

**SPECIAL ISSUE**

Guided Imagery and Music: Contemporary European perspectives and developments

## Article

## Combining Schema Therapy and Guided Imagery and Music

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**ABSTRACT**

Schema therapy (ST) is a third wave Cognitive Behavioural Therapy (CBT) and is used for the treatment of personality disorder, chronic depression and eating disorders amongst others. One goal is to evoke emotions and to regulate them. The techniques that are used are imagery rescripting, chair dialogue and standard cognitive behavioural techniques. Core elements in Guided Imagery and Music (GIM) are interactive music-activated imagery (images experienced by the five senses, body sense, memories, emotions and possibly transpersonal imagery). By combining these two treatments, the patients' experiences and the treatment efficacy overall might be enhanced. The aim of this article is to introduce ST and to inform readers about similarities between the treatments and resulting combination possibilities. The author describes the combination of treatments in a client with chronic pain. The findings and future developments are discussed. As this combination has never been described before and only one case report is given in this article, no conclusions can be drawn. Further studies are needed to investigate the efficacy of this potential combination.

**KEYWORDS**

Bonny Method of Guided Imagery and Music (BMGIM), music therapy, Schema Therapy (ST), imagination, Cognitive Behavioural Therapy (CBT)

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**INTRODUCTION**

Guided Imagery and Music (GIM) is a music-centred therapy method which was developed by Helen Bonny. GIM is based on humanistic and psychodynamic theories amongst others. It uses mainly classical music for the stimulation of spontaneous inner imagery. The aim is to overcome mental barriers and enable personal growth, personal insight and transformation (Bonny

2002; Bruscia & Grocke 2002).

GIM is a dyadic process, "one in which the client and therapist are finely attuned to one another in individual sessions" (Ventre 2002: 29). GIM sessions last approximately one-and-a-half to two hours. In the preliminary conversation, the therapist and client discuss and agree on the focus of the session. In silence the therapist chooses a music programme from a variety of programmes designed by Helen Bonny and other GIM-professionals,

which corresponds with the focus. After a verbally guided relaxation, which facilitates the desired altered state of consciousness, the music is started, and the client shares his experiences, emotions, body sensations, thoughts and images with the therapist. The therapist supports the unfolding imagery by maintaining a non-directive verbal dialogue during the music listening with the aim of deepening and sharing the experience. After the music listening, the client may draw a mandala to illustrate the experience. In the postlude, the 'music journey' and important images are discussed in relation to the client's current life situation and the personal focus.

GIM has been used with a wide variety of clinical conditions, such as mood disturbances (Körlin & Wrangsjö 2002), trauma (Maack 2015), stress-related disorders (Beck et al. 2015), cancer care (Bonde 2005; Burns 2001) and depression (Lin et al. 2010). Despite limited research, GIM has been found to have lasting benefit for a range of psychological and physiological problems (McKinney & Honig 2016).

Schema Therapy (ST) has its roots in Cognitive Behavioural Therapy (CBT) and was originally developed by Jeffrey Young for clients who did not respond well to the original CBT (Young et al. 2011). ST is based on the idea that aversive experiences and frustrations from childhood can lead to the development of maladaptive schemas. Young et al. (2011) described 18 maladaptive schemas. If a maladaptive schema becomes activated, associated painful emotions arise. In order to deal with these intense emotions, coping strategies (surrender, avoidance, overcompensation) are developed that "attenuate aversive emotions but impair adaptive interpersonal and self-regulatory behavior" (Fassbinder et al. 2016: 3) (see Table 1).

Working with clients who have a personality disorder, Young discovered that several different schemas were activated at the same time. He called these emotional states modes and described them as manifestations of a mood or state that is currently active for an individual, as opposed to a schema, which is more of a trait or an enduring aspect of the person (Young et al. 2003). Modes can be divided into four broad categories (see Figure 1).

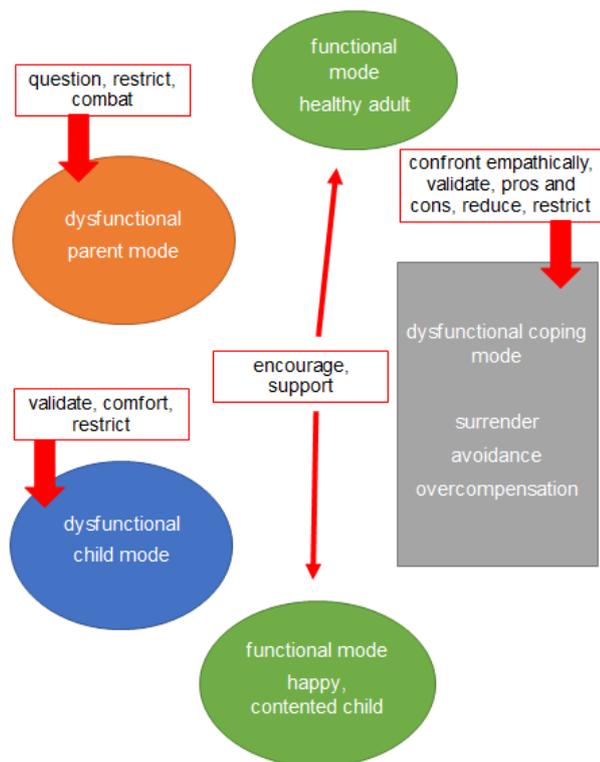
The goal of ST is to help patients meet their basic emotional needs. The most important interventions to activate emotional states and

Schema domains	Early maladaptive schemas
Disconnection and rejection	(1) Abandonment/instability
	(2) Mistrust/abuse
	(3) Emotional deprivation
	(4) Defectiveness/shame
	(5) Social Isolation/alienation
Impaired autonomy and performance	(6) Dependence/incompetence
	(7) Vulnerability to harm or illness
	(8) Enmeshment/undeveloped self
	(9) Failure
Impaired limits	(10) Entitlement/grandiosity
	(11) Insufficient self-control/self-discipline
Other-directedness	(12) Subjugation
	(13) Self-sacrifice
	(14) Approval-seeking/recognition seeking
Overvigilance and inhibition	(15) Negativity/pessimism
	(16) Emotional inhibition
	(17) Unrelenting standards/hypercriticalness
	(18) Punitiveness

**Table 1: Schema domains and early maladaptive schemas**

enable change are the experiential techniques (chair dialogue, imagery reprocessing and rescripting therapy (IRRT)). For the purpose of this investigation IRRT is described in detail. In a secure environment and relaxed state the client is advised to close his eyes and recall an actual situation in which he is emotionally activated. A so-called 'affect bridge' is then created by asking the client to remain with the emotion and to picture an associated image from childhood. This memory is verbally explored by the therapist in detail, considering in particular the involved persons and the set of problems ("Who is there and what do they do?"). The main focus is on the feelings and needs of the child in the image. The child is therefore directly addressed by the therapist who then asks: 'How do you feel and what do you need?' If this imagery is not simply used for diagnostic reasons, the therapist can intervene to change or rescript the childhood scene by

introducing a helping person (such as an adult client, fictional person or therapist) who cares for, protects the child and fulfils the child's needs. As a result the child feels well, safe and committed to the helping person ('limited re-parenting'). These feelings are intensified by encouraging the child to remain with them. Optionally, the client is asked to transfer the emotional solution from the child imagery into the actual situation, which was recalled at the beginning of the session.



**Figure 1: Modes and mode model**

ST has been proven to be very effective in the treatment of clients with borderline personality disorder (Giesen-Bloo et al. 2006) but has also been beneficial for patients with depression (Renner et al. 2016) and post-traumatic stress disorder (Cockram et al. 2010). In particular, the imagery techniques have been found to be very helpful (Jacob & Tuschen-Caffier 2011).

Music and imagery are known to facilitate healing processes, especially because music enhances the imagery experiences by making images more vivid (McKinney 1990) and increases absorption or involvement in the imagery (Burns 2001). In addition, music facilitates the stimulation of imagery and the resolving of inner conflicts (Bruscia & Grocke 2002), the access to emotional processing (Juslin & Västfjäll 2008), increased empowerment and coping (Goldberg 2002), and

the creating and fostering of attachment relationships (Pasioli 2014). GIM in particular has the capacity to evoke emotions and facilitate access to the unconscious (Beebe & Wyatt 2009).

The assumed efficacy of the combination of ST and GIM relies on these hypotheses:

- Clients will have fewer difficulties to enter the imagery process.
- The underlying modes and schemas will be assessed more easily.
- Emotional access is facilitated and the rescripting might be more intense and enduring.
- If traumatic material is revealed the combination of ST and GIM has the potential to access and reintegrate the traumatic memories.

In order to investigate these hypotheses I started to combine ST and GIM for clients with psychosomatic disorders. A case report is given where the combination of GIM and ST resulted in a pivotal moment for the client.

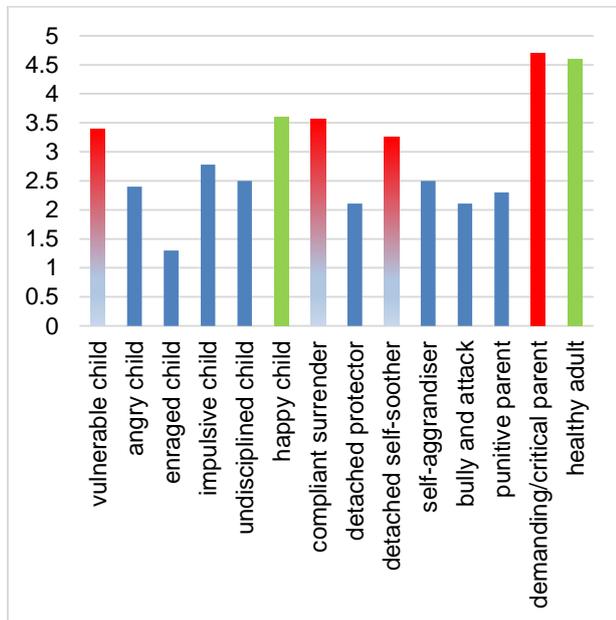
## CASE REPORT

HH, a 47-year old man, was admitted for multimodal pain therapy. He suffered from diffuse chronic pain and a major depressive disorder. The client grew up with his brother (+9Y) and both parents on an agricultural holding in the former East Germany. The relationship with his father was poor as his father was very aloof. He suffered from sanctions, when he did not want to work on the farm. By contrast his relationship with his mother was closer. Although she was not very compassionate, he received a lot of attention from her, especially when he was sick. From early childhood he had a speech disorder (stutter), was a very shy pupil and experienced a lot of bullying at school. He trained as a skilled worker in gardening and works for a furniture store at present.

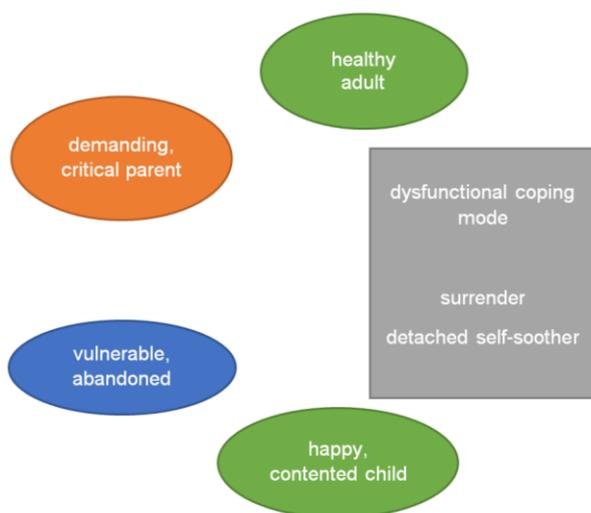
In a questionnaire – the Schema Mode Inventory (Young et al. 2007) – the client scored on the functional modes: happy child and healthy adult, as well as the dysfunctional modes: demanding/critical parent, vulnerable/abandoned child, detached self-soother and compliant surrender (see figure 2).

Prior to starting with the combination of GIM and ST I had previous contact with the client in two group therapy sessions and two GIM sessions. The session described here took place after a verbal session concerning the underlying modes and schemas, and an introduction to ST (see figure 3).

The starting point of the imagery was an emotionally evocative situation at the workplace: the client is in an office with his colleagues. There are a lot of orders and he asks for help. He has the feeling that no-one hears his request; his colleagues laugh at him. He is angry, feels alone and observes a tension in his back. He leaves the situation.



**Figure 2: Schema Mode inventory of HH (strong dysfunctional mode = red; healthy mode = green; moderate dysfunctional mode = bicoloured; non-active or only slightly active dysfunctional modes = blue)**



**Figure 3: Case report 1 – HH (according to the schema mode inventory of HH, see Figure 2)**

With the help of music (Ludovico Einaudi: *Svanire from Divenire*) an affect bridge to an emotional state from his childhood is created:

Client: I am nine or ten; I have to stand up at school and read something in my German lessons; everybody laughs; that hurts; I feel ashamed; my teacher doesn't do anything; everyone gets up and leaves the room – I stay behind and cry.

Therapist: You are very sad and alone; what do you need?

Client: ...someone, who comforts me and empowers me.

Therapist: Can you imagine the adult H to be with you?

Client: Yes. He looks at me and kneels down; lays his arm around the little H.

Therapist: How does this feel for little H?

Client: It feels warm in the tummy.

Therapist: Enjoy this feeling!

Client: Now he disappears and keeps little H behind.

(Max Richter: *End credits, Lore – The Original Soundtrack*)

Therapist: May I join little H in the imagery?

Client: Yes!

Therapist: Little H do you want me to get the adult H back?

Client: Yes, please.

(Mendelssohn: *Lieder ohne Worte; Op. 30 – No. 1. Andante espressivo in E flat*)

Therapist: OK. I am going to the adult H and tell him to come back, because, he promised to take care of little H and not to simply disappear.....The adult H is puzzled and returns to little H, sits down with him on the bench, and listens to what he has to say..... How do you feel now little H?

Client: I feel understood and protected.

In the postlude the client says that this was exhausting, that he was emotionally activated and that there was a lightness but heaviness at the

same time. He liked the ending, where he wasn't alone anymore and felt good. I asked him how this experience could have altered the workplace situation. He answered that he will try not to take the role of the victim any more. He will be the one who laughs. His 'take home message' is that it is his right to ask for help and that it is good to perceive and express his feelings and to follow his needs.

## DISCUSSION

With the third wave of behavioural therapy the focus has shifted towards emotion perception and regulation, especially in clients with an underlying personality disorder. Experiential techniques such as chair dialogue and imagery exercises – e.g. imagery rescripting – are essential in ST as the main focus of ST is on changing dysfunctional schemas and the meaning of emotions and needs through emotional restructuring (Fassbinder et al. 2016).

As mentioned above, GIM facilitates the evoking of emotions and the underlying needs, beliefs, thoughts and attitudes. By using appropriately chosen music and specific interventions, these experiences can be perceived, accepted, modulated and regulated. This may lead to a deeper insight into the underlying problems and offer an alternative perspective or a possible solution.

Referring to the above hypothesis, a combination of the specific and fundamental 'therapeutic factors' of ST and GIM could be valuable. This could lead to a more effective and enduring outcome of treatment.

GIM, however, should be adapted as it is not wise to use a whole programme of music. In contrast, the selection should be flexible with single pieces from different programmes or other appropriate music (new classic, film music), always considering the needs of the client and the dynamic of the imagery process.

The combination of ST and GIM could be especially useful in the treatment of clients with an underlying personality disorder or early traumatization. In these cases the interventions by the therapist may have to be more directive, which is different to the original attitude of GIM therapists. In the example above a helping figure is introduced into the picture as the child (mode) in the imagery did not have the necessary ego strength to express his needs. Introducing the helping figure enables rescripting of the imagery which allows the former

previously unmet emotional needs to be recognised and fulfilled so that consequently the client begins to feel stronger and ultimately able to meet these inner needs himself in future imageries. Other GIM therapists confirm the occasional need of directive intervention although this interferes with and changes the imagery (Frohne-Hagemann 2014; Maack 2015; Martin 2015). "Considering the specific problems of the chronically stressed" Beck et al. (2015: 311) applied some modification to their GIM intervention. In particular, she used a technique, which she called "guided renegotiation". Hereby a troubling work experience was reimagined and transformed while listening to music. The client was enabled to act in a more resourceful and active manner, which resulted in a successful ending. The aim of this intervention was to increase the participant's ability to control and cope with stress as well as providing new experiences of expression and acceptance of emotions.

Körlin (2002: 403) states "that clients with complex PTSD or early traumatization need modifications of guiding, music choice, and additional framework".

In the present article only one case example is given. It shows the feasibility of the combination but does not allow for any comments about its effectiveness, despite the client's subjective positive response. Further investigations with more clients are needed.

## SUMMARY

ST and GIM are used effectively in the treatment of clients with miscellaneous psychological disorders. A combination of ST with GIM could enhance the overall therapy effect due to the additional music intervention. However, as there is no empirical evidence of the efficacy, future investigations or studies have to clarify the potential benefit.

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