The Bonny Method of Guided Imagery and Music in Greece

Dag Körlin
interviewed by Anna Böhmig

Abstract

In this interview Dag Körlin talks about the Guided Imagery and Music (GIM) training programme in Greece and his contribution to its development. He explains some of the main aspects of GIM as a receptive music therapy method; he points out the role of music in the therapeutic process and he talks about the importance of listening. Finally, he refers to the European Network of GIM.

Keywords: GIM; training; Greece; music and listening; European network of GIM

Anna Böhmig has been living in Greece since 1995, working as a music therapist and musician. Since 2005 she has been in charge of the department of music and music therapy in Cerebral Palsy Greece. She also works as a freelance music therapist. She graduated from the Department of Music Therapy of Fachhochschule Heidelberg, Germany in 1992 with the academic title of Diplom Musiktherapeutin (FH). She has also been trained in regulative and active group music therapy (Dr. Ch. Schwabe’s method). She is an advanced trainee in the GIM method in the European Bonny Method GIM training programme. Anna has studied French horn (receiving her degree in 2009 with honours), piano and percussion instruments.

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Note: This interview was conducted in April 2013 when Dag Körlin was visiting Athens to teach at the first GIM training in Greece. Since then, a new GIM training programme has started in Greece every academic year, whereas a training group has also been formed in Cyprus.

Anna: Welcome to Greece, it’s nice to meet you here. I’m glad to have the chance to do this interview with you and especially to be your student in GIM training… How did you come to Athens? For what reason?

Dag: Evangelia Papanikolaou invited me – it was just an email that appeared, and she asked if I would lead the first GIM training in Greece… So I’m here to teach! The training is divided into different levels, and our first training group is already halfway through, whereas other Greek-taught training courses are run by Evangelia every year. This means that the first GIM therapists in Greece will graduate by the end of 2014 and there are more to come!

Anna: So how many students do you have?

Dag: So far, more than sixty people have participated in our introductory Level I training seminars, either in English or in Greek. However,
we recruited twenty-four out of these and we now have two training groups of twelve. That is about the biggest number you can have in a GIM training group. I also know that Evangelia is planning on organising new training courses soon in other parts of Greece, upon people’s requests. A new course has also started in Cyprus with eight students.

Anna: There seems to be a big interest. Do most of the students come from Greece?

Dag: Yes, most of them are from Greece. There are also students from Holland, Denmark and quite a lot from Cyprus.

Anna: How is your cooperation with Evangelia Papanikolaou?

Dag: Well, it is excellent. I think we complement each other very well and it would never have been possible for me to come to Greece and organise training without her. Evangelia is a well recognised professional in Greece, she has contacts, sends out material in different forms, she is Greek and speaks Greek and people know her. She also has excellent organisational skills, organises the equipment and all the practical issues that come up, and contacts people. In my GIM training group in Greece, Evangelia has the practical organisation and is also an assistant in training, whereas I provide the course material and the philosophy of the training. In GIM, we have the teaching competence that is called the ‘primary trainer’, so I provide that competence for my group of students. Evangelia is also primary trainer in the Greek training groups.

Anna: Is the training in English?

Dag: Yes, the training I lead is in English. It would be impossible for me to do GIM sessions, to teach and answer questions in Greek. People have to be fluent in English to take part in the training. Even for our Greek training groups led by Evangelia, all notes and bibliography are in English and of course, I and other guest speakers also run special workshops in English.

Anna: Did you notice any special features of working and teaching in Greece compared to other countries and cultures? Is there a difference in teaching, in doing supervision or therapy in Greece compared to other countries?

Dag: There are cultural differences in the way psychotherapy training is organised. In Sweden, we have a very strict system of psychotherapeutic competences, which are limited to psychodynamic and cognitive therapies. The basic psychotherapeutic programme has to be either one of those, and to gain competence as a psychotherapist you have to have further training and obtain a special licence. In Greece, the therapy landscape is much more open. There is Gestalt therapy, systemic therapy, integrative psychotherapy, Rogers-oriented therapy and others. There are many alternative therapies that are part of the Greek system and this means also that you cannot put such strict limits, which is an advantage.

As a result it is easier to recruit students, because the system in Greece is not so strict. In Sweden you must have one of these defined trainings on the bottom. So a Gestalt training, for example, is not enough on its own to be a psychotherapist, like here in Greece. Therefore in Greece we have a wider spectrum of potential GIM students.

Anna: On the other hand, do you think this could cause problems because people may not be qualified enough?

Dag: Yes, there is an inherent problem. But it is also a sort of cultural problem when we, in Sweden, discuss levels and standards of GIM training. We can only think in terms of our system. This means we exclude many people who are able to do this training, but because of a lack of papers they are not allowed. In Greece, there are good psychotherapists from many fields.

Anna: As a psychiatrist, how did you come to GIM?

Dag: Well, I did not really come from psychiatry to GIM. From my early years, I was attracted to music and I always thought that music could be a therapeutic tool. But since I cannot play an instrument, active music therapy was not an option. It was not until I first heard of GIM that I thought it could be possible for me to use music for therapy. It was a British training that was advertised at that time and was presented at a music therapy conference that I attended. When I saw that, I immediately realised that this was what I had been searching for a long time; there is a theory, there is a very well defined practice, so you can just take a course, and you don’t have to invent it by yourself.

Anna: What do you think is the impact of music in GIM?

Dag: It is the fact that music evokes so many different areas of the mind. Someone said that music sounds the way mood feels. It can evoke emotions, body memories, personal history at the same time, and link them together. Music is also
archetypal and may evoke transpersonal experiences. Music is a kind of a catalyst that opens up the mind. Music can wake up, contain and process feelings, and express them.

Anna: What do you think makes GIM to be an effective therapeutic intervention?

Dag: I think it is the integrative aspect we spoke of before, and the facilitating of emotional experience. Many different levels are brought to consciousness. Music has the ability to evoke what we call ‘transpersonal experiences’ that are experiences of unity, universality (Bonny 2002). In those states of mind you can bring in many different things that exist in your mind the same time, which is further integrative.

Anna: But to use music in terms of therapy it also requires a therapist...

Dag: Yes. At this point, we come to the relationship of course, the therapeutic relationship. If you, for example, compare just lying down on your own, listening to music you don’t have as a rule, such powerful effects from the music as if you do it with a therapist.

In GIM, we have a special technique of communicating during the music, which is called ‘guiding’. The ‘guide’ (therapist) is very present with the ‘traveller’ – as we call the client – in music. This encourages the client to go more deeply inside himself. We also encourage the client to explore images and emotions that are evoked. This also reminds me that I have not said anything about images, because images are a central part of GIM. We work with images in other forms of therapies, too. The common aspect with other imagery therapies is that they all take place in an altered state of consciousness. The combination with music in an altered state of consciousness is very strong and makes all things possible. The guide has to understand this potential and how to handle it. The guide has to have some courage. His role is not to direct the process but to be present and encourage the client to go wherever he needs to go. If the client has a difficult experience or even a scary experience, the guide must not be scared but encourage him to go through this, to help him through.

Anna: Do you think, music could also prohibit or deny things? For example, somebody could ‘hide’ in music?

Dag: Yes, music could be a defence. In GIM you have to evaluate carefully with regard to which quality of music is useful. For all clients you start with more easy music, that is more friendly, more predictable, has more melody, and is more consonant. Then you gradually increase the difficulty of the music until you find the level where the client is comfortable. You have to find the level where the music both supports and challenges the client.

Anna: What is ‘listening’ for you – perhaps beyond listening to music? In GIM, the guide is very much into listening, to music and to the report of the traveller...

Dag: Yes, I think you have to learn to be quite open in your listening and be able to receive the client in whatever way he communicates and presents himself to you. In a way, you have to listen to the client as a piece of music. People have different ways of expressing their musicality in their ways of speaking and communicating. We have to open to that... to listen more than talk.

When you travel to music, it’s quite common that you are not really aware of what music is played. You are just aware of the effects of the music on yourself. When you listen as a guide, you have to be aware of the music, you have to have a lot of knowledge of what different musical components can do. You have to be aware of the potential of, for example, a crescendo: it can give power, but it can also overwhelm. It’s important to listen to crescendos and sudden shifts and to be aware of this and its possibilities. If you have many dissonant harmonies, on the one hand, you have to be aware that this may evoke conflicting emotions. On the other hand, this dissonant music may evoke pleasure, because it is something different and it surprises. It is the same thing for rhythm and movement. If a piece does not have a lot of movement it can be positive because the client does not want to move, but it can also be negative because it doesn’t support the client in his need to move.

Anna: What about listening in your personal life, not as a therapist?

Dag: I find that there are variations in my listening and sometimes I have to get a break away from music. For example, I almost never listen to music in the car. That would be too much music when I’m on the way to a GIM session. But there are other periods when I listen to many different kinds of music. I find that in these periods my pleasure from music increases.

Anna: Do you think there is a difference in the pleasure one can get from live compared to recorded music?
Dag: Yes, in live music there is the added element of direct communication with the performers that gives a special kind of pleasure. However, live music also takes you out of the somewhat ‘inner listening’, you are more focused on the outside.

Anna: What is this ‘inner listening’?

Dag: When you close your eyes the inner image from the brain takes over from the perceptions from the outer world. All listening in some way is inner listening because it takes place in the brain. Listening to a live performance detracts from inner listening due to all the competing sensations, except in some instances. To me, great performances are those that really sweep me away. In a concert you can have a power and a wide soundstage that is not possible on your home stereo.

Anna: So what is your private music currently? Do you listen to the music you use at work or to different kinds of music?

Dag: Well, I listen to almost all kinds of music, except maybe traditional jazz and hip-hop, which for some reason leaves me bored. I listen to classical music from all periods, modern ‘serious’ and experimental music, and rock music. I really enjoy a good rock rhythm guitar, it gives me such strong experiences of vitality. I also listen to a lot of ethnic music. There is an area called ‘trance music’, which is essentially shamanic in origin which I also like. I think it’s important to be able to switch between different kinds, because otherwise you can be burnt out by music if it becomes too familiar. So if you listen to a certain kind of music a couple of times, than it has to rest. One solution is to have a little too much music on your hard disc, so that there are always new things to discover.

The format is important too. I listen mostly to LPs in fact. They are more alive, CDs are a bit sterile. High resolution audio files can be great, but mp3 is too coarse, like a pixelated photo where you see the edges. But you cannot avoid mp3 if you collect a lot of music on your hard disc. The thing is to locate the best and buy them in higher resolution.

Anna: Do you listen to any Greek music?

Dag: I am not so familiar with Greek music, except the traditional Rembetiko music, which I like very much because of its vitality and its passion, also its movement and abandon. I am sure that there are other kinds of Greek music too with these qualities. When I was in Bulgaria I bought a CD where they had reconstructed religious ceremonial music from the southern part of Bulgaria. It was an attempt to reconstruct ceremonial music from old times with flutes, played in a cave. That’s the music I love.

Anna: On a different subject, could you please talk briefly about the European network of GIM (ENGIM)?

Dag: You have to go back in history and realise that the creator of GIM, Helen Bonny, was an American. She was born in that culture; GIM was adopted in the United States of America. So eventually they formed an official body that was called the Association for Music and Imagery (AMI), and it was mainly American. So as GIM spread to Europe and Australia and to other countries, there were cultural differences that made it difficult to fully agree with the American way of thinking about things.

Anna: When you say ‘things’, what do you mean? Do you refer to music, psychotherapy, organisation, philosophy…?

Dag: All of these things. But when we tried to set up a European GIM initiative, we discovered that there were just as big cultural differences within Europe. I think the main advantage of going European is that the distances are smaller, and so it is easier to meet and talk.

Anna: And so the idea of a European GIM network came up…?

Dag: Yes, ENGIM has been around I think, since 1996, when we had the first European GIM meeting in Scotland. But the problem is that you have to have a certain number of GIM practitioners and trainers, you have to have a sort of a critical mass. By now, we have enough people for it. It is also organisational: it is difficult to control things across the seas; you have to be in the same continent to communicate and meet. But I think the roots of GIM and the basic components are the same. So for example, there is a document by the AMI, called Core Components of GIM and we have adopted the components outlined in this document.

Anna: In March 2012 you participated at a one-day music therapy symposium at the Hellenic American Union’s amphitheatre, in Athens. Could you comment on your experience?

Dag: Of course! This turned out to be one of the major, successful events for music therapy in Greece. The symposium’s title was Music and
Creativity in Psychiatry: Music Therapy Clinical Applications and was organised by the ‘Obrela’ Multidisciplinary Society for Psychological Intervention (former known as ‘Prosarmogi’) in cooperation with the psychology programme of the Hellenic American University (Manchester, NH, USA) and under the auspices of the Hellenic Psychiatric Association and the Hellenic Association of Certified Professional Music Therapists (ESPEM). Literally, it was a collaboration between Dr Orestis Giotakos, who is a psychiatrist and scientific director of Obrela, and Evangelia Papanikolaou, and I was really honoured to be invited to such a major event as a keynote speaker. The symposium took place at the Hellenic American Union’s amphitheatre, and the number of attendees was spectacular, with nearly 700 people queuing outside the building in an ultimate effort to get in. This really demonstrates that Greek people are really eager for innovative ideas and approaches, and I hope there will soon be another opportunity for good quality events regarding music therapy and mental health.

Anna: How do you see GIM developing in Greece and in Europe more generally?

Dag: Well, I think it is always a process, i.e. when American GIM trainers came to Europe, they trained a lot of people and some of them became trainers and could take over the training.

Anna: So you were trained by American trainers?

Dag: Yes, but my training took place in Sweden. Now we have three primary trainers in Sweden. Therefore, American trainers don’t need to come any more. Also we have developed our own style.

Anna: It sounds similar to the situation in Greece with you now coming from Sweden to train people…

Dag: Yes, this is also how it started, but now, there is also training in Greece and Greek people no longer need to speak English to learn GIM. Then my role is sort of fulfilled and I would go to another country. However, because Evangelia and I collaborate on many different levels, I will be actively involved in future Greek trainings on a more permanent basis and with different roles.

Anna: You have the so-called ‘European Training Programme’ which means that it is open to other countries, not only Greece…

Dag: Yes, there are countries in Europe without GIM training courses, so there are many places to go. We have already set up a new training course in Amsterdam (Holland) and Evangelia has started a Greek-speaking group in Cyprus. We have also had requests from other countries, not only in Europe but also in the Middle East. We are now planning on new developments, especially in those countries where GIM is not introduced yet. One can find detailed information on our website: www.gimtherapy.eu

Anna: Is there anything you would like to add?

Dag: What I want to say is that the most important thing in GIM is that it involves so many levels of the mind and its possibility for integration, so it is a holistic therapy. This is why it can be applied in so many different layers of the human psyche and nature… and yes, last but not least, it is important to announce that the European GIM conference in 2016 will be hosted in Greece! Evangelia will be leading the organisational committee of this major, international event, whereas I will be part of the scientific committee. I hope we will see you there!

Anna: Thank you very much for this interview and for coming to Greece to work with us.

Dag: It is a pleasure Anna. Thank you, too.

References


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