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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 Wårja, 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 (Wårja 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 Wårja 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.

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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 neuroscientifc 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 Tsouka, 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.

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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…”

REFERENCES


Suggested citation: