others) (‘Grotowski Statement of Principles’, n.d.):

- The actor's act - discarding half measures, revealing, opening up, emerging from himself as opposed to closing up - is an invitation to the spectator.
- This act could be compared to an act of the most deeply rooted, genuine love between two human beings.
- The use of non-verbal voice was part of Grotowski's investigation into the use of the actor's own self as the substance of performance.
- Projects like his Special Project (1973) or Przedsięwzięcie Góra (Project Mountain) (1977) took the form of group séances that had an ethical and psychotherapeutic dimension.
- They consisted, amongst other things, of slowly building interpersonal systems of communication - first using movement, then using the voice, finally, through group singing.
- Participants included Peter Brook, Jean-Louis Barrault, Joseph Chaikin (Open Theatre), Eugenio Barba (Odin Teatret), Luca Ronconi, Andre Gregory (‘Jerzy Grotowski facts, information, pictures | Encyclopedia.com articles about Jerzy Grotowski’, n.d.).
- Grotowski described his rehearsal processes and performances as “sacred”, seeking to revive what he understood to be the routes of drama in religious ritual and spiritual practice (‘Grotowski Statement of Principles’, n.d.).

Factbox 1: Jerzy Grotowski’s Laboratory Theatre

Odin Theatre in Holstebro, Denmark, also comes from Grotowski and all that tradition and that way of working goes back to Grotowski. It's a bit of a coincidence that the leader of expressive arts also worked with Grotowski; he now has an institute in Switzerland and they work with the unconscious too, just in a different way.

When I came home from Poland, I would have liked to have made that kind of theatre almost as they now have in Aalborg and call it creative movement. I would have liked a permanent group, and I considered joining the Odin Theatre, but then it was either the family or the Odin Theatre. Grotowski had some interesting thoughts in which he said that you can go both ways: you can also take the sensuous into society and take up the fight there. I think that became my mantra. It was really an eye-opener, it was probably there all my interest started. I went home and started at Sct. Hans Hospital; I used some of the exercises with the patients where I combined movements and music, and so I was completely hooked.

FIRST EXPERIENCE WITH GIM

Torben: I had started my work at the psychiatric department at Sct. Hans in Roskilde in 1976, and in the mid-80s I joined a GIM conference in Stockholm. I was invited by Margareta Wärja, who was just educated as a GIM fellow, and Frances Goldberg was the teacher.

Gestalt was very much mainstream at that time, Yalom was taught in the department at Sct. Hans and my participation in the conference was paid by the institution. It became a landmark journey for me, I met Frances Goldberg and we decided to create a Nordic music therapy supervision group, with Goldberg as supervisor. During the conference, I had a very strong personal experience with strong emotions. It was unexpected and it left a lasting impression that provided the motivation for continuing in the supervision group and later to begin the education in England.

Steen: Was your experience in the first GIM seminar something that resonated with your experiences at the Laboratory Theatre?

Torben: I don't know. GIM hit more deeply in a way – more involuntarily as a bomb. In Poland, you have a black room – “tell me who you are and what should be done”, so there were slightly different challenges.

Steen: In the comparison between the GIM experience and the Grotowski work, GIM was more like a bomb that hit more deeply?

Torben: As it was so unexpected, it felt deeper; the other one was building more gradually, there was more control. Anyway, they are connected and I found that both were very interesting.

I joined GIM training level one and two in Canterbury, England, led by Marilyn Clark and assisted by Linda Mardis Kaiser. I found new and very inspiring friends among the members of the group in which I was the single man. The experiences were deep, and I remember once, I visited the Tate Gallery on my way home and found the pictures extremely beautiful; there was this sense of timelessness that I found very alluring.

At Sct. Hans, I had improvisation groups with young patients at that time; they were very open and receptive for new impulses, but some of them found it very difficult to be both active players and reflective at the same time. They benefitted a lot from the introduction of the GIM method, where they could just listen to the music and focus on what happened within, which worked very well.

After I had organised the first GIM level one in Denmark, where I was assisting Frances Goldberg and created the first GIM association in Denmark, members of my training group in England organised the first European GIM conference in Findhorn with 40 to 50 participants. People came from Sweden, we were a small group from Denmark and I became room-mate with Leslie Bunt.

Steen: What was that thing about the grail?

Torben: I remember we were in this shop discussing if we should buy this grail that I found, and it became the symbol passed on to the organisers of the next conference. It was passed on from conference to conference and it happened that there was a conference every second year. However, at some point in time the grail was lost and we don't know where it ended up.

FROM COORDINATION GROUP TO ENGIM TO EAMI

Torben: We had the next conference in Denmark in Skælskør, where we set up a coordination group to keep things together in between conferences. I was assisting Frances Goldberg in Sweden and Norway, and I got in touch with the music therapists

there. I gave GIM sessions in Sct. Hans Hospital, private sessions and sessions in connection with the courses where I was an assistant, and thus I became a GIM trainer.

In Ammerdown in 2006 we discussed a lot and agreed that the network was very *con amore* and that a more structured format would be more trouble than good. In the following years, however, some of us felt a little remote-controlled by AMI, not because they in any way restricted us, but because the European educational tradition seems somewhat different than the American. We have a tradition that learning takes place in diverse ways, whereas the American tradition might be more fixed in a form of apprenticeship; it seemed more hierarchical where it practically was ruled by a few people and it all happened far away from us, in more than one sense. When you were to be approved as a trainer, some criteria were exercised that we, in Europe, regard as quite personal and you might want to keep for yourself; for example, documentation of one's spiritual conviction – and how do you even document that? There was not complete agreement between the European tradition of learning and the American, and it eventually resulted in a need to do things differently. We then decided to set up a small group, and Dag Körlin, Margareta Wärja, Leslie Bunt and I became 'boat keepers', as a task we received from the community.

We would like to keep the boat in the water, but at the same time one can imagine we sailed a little on our own roads, sailing a little in our own direction relative to the mothership in the United States. It was quite in line with Helen Bonny's thoughts that her GIM model could be interpreted in many ways and seen as a tree with many branches and with many possibilities for developing the branches.

There was also the main tradition that one could 'only' use classical music as a frame of understanding and as the primary media, and we experimented much more with jazz and world music. Especially on courses I held in England and Norway where we tried new models and ideas evaluated on the courses, and this resulted in compiled programmes which represented something new that has since been used by others in the community.

So, there was something new on the musical front, an extension of the compositions and of the musical diversity. Finally, the development of Music and Imagery and short pieces of music began. This occurred while cognitive and evidence-based short-term therapies became popular and became highly prevailing in the healthcare system and almost established a monopoly of short and evidence-based therapies, where your goal almost is to have as few sessions as possible. It can be very difficult to compete with this if you are in private practice and compete with psychologists who receive government support and you argue that clients must pay more to get GIM sessions.

The trend with short-term evidence-based therapies evolved into the prevailing standard, and everyone had to adjust so that if you wanted to work widely in the healthcare system you had to use sessions of 50 minutes duration. Then there was a whole wave of group sessions, which is now a whole special education by Frances Goldberg and also by Lisa Summer. Margareta Wärja contributed with Short Music Travels, and I have also used such a format in Denmark and Finland.

Steen: There seems to be much agreement on this development?

Torben: Yes, there is a lot of consensus about it in Northern Europe and I believe in Southern Europe too. Now the educational working group has described these formats and included them in the training standards document so that it has been formalised. As I see it we have now made a formal structure that in many ways resembles any other association structure which acts as an interest organisation; this is, of course, non-profit but is also a formal structure that funds can relate to more than a loose network structure. So, you can say in a way that you have mirrored the funds' way of organising themselves, making it easier to get funding.

It does not need to imply changing the philosophy itself in the therapy; there is nothing to prevent the same level of *con amore* or interest or motivation or spark. On the contrary, if it turns out that it is possible to get funding to use the short music listening formats, you have the opportunity to broaden the method more in the healthcare system. However, if you are restricted to the full format with one-and-a-half-hour sessions, you are left in private practice and even though you are a Jungian to the fingertips and fight for depth therapy and believe in the depth of the transpersonal perspective, you are opposed to market forces. At this point, I can use Marilyn Clark's own statement: ten years ago, she had 20 clients a week and now it is less than half no matter what actions she takes to promote her business. Of course, it can be done, but time is

much more difficult for those deeper forms. You can lament that but it is also a balance that you can come up with a message that you can spread to more people.

THE CELEBRATION IN ATHENS

Steen: In Athens, EAMI was formed permanently – after a conversation and a process that has taken place since Ammerdawn in 2006 – it has taken ten years (Wärja 2010) (for more details, see Factbox 2). What is your personal experience of that. What is your personal experience of that process and how was it to experience that accomplishment? You were jumping into the Mediterranean at midnight?

Some steps in the development of the GIM movement in Europe (drawing on Wärja 2010).

ca. 1986 First music therapy seminar at the Löwenströmska Psychiatric Clinic near Stockholm in Sweden with GIM, introduced by Frances Goldberg.

1986 First GIM seminars in Canterbury, England by Helen Bonny, later Marilyn Clarke and Linda Kaiser Mardis.

1991 First GIM training in Sweden by Frances Goldberg and assisted by Margareta Wärja.

1991 First GIM training in England in Canterbury by Marilyn Clarke and Linda Kaiser Mardis (completed in 1994).

1993 First GIM training level one in Lithuania by Helen Bonny and Margareta Wärja.

1994 First level one training in Austria.

1995 First level one training in Oslo, Norway.

1995 First level three training in Germany by Frances Goldberg.[1]

1996 First GIM conference in Findhorn, Scotland.

1997 2nd GIM conference in Skælskør, Denmark.

1998 3rd GIM conference near Stockholm, Sweden, Margareta Wärja becomes the first European primary trainer.

1999 First training in Alicante, Spain for European students by Frances Goldberg.

2000 4th GIM conference on the Isle of Elba, Italy.

2002 First level three training in Denmark/Norway.

2002 5th GIM conference in Krummendeich, Northern Germany.

2004 6th GIM conference in Bulgaria.

2006 7th GIM conference in Ammerdawn, England.

2006 First training in Spain for Spanish students by Denise Grocke & Ginger Clarkson completed in 2008.

2008 8th GIM conference in Fevik, Norway, formation of European Network of GIM (ENGIM).

2010 9th GIM conference Laguardia, Spain.

2011 First trainings in Greece (in English language) by Dag Körlin.

2012 First trainings in Greek language by Evangelia Papanikolaou in Greece and Cyprus.

2012 10th GIM conference Vadstena, Sweden.

2014 First training in native language in Spain by Esperanza Torres.

2014 11th GIM conference in Berlin, Germany, preliminary formation of the European Association of Music and Imagery (EAMI).

2016 12th GIM conference in Athens, Greece confirmation of the EAMI and the formation of a committee of educational standards.

Factbox 3: Expansion of the GIM movement in Europe

Torben: It's true – it was a formidable adventure. It was a great and wonderful way it was celebrated; it was just such a way I had wished it to be, where the formal and rational part works on its own premises. There is, on the one side, some money coming in which is used to initiate some projects or to create a structure that can surround the work; then, on the other side, you have the whole celebration and the joy of realising that this is the most reasonable thing to do to support the spirit in the bottle. Therefore, it was so amazing and festive to experience the way the music came on and a great joy and celebration, and I think this points to the future, for hopefully there will be many young people who have many ideas and initiatives, nuances and buds to contribute that we have not foreseen at all, that can help open up new dimensions and help the unconscious to be allowed to be present and benefit all men.

It was really the consummation of a long-time process, but what I like is that we have the union

[1] Level three is a more comprehensive training and as such it is mentioned separately. There is no information about level two trainings in relation to the expansion of the GIM movement in Europe.

structure that works completely rationally and everyone agrees to pay some contingent. However, if the more therapeutic process is mixed into this and a kind of circle discussion is created, then I start to doubt it; it is like mixing two things that I do not really think belong together. Of course, members need to trust the chairman and the board that they do not steal from the box and so on, but I think it is good to have the union structure on one side and then the other work on the other. Of course, it must be so that the association structure supports the potential of the educational structure, so that those who have some experience and time are given a little money to meet and to find out how to handle this. Another aspect of this is that I really hope that the organisation and the philosophy in the future will be characterised by inclusion instead of exclusion of different perspectives and practices.

Who knows, it may well be that we can unite with the United States on a higher level. But I think this is the right thing to do at this point in time. The celebration was very affirmative, it was also sunny and hot under favourable surroundings, and maybe it's part of it as we are not able to plan or decide over the circumstances and coincidences that happen to support us.

PERSONAL VERSUS PROFESSIONAL PERSPECTIVES

Steen: You have presented a picture where the engagement and motivation started with a very personal experience, but at the same time you were employed in psychiatry. I guess for many these very personal experiences contribute to the motivation to work with GIM. Is it a kind of duality that many have such personal experiences as motivational factors, but the expansion of GIM does not go from mouth-to-mouth in relation to such personal experiences, but by research and treatment in the healthcare system?

Torben: It probably has something to do with how to unite the different worlds. One could also imagine that it was founded in spiritual communities such as the Roy Hart tradition, but I think there has been a move in the direction that for some ‘strange’ reason there is a need to document what you are doing.

Steen: It's needed because you want to use the method in the healthcare system?
Torben: That's it, and therefore you can say that to be allowed to do it, you have to prove that it works. It is a gift and a great experience to see that when you have patients who get that personal experience, and when it is reflected upon and in a way repeated for them, they get an experience they will never forget. I already saw this with the first patients because afterwards they were asked what they remembered from the therapy. Despite the fact that they might have been almost psychotic during periods then what they could remember were their personal experiences during the music. So, this survival and personal experiences we also see with the patients and that's all about it, so I don't know if I see it as a duality. I don't think I do, I see it more like a kind of joining of the two halves of the brain.

Steen: Helen Bonny also described her very personal experience where she writes that she had to go to therapy for a long time and after a number of years of personal development and therapy, then she became a music therapist?

Torben: Well, that's right, but it's probably for many people an avalanche that's started and it takes some responsibility and self-care to follow it up, and at the same time it's not something you can demand from people that they have to do. Some of them may forget that again, which Helen Bonny also did in the sense that she put it on the shelf for a few years, maybe while she had smaller children and when she reached the age of 40 she took it up again. Maybe it also has to do with stages of life and maturity, it does not disappear in the blue sky, but it is kept somewhere.

Steen: How do you see the personal development-oriented perspective for GIM in the future? Do you think there is a revival coming around the next corner?

Torben: I would like to see it in that light, but I think I have to admit it's difficult. I can easily see GIM in the health services in many different forms and probably also many other short-term GIM branches. At the same time, I think there will be some people who seek immersion directly, who might want a spiritual retreat that they might associate with, but maybe more at an existential level. That is, one has a kind of philosophy of life that you do this every year (go to a retreat). In any case, it is difficult to get many clients. There are not any of my students who have a lot of clients, but on the other side they may be very happy with the clients they do have.

So, it's a matter of one's life-base and maybe you want to have Jungian groups, you could have

GIM where you have a permanent relationship and maybe also organise a three-day retreat where you make GIM or maybe a whole week where it can be a more selected or passionate group that wants to work that way; groups that are used to a specific environment where it has been built up around GIM instead of a person. I can imagine that some people would want that kind of personal development work.

Steen: What about just ordinary people who would like personal development to take a series of GIM sessions?

Torben: Yes, I would like to have that, but it's just very difficult, I've had private GIM clients, and I'm not alone in having that problem. So, I'd say that the demand is not very big, but it's probably also about advertising. I have not spent any money on it; it might be good if I put a full-page ad in the main newspaper, but it costs money to do it – it may be that you could do it, but even though we have tried different strategies for seeking alternative environments (there are many offerings), there are many alternative therapies that you can go to.

PRESENT AND FUTURE PERSPECTIVES

Steen: You currently work as part of a research project with GIM adapted for refugees with PTSD, and you see a future for GIM in the form of diverse adaptations to different patient groups in the healthcare systems?

Torben: In the United States, for a number of years, there was a tendency of cultivating GIM according to a philosophy of immersion and it was more detached from the healthcare system and work life. But this comes at the expense of seeing more of an advantage in getting into the game and showing the established healthcare system that we can do something that can benefit many patients, including patients who have never heard of classical music or never heard that music can be used in this way. Then you get into a much larger field with several different diagnoses and you can perhaps help relax the rigidity of the diagnostic system when it actually turns out that GIM may work with patient groups where it had not been thought that it could work, and so on. There are many examples today of how to adapt the therapy to different groups that you work with, and there is also work within the field of somatics that have come to fruition in recent years. So instead of saying, "It cannot be done" we can say "How can it be done?".

Steen: One of your patients from the recent pilot project (at the Trauma Clinic for Refugees) listened to the music every day and, if not, his brother would say, "I can see you have not listened to the music today".

So, the music can be a very active resource, you can pick it up and play it anytime in everyday life between the sessions, which may be crucial for some patients in order to stick to the course of recovery. So, it seems that this is an added advantage with GIM?

Torben: It's not so uncommon now in other therapies, in cognitive therapy for instance, you use a lot of home assignments and you are structuring and selecting the task; so the entire contract structure is very parallel, you ask the patient if it is appropriate or too much etc., and you also use it in mentalisation-based therapy, for instance, when you say: "Now you need to be aware of what others think" etc.

It has become a much more active form of therapy today. I remember a patient lying in bed – when he was scheduled to speak with the doctor, he got up, ironed his shirt, and when he had talked to the doctor, he went to bed again. Maybe he got better over time, but at least it is not something you would do today. What we also do is in fact a behavioural experiment that puts on music, has a certain way to sit up etc. In that way, it is a very effective element and in turn helps to defend short-term therapy and it is something patients can learn and do afterwards.

One can say that it is a very strong card to work with the unconscious and it activates a lot of things where you could break a sweat when working in short-term therapy when you see what is being started. Then, you navigate in stormy weather, at least navigate carefully and with much umph… I have such a picture of a steering wheel – you have to be fairly firm with how you want to land this and be fairly willing to renounce new achievements that may lie right ahead or maybe not. Who knows if more sessions would be able to bring more closure; maybe, on the contrary, it could open up more and things could get worse.

So, I think there is a great obligation in short-term therapy that you are very aware of what is being started using the music and very humble about the fact of what three to four minutes of

music can start; you have to be very aware of how to structure the short-term therapy and at the same time there is no guarantee that nothing can show up. But after all we are not the first to work with dreams or with energy, others are also working with dreams and energy and that part of consciousness.

Steen: I think this is a substantive statement to leave as a conclusion of the interview and possibly start new discussions. Thank you for sharing your experiences of the progression of the European GIM movement and your thoughts about the future with the readers of *Approaches*.

Now as a final act we would like to hand over to you, dear readers, the challenge of finding the 'Lost Grail'.

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SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Conference report

12th European Guided Imagery and Music (GIM) Conference

'European perspectives on Guided Imagery and Music: Visions, challenges and crossroads'

Maria Samara

12th European Guided Imagery and Music (GIM) Conference
'European perspectives on Guided Imagery and Music: Visions, challenges and crossroads'

13-18 September 2016

Anavyssos, Athens, Greece

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The 12th European GIM Conference took place on 13-18 September 2016 and was held in the Eden Beach Resort Hotel in Anavyssos, a beautiful small resort town on the outskirts of Athens, Greece. The theme of the conference was *'European Perspectives on Guided Imagery and Music: Visions, Challenges and Crossroads'* with the pre-conference offering a special selection of workshops focusing on *'Expanding GIM: Combining practices'*. I was privileged to be able to participate in both the pre-conference and conference, and I can say that the organisers managed to offer us all an outstanding and holistic experience.

This report offers an outline of all the interesting and exciting aspects of this conference: presentations, workshops, events and, of course, the establishment of the European Association of Music and Imagery (EAMI).

'VISIONS, CHALLENGES AND CROSSROADS'

This GIM conference in Athens managed to gather together the GIM community from all around the world. Bringing together people from the US, Australia, Canada, Asia, South Africa as well as Austria, Cyprus, Denmark, Estonia, Finland, Italy, Ireland, Israel, Germany, Greece, Norway, Spain, Sweden, Switzerland and the UK. The conference literally became the place where the knowledge and the wisdom of the pioneers in the field met the spirit, the new ideas and the inspiration of the new members of the GIM family; a family that is constantly growing, changing and developing through challenges and crossroads, yet always with a vision of becoming better and stronger.

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Photograph 1: Opening ceremony welcome greetings from the Head of the Organising Committee, Evangelia Papanikolaou

This conference held a very special meaning for me personally. Being Greek myself, attending a conference hosted in my home country, as I now live and work in Switzerland, and even more so, graduating as a new GIM Fellow there, was something overwhelming for me on its own. Yet it was amazing to see that most people, if not all, shared the same overwhelming feelings with me. Something new, something different was happening and people could sense that. Even a look at the Book of Abstracts (Papanikolaou & Smyrnioti 2016a, 2016b) for both the pre- and main conference (and, of course, everything that the Organising Committee had planned for us) could give an idea on that matter. Very interesting presentations, outstanding keynote speakers, a special selection of workshops and posters, as well as, beautiful social events including visits to a few of Athens' and Attica Peninsula's most amazing archaeological sites, namely Cape Sounio, Acropolis, and a performance at the Herodeon Ancient Theatre, a night out dining in the fish village of Lavrio, a very beautiful graduating ceremony and, of course, the establishment of EAMI, made this conference an outstanding experience for us all. The hosts managed to provide us with a conference that stood up to its title, *'European Perspectives on Guided Imagery and Music: Visions, Challenges, and Crossroads'*.

Photograph 2: Moments from the graduation ceremony

REFLECTIONS ON THE PRESENTATIONS AND WORKSHOPS OF THE PRE- AND MAIN CONFERENCE

The years in which we all currently live, no matter which part of the world, have seen rapid changes; unfortunately, not only good ones. They have brought political changes, financial changes as well as instability and crisis. Europe, struggling to cope with a humanitarian crisis as people trying to flee from unsafe environments, searching for a better future, can be a very vivid example that can also illustrate the new challenges we as therapists and as human beings need to face. New challenges which create new therapeutic needs and call for new techniques and new adaptations of all therapeutic models we used to know; Guided Imagery and Music (GIM) being one of them. For that reason, the word that could clearly underline and reflect my sense of the conference keynote speeches, roundtable discussions, oral presentations, posters, and workshops in general would be the word 'new'. And by 'new' I mean the new needs and challenges as presented that have created new ideas, approaches, connections, visions and achievements. The need to grow, change and adapt have brought new co-operations, combinations, awareness and knowledge as GIM is more widely accepted, enters new clinical areas and answers more therapeutic needs.

KEYNOTE PRESENTATIONS

Inspiring and very interesting keynote speeches set the tone. Denise Grocke, the President of the Music and Imagery Association of Australia with her speech *'Growing the GIM Seed in the Antipodes'* shared with us the knowledge and *the* lessons learned from the challenging process of developing GIM in Australia and New Zealand, "highlighting events that contributed to the development of the Bonny Method of GIM, and the challenges encountered along the way" (Papanikolaou & Smyrnioti 2016b: 8).

Orestis Giotakos, a Greek psychiatrist, talking about *'The Neuropsychology of Creativity and Emotional Memories Retrieval in GIM Therapy'*, suggested that:

> "This therapy [GIM] provides the means that evoke the disconnected affective memories and mobilises inner resources, resulting in a coherent narrative of autobiographic memory. Furthermore, GIM therapy supports creativity and states of mind, in an open-ended, free-

> associative, encouraging, and essentially non-manipulative process" (Papanikolaou & Smyrnioti 2016b: 8).

Dag Körlin, psychiatrist and Scientific Director of IMAGEing-European GIM Trainings from Sweden, presented us with *[the] core elements of the Bonny Method [that] seem to be lacking in Music and Imagery (MI) adaptations*. Focusing on implications for travelling, guiding, processing and training, he presented us with the fact that:

> "In Bonny's original method, an accepting, encouraging, and non-directive verbal dialogue was developed for guiding in the music listening phase; this was inspired by the humanistic tradition of spontaneity, creativity-in-the-moment and affirmation and is lacking in MI adaptations, as music is listened to in silence. What then remains of humanistic dialogue in MI when various cognitive and psychodynamic inquiries are introduced in the verbal post-session and integration? What happens with the music experience when the guiding voice is lacking? At what point does a MI adaptation no longer qualify as informed by the Bonny Method of GIM? What are the implications for training programmes?" (Papanikolaou & Smyrnioti 2016b: 9)

PRESENTATIONS

Presentations (oral and poster) were inspirational. I found myself being very touched by the spirit and creativity brought into practice from very passionate presenters. I was very pleased to see GIM practitioners being part of extended therapeutic teams, and GIM techniques and adaptations being used, especially with patients who are at other times treated by means of the traditional means of therapy, namely verbal or cognitive forms of therapy. Pilot and feasibility studies were presented that open paths and possibilities in therapy and create new clinical areas.

I was very impressed with the amount of papers presenting the use of GIM modifications and adaptations to feed either the special needs of the patients or the therapeutic settings. Charlotte Dammeyer (Denmark) with her paper *'GIM in Psychiatric Setting – What is Possible?'* presented the "interesting challenges, changes and possibilities [that] occur when combining GIM with Guided Music and Body Listening and a variety of other adapted GIM formats", (Papanikolaou & Smyrnioti 2016b: 12), when working with "patients in adult psychiatry [who] are in a condition that does not allow them to benefit from classical Bonny Method sessions, but highly from GIM adapted to their specific needs" (Papanikolaou & Smyrnioti 2016b: 12). Gunn Karoline Fugle from Norway (*'The Rhythm that Scares the Monster'*) presented the use of modified GIM with children in a child psychiatry outpatient unit using the case of a child who suffers from complex trauma after child abuse and neglect.

Presentations about traumatised refugees, with refugees being a relatively new category in need due to the circumstances, especially in Europe, also fit in this category. Torben Moe, Bolette Beck, Catharina Messel and Steen Lund Meyer (Denmark) with their paper *'The Feasibility of Music and Imagery with Refugees Diagnosed with PTSD'*, presented their pilot study on "traumatized refugees [who] suffer not only from complex traumatisation, but also struggle with acculturation, social problems, and a new language" (Papanikolaou & Smyrnioti 2016b: 19), and proposed that "Music and Imagery could be beneficial as music can create an immediate contact beyond words" (Papanikolaou & Smyrnioti 2016b: 19). Catharina Messell with *'Pain Management in GIM with a Traumatised Refugee'* described a case study from the refugee research project concerning an Iraqi refugee with PTSD who had been tortured and suffered from severe chronic pain.

Marte Lie Noer (Norway) presented the *'Breathing Space in Music for Adolescents with Eating Disorders in a Family-Focused Programme'*; an interesting piece of work with adolescents with eating disorders and their parents. Working therapeutically in separate groups, adolescents and their parents were "invited to become more observant and confident in relation to their own signals and communication with one's own body and in interplay with each other, […] and it seems as if [in music] they find something they have been isolated from" (Papanikolaou & Smyrnioti 2016b: 18).

Another interesting series of presentations focused on the use of GIM and its adaptations to enhance the quality of life for people suffering from chronic, persistent, or life-threatening illnesses. Research papers, pilot, and feasibility studies like *'GIM Research in the Greek Hospital: Exploring the Effects of GIM with Women in Treatment of Gynaecologic Cancer: A Feasibility Study'* by Evangelia Papanikolaou from Greece, focused on the "impact of GIM on quality of life for this population during chemotherapy treatment" (b, p.20-21), and it is the first PhD research study on GIM in a Greek hospital setting. The *'Clinical Application of GIM in Treating Adults with Complex Chronic Pain'* by Ilan Sanfi, Bolette Beck and Erik

Christensen (Denmark) presented the clinical application of GIM for adults with complex chronic pain, and suggested that "GIM can afford an important therapeutic contribution in addressing the bodily, emotional, social and existential aspects of pain" (Papanikolaou & Smyrnioti 2016b: 24). Marilena Smyrnioti from Greece presented her pilot study *'GIM Therapy in Patients with Persistent and Chronic Headache'*, and demonstrated that "the patients that received GIM therapy adjacent to medical treatment, showed significant improvement in overall quality of life, number of crises and duration of pain, anxiety, and depression level […], as well as a decrease in some psychopathology symptoms" (Papanikolaou & Smyrnioti 2016b: 26). The experimental research on the *'Impact of Group Music and Imagery (GrpMI) in Women with Fibromyalgia'* by Esperanza Torres (Spain) was also very interesting as to how "it is advisable to use this treatment as a complementary non-pharmacological intervention, due to the power of images, the specific emotional activation of the music, and [the] therapeutic power of the group" (Papanikolaou & Smyrnioti 2016b: 28). I was also more than happy to present to the audience my paper on the use of *'Guided Imagery and Music and the Visually Impaired'*. A study on the potential of using GIM as a therapeutic medium for the visually impaired population, the significance and role of music as an external stimulus, and the possibility of the GIM experience to be a substitute for external reality.

As already mentioned, for me, this conference brought along new ideas, fields of practice, and possibilities. It brought promise, enthusiasm and curiosity. Presentations like *'Through the Looking Glass: Psilocybin assisted therapy and GIM'* by Marilyn Clark from the USA revealed the "renewed interest in psychedelic assisted therapy" (Papanikolaou & Smyrnioti 2016b: 11), and the new possibilities and new opportunities for GIM Fellows as "uniquely qualified to enter this new growing field" (Papanikolaou & Smyrnioti 2016b: 11). *'The Music Star-a new star in psychiatry'*, a specially designed application for iPad that was developed in spring 2015 in the ICUs at Aalborg University Hospital-Psychiatry, "enabling patients and staff to quickly "pick and play" music as an intervention to reduce anxiety, achieve focused attention or for mere sleep-support" (Papanikolaou & Smyrnioti 2016b: 10), and the early experiences from its use were presented by Lars Rye Bertelsen from Denmark. I considered both presentations to be unique and intriguing.

I was also very pleased that topics like *'Cultural Sensitivity in GIM'* (Alison Short from Australia) and *'Presence and Attunement in the Therapeutic Relationship'* (Katarina Mårtensson Blom from Sweden) were introduced to remind us of how crucial the presence of the therapist is for GIM practice, and how we need to adapt to the new challenges to be able to promote change and development for our clients, especially now that "in the context of multicultural communities worldwide, culturally diverse clients seek GIM sessions" (Papanikolaou & Smyrnioti 2016b: 25). To add to this long list of interesting and educational presentations, I would finally add the one *given by* Gabriella Giordanella Perilli from Italy, *'From Guided Imagery and Music to Imagery Evoked by Music: Methods to Bring up Tacit Knowledge into Awareness: A Multidisciplinary Perspective'*, the presentation of Martin Lawes from the UK *'Illusion or Reality? Music as Adapting to the Traveller's Needs in GIM and as Background Presence'* where the "apparent adaptability of the co-therapist (as the music is often characterised in GIM)" (Papanikolaou & Smyrnioti 2016b: 16) is explored, Dikla Kerem's (Israel) *'Moved by the Music'*, "an explorative project on GIM with movement therapy students, […], [where] authentic movement was offered and encouraged as an alternative to mandala drawing" (Papanikolaou & Smyrnioti 2016b: 15), and Gro Trondalen's (Norway) *'Focused, time-limited Bonny Method of Guided Imagery and Music'*, a presentation that addressed a "time-limited agreement (with a female executive in her late 30s), in addition to (a) pre-selected issue (that) seemed to offer clarity of structure and purpose in (her) therapy" (Papanikolaou & Smiryioti 2016b: 29).

WORKSHOPS

A wide variety of workshops on different topics was held, all of them very interesting, and some of them quite challenging. The participants had the opportunity to become more familiar with GIM adaptations like *'Active Body and Music Listening-Utile dulci in GIM Practice'*, a GIM-adaptation developed and presented by Alvhild Gruvstaad (Norway) to "be useful as an everyday-tool for self-caring for both clients and therapists" (Papanikolaou & Smyrnioti 2016a: 6), and *'Music Breathing – Breath grounding and modulation of the Bonny Method of Guided Imagery and Music'* an adaptation of the Bonny Method of GIM to address the special needs of patients with complex post-traumatic stress disorder, dissociation, and

other trauma related disorders, developed and presented for us by Dag Körlin from Sweden.

Delegates explored "the use of visual and tactile stimuli during the GIM process in the form of various Process Art techniques, (MARI symbols, colour and clay, writing)" (Papanikolaou & Smyrnioti 2016a: 9) during Diane Maris's (South Africa) workshop *'GIM and Visual Language: Experiencing the Powerful Influence of Image Exploration on the Music Listening Process'*. The very emotional and touching work of Ilan Sanfi from Denmark *'Music and Imagery Narratives Specially Designed for Paediatric Patients'* was also presented. The author discussed the effects of Music and Imagery interventions to reduce side effects of chemotherapy in children with cancer, and demonstrated his music concept, which consist of a "series of music and imagery narratives specially composed and designed for paediatric cancer patients at the age of 7-12" (Papanikolaou & Smyrnioti 2016a: 11-12). A first-hand experience with the original music and imagery narratives was also provided.

Ines Oberscheid from Germany with her workshop *'Implementing Pre- and Perinatal Traumas into the GIM Therapy'* also gave a very interesting insight on our "basic melody" that is created during the first nine months inside our mother's womb, and how GIM offers a wonderful platform to detect, bring to a conscious level, transform, and heal early intrusive and hurtful events that have occurred while inside the mother's womb, during birth or early childhood. Moving on, we were presented with *'The Integration of GIM Techniques with Improvisation-Based Music Therapy: A Case Example of Work with an Adolescent with Autism and Early Trauma'* (Martin Lawes, UK), *'Expanded Awareness'* – a workshop on the development of the individual through the integration of all aspects of oneself (Photoulla Potamitou, Cyprus), and finally, the workshop *'From GIM Narrative to Narration: Composing a Fairy Tale as an Alternative Creative Processing'* (Smirnioti, Trifonopoulou and Tsolka, Greece).

In *'Combining GIM and Schema Therapy'*, Gert Tuinmann from Germany gave an overview of schema therapy and described the possible interventions with GIM. Leslie Bunt (UK) and Margareta Wärja (Sweden) during their workshop *'A Long Way from Home: Journeying through the Labyrinth of Life with Ariadne's Thread'* invited us to explore how ancient myths "can help us in facing contemporary challenges and glimpsing initiations of possible answers" (Papanikolaou & Smyrnioti 2016b: 31). Isabelle Frohne-Hagemann from Germany (*'Supervision for the Supervisors'*) addressed issues involving supervision and invited us to share and exchange thoughts and ideas on this topic.

An opportunity to travel to the contemporary GIM-Programme *'New Blood'* was given to all participants in the workshop of Svein Fuglestad (Norway). The programme is based on orchestral re-recordings of various tracks by Peter Gabriel, and the "intention with the programme is to give the traveller 'new ideas and energy' and might with its "new blood" be a way of touching the inner resonance in people not so familiar with classical music" (Papanikolaou & Smyrnioti 2016b: 33). How we can "assess and evaluate the client's development and therapeutic intervention efficacy by comparing narratives of GIM experience; such narratives [that] evolve in non-ordinary and ordinary states of consciousness, thus regard implicit and explicit knowledge" (Papanikolaou & Smyrnioti 2016b: 34) was the focus of the workshop of Gabriella Giordanella Perilli (Italy) named *'Imagery and Music Narratives to Access and Evaluate the Client's Development and the Intervention Efficacy'*.

Maya Story (USA) presented a very interesting intervention development story: *'Music and Imagery with female military veterans'*. With woman being "the fastest growing demographic among veterans in the US, Military Sexual Trauma (MST) is an issue among returning veterans that causes a significant amount of distress with a high occurrence of Post-Traumatic Stress Disorder (PTSD)" (Papanikolaou & Smyrnioti 2016b: 38). M. Story presented the "first stage of a larger protocol that seeks to evaluate Guided Imagery and Music as a treatment modality with MST related to PTSD" (Papanikolaou & Smyrnioti 2016b: 38), explaining how she worked with a continuum of music from preferred music pieces to the Bonny Method of GIM. She then invited the audience to pick a piece of music from any genre that one felt a "craving" for in the moment, and listen, move or draw to it.

All workshops proved to be extremely interesting and vivid, giving us the opportunity to gain a better insight of the current GIM practice and research. If I should highlight one of the most challenging and rewarding experiences for me that took place during the pre-conference, it would be the *'Live'* GIM improvisation. This workshop was divided in two parts. It started with a thematic improvisation that was previously prepared by a group of GIM therapists, including myself. We were given the opportunity to build a three-piece GIM improvised music programme, and perform it live for the rest of the participants while they were

listening in a relaxed state. During the second part of the workshop the participants were involved in an experiment where they were asked to play improvised music together and create a GIM programme spontaneously, bearing in mind the general dynamic structure of a GIM programme, such as peaks and plateaus. The totality of the experience gave the whole group the opportunity to be spontaneous and creative, to play music together, to come closer and get to know each other. It provided a new way of 'being in' the music and listening to the music in GIM. It was the first time I have experienced a live GIM improvisation and would like to thank Anna Böhmig (Greece) and the rest of the participants deeply for this experience.

ROUNDTABLE

The roundtable presented ideas and thoughts on *'Practice and Training in the Bonny Method: European and Wider Perspectives'* (Martin Lawes from the UK, Christina Achter from Germany, Lars Ole Bonde from Denmark, Denise Grocke from Australia, and Esperanza Torres from Spain). Within a context of an evolving spectrum of practice and training, the five panel members focused on the Bonny Method itself.

> "To what extent is the method practised in its original form? What are the backgrounds of those who practise it and who are the clients? What is the situation in different countries? What is the current and likely future place of the Bonny Method within the wider spectrum of contemporary practice as this continues to evolve? What are the implications for training and the types and levels of qualification that may be needed in GIM?" (Papanikolaou & Smyrnioti 2016b: 41)

The topic proved to be important and interesting, especially at a time when the European GIM community is working towards forming new training and professional standards that would fit these different needs.

THE FORMATION OF THE EUROPEAN ASSOCIATION OF MUSIC AND IMAGERY (EAMI)

The focus of this conference in Greece was on the European perspectives of GIM. GIM in Europe is growing and stands at a crossroads. Forming the European Association of Music and Imagery (EAMI) became a collective, ongoing process that has been carried out during the past six conferences involving the whole GIM European community. With conference workshops, discussions, lots of work and meetings for the interim steering board, the European GIM community focused on forming the EAMI that would be independent from the AMI, and able to form its own standards for education and practice more suited to the European context, yet still sharing the same goals and vision, always in good cooperation with the Association for Music and Imagery (AMI).

The question "Can and will we establish a European Association of Music and Imagery?" was posed at this 12th European Conference accompanied by an open discussion and vote. Two EAMI meetings were held during the conference and some of the people who have dreamt and worked towards this goal presented us with this dream and vision, including its challenges. We heard the pros and cons; people talked in favour and against. A very moving and inspirational speech was given by Marylin Clark who quoted Bonny's words on the vision of GIM, welcoming this new step for the GIM community. Present at all of these EAMI meetings was the President of AMI, Suzannah Scott-Moncrieff, evident of AMI's support through the years to the formation of EAMI as AMI's "growing child".

From my point of view, what really happened there was that people exercised their right to speak their mind, to share their feelings and opinions. And right there, in Athens, Greece, the mother of democracy, people voted. And they voted 'yes'. 'Yes', to the establishment of the EAMI. And the celebration that followed brought us all together. This big, dancing crowd, singing and laughing, hugging, and celebrating the beginning of something new, beautiful, and challenging; of something that will help us grow even bigger and make us stronger.

Photograph 3: Celebrations upon EAMI's establishment

The first Board of EAMI was born in Athens. All of the past Interim Board members offered to continue, and they welcomed two new members. As I read in the first EAMI newsletter, since the conference in Athens the Board have approved the Training Standards which were proposed at the Athens conference, and formed the new Educational Committee composed by Martin Lawes, Lars Ole Bonde, Isabelle Frohne-Hagemann and Evangelia Papanikolaou.

NOT ONLY WORK….

As you set out for Ithaka
hope the voyage is a long one,
full of adventure, full of discovery. […]
But do not hurry the journey at all.
Better if it lasts for years,
so, you are old by the time you reach the island,
wealthy with all you have gained on the way,
not expecting Ithaka to make you rich.
Ithaka gave you the marvelous journey.
Without her you would not have set out.
She has nothing left to give you now.
And if you find her poor, Ithaka won't have fooled you.
Wise as you will have become,
so full of experience, you will have understood by then
What these Ithakas mean[1]

This GIM conference proved also to be a chance for us all to enjoy some good time together, come closer to each other and get to know more about Greek history, ancient Greek music, the antiquities, and the world renowned monuments. LyrAvlos Ensemble performed at the opening ceremony on reconstructed ancient Greek instruments and gave us a taste of the ancient and unique sound. The Fellow's graduation ceremony conducted at the pool area of the hotel was inspired by Cavafis poem *Ithaka*, highlighting the journey that all of us graduates 'set off' years ago, studying and practising GIM as a "*journey, full of adventures, full of discovery*" hoping that one day we will all become "*wealthy with all we have gained on the way"*. It was a very moving, emotional, and I hope unforgettable moment for all 20 graduates, not to mention fun, as a group jumping in the pool gave the call for the celebration to start, which only ended with a midnight swim at the amazingly warm and welcoming September sea.

[1] Poem by C. P. Cavafis (1863-1933), translated by Edmund Keeley and Philip Sherrard, as cited in the Cavafy Archive website www.cavafy.com.

The visit to Cape Sounio, the evening at the Acropolis and the performance at Herodeon Theater, along with the good, traditional Greek food, the beautiful live music performed at the Gala Dinner, the 'FEMME normale' dance-theatre performance, the beautiful relaxing moments on the beach under the amazing Greek sun, and of course the Greek 'philoxenia' (hospitality), made the 12th European GIM Conference a memorable experience for all of us.

Photograph 4: From left to right: Members of the Organising Committee, Marilena Smyrnioti, Irini Psalti, Anna Boehmig and Evangelia Papanikolaou together with conference members Ilan Sanfi, Maria Samara and Polina Kavoura

I would like to thank all the people responsible for the organisation of this conference. The Scientific Committee for keeping the standards of the presentations (oral and posters) and workshops so high and for giving us the opportunity to learn and grow. The Organising Committee and the *Sonora-Multidisciplinary Society for Music & Research*, for making the experience as nice, relaxing, and memorable as it was and, of course, a special thanks to Evangelia Papanikolaou, Head of the Organising Committee, for making it all happen and in the best way.

We are all looking forward to the next Conference of the European Association of Music and Imagery, from 17-23 September 2018, in Ireland.

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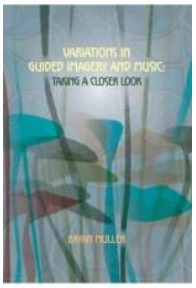
SPECIAL ISSUE
Guided Imagery and Music: Contemporary European perspectives and developments

Book review

Variations in Guided Imagery and Music: Taking a Closer Look (Bryan Muller)



Reviewed by Martin Lawes

Title: Variations in Guided Imagery and Music: Taking a Closer Look | **Author:** Bryan Muller | **Publication year:** 2014 | **Publisher:** Barcelona Publishers | **Pages:** 112 | **ISBN:** 978-1937440534

Martin Lawes is founder of the Integrative GIM Training Programme based in the UK (www.integrativegim.org). His clinical practice in GIM is in palliative care. As a music therapist he works in special needs education and also has a number of years' experience in adult mental health. He is a registered supervisor with the British Association for Music Therapy and is published in four peer reviewed journals. Martin is the current chair of the Education and Training Committee of the European Association for Music and Imagery (EAMI).'

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INTRODUCTION

Muller's book is a specialist one, most likely to be of interest to practitioners, trainers and students of Guided Imagery and Music (GIM). One of his themes is the use and meaning of terms in GIM which turns out to be a complex topic. Such terms lack consistency and clarity which his publication is intended in part, to help address. My use of terms below is broadly speaking aligned with Muller's as I will briefly outline before proceeding to review his book.

First of all by GIM I refer to the field of practice as a whole, including the 'Bonny Method' of GIM and 'modified GIM'.[1] As will become apparent Muller defines the Bonny Method exclusively in relation to the practices Helen Bonny originally developed. The term 'modified GIM' he uses to encompass the myriad ways the Bonny Method has been modified and adapted by others to suit different clients, therapists and clinical situations. He also uses the term 'music and imagery' (MI) towards the end of his book. This term is generally used to identify practices that involve the client or clients in a short period of music listening without any verbal dialogue (guiding). These practices may or may not be construed as being part of GIM and of modified GIM in particular. What unites MI and all the other more or less closely related spectrum of GIM practices (the Bonny Method and modified GIM) is that they require specialist training.

Those who complete the full GIM training become 'Fellows' of the Association for Music and Imagery (AMI). This is the professional body based in the USA that at present endorses trainers and training programmes worldwide and publishes training standards (AMI 2010).

[1] This book review was written in 2015 and therefore does not reflect more recent developments in the GIM terminology being used in Europe as set out in the new European Training Standards.

BACKGROUND

Muller is both a music therapist (with a PhD from Temple University, Philadelphia) and GIM Fellow. In 2010 he conducted an electronic survey of current practice in GIM (Muller 2010). His interest was to clarify the extent to which Fellows were practising the Bonny Method in its original form and the extent to which they were modifying it. This remains an important topic in GIM and indeed, arguably, has become more so since Muller conducted his survey. His publication is thus an important one. It complements another publication on the contemporary spectrum of practice that has recently come into print (Grocke & Moe 2015).

Ever since Helen Bonny first developed and began to train others in her method, Fellows have adapted it to suit different clinical contexts. This has resulted in a wide spectrum of practice being developed with ever new 'variations', to use Muller's term. Yet, as he points out, this proliferation of practice raises many questions. He believes it especially problematic that there is no formally agreed consensus as to what constitutes the Bonny Method and differentiates it from its modifications. Neither are the boundaries of the field of practice as a whole clear. This is important because the method is a powerful one and clarity is needed about the level of training required for the different types of practice.

In designing his survey and in his book Muller draws on Bruscia (2002), the only author according to Muller who has previously addressed these issues. Bruscia not only defines the Bonny Method in detail and distinguishes it from its modifications and adaptations; he also distinguishes these from related practices that lie outside the boundaries of GIM. These are simple music and imagery techniques, for example 'directed music imaging' (Bruscia 2002), that do not require GIM training at any level. These practices involve the therapist directing the client's imagery experience with little room for spontaneous imaging as characterises GIM (though the scope for this may be restricted in some types of MI especially). They are thus, as Muller discusses, music therapy rather than GIM practices and are taught to music therapists in countries such as the USA. Whilst differentiating levels and types of practice in this type of way is undoubtedly important, it is far from straightforward. Indeed, it is interesting to note that in a more recent text, published since Muller's book, Bruscia categorises 'directed music imaging' as a GIM practice (Bruscia 2015).

OUTLINE OF THE BOOK

In the first chapter of his book Muller outlines how Bonny originally discovered and developed the method. He refers to Bruscia's work in the second chapter, summarising how Bruscia distinguishes Bonny Method practices from those associated with modified GIM. This is in relation to eight variables: State of Consciousness, Spontaneous Imaging, Classical Music Programs, Goals, Theoretical Orientation, Verbal Dialogue, Directive Interventions and Length of Music Experience. This becomes the basis for Muller's presentation and discussion of his survey results in the remaining chapters of his book.

In chapter three the focus is on the extent to which Fellows practice the Bonny Method (according to Bruscia's criteria) as far as the length of the session is concerned and also the length of the music listening part. In this and other sections of his text where Muller presents his survey results, I found the detail of the information difficult to assimilate. Perhaps the data along with the questions could have been set out in a table for ease of reference.

After presenting his survey data Muller includes a review of the literature. As a practitioner and trainer I found this and similar literature reviews he presents in subsequent chapters to be especially interesting and useful. Muller organises the material in relation to four areas of modified practice: psychiatry, physical illness, the elderly, and children and adolescents. In chapter three the literature review helps account for his survey results; for example, that Fellows tend to shorten sessions or the music listening part either to accommodate client need or therapist and facility scheduling.

In chapter four Muller is concerned with the extent to which Fellows use predesigned music programmes or spontaneously programme the music, and whether classical or other types of music are used. In chapter five his topic is guiding practices; for example, the extent to which this is directive or non-directive. Muller's survey results again reflect the spectrum of practice reported in the literature.

Chapter six covers theoretical orientation where it was clear from the survey that whilst most practitioners identified with a humanistic or transpersonal stance (Bonny Method), a high percentage adopted a Jungian and psychodynamic orientation at times which according to Bruscia's criteria is a modification.

In chapter seven Muller turns his attention to the

ways that GIM has been combined with other practices. In chapter eight he compares the use of the Bonny Method and modified practices. His survey brings to light that Fellows who use practices associated with the Bonny Method tend not to use those associated with modified GIM and vice versa. Muller believes that this shows the inherent value of Bruscia's distinctions. He wonders whether his data reflects the fact that some trainings favour the Bonny Method and others modified forms of practice. He also considers the spectrum of directive and non-directive practices in this chapter.

In chapter nine, Muller considers the implications for practice, training and supervision. He notes, interestingly, that whilst some Fellows have modified the Bonny Method to meet the needs of vulnerable clients (for example those with fragile egos, physical frailty, limited attention span, or impaired cognition), others have worked effectively with similarly vulnerable clients without using any form of modification. Important questions are raised by this including whether the clients are at the same level of functioning and about the criteria needed to determine when the method needs to be modified and how. This leads Muller to elaborate the different levels of practice referred to in the literature (supportive, re-educative and reconstructive). He notes that whilst there are consistent descriptions of client functioning at each level, the types of practice and music employed at each differ amongst practitioners.

In regard to training and echoing Bruscia, Muller proposes the need to clarify the skill level required for the Bonny Method, modified practices and those which are related but which lie outside the bounds of GIM altogether. He refers to new training models that have emerged that incorporate training in MI, sometimes as a precursor to, and sometimes separate from training in the Bonny Method.

Muller outlines his concerns around the use of terms generally where there is confusion and a lack of consistency. One example of this is where he describes how some forms of MI have been identified as modified GIM whereas other forms have been characterised as falling outside the boundaries of GIM altogether even though the practices concerned have been inspired by Bonny's work and require specialist training. He also points out that American music therapists are trained in what is formally identified as 'music and imagery' where the practices are related but different (e.g. 'directed music imaging' as discussed above) and do not require any level of GIM training. Muller highlights the need for the MI methods practised by music therapists and by GIM Fellows to be clearly differentiated. This is to ensure safe and ethical practice.

At the forefront of Muller's concern is that the Association for Music and Imagery (AMI) do not sufficiently address these matters in their published training standards (AMI 2010). He suggests that the 'Core Elements' of the Bonny Method and of training in it as set out in the standards can easily be construed as referring to modified GIM and MI as much as to the Bonny Method itself with no criteria for distinguishing between them.

In his final summary chapter, Muller further clarifies the issues his research raises. Firstly, there seem to be differences of opinion amongst the GIM community as to what constitutes a modification. Secondly, according to the AMI standards, GIM training is primarily focused on the Bonny Method. The problem is not only that its boundaries are not clearly defined but also that only around half of the GIM Fellows around the world seem to practise the method in full. If modifications are being taught and practised so widely, should further requirements for training in them be specified? Thirdly, there are differences of opinion as to why the method needs to be modified including to accommodate client need, faculty scheduling, different levels of practice and the personal style of the therapist. This raises further questions about modifications and what is taught on the courses.

In his 'Closing Thoughts' Muller questions why, as he sees it, the GIM community is not ready, is even resistant to accepting that boundaries exist between the different types of practice and that these need defining. He suggests that the advent of modifications need not signal the end of the Bonny Method, nor that 'rediscovering' it need compromise the discovery of modifications. Rather the two can potentially serve a 'vital role' in informing one another.

He then returns to a point he first discusses in his introduction where he suggests that the Bonny Method itself has so much flexibility that it is surprising it has spawned so many modifications. He refers to the myriad ways in which every part of a session can be adjusted to suit client need without the method actually being modified. In elaborating this point further at the end of his book, he describes how it morphs not only to suit the needs of diverse clients but also the personal style of practitioners. There are, he proposes, as many ways to use it as there are practitioners.

Muller also returns at the end of his book to

another point he first discusses in his introduction. He wonders whether practitioners are in a position to understand what may be lost through modification if the potential of the original and its applications are yet to be fully understood. He also suggests that he believes the original method contains procedures to 'weed out' aspects of the therapist's personal influence that may otherwise impede the client's progress. He questions whether the same is true of the modifications. Indeed Muller believes that we have much more to learn about the Bonny Method itself, with no-one having achieved anything like a full mastery of it, not even Bonny herself. He proposes that continuing investigation of the original method should be central to understanding modifications of it.

DISCUSSION

I certainly found Muller's book to be both useful and thought-provoking and it has helped clarify my own views. His topic is indeed one of ongoing importance for both Fellows and trainers and his publication is a timely one. Thus, during my writing of this review, not only has Grocke and Moe's new book been published about contemporary practice (Grocke & Moe 2015), but the AMI training standards themselves have been in the process of being updated.

Within this evolving context, I do not think I quite agree with Muller's view that the GIM community is unready, even resistant to accepting the need to clarify the boundaries between the different forms of practice and the level and type of training required for each. I think the situation is more complicated than that. Indeed I believe that many trainers would, broadly speaking, share Muller's concerns and have in various ways addressed them, with new material about this recently published (Goldberg 2015; Summer 2015). Grocke and Moe (2015) in particular categorise a spectrum of GIM and MI practices for individual and group work drawing on the work of over 30 Fellows who outline specific practices they have developed. Their publication significantly extends the existing literature that Muller so usefully summarises in his book.

The field of training and practice in GIM is thus one that continues to evolve. Muller with his research and his elaboration of the issues it raises makes a useful contribution. Some of his concerns I think certainly do need to be given wider consideration. One example is the confusion around the use of the term MI which is being increasingly appropriated in GIM (for example in Grocke and Moe's new book), seemingly without taking into account that music therapists not trained in GIM also practise what is designated 'music and imagery' in some countries. Thus according to the *Scope of Music Therapy Practice* published jointly by the American Music Therapy Association and the Certification Board for Music Therapists (2015), practitioners in that country practise 'music and imagery' as part of the spectrum of music therapy practices in which they are trained. It is clearly the case that the music therapy techniques concerned need to be differentiated from what I would suggest are the more 'specialist' MI techniques developed by GIM therapists, specialist because they require further training.

The use of this term is in fact especially complex where, for example, Bruscia uses 'music and imagery' along with 'Group GIM' to identify the group forms of practice developed by Bonny (because these are the terms she originally used). These are therefore part of the Bonny Method, the group forms being intended for self-development or spiritual exploration rather than for therapeutic work (Bruscia 2002). Interestingly Muller does not refer to this use of MI, drawing rather on more recent trends where MI is differentiated not only from the Bonny Method but sometimes from GIM altogether even though it is a part of or allied to GIM training.

Interestingly both MI and Group GIM are terms used by Grocke and Moe (2015) to help classify the contemporary spectrum of practice, but with each term referring to a different type of therapeutically-oriented practice. Their usage of these terms is thus completely different to Bruscia's and I suggest more generally compatible with contemporary trends. Although it is helpful to have the clarity Bruscia provides about the method as Bonny developed and practised it, even in her hands, things were continually evolving. In fact, according to Summer (2015), it was Bonny herself who spearheaded a broadening of practice and training through the 80s and 90s where she left behind her original definitions and procedures.

Given this I do not believe it is necessary to define the Bonny Method so precisely in relation to the practices Bonny originally developed in the context of contemporary practice and training. I fear it may confuse as much as clarify. This is not only in relation to the group forms, but also individual work. For example, I regard myself as practising the Bonny Method even when I integrate psycho-dynamic thinking into the way I work or spontaneously programme the music during a

session, or use a non-classical music programme. Yet according to Muller on any of these counts I am practising modified GIM even though the work meets his criteria for Bonny Method sessions in every other way. This does not make sense to me.

The drive to modify the method

Whilst I think Muller defines the Bonny Method in too restrictive a way, it has at the same time been very interesting to reflect on his view about the inevitably limited extent to which the potential of the Bonny Method has been mastered and understood which leads him to question the rationale for modifying it.

Muller is not the first to have wondered about the trend to modify it. Friedrich, for example, believes that the modifications have become "more important and more popular than the original" (Friedrich 2014: 11) because contemporary practitioners lack what he believes is the necessary background in depth psychotherapy to work with the original concept. Whilst this is a debatable point, it raises important questions about the way the field of GIM is evolving in the contemporary world and what should be required to train in it.

In my own practice, I am in a position to work with the Bonny Method more or less in its original form on a weekly basis. This gives me an ever-deepening appreciation of what is surely one of the most remarkable therapeutic methods known in any field of practice. In light of this I find myself in strong agreement with Muller that there is plenty more to find out about the potential and use of the method. Modifying it tends to involve deliberately limiting the depth and extent of the client's exploration in an altered state of consciousness. In this sense the potential of GIM is restricted and if modified practices did completely take over that would be a great loss.

On the other hand in their own way the modifications significantly increase the scope of what GIM has to offer. They are I think especially important, and indeed often necessary, if work is to be undertaken safely with more vulnerable clients. As noted by Goldberg (2002), this was not sufficiently well-understood when the method was first developed. At the same time, as Muller discusses, some Fellows have practised the Bonny Method effectively where others have found it necessary to modify it, in each case with similarly vulnerable clients (e.g. with depression or post-traumatic stress disorder). This is thought-provoking and clearly calls for further investigation.

Whilst all these matters are complex, I think there is both an inevitability and a necessity in the way GIM as a field of practice is evolving. This was brought home to me through a comment made by Isabelle Frohne-Hagemann (personal communication 2014), a GIM trainer from Germany. She suggested that music therapists practising GIM in that country could not survive offering the Bonny Method alone. It is not suitable to be used in its original form with clients in many of the settings in which music therapists work there. For me that resonates with the situation in the UK and as a trainer I think it vital that GIM Fellows are equipped to practise a spectrum of MI and GIM techniques such as Grocke and Moe (2015) set out.

This, of course, includes the Bonny Method which I hope will continue to have an ongoing central role to play. This is where, for example, I believe it is in many ways an ideal personal therapy for music therapists in training (personal therapy being required to train as a music therapist in the UK). Who better to deliver such therapy than a music therapist trained in GIM where the method can be potentially be combined with clinical improvisation, for example?

There is thus surely the potential for a wide range of practices to be undertaken by different therapists in different clinical situations for the benefit of all as practice continues to evolve. This is where as Grocke suggests, GIM may be going through a process of growth and development similar to that which occurred in other areas of music therapy practice during the 80s and 90s. Unsurprisingly she believes that the modifications are at the forefront of this as exemplified in much of the current research being undertaken (Montgomery 2015).

Integrating established knowledge and practice with new developments

Yet the process of change and evolution has a complex dynamic. This is brought out both through the questions Muller raises and through his survey data. His finding that Fellows seem to be divided between those who practice the Bonny Method and those who practice modifications is I think of especial interest. It backs up my general impression that within the GIM community there is both the desire to remain grounded in Bonny's work and legacy, honouring, protecting and sustaining the connection with it, and a drive to develop new forms of practice (and training) aligned with contemporary trends in clinical practice and suited

to the various cultural, social, political, legal and professional contexts in which GIM is practised in different countries around the world.

I believe that both trends are important, and as Muller suggests, practice in the Bonny Method and in its modifications can enhance one another. All sorts of questions are raised though, especially about the need highlighted by Muller to clarify the different types and levels of practice and what is required to train in them to ensure safe, ethical practice. As Muller is, I am concerned that the AMI standards are too focused on the Bonny Method especially given the extent to which modifications are being practised. Surely standards need to be put in place for the teaching of these that support practitioners being able to offer the Bonny Method, modified GIM or MI as is most suitable in any given situation.

Whilst the AMI standards continue to focus on the Bonny Method, it will be interesting to see what results from an interim European Association of Music and Imagery (EAMI), formed at the 2014 European GIM conference in Berlin (https://www.music-and-imagery.eu/), where it was formally proposed to explore the development of European training standards.[2]

Are the modifications really modifications?

Finally, and perhaps especially pertinent following Bonny's death in 2010 (with the impact it has had on the GIM community especially in the USA where so many had a personal connection with her), is the question of the terms themselves that are to be used. Grocke admits to not particularly liking the way that in GIM "we distinguish between the Bonny Method and the 'not the Bonny Method' way of thinking" (Montgomery 2015). Thus, she and Moe propose the spectrum of practice discussed which includes individual and group methods of both MI and GIM (avoiding the term modified GIM) along with the Bonny Method. Summer (2015), taking a slightly different approach in the context of the training programme she has developed, proposes a continuum of supportive, re-educative and reconstructive level MI and GIM practices. In this approach the Bonny Method is reconstructive GIM (Summer 2015). With this evolving use of terms, perhaps the term modified GIM itself will become redundant as a more differentiated spectrum of practice is identified along the lines suggested by Grocke and Moe (2015) and Summer (2015).

My own way of thinking about this topic is that it was as though before Bonny began her work, there was a method or perhaps collection (or spectrum or continuum) of related methods (a field of practice) waiting to be discovered. Bonny was the pioneer who first discovered and began to develop practice in the field unlocking some but by no means all of its potential. Others have built on what she began. The process is an ongoing one with more of the potential of GIM being discovered and clarified all the time. In this sense I do not see the practices Bonny developed as being the original pure method with everything else being a 'modification' or variation of it. Indeed some are really quite distinct practices in their own right. The Bonny Method of GIM I suggest transcends 'Helen' and needs itself to evolve (and perhaps be renamed) to be of continuing relevance. It is ultimately a 'method of …', one amongst many more or less closely related 'methods of …' in an evolving specialist field of practice. In this, whilst the different types and levels of practice can be grouped together in various sub-groups and this may be important for training, as Summer (2015) suggests they can also potentially be combined as part of a creative and flexible approach to meeting client need which is perhaps the optimal situation.

Summary

In summary I think that Muller, with his survey data and the discussion, questions and concerns he sets out in his book, provides much food for thought. Although I did not find the style of writing and organisation of the material particularly accessible in places and a few references seem to be missing, I am grateful to Muller for his work and for all that it has made me think about. His topic is one of central importance in the evolution of practice and training in the field at the present time. I hope that other GIM Fellows, trainers and students may turn to it to help inform, develop, challenge and clarify their own thinking. I would recommend the book on this basis.

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Μεταφρασμένες περιλήψεις

Translated abstracts

Μετάφραση στα ελληνικά: Δήμητρα Παπασταύρου
Επιμέλεια: Ευαγγελία Παπανικολάου

Music and Imagery [Μουσική και Απεικόνιση] σε ομάδες με γυναίκες που υποφέρουν από διαταραχή μετατραυματικού στρες / σύνθετη διαταραχή μετατραυματικού στρες: Μια μελέτη εφαρμοσιμότητας

Gabriella Rudstam, Ulf Elofsson, Hans Peter Søndergaard, Lars Ole Bonde & Bolette Daniels Beck

ΠΕΡΙΛΗΨΗ

Οι γυναίκες που έχουν εκτεθεί σε σωματική, ψυχολογική ή/και σεξουαλική κακοποίηση – σε αρκετές περιπτώσεις με ιστορικό παιδικής κακοποίησης και αμέλειας – συχνά υποφέρουν από διαταραχή μετατραυματικού στρες (PTSD) ή σύνθετη διαταραχή μετατραυματικού άγχους (CPTSD). Ωστόσο, οι τεκμηριωμένες θεραπείες που συνιστώνται βοηθούν μόνο το 50% του πληθυσμού αυτού, και ως εκ τούτου υπάρχει η ανάγκη να διερευνηθούν και συμπληρωματικές μέθοδοι. Σ' αυτή τη μελέτη έχει διερευνηθεί μία τέτοια πολλά υποσχόμενη μέθοδος: η ομαδική προσέγγιση που βασίζεται στο Music and Imagery [Μουσική και Απεικόνιση] (GrpMI) και επικεντρώνεται στο τραύμα. Σ' ένα κλινικό πλαίσιο μη τυχοποιημένης δειγματοληψίας, διερευνήθηκε η σκοπιμότητα της προσέγγισης GrpMI και η καταλληλότητα των επιλεγμένων μετρήσεων. Στην πιλοτική μελέτη συμμετείχαν δέκα συμμετέχουσες με διαταραχή μετατραυματικού στρες και με σύνθετη διαταραχή μετατραυματικού άγχους, πέντε σε κάθε ομάδα. Όλες οι συμμετέχουσες ολοκλήρωσαν τη θεραπεία. Τα κύρια αποτελέσματα περιλάμβαναν τις μετρήσεις των συμπτωμάτων της διαταραχής μετατραυματικού στρες που έγιναν πριν και μετά τη θεραπεία, καθώς και συμπληρωματικές μετρήσεις. Τα δευτερογενή αποτελέσματα αφορούσαν τη διάσχιση [dissociation] και την ποιότητα ζωής. Τα αποτελέσματα έδειξαν μείωση της διαταραχής μετατραυματικού στρες και των συμπτωμάτων διάσχισης, και βελτίωση της ποιότητας ζωής μετά τη θεραπεία. Αυτή η τάση διατηρήθηκε και κατά τη συμπληρωματική παρακολούθηση. Μια ανάλυση ατομικών ημιδομημένων συνεντεύξεων που έγιναν με τις συμμετέχουσες μετά τη λήξη της θεραπείας έδειξε ότι οι ίδιες θεώρησαν την ομαδική θεραπεία χρήσιμη και αποδεκτή. Βάσει των ευρημάτων τα οποία δείχνουν ότι η προσέγγιση GrpMI που επικεντρώνεται στο τραύμα έχει θετική επίδραση στην ψυχολογική υγεία των γυναικών, απαιτείται μεγαλύτερη μελέτη μέσα από μεθόδους τυχαιοποιημένης ελεγχόμενης δοκιμής (RCT).

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

group Music and Imagery (GrpMI) [ομαδική Μουσική και Απεικόνιση], εκφραστικές τέχνες, διαταραχή μετατραυματικού στρες, σύνθετη διαταραχή μετατραυματικού στρες, θεραπευτική αγωγή

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Η επαναπεριγραφική τεχνική: Μια προσαρμογή της μεθόδου Guided Imagery and Music της Bonny (BMGIM) προς τη συνειδητοποίηση της άρρητης γνώσης

Gabriella Giordanella Perilli

ΠΕΡΙΛΗΨΗ

Η μέθοδος Guided Imagery and Music της Bonny (BMGIM) είναι μια αποτελεσματική ψυχοθεραπευτική μέθοδος που έχει ως στόχο να κάνει συνειδητή την άρρητη γνώση και να δημιουργήσει νέα νοήματα. Δεδομένα που προέρχονται από τη γνωσιακή νευροεπιστήμη και την κλινική πρακτική υποστηρίζουν τη διαδικασία της μεθόδου BMGIM και την προσαρμογή της, η οποία ονομάζεται «Επαναπεριγραφική Τεχνική» [Redescriptive Technique] και παρουσιάζεται στο άρθρο αυτό. Αυτή η τεχνική έχει τη μορφή της εργασίας για το σπίτι [homework assignment] και αποτελεί μια προσθήκη στις τυπικές διαδικασίες της BMGIM που βασίζονται σε γνωστικούς προσανατολισμούς. Για να ενισχυθεί η κατανόηση της μεταφορικής εμπειρίας που προσφέρει η απεικόνιση [imagery], μεταξύ του πελάτη και του προσώπου που τον καθοδηγεί κατά τη διάρκεια της συνεδρίας BMGIM χρησιμοποιείται η λεκτική επικοινωνία με πολλούς θεραπευτικούς σκοπούς. Επιπλέον, για να μπορέσει ο πελάτης να αναλάβει ακόμα μεγαλύτερο ρόλο ως προς τον αναστοχασμό και την ενσωμάτωση διαφόρων πτυχών της εμπειρίας του με πιο ουσιώδεις και εξυπηρετικούς τρόπους, το

άρθρο αυτό προτείνει μια προσθήκη στην κλασική μέθοδο BMGIM: τη συγγραφή μιας προσωπικής αφήγησης της εμπειρίας. Η καινοτόμος προσαρμογή μπορεί να χρησιμοποιηθεί ανεξάρτητα από τον θεωρητικό προσανατολισμό του θεραπευτή.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Guided Imagery and Music, επαναπεριγραφική ψυχοθεραπεία, άρρητη γνώση

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Προοπτικές του Music Imagery [Μουσική Απεικόνιση] στον σύνθετο χρόνιο πόνο

Ilan Sanfi & Erik Christensen

ΠΕΡΙΛΗΨΗ

Σκοπός του άρθρου είναι να εξετάσει την έννοια του χρόνιου πόνου ως σύνθετου φαινομένου και να τονίσει τον πιθανό ρόλο της μουσικοθεραπείας – και ειδικότερα του Music Imagery [Μουσική Απεικόνιση] – στη θεραπεία του χρόνιου πόνου. Οι θεωρίες του πόνου μαζί με την έρευνα για τις διόδους του πόνου και τον έλεγχό του από το νευρικό σύστημα ενισχύουν τα στοιχεία που προκύπτουν από την κλινική πρακτική, τα οποία παρουσιάζουν ότι οι μουσικές παρεμβάσεις μπορούν να καταπραΰνουν την αίσθηση του πόνου και ταυτόχρονα να προσφέρουν μια ευχάριστη αισθητική εμπειρία. Η μουσικοθεραπεία παρέχει ευκαιρίες για την επεξεργασία ψυχολογικών και υπαρξιακών προβλημάτων και επιτρέπει στους ασθενείς ν' αντιμετωπίσουν καλύτερα τον χρόνιο πόνο. Η σχετική έρευνα στη νευροεπιστήμη και στη μουσική ιατρική παρέχει συμπληρωματικές αποδείξεις ότι η μουσική μπορεί να έχει σημαντικό αντίκτυπο στις φυσιολογικές και ψυχολογικές πτυχές του πόνου. Αυτό το άρθρο συνοψίζει μια σειρά από επιλεγμένες θεωρητικές, κλινικές και ερευνητικές γνώσεις που αφορούν τόσο τους κλινικούς ιατρούς όσο και τους άλλους επαγγελματίες του τομέα της υγείας που εξειδικεύονται στην ανακούφιση του χρόνιου πόνου.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, Music Imagery [Μουσική Απεικόνιση], σύνθετος χρόνιος πόνος, θεωρία, έρευνα, κλινικές επιπτώσεις

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Συνδυάζοντας τη Θεραπεία Σχημάτων με τη μέθοδο Guided Imagery and Music

Gert Tuinmann

ΠΕΡΙΛΗΨΗ

Η Θεραπεία Σχημάτων [Schema Therapy, ST] αποτελεί ένα τρίτο κύμα Γνωσιακής Συμπεριφοριστικής Θεραπείας [Cognitive Behavioural Therapy, CBT] και μεταξύ άλλων χρησιμοποιείται για τη θεραπεία της διαταραχής της προσωπικότητας, της χρόνιας κατάθλιψης και των διατροφικών διαταραχών. Ένας στόχος είναι να προκαλέσει και να ρυθμίσει συναισθήματα. Οι τεχνικές που χρησιμοποιούνται είναι η επανεγγραφή της απεικόνισης [imagery rescripting], η τεχνική του διαλόγου της καρέκλας [chair dialogue] και οι τυπικές γνωσιακές συμπεριφοριστικές τεχνικές. Τα βασικά στοιχεία της μεθόδου Guided Imagery of Music (GIM) είναι οι διαδραστικές συμβολικές απεικονίσεις που ενεργοποιούνται από τη μουσική (εικόνες που βιώνονται μέσα από τις πέντε αισθήσεις, το σώμα, τις μνήμες, τα συναισθήματα και ενδεχομένως τις διαπροσωπικές απεικονίσεις). Συνδυάζοντας αυτές τις δύο θεραπείες θα μπορούσαν να ενισχυθούν τόσο οι εμπειρίες των θεραπευόμενων όσο και η συνολική αποτελεσματικότητα της θεραπείας. Στόχος αυτού του άρθρου είναι να παρουσιάσει τη Θεραπεία Σχημάτων (ST) και να ενημερώσει τους αναγνώστες σχετικά με τις ομοιότητες των δύο θεραπειών και τις δυνατότητες που μπορούν να προκύψουν από τον συνδυασμό τους. Ο συγγραφέας περιγράφει τον συνδυασμό θεραπειών που χρησιμοποίησε σ' έναν πελάτη με χρόνιο πόνο και αναλύει τα ευρήματα και τις μελλοντικές εξελίξεις. Μιας και ο συνδυασμός αυτός δεν έχει περιγραφεί ξανά στο παρελθόν και το άρθρο αυτό δίνει την αναφορά μίας μόνο περίπτωσης, δεν μπορούν να εξαχθούν συμπεράσματα. Απαιτούνται περαιτέρω μελέτες για να διερευνηθεί η αποτελεσματικότητα αυτού του ενδεχόμενου συνδυασμού.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μέθοδος Guided Imagery and Music της Bonny (BMGIM), μουσικοθεραπεία, Θεραπεία Σχημάτων, φαντασία, Γνωσιακή Συμπεριφοριστική Θεραπεία

Αφού ολοκλήρωσε τις σπουδές του στην ιατρική, ο **Gert Tuinmann** ειδικεύτηκε στην παθολογία. Έπειτα σπούδασε μουσικοθεραπεία (2005-2008). Ξεκίνησε την εκπαίδευσή του στη μέθοδο GIM το 2006 και εντάχθηκε στο χώρο ως επαγγελματίας το 2012. Επίσης, εξειδικεύτηκε στη Γνωσιακή Συμπεριφοριστική Θεραπεία και στη Θεραπεία Σχημάτων (2008-2014). Από τον Ιανουάριο του 2015 εργάζεται στο τμήμα Ψυχοσωματικής του πανεπιστημιακού νοσοκομείου Charite του Βερολίνου.

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Guided Imagery and Music (GIM): Αναστοχασμοί πάνω στον ρόλο της εποπτείας στην κατάρτιση και τη θεραπεία

Isabelle Frohne-Hagemann

ΠΕΡΙΛΗΨΗ

Η εποπτεία είναι ένα από τα επιστημονικά πεδία που στη μουσικοθεραπεία και στη μέθοδο GIM έχουν παραμεληθεί. Ένας από τους λόγους για τους οποίους συμβαίνει αυτό είναι η διαφορετική χρήση του όρου σε διάφορες χώρες. Απαιτούνται λοιπόν σαφείς ορισμοί της εποπτείας. Η συγγραφέας εδώ κάνει μια διάκριση μεταξύ της εποπτείας που αφορά την κατάρτιση και αυτής που αφορά ζητήματα που σχετίζονται με

τη δουλειά, και αναστοχάζεται ως προς τα προσόντα και τις ικανότητες που χρειάζεται να έχει ένας επόπτης. Ένας έμπειρος θεραπευτής GIM είναι άραγε επαρκώς εξειδικευμένος ώστε να είναι και επόπτης ή χρειάζεται να κατέχει ταυτόχρονα τόσο τον τίτλο του θεραπευτή GIM όσο και αυτόν του επαγγελματία επόπτη; Προκειμένου να δοθεί ένας ευρύς προσανατολισμός που θα μπορεί να αξιοποιηθεί από τους επόπτες της μεθόδου GIM, η συγγραφέας αναφέρεται σε μια πολυδιάστατη και μετα-ερμηνευτική έννοια. Ταυτόχρονα λαμβάνονται υπόψη πολιτικές, κοινωνικές, πολιτιστικές, θεωρητικές, ηθικές και πρακτικές διαστάσεις. Ένα παράδειγμα για τη διαδικασία της εποπτείας δίνεται εδώ με τη μορφή μιας ερμηνευτικής σπείρας που περιλαμβάνει διαφορετικές καταστάσεις συνειδητότητας και αναστοχασμού. Στην ανάπτυξη μιας ευρύτερης κατανόησης της εποπτείας, των στόχων της και του περιεχομένου της θα μπορούσε να συμβάλει και ένα παράδειγμα ευρετικής προσέγγισης.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

ορισμοί και λειτουργίες της εποπτείας: μοντέλα συνειδητότητας, καταστάσεις αναστοχασμού, ερμηνευτική σπείρα, μετα-ερμηνευτική προσέγγιση, προσόντα του επόπτη

Η καθηγήτρια **Isabelle Frohne-Hagemann** είναι πιστοποιημένη μουσικοθεραπεύτρια και ψυχοθεραπεύτρια, εκπαιδεύτρια στη μέθοδο GIM, διευθύντρια του ινστιτούτου Institut für Musik, Imagination and Therapie (IMIT) στο Βερολίνο, καθηγήτρια Θεωρητικής Μουσικοθεραπείας / Guided Imagery and Music στο Institut für Musiktherapie (FAM), αντιπρόεδρος και μέλος της εκπαιδευτικής επιτροπής του European Association of Music and Imagery (EAMI) [Ευρωπαϊκή Ένωση για την Μουσική και την Απεικόνιση].

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Η Διαδικασία του Surrender [Παράδοσης]: Η επιστροφή ενός ψυχοθεραπευτή

Katarina Mårtenson Blom

ΠΕΡΙΛΗΨΗ

Το άρθρο περιγράφει πώς οι σιωπηρές σχεσιακές ιδιότητες μεταξύ θεραπευτή και πελάτη συμβάλλουν στην ψυχοθεραπευτική διαδικασία. Η διαδικασία περιλαμβάνει την αλληλεπίδραση που πραγματοποιείται τόσο κατά τη διάρκεια των λεκτικών μερών όσο και κατά τη διάρκεια της μουσικής ακρόασης στις συνεδρίες που βασίζονται στη μέθοδο GIM. Η θεραπευτική στάση παρουσιάζεται εδώ μέσω της υποκειμενικής «φωνής» του θεραπευτή και θεωρεί την παρουσία της θεμελιώδη, ανεξάρτητα από το πρόβλημα ή τη συμπτωματολογία του πελάτη. Κάθε διάσταση ή φάση της διαδραστικής θεραπευτικής διαδικασίας σκιαγραφείται με μια προτεινόμενη εμπειρία μουσικής ακρόασης, έτσι ώστε να διευκολύνει τον αναγνώστη να δημιουργήσει μια σύνδεση με τις δικές του σιωπηρές σχεσιακές ιδιότητες ως θεραπευτή.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

δι-υποκειμενικότητα, θεραπευτική διαδικασία, διαδραστική ρύθμιση, αναγνώριση

Η **Katarina Mårtenson Blom** ολοκλήρωσε την εκπαίδευσή της ως ψυχολόγος κατά τη δεκαετία του ’70 οπότε και ξεκίνησε την επαγγελματική της καριέρα στην παιδική και εφηβική ψυχιατρική. Η εμπειρία της σε διαφορετικές κλινικές συμβουλευτικής παίδων [child-guidance clinics] οδήγησε στην κατάρισή της ως επαγγελματία ψυχοθεραπεύτριας το 1989. Το 1996 η Katarina ξεκίνησε να εργάζεται ιδιωτικά ως ψυχοθεραπεύτρια, επόπτρια και εκπαιδεύτρια ψυχοθεραπείας. Κατά τη διάρκεια της δεκαετίας του ’90 εκπαιδεύτηκε στη μέθοδο Guided Imagery and Music δίπλα στη Frances Smith Goldberg στο ίδρυμα Therapeutic Arts Training Institute, και απέκτησε την άδεια να εργάζεται ως επόπτρια και εκπαιδεύτρια ψυχοθεραπείας στη Σουηδία. Τον Νοέμβριο του 2014 ολοκλήρωσε το διδακτορικό της στο διδακτορικό πρόγραμμα μουσικοθεραπείας του πανεπιστήμιου του Aalborg. Έχει δημοσιεύσει σειρά άρθρων, κεφάλαια βιβλίων και, με έναν συνεργάτη της, ένα βιβλίο για τη δι-υποκειμενικότητα.

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Η μουσική ως δυναμική εμπειρία στο ξεδίπλωμα της ολότητας κατά τη μέθοδο Guided Imagery and Music (GIM): Ένα ψυχαναλυτικό, μουσικό, υπερπροσωπικό και διεπιστημονικό παράδειγμα

Martin Lawes

ΠΕΡΙΛΗΨΗ

Το άρθρο αναλύει το πώς η μουσική που χρησιμοποιείται στη μέθοδο Guided Imagery and Music (GIM) λειτουργεί ως δοχείο για τις εμπειρίες του πελάτη τη στιγμή που αυτός εισχωρεί στο ασυνείδητο. Πολλές διαφορετικές αλλά σχετικές προοπτικές παρουσιάζονται και ενσωματώνονται εδώ μεθοδικά, ενώ περιλαμβάνεται και μια συζήτηση γύρω από την εσωτερική αναγκαιότητα που διέπει τη μουσική κατά το ξεδίπλωμά της. Ο συντονισμός του πελάτη με αυτή την αναγκαιότητα, που μπορεί τελικά να θεωρηθεί ότι διέπει και το δημιουργικό ξεδίπλωμα του ίδιου του σύμπαντος, οδηγεί στη βοήθεια που προσφέρει η μουσική στον πελάτη να ανακαλύψει τις εσωτερικές διεξόδους του, να βρει λύσεις στα προβλήματά του και να βιώσει τη θεραπεία και τον μετασχηματισμό μέσα από τους συχνά απρόσμενους αλλά βαθιά εμπλουτισμένους τρόπους της μεθόδου GIM.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Guided Imagery and Music (GIM), ρυθμοί αρμονίας και διαφωνίας, λεπτοφυές σώμα, δυναμική ισορροπία, άνοιγμα/κλείσιμο, ενδογενής τάξη, παρούσα στιγμή, πραγματικό-ψευδαίσθηση, υπερ-υποκειμενική-συμμετοχή

Ο **Martin Lawes** είναι θεραπευτής GIM, εκπαιδευτής και μέλος της ένωσης του Association for Music and Imagery (AMI) [Ένωση για την Μουσική και την Απεικόνιση]. Είναι ο ιδρυτής του προγράμματος κατάρτισης Integrative GIM Training Programme (www.integrativegim.org) το οποίο προσφέρει τη σχετική εκπαίδευση στο Λονδίνο. Η κλινική πρακτική του Martin στη μέθοδο GIM αφορά το πένθος και την παρηγορητική φροντίδα. Ο ίδιος, βασιζόμενος στον αυτοσχεδιασμό, εφαρμόζει τις τεχνικές GIM στη μουσική ψυχοθεραπευτική δουλειά που κάνει στην ειδική αγωγή συμπεριλαμβανομένης και της δουλειάς του με το προσωπικό που την απαρτίζει. Το έργο του Martin δημοσιεύεται σε τέσσερα επιστημονικά περιοδικά και ο ίδιος έχει κάνει ποικίλες παρουσιάσεις σε εθνικό και διεθνές επίπεδο. Είναι ο σημερινός πρόεδρος της επιτροπής εκπαίδευσης του European Association of Music and Imagery (EAMI) [Ευρωπαϊκή Ένωση για την Μουσική και την Απεικόνιση].

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Το μέλλον της μεθόδου Bonny: Μια όψη της πρακτικής στη Δανία με μια πρόγνωση για το μέλλον

Lars Ole Bonde

ΠΕΡΙΛΗΨΗ

Το άρθρο παρουσιάζει την ισχύουσα θέση της μεθόδου Guided Imagery and Music της Bonny στη Δανία, με μια ματιά στο διεθνές πλαίσιο. Ο κεντρικός άξονας είναι τα αποτελέσματα μιας έρευνας (2016) Δανών επαγγελματιών της τεχνικής GIM (n = 20) με συγκρίσεις που προκύπτουν από την αναφορά σε σχετικές διεθνείς έρευνες. Επίσης, στο πλαίσιο της Δανέζικης πρακτικής παρουσιάζονται και συζητούνται οι κλινικές εφαρμογές των διαφόρων μορφών που μπορεί να πάρει η μέθοδος στο «φάσμα της μεθόδου GIM». Έτσι,

περιγράφονται οι πολλαπλές μορφές που δυνητικά θα έχουν στο μέλλον οι συνεδρίες που βασίζονται στη μέθοδο Bonny και συζητούνται οι συνέπειες που προκύπτουν όσον αφορά την κατάρτιση στη μέθοδο αυτή.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Guided Imagery and Music (GIM), φάσμα της GIM, κλινικές εφαρμογές, κατάρτιση

Ο **Lars Ole Bonde** (PhD) είναι καθηγητής μουσικοθεραπείας στο πανεπιστήμιο του Aalborg (Δανία) και καθηγητής στον τομέα της Μουσικής και Υγείας στη Νορβηγική Μουσική Ακαδημία (Νορβηγία). Οι δημοσιεύσεις του αφορούν τη μουσικοθεραπεία, τη μουσική ψυχολογία, τη μουσική παιδαγωγική και το μουσικό θέατρο.

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Η συγγραφή παραμυθιού ως μια εναλλακτική, δημιουργική επεξεργασία σε ομαδική μέθοδο Guided Imagery and Music

Ευδοκία Σμυρνιώτη, Σοφία Τρυφωνοπούλου & Ελένη Τσόλκα

ΠΕΡΙΛΗΨΗ

Τα παραμύθια διαπραγματεύονται οικουμενικά θέματα και μπορούν να ειδωθούν ως δραματικές αναπαραστάσεις βασικών ψυχολογικών διεργασιών. Καλλιεργούν δημιουργική σκέψη και αίσθηση κοινού βιώματος, ενώ παράλληλα εμφυσούν ελπίδα για το μέλλον. Στη δεκτική μουσικοθεραπεία Guided Imagery and Music η διέγερση νοερών εικόνων μέσω της μουσικής ακρόασης προάγει την κατανόηση του εαυτού και την προσωπική ανάπτυξη. Ωστόσο οι αναδυόμενες εικόνες μπορεί να είναι συγκεχυμένες, ασαφείς ή αποσπασματικές. Η διαδικασία της δημιουργίας ενός παραμυθιού μπορεί να χρησιμοποιηθεί ως μέσο για την αφομοίωση και την ενσωμάτωση της μουσικής εμπειρίας σε ένα αφήγημα με ροή διευκολύνοντας τη νοηματοδότηση ή ακόμη και την αναδιατύπωση του προσωπικού αφηγήματος. Η δημιουργία και η εκδραμάτιση του παραμυθιού στο πλαίσιο μιας ομαδικής συνθήκης μπορούν να συμβάλλουν περαιτέρω στην καλλιέργεια της αυτεπίγνωσης καθώς και στη λειτουργία της ομάδας. Στην ομαδική GIM (grpGIM) κατά τη διάρκεια της μουσικής ακρόασης τα μέλη της ομάδας αλληλεπιδρούν λεκτικά μεταξύ τους και με το συντονιστή. Στο παρόν άρθρο περιγράφεται η διαδικασία επεξεργασίας και μετατροπής του αναδυόμενου υλικού μιας ομαδικής συνεδρίας GIM (grpGIM) σε ένα παραμύθι. Πιο συγκεκριμένα, παρουσιάζεται η προσωπική εμπειρία των συγγραφέων που, στο πλαίσιο μιας ομαδικής εργασίας, πραγματοποίησαν μία μουσική και δημιουργική ανάλυση του προγράμματος «Quiet Music» της H. Bonny. Η διαδικασία συγγραφής παραμυθιού προτείνεται ως μια εναλλακτική, δημιουργική ανάλυση του υλικού μιας ομαδικής συνεδρίας GIM.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

ομαδική μέθοδος GIM (grpGIM), παραμύθι, ομάδα, αφήγηση

Η **Ευδοκία Σμυρνιώτη** είναι ψυχολόγος και μουσικός. Είναι εκπαιδευόμενη στη μέθοδο δεκτικής μουσικοθεραπείας GIM καθώς και μεταπτυχιακή φοιτήτρια κλινικής ψυχολογίας στο Hellenic American University. Έχει συμμετάσχει σε διάφορα μουσικά σχήματα. Έχει δουλέψει στην αποασυλοποίηση και επανένταξη ενήλικων ασθενών στην κοινότητα καθώς και με παιδιά και εφήβους στο φάσμα του αυτισμού αλλά και με νοητική υστέρηση. Η Ευδοκία είναι μέλος της συγγραφικής ομάδας παιδικού βιβλίου σχετικά με τη ΔΕΠΥ και αυτή τη στιγμή δουλεύει ως ψυχολόγος με ενήλικες και ασθενείς με καρκίνο.

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Η **Ελένη Τσόλκα** είναι πτυχιούχος μουσικοθεραπεύτρια και εκπαιδευόμενη στη μέθοδο δεκτικής μουσικοθεραπείας GIM. Είναι επίσης εκπαιδευτικός (Παιδαγωγικό Τμήμα Δημοτικής Εκπαίδευσης) και καθηγήτρια μουσικής. Έχει κυρίως δουλέψει με παιδιά με κοινωνικοσυναισθηματικές δυσκολίες και προβλήματα συμπεριφοράς, παιδιά και ενήλικες στο φάσμα του αυτισμού και πρόσφυγες. Η Ελένη έχει επίσης εργαστεί ως ελεύθερη επαγγελματίας μουσικοθεραπεύτρια, στη γενική εκπαίδευση και σε άλλα πλαίσια στο East Sussex του Ηνωμένου Βασιλείου. Αυτή τη στιγμή απασχολείται ως ελεύθερη επαγγελματίας μουσικοθεραπεύτρια στην Ελλάδα.

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Αναζητώντας το άγνωστο: Η περίπτωση μιας νεαρής γυναίκας που πάσχει από άγχος μουσικής εκτέλεσης

Alice Pehk

ΠΕΡΙΛΗΨΗ

Αυτή η μελέτη περίπτωσης βασίζεται σε μια ψυχοδυναμικά προσανατολισμένη μουσικοθεραπευτική δουλειά που περιλαμβάνει 17 συνεδρίες θεραπείας με μια 19χρονη γυναίκα που πάσχει από άγχος μουσικής εκτέλεσης, οι οποίες έγιναν σ' ένα διάστημα 11 μηνών. Η βασική μέθοδος θεραπείας που χρησιμοποιήθηκε σ' όλη αυτή τη δουλειά ήταν η μέθοδος Guided Imagery and Music της Bonny, η οποία επέτρεψε στην πελάτισσα να βρει, να αναγνωρίσει και να επανενεργοποιήσει τις εμπειρίες παραγωγής άγχους, να τις συνειδητοποιήσει, να τις δεχτεί, να τις δουλέψει και τελικά να ενσωματώσει στην παρούσα ζωή της τις νέες πτυχές και τα πλεονεκτήματα που προέκυψαν από τις εμπειρίες αυτές. Το αποτέλεσμα της θεραπευτικής διαδικασίας δείχνει την αποδοτικότητά της στη μείωση του άγχους της μουσικής εκτέλεσης και του άγχους γενικά (βάσει μετρήσεων που έγιναν πριν και μετά τη θεραπεία, και κατά τη διάρκεια μιας εξαμηνιαίας παρακολούθησης), στη μείωση των ψυχοσωματικών προβλημάτων καθώς και στη βελτίωση της αυτοεκτίμησης, της αυτοπεποίθησης και της καλύτερης αίσθησης ελέγχου.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

άγχος μουσικής εκτέλεσης, ψυχοδυναμική, μέθοδος Guided Imagery and Music της Bonny (BMGIM), ασυνείδητο, φόβος του θανάτου

Alice Pehk (PhD) Μουσικοθεραπεύτρια, θεραπεύτρια BMGIM, επιβλέπουσα, λέκτορας και εκπαιδεύτρια σε μεθόδους δημιουργικότητας. Η Alice είναι μία από τις πρωτοπόρους της μουσικοθεραπείας στην Εσθονία. Είναι επικεφαλής του μουσικοθεραπευτικού προγράμματος κατάρτισης της Εσθονικής Ακαδημίας Μουσικής και Θεάτρου και λέκτορας στο πανεπιστήμιο του Ταλίν. Είναι η δημιουργός και η επικεφαλής του Κέντρου Μουσικοθεραπείας στο Ταλίν. Είναι εκπαιδεύτρια σε οργανισμούς και ιδρύματα μέσα από τις δημιουργικές μεθόδους μουσικοθεραπείας που τους παρέχει στο πλαίσιο προγραμμάτων κατάρτισης με επίκεντρο την ομάδα. Είναι η συγγραφέας του άρθρου για τη μέθοδο TEAM-GIM και πολλών δημοσιεύσεων για τη μουσικοθεραπεία, τη θεραπεία BMGIM και τη μουσική επίδραση, συμπεριλαμβανομένης και μιας μονογραφίας στη μουσικοθεραπεία. Η Alice είναι αντιπρόεδρος του European Music Therapy Confederation (EMTC) [Ευρωπαϊκή Συνομοσπονδία Μουσικοθεραπείας].

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«Μεγαλώνοντας» στην παιδική ηλικία μέσω της απώλειας, της κενότητας και της αναγνώρισης: Μια μελέτη περίπτωσης με την εφαρμογή της μεθόδου GIM

Katarina Mårtenson Blom

ΠΕΡΙΛΗΨΗ

Το άρθρο περιγράφει μια κλινική μελέτη περίπτωσης που επικεντρώνεται σε μια ψυχοθεραπευτική διαδικασία η οποία βασίζεται στην ενσωμάτωση της σχεσιακής ψυχοδυναμικής μεθοδολογίας [psychodynamic relational methodology] στη μέθοδο Guided Imagery and Music (GIM), και την ανάλυση των αποτελεσμάτων της διαδικασίας με τη χρήση των εμπειρικών κατηγοριών ανάλυσης [Experiential Categories of Analysis] που ανέπτυξε η Mårtenson Blom (2010, 2014). Το κλινικό έργο επικεντρώθηκε στην απώλεια και την ψυχική οδύνη που σχετίζονται με το τραύμα, και στην πορεία οδήγησε στην αποκατάσταση αυθεντικών τμημάτων του εαυτού καθώς και στην πιθανή υπέρβασή του και την πνευματική ανάπτυξη.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

σχεσιακή προοπτική, διαδικασία αναγνώρισης, θεραπευτική αυτο-αποκάλυψη [self-disclosure], θεραπευτικός δεσμός, εμπειρικές κατηγορίες ανάλυσης της μεθόδου GIM, process of surrender [διαδικασία παράδοσης], υπέρβαση

Η **Katarina Mårtenson Blom** ολοκλήρωσε την εκπαίδευσή της ως ψυχολόγος κατά τη δεκαετία του ’70 οπότε και ξεκίνησε την επαγγελματική της καριέρα στην παιδική και εφηβική ψυχιατρική. Η εμπειρία της σε διαφορετικές κλινικές συμβουλευτικής παίδων [child-guidance clinics] οδήγησε στην κατάρισή της ως επαγγελματία ψυχοθεραπεύτριας το 1989. Το 1996 η Katarina ξεκίνησε να εργάζεται ιδιωτικά ως ψυχοθεραπεύτρια, επόπτρια και εκπαιδεύτρια ψυχοθεραπείας. Κατά τη διάρκεια της δεκαετίας του ’90 εκπαιδεύτηκε στη μέθοδο Guided Imagery and Music δίπλα στη Frances Smith Goldberg στο ίδρυμα Therapeutic Arts Training Institute, και απέκτησε την άδεια να εργάζεται ως επόπτρια και εκπαιδεύτρια ψυχοθεραπείας στη Σουηδία. Τον Νοέμβριο του 2014 ολοκλήρωσε το διδακτορικό της στο διδακτορικό πρόγραμμα μουσικοθεραπείας του πανεπιστήμιου του Aalborg. Έχει δημοσιεύσει σειρά άρθρων, κεφάλαια βιβλίων και, με έναν συνεργάτη της, ένα βιβλίο για τη δι-υποκειμενικότητα.

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«Soundscapes»: Ένα νορβηγικό πρόγραμμα μουσικής με τη μέθοδο Guided Imagery and Music (GIM) της Bonny όπως διαφαίνεται μέσα από μια ατομική θεραπεία GIM

Gro Trondalen

ΠΕΡΙΛΗΨΗ

Το κείμενο επικεντρώνεται στην πρακτική της μουσικής ακρόασης σύμφωνα με τη μέθοδο Guided Imagery and Music της Bonny (BMGIM). Το Soundscapes [ηχοτοπία], ένα πρόγραμμα μουσικής ακρόασης που απαρτίζεται μόνο από νορβηγική μουσική, περιγράφεται και επεξηγείται εδώ μέσα από την πρακτικής της μεθόδου GIM με μια γυναίκα 35 χρονών που είναι ανώτερο στέλεχος μιας εταιρείας. Έπειτα από μια σύντομη επισκόπηση της μεθόδου GIM, που συμπεριλαμβάνει την ανάπτυξη, την κατάρτιση και τη μουσική

στη μέθοδο αυτή, στρέφομαι προς την ανάπτυξη του μουσικού προγράμματος Soundscapes. Στη συνέχεια, συζητώ τη δυναμική που έχει το μουσικό αυτό πρόγραμμα στο να προκαλέσει τη δημιουργία εικόνων που σχετίζονται με το νορβηγικό τοπίο και τον νορβηγικό πολιτισμό. Τα κύρια θέματα της διαδικασίας GIM, που φέρουν την ονομασία «σε κίνηση» [in motion] και «ανήκοντας κάπου» [belonging], συνδέονται με την ανανεωμένη γραμμή ανάπτυξης του πελάτη. Προτείνω ότι η μουσική και η ακρόαση μουσικής μπορούν να προωθήσουν εικόνες και μετασχηματιστικές εμπειρίες οι οποίες έχουν ως πυρήνα τους τη φυσική και την πολιτισμική ένταξη, και ότι αυτό είναι ιδιαίτερα εμφανές όταν το πρόγραμμα Soundscapes χρησιμοποιείται στη θεραπεία GIM.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικό πρόγραμμα, Soundscapes, Guided Imagery and Music (GIM)

Η **Gro Trondalen** (PhD) είναι ειδική παιδαγωγός, μουσικοθεραπεύτρια, μέλος του Association for Music and Imagery (AMI) [Ένωση για την Μουσική και την Απεικόνιση], καθηγήτρια μουσικοθεραπείας και διευθύντρια του ερευνητικού κέντρου Centre for Research in Music and Health (CREMAH) στη Νορβηγική Μουσική Ακαδημία, στο Όσλο. Είναι έμπειρη μουσικοθεραπεύτρια, κλινική θεραπεύτρια και επόπτρια, και εργάζεται ιδιωτικά εξασκώντας τη μέθοδο Guided Imagery and Music της Bonny.

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«New Blood»: Το παράδειγμα ενός σύγχρονου προγράμματος GIM

Svein Fuglestad

ΠΕΡΊΛΗΨΗ

Αυτό το άρθρο αποτελεί την παρουσίαση ενός νέου σύγχρονου προγράμματος της μεθόδου Guided Imagery and Music (GIM) το οποίο βασίζεται σε ορχηστρικές επανηχογραφήσεις πολυάριθμων κομματιών του Άγγλου ποπ και ροκ μουσικού Peter Gabriel. Η πρόθεση είναι να μοιραστεί ο συγγραφέας με την κοινότητα GIM τις προσωπικές του εμπειρίες και προοπτικές χρησιμοποιώντας τη μουσική αυτή με μεμονωμένους πελάτες. Τα διαφορετικά κομμάτια που έχουν χρησιμοποιηθεί παρουσιάζονται και περιγράφονται με τη χρήση του προγράμματος Intensity Profile της MIA, του Κύκλου Συναισθημάτων [Mood Wheel] κατά την Kate Hevner, και της μουσικής ταξινομίας. Το κατά πόσο η χρήση της μη κλασσικής μουσικής είναι σύμφωνη με την ατομική εφαρμογή της μεθόδου GIM της Bonny θα συζητηθεί μαζί με τα πιθανά πλεονεκτήματα που έχει η επανάληψη και η αναγνώριση της μουσικής, η οποία οφείλεται στην απλότητα της δομής, της μορφής και των αρμονιών, απέναντι στη συγκρότηση ενός αισθήματος ασφάλειας των πελατών μέσα σε ένα θεραπευτικό πλαίσιο.

ΛΈΞΕΙΣ ΚΛΕΙΔΙΑ

Guided Imagery and Music, νέο πρόγραμμα GIM, μη κλασική μουσική στη μέθοδο GIM, δεκτική μουσικοθεραπεία, μουσική και απεικόνιση, Peter Gabriel

Ο **Svein Fuglestad** είναι αναπληρωτής καθηγητής στο Όσλο στο πανεπιστήμιο εφαρμοσμένων επιστημών Akershus της σχολής Κοινωνικών Επιστημών του προγράμματος πρόνοιας για τα παιδιά [Akershus University of Applied Sciences, Faculty of Social Sciences, Child Welfare programme]. Είναι μέλος της AMI, θεραπευτής της BMGIM (2006), κάτοχος του μεταπτυχιακού τίτλου Candidatus Philologiae στη μουσικολογία (1996) και ασκεί την τεχνική GIM σε άτομα που έχουν προσβληθεί από τον ιό HIV / AIDS, σε σεξουαλικά κακοποιημένα άτομα και σε γυναίκες που είναι θύματα αιμομιξίας. Ο Fuglestad ήταν θεραπευτής GIM στο πρόγραμμα Music, Motion, and Emotion που οργάνωσε το Νορβηγικό Συμβούλιο Έρευνας. Είναι τραγουδιστής και μουσικός.

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Σε αναζήτηση του «χαμένου δισκοπότηρου»: Μια συνέντευξη με τον Torben Moe

Torben Moe & Steen Teis Lund

ΠΕΡΊΛΗΨΗ

Σ' αυτή τη συνέντευξη, ο Torben Moe, ο σημερινός πρόεδρος του European Association of Music and Imagery (EAMI) [Ευρωπαϊκή Ένωση για την Μουσική και την Απεικόνιση], ως ένας από τους πρωτοπόρους της Guided Imagery and Music (GIM) στην Ευρώπη – τόσο ως εκπαιδευτής όσο και ως κλινικός θεραπευτής και ερευνητής στο πλαίσιο του ψυχιατρικού κατεστημένου της Δανίας – αναστοχάζεται γύρω από τα κίνητρα του και τις εμπειρίες του. Ο ίδιος έχει αποτελέσει την κινητήρια δύναμη μιας δεκαετούς διαδικασίας που οδήγησε στην επίσημη διαμόρφωση της EAMI στο 12ο Ευρωπαϊκό Συνέδριο GIM στην Αθήνα το Σεπτέμβριο του 2016. Η συνέντευξη καταλήγει με κάποιες σκέψεις πάνω στις τρέχουσες και τις μελλοντικές δυνατότητες της μεθόδου GIM, και με ένα ειδικό κάλεσμα για τη βοήθεια των αναγνωστών στην αναζήτηση του «χαμένου δισκοπότηρου».

ΛΕΞΕΙΣ ΚΛΕΙΔΙΆ

Guided Imagery and Music, φροντίδα υγείας, ασυνείδητο, European Association of Music and Imagery (EAMI) [Ευρωπαϊκή Ένωση για την Μουσική και την Απεικόνιση]

Ο **Torben Moe** είναι ερευνητής και κλινικός θεραπευτής στο τμήμα Ψυχιατρικής του νοσοκομείου της περιφέρειας Zealand της Δανίας. Συμμετείχε στη δημιουργία του τμήματος μουσικοθεραπείας στο πανεπιστήμιο του Aalborg, υπήρξε πρωτοπόρος στην εκπαίδευση GIM στη Βόρεια Ευρώπη από το 1997 και έγραψε ~~μια~~ διδακτορική διατριβή για τη δεκτική μουσικοθεραπεία με ομάδες ασθενών με ψυχικές νόσους. Ήταν μια κορυφαία φιγούρα στο Ευρωπαϊκό Δίκτυο GIM (ENGIM) που οδήγησε στη δημιουργία του European Association of Music and Imagery (EAMI) [Ευρωπαϊκή Ένωση για την Μουσική και την Απεικόνιση] στην Αθήνα τον Σεπτέμβριο του 2016, της οποίας είναι ο σημερινός πρόεδρος. Ο Torben Moe επί του παρόντος διοργανώνει μια τυχαιοποιημένη ελεγχόμενη δοκιμή η οποία διερευνά τη θεραπεία προσφύγων που πάσχουν από μετατραυματικό στρες προσαρμόζοντας την τεχνική GIM στη θεραπεία του τραύματος.

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