Guided Imagery & Music

Using the Bonny Method to Evoke Emotion & Access the Unconscious

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ABSTRACT
The healing power of music has been recognized since ancient times. The use of music has been documented in diverse cultures worldwide, for ailments ranging from pain and cancer to depression and posttraumatic stress disorder. The various models of music therapy are based on different theoretical traditions, including behaviorist, humanist, and psychodynamic approaches. This article describes the music therapy approach known as the Bonny Method of Guided Imagery and Music (GIM) therapy, reviews its research base, and presents a first-person account of the experience of GIM treatment.

The earliest records of the healing power of music indicate that medicine men or women augmented their curative or palliative powers with music, in the form of chanting, drumming, or the playing of flutes, gongs, or cymbals (Nutting & Dock, 1935). The use of music in healing is documented worldwide, for example, in Europe, Tibet, and the Americas (Hamel, 1979). Florence Nightingale (1859/1992) was the first nurse to write of music’s therapeutic potential. In modern America, music was used to treat depression, schizophrenia, and insomnia in World War II veterans (Chung, 1999), and posttraumatic stress disorder (PTSD) in Vietnam veterans (Blake, 1994). The National Association for Music Therapy, founded in 1950, and the American Association for Music Therapy, founded in 1971 (these two unified in 1998), heralded the acceptance of music therapy as a formal professional field (Lui, 1994). Multiple models of music therapy exist and are based on different theoretical traditions, including behaviorist, humanist, and psychodynamic approaches. This article will describe the music therapy approach known as the Bonny Method of Guided Imagery and Music (GIM) therapy and present a first-person account of the experience of one of the authors (T.H.W.), who was treated with GIM.

THE BONNY METHOD OF GUIDED IMAGERY AND MUSIC THERAPY
Music therapist Helen Bonny developed GIM in 1970 at the Maryland Psychiatric Research Center (Bonny & Savary, 1973). Building on the theoretical foundations of Freud and Jung, as well as imagery techniques, Bonny posited the use of music to induce altered states of consciousness (Goldberg, 1995). She viewed music as a tool to enhance access to the unconscious; reduce defenses; and facilitate insight, creativity, and problem solving (Bush, 1995). During a GIM session, the therapist guides the client in exploring images and feelings inspired by musical selections chosen by the therapist (Chou & Lin, 2006).

Protocol
GIM is unique among music therapy approaches in its use of a specific guiding protocol. The four phases of this protocol take place consecutively in each session and include (McKinney, 2002):

- Prelude or preliminary discussion.
- Induction.
- Music-imagery.
- Postlude or integration.

During the prelude, the therapist’s role is to discuss with the client any recent conflicts, stressors, or concerns, with the goal of establishing and maintaining rapport. Bonny (2002) described this process as building “a line of supportive contact” (p. 274). During the induction phase, the therapist uses a variety of interventions to promote deep relaxation. These may involve deep breath exercises, as well as directed interventions focused on relieving tension in various muscle groups (Grocke, 2005). The music-imagery phase is the heart of the GIM session. During this phase, the client listens to specially selected classical music for 30 to 40 minutes and verbally describes his or her thoughts, feelings, and any perceived images. The therapist’s role in this phase is to provide nondirective verbal intervention, while helping the client fully explore and describe his or her experiences. Client experiences may include visual images, memories, emotions, sensory experiences, or somatic sensations. When the music ends, the therapist helps the client review, integrate, and make meaning of the experience without providing interpretations (Bonny, 2002).

Music Programs
Drawing on her own experiences as a musician, as well as on her intuition, Bonny designed 18 music programs, each with several musical selections. The pieces differ according to pitch, tempo, rhythm, emotional display, and instrumental versus vocal style (McKinney, 2002). Movements from larger works such as symphonies are paired with shorter but similar selections by a different composer or from a different musical genre. Some music programs are designed to foster specific emotional states, for exam-
I knew to cry with friends was supportive but to cry for friends without provocation was a sign that something was awry. Yet, I could not identify any one isolating event or sequence of events that precipitated the overwhelming feelings of sorrow. I no longer felt in control and lost interest in things that I had once enjoyed: bird watching, spending time with my family and friends, bike riding, and the outdoors. I had completely immersed myself in work and knew that I was unhappy. I talked about my feelings with my family, but they were dismissed as “a busy hard time” that would pass. Only, it didn’t pass. I knew it was time for therapy but never having been through therapy, I didn’t know of reputable counselors or how to initiate the fairly burdensome insurance process. To seek guidance, I visited my family practice physician who referred me to a local counselor. Within 1 week of my referral, I had my first counseling session.

Counseling sessions were difficult, and despite my counselor’s efforts to identify areas in my life that were troublesome, the sessions felt unproductive. I knew there were problems but I could not break through the sadness to identify them. I was unable to think clearly, speak in complete sentences, or articulate feelings and emotions. In fact, the response to most questions was a resounding, “I don’t know.”

Every bimonthly session for 4 months was an hour of crying about nothing in particular, but the crying was especially volatile when I tried to talk about myself. My counselor suggested music guided imagery as a way to tap into unidentified feelings and emotions. I knew music evoked powerful emotions in me, and for this reason, I was resistant to this therapy for fear of discovering tribulations. It was not until being medicated with antidepressants for several months that I felt I was making progress during counseling sessions and could identify issues in my life that were troubling. With this newfound confidence, I agreed to music sessions.

Although music therapy requires expertise and specialized training, it is really quite simple from the client’s perspective. Prior to playing music, my counselor guided me through relaxation techniques including deep breathing while my eyes were closed. She selected music pieces with a variety of instrumental ensembles that played for about 40 minutes. During the music, she asked questions such as, “How does the music make you feel?” Escaping into the music and allowing myself to have free-flow thoughts and create visual images was difficult and confusing. The auditory stimulation of the music made it difficult to concentrate on any one feeling or to follow simple instructions by the therapist. As the music played, my counselor took notes about how the music made me feel. Sometimes, I had visual images, but they seemed forced and imagined—an ocean breeze blowing the curtains of a beach house and a woman’s clothes and hair. After the sessions, I reviewed the counselor’s notes and reflected on their meaning and origin.

The next several sessions were equally as confusing, but it was less difficult to think beyond the music. I could not make sense of my thoughts, feelings, or the visual images that included fields of rye and wheat rustling in the wind and the sound of rushing wind while riding a boat. During the fourth and final music session, I recall telling my counselor that I did not understand the common theme of “wind” in my visual images. Moments later, I visualized slow-moving fan blades that were casting shadows about the room. The fan blades on the attic fan were moving not because the fan was operating but because the wind was blowing the blades. The room, a workshop with power tools on benches, had sawdust on the floor. In the corner of the room, the sunlight shown on shelves of canned green beans and tomatoes, just like my grandparents’ attic. At the opposite corner, to the left of the stairs, the attic fan blew curtains that hung over a door entrance to a room. This was the room, the forgotten room until this very moment, which held family secrets. At the memory of this room, I slid from my chair in the therapist’s office and crumbled to the floor sobbing uncontrollably. My voice was unrecognizable and took on a childlike character. The forgotten memories of family abuse were now consciously realized after 38 years.

The next several months of therapy were affirming. There was no anger or resentment about my family history but a clear understanding of who I was and how my past had influenced my present and how it would continue to shape my future. In discovering myself, I had permission to be myself—faults, gifts, and all. In essence, the music guided imagery set me free—free from hidden memories and their secret power. Today, I am free.
ple, affect release, relationships, or nurturing.

GIM therapists choose a music program on the basis of the particular client’s issue of concern and the client’s energy level on a given day. For example, musical selections that include repetition of themes by sections of the orchestra are useful when the client’s work involves examining an affect-laden situation from differing points of view. Many concertos include a slow movement that will resonate with clients who are coping with loss; selections with pounding rhythms are used when clients are processing anger (Grocke, 2005).

Supporting Evidence
Although GIM has been used successfully with clients experiencing a variety of illnesses from PTSD (Blake, 1994) to cancer (Burns, 2001) to rheumatoid arthritis (Jacobi & Eisenberg, 2002), we located only two research reports on the use of GIM in outpatients with depression. Wrangso and Korlin (1995) reported their use of GIM in 12 female and 2 male outpatients, most of whom had depression. Clients received individual GIM sessions lasting 90 to 120 minutes during treatment courses of up to 2 years in length. Eleven clients had 20 or fewer sessions. These authors reported statistically significant (p < 0.01) improvements in the depression and anxiety subscales of the Hopkins Symptom checklist (Derogatis & Cleary, 1977). While the absence of a control group and self-report nature of the measurement mean these results must be viewed with caution, the finding of significant improvement in such a small sample indicates the effect is robust.

More recently, Chou and Lin (2006) recruited a purposive sample of 5 adult outpatients diagnosed with depression for a qualitative examination of responses to GIM. Each participant received eight individual sessions of GIM, followed by semi-structured interviews. Researchers identified the following themes: natural scenery, surreal virtual scenes, past memories, melodic themes, and physical relaxation. Participants reported that the musical selections had a major impact on the imagery episodes. These authors suggested further research focusing on broader samples and specific musical psychotherapy techniques (Chou & Lin, 2006).

In addition to these two studies, two case reports indicated that music therapy has been beneficial for adult outpatients with depression (Beck, 2005, Thöni, 2002). Ultimately, controlled studies are needed to document the results and mechanisms of action of GIM. Hung and Wang (1999) suggested that music alters the limbic activity of individuals who are depressed, facilitating emotional expression, self-awareness, and stress release. Bonny (1975) stated, “The multidimensional qualities of musical sound allow it to touch many levels of consciousness both simultaneously and/or in sequence…. The movement of music, the rise and fall of dynamics bring about a wide sweep of those levels or layers of consciousness” (p. 130).

Individual Example
The Sidebar on page 31 allows readers to “listen” to a personal account as experienced by one of the article authors during her treatment with GIM. This first-person account of treatment with GIM demonstrates the power of this therapy approach.
**GIM Training**

Only therapists with specialized training should provide GIM. The Association for Music & Imagery has established criteria for the content of training programs, and Bonny herself outlined several methods of study (Bonny, 2002). Training in GIM is included in music therapy programs at both the graduate and undergraduate levels. For graduate therapists of any discipline, additional 2-year to 3-year training programs comprise coursework in GIM, psychodynamic and transpersonal theory and practice, clinical work, and supervision. On completion of this training, clinicians are eligible to sit for the examination administered by the Certification Board for Music Therapists and, if successful, to use the designation, Music Therapist, Board Certified (MT-BC). A variety of short seminars of up to 1 week in length are also available from the Association for Music & Imagery.

**Other Considerations**

GIM is usually provided as a brief therapy consisting of 20 or fewer sessions (Wrangsjo & Korlin, 1995). The cost varies by delivery setting (inpatient or outpatient), the preparation of the practitioner, the usual and customary charges of the area, and any applicable insurance coverage. The ideal client for GIM should be open to entering a state of deep relaxation, responding to the music, and processing the images that emerge. A therapeutic safety consideration involves managing the client’s return from the altered state of consciousness, as well as promoting safety during dissociative states that may occur (Grocke, 2005).

**SUMMARY**

GIM provides a way to creatively explore unconscious material. Although its research base is sparse, personal and anecdotal reports provide striking evidence of its life-changing potential. There are more than 100 registered GIM therapists in 25 states and the District of Columbia, and dozens more in 19 countries worldwide (Association for Music & Imagery, 2008). For more information about music therapy and GIM, readers are referred to the Web sites for the Bonny Foundation (http://www.earlham.edu/~clarkta/bonnysite/intro.html) and the Association for Music & Imagery (http://www.ami-bonnymethod.org).

**REFERENCES**


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