

**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

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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,

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 neuropsychological 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-imagery 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-imagery 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 imagines 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-imagery 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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