

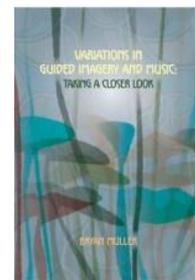
**SPECIAL ISSUE**

Guided Imagery and Music: Contemporary European perspectives and developments

Book review

Variations in Guided Imagery and Music: Taking a Closer Look (Bryan Muller)

Reviewed by Martin Lawes



Title: Variations in Guided Imagery and Music: Taking a Closer Look | Author: Bryan Muller | Publication year: 2014 | Publisher: Barcelona Publishers | Pages: 112 | ISBN: 978-1937440534

Martin Lawes is founder of the Integrative GIM Training Programme based in the UK (www.integrativegim.org). His clinical practice in GIM is in palliative care. As a music therapist he works in special needs education and also has a number of years' experience in adult mental health. He is a registered supervisor with the British Association for Music Therapy and is published in four peer reviewed journals. Martin is the current chair of the Education and Training Committee of the European Association for Music and Imagery (EAMI).'

Email: martinlawesmt@gmail.com

Publication history: Submitted 30 July 2015; First published 14 December 2015.

INTRODUCTION

Muller's book is a specialist one, most likely to be of interest to practitioners, trainers and students of Guided Imagery and Music (GIM). One of his themes is the use and meaning of terms in GIM which turns out to be a complex topic. Such terms lack consistency and clarity which his publication is intended in part, to help address. My use of terms below is broadly speaking aligned with Muller's as I will briefly outline before proceeding to review his book.

First of all by GIM I refer to the field of practice as a whole, including the 'Bonny Method' of GIM and 'modified GIM'.¹ As will become apparent Muller defines the Bonny Method exclusively in relation to the practices Helen Bonny originally

developed. The term 'modified GIM' he uses to encompass the myriad ways the Bonny Method has been modified and adapted by others to suit different clients, therapists and clinical situations. He also uses the term 'music and imagery' (MI) towards the end of his book. This term is generally used to identify practices that involve the client or clients in a short period of music listening without any verbal dialogue (guiding). These practices may or may not be construed as being part of GIM and of modified GIM in particular. What unites MI and all the other more or less closely related spectrum of GIM practices (the Bonny Method and modified GIM) is that they require specialist training.

Those who complete the full GIM training become 'Fellows' of the Association for Music and Imagery (AMI). This is the professional body based in the USA that at present endorses trainers and training programmes worldwide and publishes training standards (AMI 2010).

¹ This book review was written in 2015 and therefore does not reflect more recent developments in the GIM terminology being used in Europe as set out in the new European Training Standards.

BACKGROUND

Muller is both a music therapist (with a PhD from Temple University, Philadelphia) and GIM Fellow. In 2010 he conducted an electronic survey of current practice in GIM (Muller 2010). His interest was to clarify the extent to which Fellows were practising the Bonny Method in its original form and the extent to which they were modifying it. This remains an important topic in GIM and indeed, arguably, has become more so since Muller conducted his survey. His publication is thus an important one. It complements another publication on the contemporary spectrum of practice that has recently come into print (Grocke & Moe 2015).

Ever since Helen Bonny first developed and began to train others in her method, Fellows have adapted it to suit different clinical contexts. This has resulted in a wide spectrum of practice being developed with ever new 'variations', to use Muller's term. Yet, as he points out, this proliferation of practice raises many questions. He believes it especially problematic that there is no formally agreed consensus as to what constitutes the Bonny Method and differentiates it from its modifications. Neither are the boundaries of the field of practice as a whole clear. This is important because the method is a powerful one and clarity is needed about the level of training required for the different types of practice.

In designing his survey and in his book Muller draws on Bruscia (2002), the only author according to Muller who has previously addressed these issues. Bruscia not only defines the Bonny Method in detail and distinguishes it from its modifications and adaptations; he also distinguishes these from related practices that lie outside the boundaries of GIM. These are simple music and imagery techniques, for example 'directed music imaging' (Bruscia 2002), that do not require GIM training at any level. These practices involve the therapist directing the client's imagery experience with little room for spontaneous imaging as characterises GIM (though the scope for this may be restricted in some types of MI especially). They are thus, as Muller discusses, music therapy rather than GIM practices and are taught to music therapists in countries such as the USA. Whilst differentiating levels and types of practice in this type of way is undoubtedly important, it is far from straightforward. Indeed, it is interesting to note that in a more recent text, published since Muller's book, Bruscia categorises 'directed music imaging' as a GIM practice (Bruscia 2015).

OUTLINE OF THE BOOK

In the first chapter of his book Muller outlines how Bonny originally discovered and developed the method. He refers to Bruscia's work in the second chapter, summarising how Bruscia distinguishes Bonny Method practices from those associated with modified GIM. This is in relation to eight variables: State of Consciousness, Spontaneous Imaging, Classical Music Programs, Goals, Theoretical Orientation, Verbal Dialogue, Directive Interventions and Length of Music Experience. This becomes the basis for Muller's presentation and discussion of his survey results in the remaining chapters of his book.

In chapter three the focus is on the extent to which Fellows practice the Bonny Method (according to Bruscia's criteria) as far as the length of the session is concerned and also the length of the music listening part. In this and other sections of his text where Muller presents his survey results, I found the detail of the information difficult to assimilate. Perhaps the data along with the questions could have been set out in a table for ease of reference.

After presenting his survey data Muller includes a review of the literature. As a practitioner and trainer I found this and similar literature reviews he presents in subsequent chapters to be especially interesting and useful. Muller organises the material in relation to four areas of modified practice: psychiatry, physical illness, the elderly, and children and adolescents. In chapter three the literature review helps account for his survey results; for example, that Fellows tend to shorten sessions or the music listening part either to accommodate client need or therapist and facility scheduling.

In chapter four Muller is concerned with the extent to which Fellows use predesigned music programmes or spontaneously programme the music, and whether classical or other types of music are used. In chapter five his topic is guiding practices; for example, the extent to which this is directive or non-directive. Muller's survey results again reflect the spectrum of practice reported in the literature.

Chapter six covers theoretical orientation where it was clear from the survey that whilst most practitioners identified with a humanistic or transpersonal stance (Bonny Method), a high percentage adopted a Jungian and psychodynamic orientation at times which according to Bruscia's criteria is a modification.

In chapter seven Muller turns his attention to the

ways that GIM has been combined with other practices. In chapter eight he compares the use of the Bonny Method and modified practices. His survey brings to light that Fellows who use practices associated with the Bonny Method tend not to use those associated with modified GIM and vice versa. Muller believes that this shows the inherent value of Bruscia's distinctions. He wonders whether his data reflects the fact that some trainings favour the Bonny Method and others modified forms of practice. He also considers the spectrum of directive and non-directive practices in this chapter.

In chapter nine, Muller considers the implications for practice, training and supervision. He notes, interestingly, that whilst some Fellows have modified the Bonny Method to meet the needs of vulnerable clients (for example those with fragile egos, physical frailty, limited attention span, or impaired cognition), others have worked effectively with similarly vulnerable clients without using any form of modification. Important questions are raised by this including whether the clients are at the same level of functioning and about the criteria needed to determine when the method needs to be modified and how. This leads Muller to elaborate the different levels of practice referred to in the literature (supportive, re-educative and reconstructive). He notes that whilst there are consistent descriptions of client functioning at each level, the types of practice and music employed at each differ amongst practitioners.

In regard to training and echoing Bruscia, Muller proposes the need to clarify the skill level required for the Bonny Method, modified practices and those which are related but which lie outside the bounds of GIM altogether. He refers to new training models that have emerged that incorporate training in MI, sometimes as a precursor to, and sometimes separate from training in the Bonny Method.

Muller outlines his concerns around the use of terms generally where there is confusion and a lack of consistency. One example of this is where he describes how some forms of MI have been identified as modified GIM whereas other forms have been characterised as falling outside the boundaries of GIM altogether even though the practices concerned have been inspired by Bonny's work and require specialist training. He also points out that American music therapists are trained in what is formally identified as 'music and imagery' where the practices are related but different (e.g. 'directed music imaging' as discussed above) and do not require any level of GIM training. Muller

highlights the need for the MI methods practised by music therapists and by GIM Fellows to be clearly differentiated. This is to ensure safe and ethical practice.

At the forefront of Muller's concern is that the Association for Music and Imagery (AMI) do not sufficiently address these matters in their published training standards (AMI 2010). He suggests that the 'Core Elements' of the Bonny Method and of training in it as set out in the standards can easily be construed as referring to modified GIM and MI as much as to the Bonny Method itself with no criteria for distinguishing between them.

In his final summary chapter, Muller further clarifies the issues his research raises. Firstly, there seem to be differences of opinion amongst the GIM community as to what constitutes a modification. Secondly, according to the AMI standards, GIM training is primarily focused on the Bonny Method. The problem is not only that its boundaries are not clearly defined but also that only around half of the GIM Fellows around the world seem to practise the method in full. If modifications are being taught and practised so widely, should further requirements for training in them be specified? Thirdly, there are differences of opinion as to why the method needs to be modified including to accommodate client need, faculty scheduling, different levels of practice and the personal style of the therapist. This raises further questions about modifications and what is taught on the courses.

In his 'Closing Thoughts' Muller questions why, as he sees it, the GIM community is not ready, is even resistant to accepting that boundaries exist between the different types of practice and that these need defining. He suggests that the advent of modifications need not signal the end of the Bonny Method, nor that 'rediscovering' it need compromise the discovery of modifications. Rather the two can potentially serve a 'vital role' in informing one another.

He then returns to a point he first discusses in his introduction where he suggests that the Bonny Method itself has so much flexibility that it is surprising it has spawned so many modifications. He refers to the myriad ways in which every part of a session can be adjusted to suit client need without the method actually being modified. In elaborating this point further at the end of his book, he describes how it morphs not only to suit the needs of diverse clients but also the personal style of practitioners. There are, he proposes, as many ways to use it as there are practitioners.

Muller also returns at the end of his book to

another point he first discusses in his introduction. He wonders whether practitioners are in a position to understand what may be lost through modification if the potential of the original and its applications are yet to be fully understood. He also suggests that he believes the original method contains procedures to 'weed out' aspects of the therapist's personal influence that may otherwise impede the client's progress. He questions whether the same is true of the modifications. Indeed Muller believes that we have much more to learn about the Bonny Method itself, with no-one having achieved anything like a full mastery of it, not even Bonny herself. He proposes that continuing investigation of the original method should be central to understanding modifications of it.

DISCUSSION

I certainly found Muller's book to be both useful and thought-provoking and it has helped clarify my own views. His topic is indeed one of ongoing importance for both Fellows and trainers and his publication is a timely one. Thus, during my writing of this review, not only has Grocke and Moe's new book been published about contemporary practice (Grocke & Moe 2015), but the AMI training standards themselves have been in the process of being updated.

Within this evolving context, I do not think I quite agree with Muller's view that the GIM community is unready, even resistant to accepting the need to clarify the boundaries between the different forms of practice and the level and type of training required for each. I think the situation is more complicated than that. Indeed I believe that many trainers would, broadly speaking, share Muller's concerns and have in various ways addressed them, with new material about this recently published (Goldberg 2015; Summer 2015). Grocke and Moe (2015) in particular categorise a spectrum of GIM and MI practices for individual and group work drawing on the work of over 30 Fellows who outline specific practices they have developed. Their publication significantly extends the existing literature that Muller so usefully summarises in his book.

The field of training and practice in GIM is thus one that continues to evolve. Muller with his research and his elaboration of the issues it raises makes a useful contribution. Some of his concerns I think certainly do need to be given wider consideration. One example is the confusion around the use of the term MI which is being

increasingly appropriated in GIM (for example in Grocke and Moe's new book), seemingly without taking into account that music therapists not trained in GIM also practise what is designated 'music and imagery' in some countries. Thus according to the *Scope of Music Therapy Practice* published jointly by the American Music Therapy Association and the Certification Board for Music Therapists (2015), practitioners in that country practise 'music and imagery' as part of the spectrum of music therapy practices in which they are trained. It is clearly the case that the music therapy techniques concerned need to be differentiated from what I would suggest are the more 'specialist' MI techniques developed by GIM therapists, specialist because they require further training.

The use of this term is in fact especially complex where, for example, Bruscia uses 'music and imagery' along with 'Group GIM' to identify the group forms of practice developed by Bonny (because these are the terms she originally used). These are therefore part of the Bonny Method, the group forms being intended for self-development or spiritual exploration rather than for therapeutic work (Bruscia 2002). Interestingly Muller does not refer to this use of MI, drawing rather on more recent trends where MI is differentiated not only from the Bonny Method but sometimes from GIM altogether even though it is a part of or allied to GIM training.

Interestingly both MI and Group GIM are terms used by Grocke and Moe (2015) to help classify the contemporary spectrum of practice, but with each term referring to a different type of therapeutically-oriented practice. Their usage of these terms is thus completely different to Bruscia's and I suggest more generally compatible with contemporary trends. Although it is helpful to have the clarity Bruscia provides about the method as Bonny developed and practised it, even in her hands, things were continually evolving. In fact, according to Summer (2015), it was Bonny herself who spearheaded a broadening of practice and training through the 80s and 90s where she left behind her original definitions and procedures.

Given this I do not believe it is necessary to define the Bonny Method so precisely in relation to the practices Bonny originally developed in the context of contemporary practice and training. I fear it may confuse as much as clarify. This is not only in relation to the group forms, but also individual work. For example, I regard myself as practising the Bonny Method even when I integrate psychodynamic thinking into the way I work or spontaneously programme the music during a

session, or use a non-classical music programme. Yet according to Muller on any of these counts I am practising modified GIM even though the work meets his criteria for Bonny Method sessions in every other way. This does not make sense to me.

The drive to modify the method

Whilst I think Muller defines the Bonny Method in too restrictive a way, it has at the same time been very interesting to reflect on his view about the inevitably limited extent to which the potential of the Bonny Method has been mastered and understood which leads him to question the rationale for modifying it.

Muller is not the first to have wondered about the trend to modify it. Friedrich, for example, believes that the modifications have become “more important and more popular than the original” (Friedrich 2014: 11) because contemporary practitioners lack what he believes is the necessary background in depth psychotherapy to work with the original concept. Whilst this is a debatable point, it raises important questions about the way the field of GIM is evolving in the contemporary world and what should be required to train in it.

In my own practice, I am in a position to work with the Bonny Method more or less in its original form on a weekly basis. This gives me an ever-deepening appreciation of what is surely one of the most remarkable therapeutic methods known in any field of practice. In light of this I find myself in strong agreement with Muller that there is plenty more to find out about the potential and use of the method. Modifying it tends to involve deliberately limiting the depth and extent of the client's exploration in an altered state of consciousness. In this sense the potential of GIM is restricted and if modified practices did completely take over that would be a great loss.

On the other hand in their own way the modifications significantly increase the scope of what GIM has to offer. They are I think especially important, and indeed often necessary, if work is to be undertaken safely with more vulnerable clients. As noted by Goldberg (2002), this was not sufficiently well-understood when the method was first developed. At the same time, as Muller discusses, some Fellows have practised the Bonny Method effectively where others have found it necessary to modify it, in each case with similarly vulnerable clients (e.g. with depression or post-traumatic stress disorder). This is thought-provoking and clearly calls for further investigation.

Whilst all these matters are complex, I think there is both an inevitability and a necessity in the way GIM as a field of practice is evolving. This was brought home to me through a comment made by Isabelle Frohne-Hagemann (personal communication 2014), a GIM trainer from Germany. She suggested that music therapists practising GIM in that country could not survive offering the Bonny Method alone. It is not suitable to be used in its original form with clients in many of the settings in which music therapists work there. For me that resonates with the situation in the UK and as a trainer I think it vital that GIM Fellows are equipped to practise a spectrum of MI and GIM techniques such as Grocke and Moe (2015) set out.

This, of course, includes the Bonny Method which I hope will continue to have an ongoing central role to play. This is where, for example, I believe it is in many ways an ideal personal therapy for music therapists in training (personal therapy being required to train as a music therapist in the UK). Who better to deliver such therapy than a music therapist trained in GIM where the method can be potentially be combined with clinical improvisation, for example?

There is thus surely the potential for a wide range of practices to be undertaken by different therapists in different clinical situations for the benefit of all as practice continues to evolve. This is where as Grocke suggests, GIM may be going through a process of growth and development similar to that which occurred in other areas of music therapy practice during the 80s and 90s. Unsurprisingly she believes that the modifications are at the forefront of this as exemplified in much of the current research being undertaken (Montgomery 2015).

Integrating established knowledge and practice with new developments

Yet the process of change and evolution has a complex dynamic. This is brought out both through the questions Muller raises and through his survey data. His finding that Fellows seem to be divided between those who practice the Bonny Method and those who practice modifications is I think of especial interest. It backs up my general impression that within the GIM community there is both the desire to remain grounded in Bonny's work and legacy, honouring, protecting and sustaining the connection with it, and a drive to develop new forms of practice (and training) aligned with contemporary trends in clinical practice and suited

to the various cultural, social, political, legal and professional contexts in which GIM is practised in different countries around the world.

I believe that both trends are important, and as Muller suggests, practice in the Bonny Method and in its modifications can enhance one another. All sorts of questions are raised though, especially about the need highlighted by Muller to clarify the different types and levels of practice and what is required to train in them to ensure safe, ethical practice. As Muller is, I am concerned that the AMI standards are too focused on the Bonny Method especially given the extent to which modifications are being practised. Surely standards need to be put in place for the teaching of these that support practitioners being able to offer the Bonny Method, modified GIM or MI as is most suitable in any given situation.

Whilst the AMI standards continue to focus on the Bonny Method, it will be interesting to see what results from an interim European Association of Music and Imagery (EAMI), formed at the 2014 European GIM conference in Berlin (<https://www.music-and-imagery.eu/>), where it was formally proposed to explore the development of European training standards.²

Are the modifications really modifications?

Finally, and perhaps especially pertinent following Bonny's death in 2010 (with the impact it has had on the GIM community especially in the USA where so many had a personal connection with her), is the question of the terms themselves that are to be used. Grocke admits to not particularly liking the way that in GIM "we distinguish between the Bonny Method and the 'not the Bonny Method' way of thinking" (Montgomery 2015). Thus, she and Moe propose the spectrum of practice discussed which includes individual and group methods of both MI and GIM (avoiding the term modified GIM) along with the Bonny Method. Summer (2015), taking a slightly different approach in the context of the training programme she has developed, proposes a continuum of supportive, re-educative and reconstructive level MI and GIM practices. In this approach the Bonny Method is reconstructive GIM (Summer 2015). With this evolving use of terms, perhaps the term modified GIM itself will become

redundant as a more differentiated spectrum of practice is identified along the lines suggested by Grocke and Moe (2015) and Summer (2015).

My own way of thinking about this topic is that it was as though before Bonny began her work, there was a method or perhaps collection (or spectrum or continuum) of related methods (a field of practice) waiting to be discovered. Bonny was the pioneer who first discovered and began to develop practice in the field unlocking some but by no means all of its potential. Others have built on what she began. The process is an ongoing one with more of the potential of GIM being discovered and clarified all the time. In this sense I do not see the practices Bonny developed as being the original pure method with everything else being a 'modification' or variation of it. Indeed some are really quite distinct practices in their own right. The Bonny Method of GIM I suggest transcends 'Helen' and needs itself to evolve (and perhaps be renamed) to be of continuing relevance. It is ultimately a 'method of ...', one amongst many more or less closely related 'methods of ...' in an evolving specialist field of practice. In this, whilst the different types and levels of practice can be grouped together in various sub-groups and this may be important for training, as Summer (2015) suggests they can also potentially be combined as part of a creative and flexible approach to meeting client need which is perhaps the optimal situation.

Summary

In summary I think that Muller, with his survey data and the discussion, questions and concerns he sets out in his book, provides much food for thought. Although I did not find the style of writing and organisation of the material particularly accessible in places and a few references seem to be missing, I am grateful to Muller for his work and for all that it has made me think about. His topic is one of central importance in the evolution of practice and training in the field at the present time. I hope that other GIM Fellows, trainers and students may turn to it to help inform, develop, challenge and clarify their own thinking. I would recommend the book on this basis.

REFERENCES

American Music Therapy Association and the Certification Board for Music Therapists (2015). *Scope of Music Therapy Practice*. Retrieved from: <http://www.cbmt.org/>

² European training standards in GIM have now been published.

- Association for Music and Imagery (2010). *Manual of Standards and Procedures for Endorsement of Bonny Method of GIM Trainers and Training Programs* (Revised September 2010).
- Bruscia, K. E. (2002). The Boundaries of Guided Imagery and Music and the Bonny Method. In D. E. Grocke & K. Bruscia (Eds.), *Guided Imagery and Music: The Bonny Method and Beyond*. Gilsum, NH: Barcelona Publishers.
- Bruscia, K. E. (2015). *Notes on the Practice of Guided Imagery and Music*. Gilsum, NH: Barcelona Publishers.
- Friedrich, U. (2014). *GIM: Is the original still good enough?* In the book of abstracts of the 11th European Conference of GIM "Consciousness-Neuroscience-Society: GIM in a Changing World", 17-21 September 2014, Berlin, Germany.
- Goldberg, F. S. (2002). A Holographic Field Theory Model of the Bonny Method of Guided Imagery and Music (BMGIM). In D. E. Grocke & K. Bruscia (Eds.), *Guided Imagery and Music: The Bonny Method and Beyond*. Gilsum, NH: Barcelona Publishers.
- Goldberg, F. S. (2015). Reflections and Connections: Training for Music and Imagery Group Psychotherapy. In D. Grocke & T. Moe (Eds.), *Guided Imagery & Music (GIM) and Music Imagery Methods for Individual and Group Therapy* (pp. 249-258). London: Jessica Kingsley.
- Grocke, D., & Moe, T. (Eds.). (2015). *Guided Imagery & Music (GIM) and Music Imagery Methods for Individual and Group Therapy*. London: Jessica Kingsley.
- Montgomery, E. (2015). An interview with Denise Grocke: Discussing GIM and its adaptations. *Voices: A World Forum for Music Therapy*, 15(2). Retrieved from <https://voices.no/index.php/voices/article/view/832>
- Muller, B. J. (2010). *Guided Imagery and Music: A survey of current practices*. Doctoral Dissertation. Temple University, Philadelphia, PA. *Dissertation Abstracts International*, 69.
- Summer, L. (2015). The Journey of GIM Training from Self-Exploration to a Continuum of Clinical Practice. In D. Grocke & T. Moe (Eds.), *Guided Imagery & Music (GIM) and Music Imagery Methods for Individual and Group Therapy* (pp. 339-348). London: Jessica Kingsley.

Suggested citation:

Lawes, M. (2017). Book review: "Variations in Guided Imagery and Music: Taking a Closer Look" (Bryan Muller). *Approaches: An Interdisciplinary Journal of Music Therapy, Special Issue 9(2)* 375-381.