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CLIENT PERSPECTIVES ON THE MUSIC IN GUIDED IMAGERY AND MUSIC (GIM)

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ABSTRACT

The purpose of this qualitative research study is to better understand the client perspective on the music in GIM. Following a period of self-inquiry to identify my pre-existing assumptions about music in GIM sessions, I solicited six well functioning adults capable of rich verbal description. Each participant received one music-centered GIM session adhering to the traditional protocols from the Bonny Method of GIM with the exception of two modifications: repeated music and music-centered guiding. After the GIM session, each participant was interviewed using a semi-structured interview guide. The data consisted of the audio files and written transcripts of the GIM sessions and interviews. A multilayered, hermeneutic analysis of the data was conducted to answer the following research questions about music-centered GIM:

1. How do participants *experience* the music?
2. How do participants *understand* the music?
3. How do *I understand* the music?

The first analysis of the individual sessions and interviews yielded narrative descriptions of the “music transference” and the “music episodes” that had occurred for each participant. Looking across the six case studies in the second analysis, I discovered 13 recurrent themes that represented the synthesized participant perspective. The third analysis revealed an additional perspective about the music experience in regard to therapist interventions: When repeated music and music-centered guiding are used the intention of the therapist is to establish the music as the primary therapeutic agent of the GIM session. The three part analyses culminated in an illumination of the two simultaneous, interdependent, relational processes occurring during the music in GIM: the music relation and the self relation. When the participant’s relation towards the music deepened, there was a concomitant transformation in the self relation through a projection-reintrojection cycle. Four GIM-experienced participants completed these two processes; all four had a transformation of consciousness and a transpersonal music experience. These findings from the layered analyses have applications to GIM clinical practice and training.

INTRODUCTION

How does the music work in GIM sessions? This is the central question that has preoccupied my 30 years of clinical work with Guided Imagery and Music. Since the Aalborg University senior model PhD program required that I use my own publications to generate a research study the first undertaking was to analyze how my publications had already addressed this basic, driving inquiry.

Music: The Aesthetic Elixir (Summer, 1992) explained the GIM session as a healthy re-enactment of the parent-child dyad in which the music works by providing a “not-me” parenting experience (Winnicott, 1969) that allows the client to move beyond psychological limitations. I asserted that, in GIM, classical music programs stimulate transpersonal experiences through the pairing of the music with an altered state of consciousness that creates a transcendence of time. Seen from a humanistic and transpersonal perspective, the music in GIM “penetrates time, not just into our youth but into our essence and origins” (Summer, 1992, p. 48). “The normal concept of time, wherein the past is unalterable and the future uncontrollable, is metamorphosed; the past and future becoming contained in the present” (p. 50). In a GIM session, the client becomes “one” with the music,

actually loosening the boundaries of the personal identity. The client is thus totally receptive and in tune with the healthful processes of self-actualization paralleled in the structure of the music...In becoming one with the music, a client can go beyond the personal unconscious and enter into the realm of transpersonal experience (p. 50).

Considering Classical Music for Use in Psychiatric Music Therapy (Summer, 1994) offered a humanistic approach to music in GIM based upon the inherent ambiguity of classical music. It also used Daniel Stern’s process of affect attunement (Stern, 1985) to describe how music works by matching the client’s current state in sound. The article characterized the prevalent issue-oriented approach to music choice in GIM as simplistic. For example, it compared the strategy of selecting the Bonny *Comforting* program for a client who needs comforting to a medical model of practice that treats music like an objective, prescription for a particular symptom.

Melding Musical and Psychological Processes: The Musical Space (Summer, 1995) integrated music-centered and psychodynamic theories to explain how the music works in GIM sessions. I described how the psychological growth that occurs in GIM sessions is analogous to musical development through a step-by-step psychological analysis of the theme and variations movement from Mozart *Piano Sonata, K331*.

In *The Pure Music Transference in GIM* (Summer, 1998) I conscripted the notion of transference from psychodynamic theory, and applied it to music’s function within the triadic relationship of client, therapist, and music in GIM. Although the music and the therapist are typically considered co-therapists, I explain the clinical advantages of using music as the primary recipient of the GIM client’s transference. With evidence from a case study, the article concludes with a recommendation that between the co-therapists, music should serve as the primary mover of the therapeutic process, by which I mean the

GIM sessions should stimulate the strongest, purest music transference possible for the client.

The examination of my own publications led me to the realization that my theoretical and clinical knowledge about music in GIM had come solely from my own perspective. Although I had indirectly taken my clients' perspectives into account in formulating my ideas, I had not directly sought out their viewpoints. This led to my resolve to investigate the client perspective on music in GIM. I wanted to examine GIM clients' music experiences and allow their perspective to broaden my own understanding.

The Clinical Protocol: Music-Centered GIM

I had been using the Bonny Method and many adaptations of GIM in my clinical practice and I wanted to select from these a specific format to use for the clinical protocol for the GIM sessions featured in the study. I reviewed several hundred GIM sessions from my client files. Two adapted GIM session transcripts—one session with Chelsea, the other with Marc—helped me to decide the exact clinical protocol for the study and to define the protocol as music-centered GIM.

Chelsea, an experienced GIM client, arrived at the session with a metaphor for the state of her spiritual life: She was just a door away from some kind of deeply spiritual experience. Her image was of a “spiritual waiting room;” she was in a line, getting closer and closer to the door, but despite this closeness she became stuck as she approached the door. “Maybe it’s too much to open the door—if there is too much light, I will die. I am unsure of my place in line.” Moreover, she felt emotionally unable to risk opening this spiritual door and hence, she was totally paralyzed in her position. Taking a humanistic position, I did not want to solve this problem for Chelsea, nor did Chelsea feel she had the inner resources to discover what to do about this stuck position. Both Chelsea and I could only envision two solutions: risk opening the door or not. The first was impossible from her stuck position, the second unacceptable to her.

I played the Beethoven *Seventh Symphony, movement 2* to meet and match the tension of her emotional state. I hoped that the opening material of this movement with its simple melody—stated at first quietly and then presented repeatedly with increased intensity (added orchestration, volume, embellishments, and countermelodies)—would reflect the gravity and “stuckness” of the waiting room image. I repeated the Beethoven movement over and over again and used a music-centered guiding strategy. The music held her in her tension for three repetitions, and during the fourth repetition of the movement she created a responsive conversation with the music, and immediately following, her experience of the music changed. She began to experience the music as a network woven together with many invisible networks underneath it. “Even if you fall through, there is this invisible network. On the level of spiritual connectedness it is absolute containing. “It’s something eternal, an invisible matrix.” In the postlude, Chelsea reported that the music had gradually brought her to a deeply spiritual experience of the basic nature of the universe.

This session stood out to me because it was the first time I had ever repeated one piece of classical music five times. It had amazed me that, although Chelsea was hearing the same Beethoven movement over and over again, instead of hearing it in the same way, it was clear that she heard something new in the music with each repeated hearing.

Instead of acclimating to the listening experience, it was as if she was able to notice more about the music with each repeated hearing. It seemed that she was hearing more deeply into, or hearing afresh, the musical material.

I had a sense that this process of rehearing a single piece had helped Chelsea to achieve the main goal of GIM as derived from humanistic psychotherapy: helping the client to find a reconstructive solution (either psychological or spiritual) to life dilemmas. This session had helped Chelsea to find an answer to her dilemma, and I was motivated to understand the process by which she had gleaned this answer to her spiritual stuckness through the music listening experience.

The second session that impacted the clinical protocol for this study was with Marc, a client who was addressing crucial life issues regarding his work and family. He was referred to music psychotherapy by his verbal psychotherapist with a request to me that the music help him to “break through his strong intellectual defenses.” While listening to the Bach *Little Fugue in G minor (BWV 578)*, Marc began to describe the music as music. Rather than ask him to notice his responses to the music (which would thereby favor the focus on his internal world), I stayed with his initial focus upon the music itself. In response, Marc described the music as he heard it. He said that each entrance added another complexity to the music and that no matter how much was added, it was always perfectly balanced. He said, “It still holds together; the balance is unbelievable, it grows big and powerful; the parts play together and against each other.” The music-centered interventions prompted him to simply listen and describe the music as he heard it. I kept his attention on the music at all times in an almost insistent manner with interventions that focused only on the music. This generated a moment-by-moment description of how Marc was experiencing the music. When the music concluded, the analogy of Bach’s musical development to his psychological life was perfectly lucid to him. The focus on the music had brought him a newly heard musical/psychological perspective: Like the Bach Fugue, it is possible that all the aspects of his life—wife, children, and work—could be perfectly balanced. The music-centered guiding intervention required the client to focus on the music to the exclusion of imagery and yielded a musical/psychological solution to the imbalance in his life. My decision to utilize only music-centered guiding interventions in this session was based upon an intuitive understanding that Marc was experiencing a direct metaphor for his psychological dilemma as he heard the Bach fugue, and my hope that he would recognize the metaphor was fulfilled when he had conscious recognition of this in the postlude of the session.

The strategy used in Chelsea’s GIM session differed from the Bonny Method because of its use of repeated music. Whereas Bonny’s GIM programs introduce the client to distinctly different pieces of classical music linked together in an “affective contour” (Bonny, 1978/2002b, p. 308), Chelsea’s music program did not have a pre-designed contour. Instead, the program was chosen spontaneously and it was characterized by the repetition of a single piece of classical music, repeated several times. Music-centered GIM is based on the concept of “holding” a client in one piece of music, rather than the stimulation of many pieces of music. In music-centered GIM, the client experiences the same musical material over and over again. The multiple hearings of one piece of music are intended to give the client time to listen more closely to the aesthetic complexities inherent within the classical music selection.

Although repetition of pieces for the therapeutic intention of “holding” is not a practice customary to the Bonny Method, this approach is commonly practiced in improvisational music therapy and music therapy methods that use songs in which spontaneous musical repetitions are the norm. For example, a therapist “holds” the client in a particular song that is resonant with the client’s current state or issue, usually repeating the song’s musical material with spontaneous alterations or an improvisatory development of the musical material and lyrics of the song. In music-centered GIM, when a classical selection is repeated, the actual musical material is objectively exactly the same. It is not the musical material that is altered in successive hearings, but rather, when the exact same musical material is repeated, it is the client’s unfolding relationship to it that alters his experience of the music so that he hears it differently in each repetition.

The strategies used in Marc’s GIM session differed from the Bonny Method in its directive use of music-centered verbal guiding interventions. In a Bonny Method session, verbal guiding interventions may focus on any and all elements of the client’s experience including imagery, thoughts, body sensations, and experience of the music. Common imagery-centered interventions include, “What are you seeing?” “What are you feeling?” Common music-centered guiding interventions include any verbal interventions that specifically refer to the music. Examples include “How are you experiencing the music?” “Really open to the music.” and “What do you notice about the music?” The Bonny Method does not emphasize any one kind of guiding intervention. The guide intervenes in a manner that is completely client-centered; the guide uses the intervention that is appropriate to the specific client experience. In music-centered GIM, however, the intent of the guiding intervention is to establish the music as the focus of attention. Therefore, the music-centered GIM session heavily utilizes and expands the use of music interventions in order to develop a direct, immediate relationship with the music.

In the Bonny Method of GIM, the therapist uses pre-designed classical music programs paired with nondirective verbal interventions, and this yields an approach in which the music has been called the “co-therapist” (Clark, 1998; Hahna & Borling, 2003; Skaggs, 1992; Stokes, 1992). In Chelsea and Marc’s sessions, I intensified the focus on the music through the use of a singular piece of music and a directive, heavy-handed use of music-centered interventions. The central aim in these sessions was to create the conditions for the most immediate and direct encounter possible with the music. Although immediate encounters with music such as Chelsea’s and Marc’s occur naturally in the Bonny Method, they occur occasionally and haphazardly. These two modifications allowed me to move music into the role of the primary therapist of the session.

Definition of Music-Centered GIM

I had used these two modifications in my practice for many years, without any terminology. For purposes of this study, I called the method “music-centered GIM.” I aligned with Aigen’s terminology “music-centered music therapy” (2005) since one of the defining factors of music-centered music therapy is that “the primary focus is enhancing the client’s involvement in music” (p. 94). Music-centered GIM is an individual form of GIM in which the client listens to extemporaneously linked pieces of classical music, some of which are repeated, in an altered state of consciousness. The

client interacts with the GIM therapist who uses primarily music-centered verbal guiding interventions. The music-centered GIM session is structured as follows: prelude (preliminary conversation), induction, guided music-imaging, return, and postlude (mandala drawing and discussion). Music-centered GIM is a modification of the Bonny Method because it uses repeated listening and music-centered verbal guiding interventions. Both of these procedures work together to keep the GIM session music-centered. Therefore, although the goal of music-centered GIM is the same as the Bonny Method of GIM, its modified procedures create the conditions within a GIM session to direct clients towards the closest encounter possible with a piece of classical music. The study's operational definition is as follows: Music-centered GIM is characterized by the use of a music program of repeated pieces of classical music (one or more pieces within the program are repeated at least once), during which the client interacts with a guide who uses primarily music-centered verbal guiding interventions.

LITERATURE REVIEW

Music-Centered Listening

The music listening experience is central in GIM, yet there are few publications that closely examine it. Three authors have contrasted imagery-centered and music-centered ways of listening in GIM. Bruscia described these listening positions in several different ways: as image-dependent versus music-dependent (1991), music *in* therapy versus music *as* therapy (1998), or music *in* transformation versus music *as* transformation (2002a). Wigram, Pedersen, and Bonde (2002) contrasted the imagery-centered versus music-centered positions (the terminology used in this study), and Garred (2006) used Buber's interpersonal positions—I-It and I-Thou, respectively—to contrast the imagery relation and the music relation.

Aigen's notions of music-centered practice (2005) are central to this study, especially as they are applied to GIM practice by Garrad. Garrad (2006) described a direct music listening position in GIM in which

music as such receives the focal attention in the listening phase, which means that the qualities of the music itself come to the foreground. . . . And this is not about 'content,' brought out through translation into some other medium, that is to say, verbalized as imagery, but more [about] the *process*, the intensity of the experience (p. 296) The 'power of exclusiveness' as Buber (1970) calls it, may hold you, and you may enter into a direct, immediate encounter with just this music. You relate to it directly, as a unique event there and then, other concerns about it left aside. The music opens up as a living presence for you. And you hear it differently. Your relation to it has changed. And you get to know something about it in a way you did not know before (p. 300).

Garred (2006) described music-centered listening in many different ways, including (a) a direct kind of knowing (p. 107), (b) implicit relational knowing (p. 133), (c) relating to the music in its immediate presence (p. 70), (d) music-focused reception,

(e) a new orbit of interactive relation with the music (p. 296), (f) increased relational capacity with the music (p. 304), and (g) “I-Thou (You)” (p. 300). Overall, Garred likened these musical moments to “special moments of authentic person-to-person connection” that “bring forth a sudden shift in implicit relational knowing” and “rearrange intrapsychic landscape” in therapy (referring to Daniel Stern’s theories). He offered theoretical and clinical evidence to support his basic contention that the client’s relating directly to music is essential for reconstructive therapy to occur (p. 110-111).

Garred (2006) characterized the music-centered listening stance in GIM as occurring typically with two preconditions: a gradual build up of therapeutic work from prior sessions, and a “sudden breakthrough” in which “the focus suddenly and powerfully turns to the music itself” (p. 302, 309). Garred writes, “The moment of meeting cannot be calculated or predicted. . . . The moment of meeting comes out of *grace*” (p. 48). The clinical protocol for this study, music-centered GIM, aims to create the opportunity for a direct relation to the music so that the “moments of meeting the music” occur dependably and frequently, rather than haphazardly.

Music-Centered Verbal Interventions

There is a paucity of literature about verbal guiding techniques in GIM despite the fact that the imagery experience that occurs during the music program is highly dependent on the verbal guiding interventions of the therapist. The main treatise on guiding is Bonny’s original monograph, *Facilitating GIM Sessions* (1978a/2002). Although Bonny does not include in her monograph interventions that focus the client’s attention on the music, it would be incorrect to assume that her guiding strategy was not music-centered. But to find literature that addresses music-centered interventions, it is necessary to turn to unpublished training documents. For example, Keiser-Mardis (1978) identified music-centered interventions for use with clients who were trained musicians, Summer (1989) categorizes types of verbal interventions, including one category for music interventions, and Bruscia (2003) includes music interventions within almost all of his intervention categories.

Client Perspectives on Music

There are few research and clinical reports of client experiences in music therapy. Stige (1999) illuminated the importance of understanding the meaning of the client’s music experience from the client’s perspective with his case study of Harold: “For instance the music of sessions 12 and 13 was not very different...However, as experienced by the client, there were miles of difference between them” (p. 77). His case study included an appeal to music therapists to more fully investigate the client perspective of music experiences. He said: “We need to understand—as well as possible—what the client understands” and he expressed the demands of this task: “Music—like dreams—is extremely polysemic, it includes so many possible layers of meaning” (p. 61). Stige advocated soliciting descriptions of experiences from clients in order to gather the clients’ meanings.

Inside Music Therapy: Client Experiences by Julie Hibben (1999) contains nine reports by GIM clients. Of these nine chapters, four are written by GIM therapists who

were, themselves, clients in GIM therapy, and these provide excellent descriptions from the clients' perspectives.

Pellitteri (1998) used a single GIM session to illustrate the interactive roles of therapist, music, and imagery. He concluded that the "role of the music was to create a holding environment in which I could feel safe and secure" (p. 485). Schulberg (1999) expressed how the music functioned for her within the therapeutic process:

The music provided the dynamics that evoked the experiences, a structure that provided the safety to have the experience, a container expansive enough to hold all the experience, and the integration of all of these that supported healing and transformation (p. 11).

Newell (1999) reported

The music was very powerful in supporting and magnifying my emotions, helping me to acknowledge them, express them, and then find solutions for how to deal with them...I was amazed that the same piece of music could be used during many different sessions without my awareness. Not only would I not recognize it as being the same music as the week before, but it would bring up different images each week depending on where I was emotionally on that particular day. This was empowering and gave me the awareness that I have 'the answers' within myself (p. 26).

Isenberg-Grzeda (1999) drew a similar conclusion:

I have often found that the same music acts differently on me at different times. Music that can soothe me during one session can stir up rageful feelings during another session. . . I feel that this lack of predictability speaks to the complexity and the richness of the relationship between music and the human psyche (p. 65).

Grocke's (1999) narratives of seven clients who described a pivotal moment that had occurred for them in GIM therapy are also published in Hibben's collection. Her interview of each client inquired into their experience of the music at the identified pivotal moment.

Only two studies have systematically examined the client perspective on music in GIM. Bonde (2007) documented the therapeutic experiences and outcomes of six cancer survivors in their GIM sessions through interviews. He used grounded theory to analyze the patients' music listening and interviews. Based upon his analysis, he proposed a grounded theory of image configuration types and a developmental model of steps that occur in the GIM process.

Abbott (2005) systematically examined the client perspective on music experiences in GIM. Her qualitative study used fifteen well-adult participants with experience in GIM training and as GIM clients. Through an interview process, she collected their perspectives about two memorable GIM sessions—one positive music experience and one negative (uncomfortable or challenging) music experience—with the

intent of discovering the essential similarities and differences between them. She divided the participants' coded vignettes into phases and searched for patterns, sequences, and frequencies of codes across participants and across negative and positive vignettes. One interesting discovery was that the participants had worked with negative music experiences in ways that were different than positive music experiences; for example, they needed additional assistance from the therapist to work with negative music experiences. Abbott's research contributes the first fully described, systematically analyzed client perspective on the music experience in GIM.

PURPOSE OF THE RESEARCH

My earliest theoretical conjecturing about music in GIM concluded: "The music knows the answer; it is up to the client to bring in his difficulty and to allow the music to guide him to its origin, or perhaps its solution" (Summer, 1992, p. 53). Subsequently, after many additional years of theorizing and teaching about how classical music "works" in GIM from my clinical practice with adults, I was motivated to broaden my horizons beyond my own ideas. This established the main purpose of this study: to understand the music experience in GIM more thoroughly through a systematic, qualitative investigation of the client perspective.

I believed that music-centered practice should hold a more prominent place within the clinical practice of the Bonny Method of GIM and I wanted to bring further attention to the concept of music as a primary therapist within the therapeutic triad of GIM. Therefore, a secondary purpose of this research was to examine the music experience in a GIM session that purposefully emphasizes music's primacy. I also hoped this research would encourage new dimensions of music-centered practice in GIM.

The challenge of understanding the client perspective led to my determination to collect the richest possible verbal descriptions of GIM sessions. I decided to give a single GIM session to six well-adult clients, and then to conduct an in-depth qualitative interview. I was seeking a systematic approach to the data analysis of verbal narratives. Therefore, I selected the hermeneutic approach to help me to interpret client descriptions and insights about the music experience.

In summary, this study was designed to gather qualitative data that came directly from the moment-by-moment client perspective to gain a new and broadened perspective on the music experience in music-centered GIM in order to answer the following research questions:

1. How do participants *experience* the music portion of a music-centered GIM session?
2. How do participants *understand the music experience* in a music-centered GIM session?
3. How do *I understand* the music experience in music-centered GIM?

METHOD

Hermeneutic Inquiry

The hermeneutic approach is utilized in qualitative research studies “in which we encounter meanings that are not immediately understandable but require interpretive effort” (Gadamer, 1977, p. xii). Hermeneutic research consists of systematized inquiries intended to glean meaning from successive reflections upon narrative data. Three aspects of this study were based in hermeneutics: data collection, data analysis, and a self-inquiry.

Bonde explains that meaning is uncovered through description, analysis and interpretation (Bonde, 2004). To this end, in a hermeneutic study, data is collected in layers of text, and meaning emerges through the dynamic interaction among the layers. For example, in a hermeneutic study on assessment, Loewy (2005) gathered two layers of textual data from five music therapist panelists who observed a videotaped therapy session. Panelists submitted a written report from their observation (first layer). Subsequently, each was interviewed and the interview transcript (second layer) was then compared with the initial report. Like Loewy, I wanted data that would provide comparative levels of understanding between sets of texts. Therefore, I collected textual data whose layers included (a) the initial music experience from the GIM session, (b) participant responses to the rehearing of the music experience from the interview, and (c) conjectured meanings of the experience that were co-constructed by me and the participant after rehearing the music experience in the interview.

I used a hermeneutic spiral to analyze the data. The intention of hermeneutic inquiry is not the simplistic comparison of two texts; rather, it is to provide successively deepening (spiraling) understanding through the continuous circular comparisons of data. For example, in Loewy’s research, the continuous re-examination of the two texts yielded gradually deepening meanings of the panelists’ various assessments of the client (2005). This kind of layered data is a search for meaning but not an attempt to find a “correct” meaning of the original text (Gadamer, 1977). Polkinghorne (1983) states, “There is no final arbitration, and an accepted interpretation is always open to further argument” (p. 235). The goal of my hermeneutic analysis was to glean successively increasing levels of understanding of the study participants’ perspectives of their music experiences in GIM and ultimately, to conclude with my own broadened understanding.

The third aspect of hermeneutics was a period of self-inquiry that launched the research study. Kenny, Jahn-Langenberg, and Loewy (2005) comment that hermeneutic research “always includes a self-reflective component, called a self-hermeneutic” because the “researcher is the primary instrument of the work (p. 335, 341). My self-hermeneutic was a reflection upon the following question: *How am I defining music-centered GIM?* For this inquiry, I selected five sessions that I considered music-centered and five sessions that were not music-centered from my client files. Then I utilized a computerized self-inquiry program called RepGrid (Abrams & Meadows, 2005) to aid me in generating statements that, collectively, represented my pre-existing assumptions about the elements that constituted a music-centered GIM session. The RepGrid program then helped me to organize, compare and thoroughly examine my statements so that I could clearly see the already existing biases and expectations that I was bringing into the

study. Bringing my conscious and unconscious biases to awareness and analyzing them readied me to recruit participants and for data collection.

Participants

The study involved six well-adult participants. Despite this small size, I aimed to gather participants with as diverse perspectives as possible. Therefore, my recruitment strategy was to select a group of candidates who among them had the following attributes: (a) a wide range of experience as a GIM client (from advanced to naïve); (b) differing ways of relating to classical music (as a GIM therapist, as a music therapist, as a musician, as a non-musician); (c) a wide range of experience in verbal psychotherapy as a client (strongly psychologically-minded to psychologically naïve); and (d) gender balance. This study involved one therapy session with no follow-up treatment. Therefore, only well functioning adults with no history of mental illness were solicited since it was necessary to assure that all candidates would benefit from one isolated therapy session. In addition, I sought candidates with sufficient skills in emotional expression and communication those who could provide rich descriptions of their music experience. Each participant was recruited for this study using the following inclusion criteria: (a) interest in self-exploration; (b) willingness for self-reflection; (c) verbal ability to express internal experiences; and (d) a high level of interest in experiencing music. They examined and signed a consent form in which they agreed to participate and be audio taped in a GIM session, interview, and follow-up telephone interview. They also agreed to review a written transcript of the session and interview. Participants were free to withdraw from the study at any time without penalty.

Of the six participants, Hillary and Nancy were music therapists in GIM training, John and Deval were music therapists with minimal GIM experience, and Michelle and Bill were individuals with no previous experience in GIM (nor in any kind of music therapy). The participants' ages ranged from 34 to 59 years (average 41.6 years); three were female, three were male. Their main characteristics are summarized in Table 1.

Table 1: Participant profiles

Profile	Hillary	John	Nancy	Deval	Michelle	Bill
Age	37 y.o.	47 y.o.	34 y.o.	59 y.o.	38 y.o.	36 y.o.
Employ	13 yrs MT	17 yrs MT	12 yrs MT	34 yrs teacher	15 yrs SPED	2 yrs artist
Music profile	Voice, piano, guitar	Piano, guitar	Flute, bass	Compose, vln/vla, conduct	Dance, clarinet as child	Self taught guitar
Music use	Minimal use For calming	Moderate use Listen, play	Active use Listen, play	Active use Listen, play	Active use Listen, dance	Moderate use Listen, play
GIM	36 sessions	2 sessions	60 sessions	2 sessions	None	None
Other Therapy	1 year	Brief	None	7 years	None	None

Setting and Materials

Each of the six participants received an individual music-centered GIM session and a semi-structured interview, each lasting approximately 1 ½ hours. I served as the therapist for each GIM session and as interviewer for each interview. The session/interview was held at a site convenient to the participants; each was held in a comfortable room with a mattress, couch, or mat. An MP3 player with Klipsch speakers was utilized for the GIM session. The music programs were selected from an identified pool of about 300 movements from classical works taken from the Bonny GIM programs, *Music for the Imagination* (Bruscia, 1996), and additional movements from the general symphonic, chamber music, and concerto repertoire (i.e., Mozart, Brahms, Beethoven, Mahler, etc).

Procedures: GIM Session Protocol

The session consisted of the traditional five components of a Bonny Method session: prelude, induction, music imaging, return, and postlude (Bruscia, 1998b); however, the modification added several new aspects that are indicated below with additional explanation.

Prelude

The following information was gleaned from the participant: (a) current life issue or pressing concern, (b) current state (thoughts, feelings, sensory/body awareness), (c) level of tension, readiness to address tension (issues), (d) familiarity with the GIM process and psychotherapy (and material from prior sessions), and (e) the nature of the relationship with music. This information framed the review and selection of music.

Selection of Preliminary Music Pool

In order to select an initial pool of music, I translated the participant's current state into musical elements (melody, harmony, rhythm, tempo, timbre, range, dynamics, and phrasing) during a visual scan of the music repertoire list in an MP3 player. This scanning process took approximately 5-10 minutes. During the visual repertoire scan, I selected pieces whose musical elements I felt to be a possible match for the participant. Once a piece was selected, I "checked" the selection by listening to it for approximately 5-10 seconds using headphones. After listening to each excerpt, the piece was either accepted or rejected for an initial pool of music of approximately 15 pieces for the session. The participant had been directed to close her eyes and to center inward during this selection process.

Next, there was a short dialogue with the participant to further ascertain her current internal state. This provided additional information used for the selection of the initial piece and for the induction. (Only the initial piece was chosen from the music pool at this time; subsequent music selections were chosen from the pool later in the session.)

Induction

The induction consisted of a progressive relaxation technique—a “here and now” focus using elements gleaned from the prelude material (feelings, images, body sensations, etc.) and a bridge to the music (e.g., “Allow yourself to really open and listen to the music.”)

Music Program

The parameters of music selection established for purposes of this study were that (a) at least one selection would be repeated at least once, (b) a selection could be repeated more than once, and (c) the total music program should be 20-50 minutes.

A music program was created from the preliminary pool of music. The opening piece of the program was selected to match the participant’s “here and now” internal state at the end of the prelude. The main consideration during the selection of music for the working section of the program was how to match and support the unfolding experience of the participant, that is, whether to “hold” or deepen the experience at hand through a repetition of the piece or whether to provide additional stimulation in the form of a different piece of music. This decision making process took place near the conclusion of each piece. When the decision was made to select a different piece, it was chosen from the preliminary pool. The total music portion of the session was 20-45 minutes in length.

Music Imaging with Music-Centered Guiding Interventions

During the music, the participant reported responses to the music at regular intervals. Primarily music-centered guiding interventions were utilized in order to bring the participant’s attention to the direct experience of the music.

Return/Postlude

When the music program concluded, the participant was returned to an alert state of consciousness, and helped to articulate, explore, and reinforce any significant experiences that had emerged.

Qualitative Interview Protocol

The interview was audio taped, and it took place on the same day as the GIM session after an adequate rest period. The participant heard one-minute excerpts of each piece of music from the session and listened to sections of the written verbatim transcript. (I had made a verbatim written transcript of the music portion of the GIM session as it had occurred for this purpose.) After listening to the music and transcript excerpts, descriptions of the music experience were solicited from the participant. The interview was partially structured with the use of a written interview guide that had been created in a pilot study but, to the extent possible, material emerged spontaneously when the participant responded to the audio recording.

Data Analysis

The data consisted of the audio taped GIM session, the GIM session transcript, the audio taped interview, and the written interview transcript. The first step was to create the verbatim transcript of the music imaging portion of the GIM session and the complete interview. Interventions and unnecessary details were removed from the transcript and a copy sent to the participant for review (only minor revisions were necessary from the participants). A four-layered vertical analysis was performed on each participant's material to yield six separate case studies. Then a three-layered horizontal analysis was conducted across all participants in order to synthesize their six perspectives. The goal of the analysis was to extract answers to the study's three research questions: *How do participants experience the music in GIM? How do participants understand the music in GIM?* and *How do I understand the music in GIM?*

Vertical Analysis

Before I could begin to analyze the music experience, I asked a more basic question: *What* did the client experience during the music? The answer was essentially a reduced version of the "plot" of the GIM session. It included feelings, body sensations, and other types of imagery in response to the music. This reduced narrative became Layer One of the vertical analysis (Layer One VA). This step, the subsequent steps in the data analysis, and their relation to the layers of analysis and the research questions are explained below.

1. Creation of a narrative that identified "what" the participant experienced from the GIM session transcript and the interview transcript (Layer One VA)
2. Creation of a narrative that identified "how" the participant experienced the music from the GIM session transcript and the interview transcript (answered research question 1; Layer Two VA)
3. Clarification of the "what" from the "how" statements by returning to the GIM session and interview material again and again
4. Distillation of each narrative to its most essential features (as many times as necessary)
5. Segmentation of each narrative into corresponding units of music experience
6. Reduction of each unit of music experience into brief phrases (as many times as necessary)
7. Diagram of the units to show how they occurred
8. Creation of a narrative that identified "how the participant understood" the music experience from the interview transcript (answered research question 2; Layer Three VA)
9. Clarification of "how the client experienced" from "how the participant understood" (keep research questions 1 and 2 separate; keep separate Layers Two and Three VA)
10. Many repetitions of steps 2-9
11. Creation of music episodes that identified "How I understood the music experience" (answered research question 3; Layer Four VA)

Here is a brief example that shows how the first layers of analysis were answered from Hillary's perspective from the first minutes of listening to the Fauré *Pavane*:

Q: What did Hillary experience during the music?

A: An image of herself walking in a field of flowers, looking around

Q: (After rehearsing the music and revisiting her imagery in the interview) How had Hillary experienced the music while walking in the field? (research question 1)

A: As happy, gentle, and supportive; as carrying her.

Q: (After reflective dialogue about the rehearsing) How did Hillary understand her music experience? (research question 2)

A: She felt that the string accompaniment was related to her imagery of the field, of walking, and looking; the flute melody was related to the feelings.

Horizontal Analysis

The next step of the analysis was to integrate the six participants' understanding of their music experience into one singular viewpoint and then, to integrate their viewpoint into my own perspective. There was no need to integrate the six participants' individual GIM session "plots" together. Therefore, the first layer of the horizontal analysis (Layer One HA) began with the cross-case integration of the second layer of data. The steps of the horizontal analysis are described below.

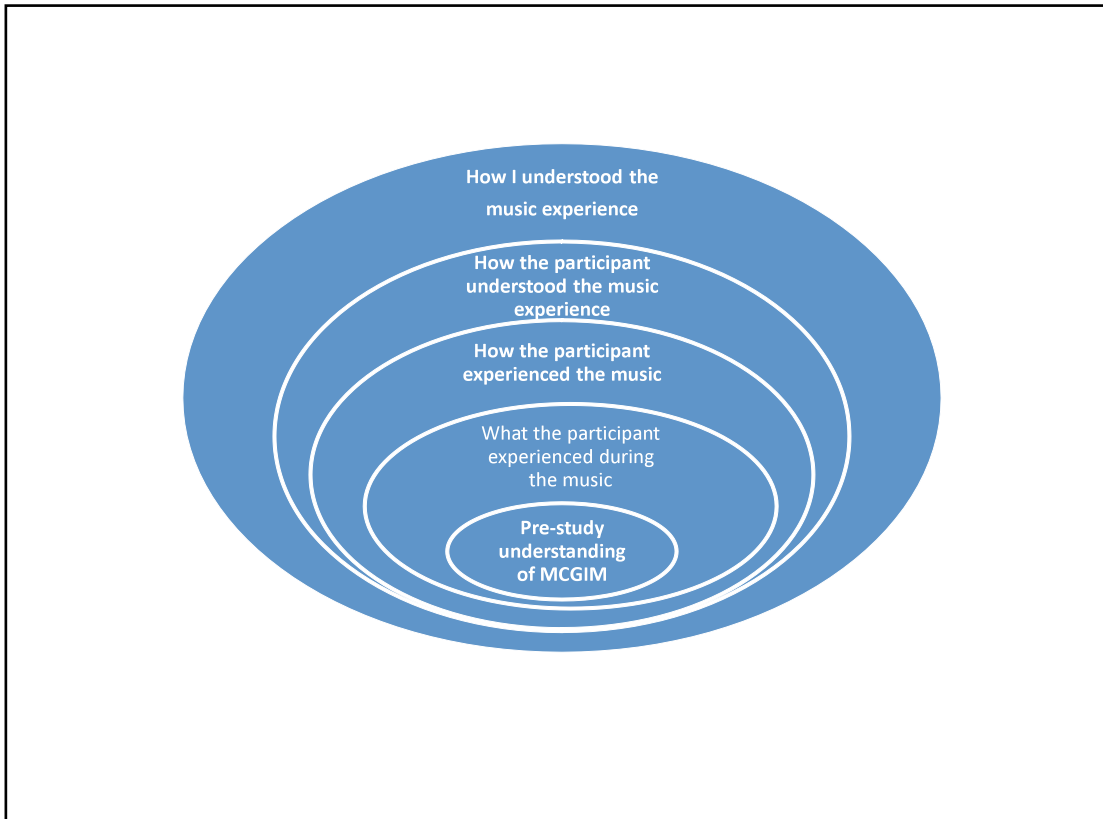
1. Integration of the six participants' data analysis from the Layer Two, Vertical Analysis through the juxtaposition of key statements from each participant; consolidation into themes; relating themes back to each participant (answered research question 1; Layer One HA)
2. Integration of the six participants' data analysis from the Layer Three, Vertical Analysis through the juxtaposition of key statements from each participant; consolidation into themes; relating themes back to each participant (answered research question 2; Layer Two HA)
3. Merger of Layers One and Two (above) into Layer One/Two. (It did not seem meaningful to keep these two layers of data separate any longer since Layer One was actually already included within the understanding that had been gained in Layer Two.) (answered merged research question 1 and 2; Layer One/Two HA).
4. Integration of the six participants' data analysis into my perspective through the juxtaposition of music episodes from each participant; synthesis of ideas into a conclusion (answered research question 3; Layer Three HA)
5. Many repetitions of steps 2-9 of the vertical analysis and steps 1-4 of the horizontal analysis.

Summary of Data Analysis

Figure 1 shows the levels of data analysis. In summary, there were five layers of data analysis. The initial layer was my pre-study definition of music-centered GIM from the

RepGrid self-inquiry. The second layer gleaned *what* the participant experienced during the music. The next three layers corresponded directly to the three research questions of the study. In addition to these five layers, a quantitative and qualitative analysis of the use of the two procedural modifications—repeated music and music-centered verbal guiding interventions—was conducted to examine how the modifications functioned to give the participant a direct experience with the music program.

Figure 1: Five Layers of Data Analysis



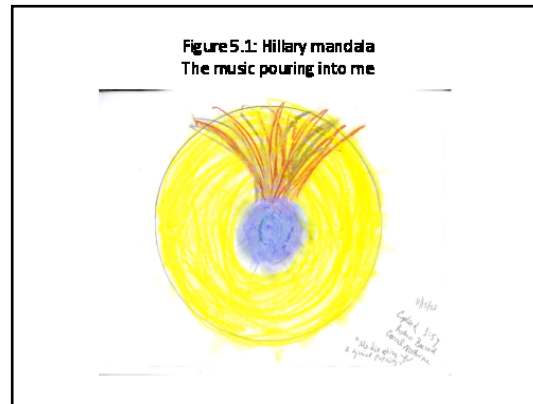
RESULTS FROM VERTICAL ANALYSIS

Hillary

GIM Session

Hillary, a 37 year-old GIM trainee, had a history of several past miscarriages. Her presenting issue in the prelude was a feeling of anxiety and disconnection from her inner world because of the most recent miscarriage. Hillary’s music program consisted of the Fauré *Pavane*, Debussy *String Quartet, movement 2*, and four hearings of the Copland *Rodeo, Corral Nocturne*. In the music, Hillary initially experienced herself as Mary, pregnant walking in a field; and then went through several transformations that included

a distant image of a storm that entered her womb, and walking in a dark cave. With the Copland *Rodeo*, she transformed back into herself while experiencing a sudden surge of many simultaneous feelings: defiance, surrender, loneliness, and vulnerability. Hillary's drawing below expresses her experience after this final transformation. The music poured into her and gave her a message: that she needed to be still, accept herself, and have hope.



Hillary had come into the session avoiding her miscarriage and its impact upon her; she had become disconnected from herself and numb. In the music, a brief, symbolic re-enactment of the miscarriage including an act of defiance and surrender was followed by feelings of vulnerability and loneliness. Subsequently she found strength, and while listening deeply to the music and she became completely still and accepting of herself.

Music Relation

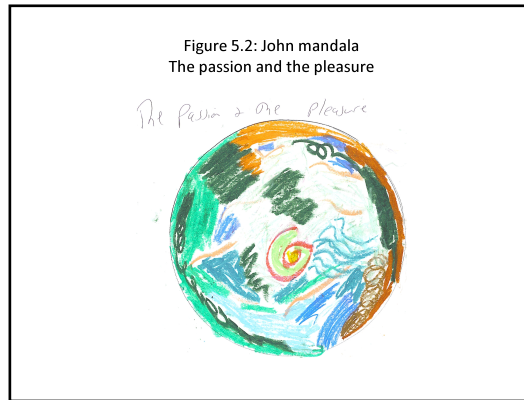
To Hillary the music had felt like a powerful authority that required submission, but once she surrendered to it, it nurtured and supported her. When she accepted its authority, it gave her a message: to be still. When she became still, she felt she was reclaiming her “true” self—the self she had lost after her last miscarriage. This part had strength, acceptance, and stillness. After the session, she realized that although it had seemed like the message had originated from within the music, it had actually come from inside her. She said, “What I heard in the music was actually *me* having the insight. So, actually I put my own authority/power into the music and then I found it there.”

John

GIM Session

In the prelude, John, a 47 year-old music therapist, expressed his need to take more time for himself but an inability to do so because of his self-driven character and his current job stress. He described his current state as not quite “present.” John’s music program consisted of two hearings of Rodrigo *Concierto de Aranjuez, movement 2*. With the music, John initially experienced an individual who separated into three people: a grandfather, father, and son. The grandfather spoke about important matters, and there were dialogues and episodes of passion, tenderness, and turmoil. The grandfather

communicated his assurance that life is filled with turmoil, yet it is beautiful and worth living. When John felt the grandfather’s assurance, the grandfather, father, and son fused back into one individual. Then the experience of the grandfather’s wisdom and the music swept him away with strong physical sensations, which deepened into a state of feeling intensely present (“now” is the moment). John’s drawing below expresses the passion and pleasure from the end of the session when he was so fully present and filled with intense emotions: He was jubilant, satisfied, and free.



Whereas before this session John had expressed his concern about being too “driven” and stressed about the turmoil in his life, during the music he was able to accept his life’s turmoil. This allowed him to gradually let go of his stress, and his usually driven, “not present” state. He became completely present in the music, enjoying its aesthetics as it stimulated a passionate sensory/body, emotional, and archetypal experience. This ability to go beyond his usual patterned approach to life seemed like a possible solution to him to help him manage his current life stress.

Music Relation

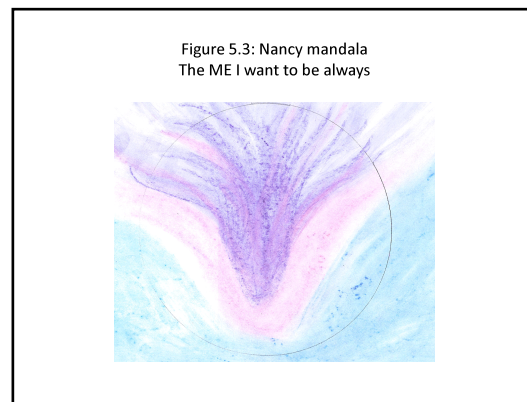
To John, the music was a wise grandfather to whom he needed to listen very deeply. The music was filled with humanity and wisdom about the deepest questions in life. Once he got inside the piece, he could feel its message: that life is filled with turmoil, yet it is beautiful and worth living. Then, he let go of what needed to happen next to experience the beauty in the music’s elements and its unfolding. From this, he felt completely alive in the present moment—on a visceral level.

Nancy

GIM Session

Nancy, a 34 year-old GIM trainee, was in the middle of a pregnancy (her second), a job transition, and enrolling in a degree program. In the prelude, she expressed difficulty in managing so many simultaneous life changes, and she reported that her lack of self-confidence had resulted in second-guessing her life direction. She wanted to deal with the fear, impatience, and self criticism that filled her daily life. Nancy’s music program

consisted of Wagner *Siegfried Idyll* and three hearings of Mozart *Vesperae Solemnes, Laudate Dominum*. In the music, Nancy initially enjoyed the experience of herself growing bigger (like a big, doughy Michelin Man), but she became frustrated at the too-slow growth of a beautiful yet tiny flower she found in her center. When the flower gradually opened, she had a sense of being able to accept its slow pace. This acceptance deepened throughout her body and broadened into feelings of relief, release, and confidence. The music flowed into the tiny flower and drew out of it all of the good things in her (confidence, competence, love) and left behind all her doubt, worry, and fear. This transformed into a deeply spiritual experience of clarity, confidence, and a feeling of being supported. In the end, there was no second-guessing. She—and others around her—accepted, even embraced, herself just as she was. Nancy’s drawing below is reflective of her experience during the Mozart *Laudate Dominum*, in which she became the vocal soloist and was filled with a new sense of clarity and confidence. The pink and purple “V” is the solo voice (the ME I want to be) surrounded by the support of all the voices.



Whereas Nancy entered the session with anxiety, fear, and impatience about her life, she left with an acceptance of her current stage of growth, more identified with her essential positive core (a tiny, but strong, flower), renewed confidence in herself (that she is always growing, even if it feels like her life is moving very slowly), and a new gratitude and excitement for life.

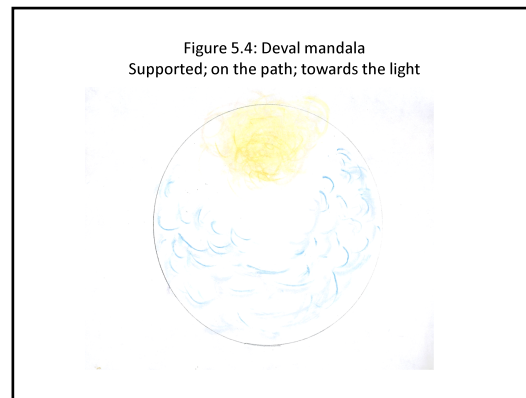
Music Relation

For Nancy, the music was so aesthetically beautiful that it motivated her to not only do what it suggested, but to want to *become* like it. So, when she heard qualities that she had judged negatively within herself (like her slowness) as beautiful in the music, then she could accept those qualities as positive within herself. Once she did this, the music came inside her and brought out the deepest positive resources from her internal world: qualities of acceptance, clarity, and confidence, as well as the sense that she is where she needs to be in her life. The key to this experience was her utter confidence and trust in the forward motion and the structure, of the music.

Deval

GIM Session

Deval, a 59 year-old music therapy student, wanted to address his search for external approval and a preoccupation with self-criticism and perfectionism. His presenting issue was his impending retirement from teaching. Coincidentally, the GIM session occurred on the anniversary of his mother's death (twenty six years ago), so this was a presenting issue as well. Deval's music program consisted of Bach (orchestrated) *Prelude in Eb minor*, two hearings of the Beethoven *Violin Concerto, movement 2*, Mascagni *Cavalleria Rusticana, Regina Coeli*, and three hearings of the Canteloube *Songs of the Auvergne, Brezairola*. With the music, Deval became very small and had a journey that began in a meadow and took him upwards to a mysterious destination that drew him into it, and then beyond it into open space. Key to the whole journey was the feeling that he was completely free yet completely safe, and that as he traveled through space, he always felt accompanied and supported. The session progressed from being strongly emotional to a deep and spiritual, peak experience when he experienced a feeling of deep connection with everyone in his life who had died. During the return from this experience, his body became cleansed and healed by the music. In his drawing, Deval depicted lightly drawn clouds encircling a golden yellow circular light and titled the drawing, "Supported; on the path; towards the light" indicating the three separate parts of his journey.



Whereas Deval had been seeking external solutions to his emergent feelings of anxiety and loneliness in regard his retirement, the GIM session suggested a more inward solution: to turn to his internal spiritual resources for help. This deeply felt spiritual journey connected him with all those who had died (including his mother) and impacted him spiritually and psychologically. The music had provided him with an alternate, more spiritual approach to this period of his life. He summarized his session saying, "I have been disconnected from the reliable things in me. . . [this] brings me back to a sense of myself that I really needed."

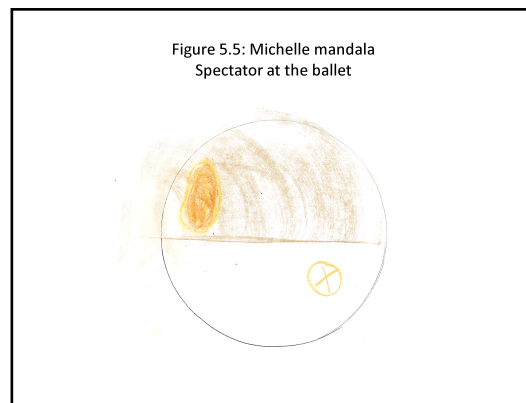
Music Relation

To Deval, the music felt like home, so he could open himself emotionally and spiritually to it, and he could allow it to direct him. He followed the music's direction and it led him on a path—beyond where he could ever imagine—to a place of deep spiritual connection with himself and his deceased family members.

Michelle

GIM Session

In the prelude, Michelle, a 38 year-old special education administrator, expressed her presenting issues as being self-critical, over-thinking issues, and a desire to be able to address the conflict and tensions in her life openly. The music program for the session consisted of three hearings of Beethoven *Piano Concerto #5, movement 2* and Schumann *Fünf Stücke im Volkston, Langsam*. As the music began, Michelle imagined herself in the audience of a ballet. As she watched, a plot unfolded in which a male dancer pursued a female dancer. In the end, the male dancer proposed love, but the ballerina felt unsure. She was unable to make a decision, yet she was completely relaxed. Michelle's drawing shows her (as "X") in the audience while the ballet is being performed on the stage above.



In this session, Michelle addressed her approach to issues of tension in her life. She became aware of the contrast between the ballerina's relaxed approach to decision making and her own overanxious, overthinking, avoidant strategies. She felt ready to try this new, relaxed approach to decision making and conflict in her daily life. In addition, she recognized the dancers as two aspects of herself: the male "searcher" part (that is searching for new things in life) and the female part (that reflects and questions); she felt these parts had become partially integrated through the dance.

Music Relation

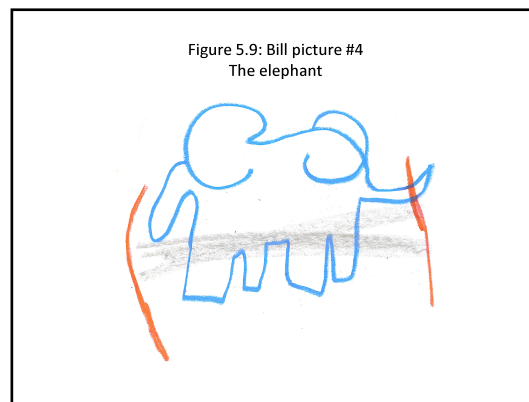
In her GIM session, Michelle had felt that the music was telling her a story. She believed that the composer had embedded a story in the music and that she needed to decipher it.

She had no difficulty understanding the story and its meaning as the ballet unfolded, but she did not feel that the story was about her. In fact, the story did not touch her internal world at all until it had ended. Only when the music was over, upon reflection in the postlude, did she recognize that the characters in the story were parts of her internal world, and she was completely amazed to discover that the story was her own, not the composer's.

Bill

GIM Session

Bill presented with three issues. He was overweight, he needed to decide with his wife whether they would have a baby, and he felt significant anxiety—and an inability to trust his own instincts—in regard career direction. Bill's music program consisted of Respighi *Pines of Rome*, *Gianicolo*, Strauss *Death and Transfiguration*, *Transfiguration only*, two hearings of Brahms *Symphony #3, movement 3*, Debussy *Dances Sacred and Profane*, and the Fauré *Pavane*. Bill had a journey with many unconnected images (characteristic of a first-time GIM session) that included the following: (a) a directionless elephant, (b) a romantic voyage on a cruise ship that became overwhelming, (c) being at a concert listening compliantly to music that that he did not like and that could not reach him, (d) an elephant and mouse, (e) needles in a haystack, and (f) the scene of a man taking away a baby. Bill made six drawings, each expressing a different image from the session. The one below—an elephant who is not going in any direction—expressed his feeling being overweight and the sense of being directionless in his career.



Bill's current issues—weight reduction, anxiety about his career direction, and fatherhood—were each expressed in separate images. The session helped him to identify more clearly his current issues and gave him the understanding that they needed attention.

Music Relation

To Bill, the music was like a wave that flowed near to him but could not touch him. He did not like the music at all, and he felt that it was not “present” enough for him. So when it failed to reach him, he kept his distance from it and just listened compliantly.

Nevertheless, the music did help him make contact with internal ideas that he felt nothing else but music could reach.

Summary

The first finding about the participants' perspective from the vertical analysis is that each participant had developed a unique relation with the music. This relation was called the participant's music transference (Summer, 1998).

- For Hillary, the music was a powerful authority that required submission
- To John, the music was a wise grandfather to whom he needed to listen very deeply
- To Nancy, the music was a figure with the most beautiful qualities imaginable—so beautiful that she wanted to become like it
- For Deval, music was a figure in whom he felt complete support and freedom, and who led him in a direction that he needed to follow
- To Michelle, the music was a story teller, and she needed to decipher the story
- For Bill, the music was a too distant figure, and he could not relate to it

The participants' music transference was a summative view of their relationship with the music program. But I arrived at this summative statement only after thoroughly examining and articulating the linear process of the participant's relation to the music as it unfolded during the music program. In particular, I identified "music episodes" that indicated changes in how the participant was experiencing the music. The first music episode was initiated at the beginning of the music program and subsequent music episodes identified when and how the participant's relation to the music changed. Hillary, Deval, and Bill had six music episodes; Michelle, John and Nancy had two, three, and ten episodes, respectively (see Appendix A for the participants' music episode sequences). These music episodes constitute the second finding about the music experience from the vertical analysis. My understanding from this finding will be addressed further in the horizontal analysis.

RESULTS FROM HORIZONTAL ANALYSIS

Finding One: Thirteen Themes

I conducted a cross case analysis on two elements of the six participants' data: 1) the descriptions of the music experience and 2) the reflective insights about the music experience (their understanding of it) in order to gain a deeper understanding of the collective participant viewpoints on the music experience. The analysis yielded 13 themes (see Appendix B for their occurrence in the participants' data along with illustrations from the data).

1. The participant related personally to the music
2. The participant merged with the music

3. The music provided direction

The music was

4. regarded with respectful attention
5. completely dependable
6. aesthetically beautiful

The music brought

7. attention to an internal conflict
8. a here-and-now experience
9. a bodily experience
10. a new, useful perspective
11. the acceptance of a previously marginalized aspect of the self
12. access to the true self
13. a receptive, transpersonal experience

Finding Two: Music Episodes

Next, I conducted a cross case analysis that juxtaposed the six participants' music episodes in order to gain a deeper understanding of my own perspectives on the music experience. The analysis of the music episodes brought my attention to a commonality among the four music therapist participants (MTs). I discovered that the MTs' music relation had gradually deepened throughout the music program. In stark contrast, the non-music therapist participants' (non-MTs) music experiences showed no evidence of any deepening during the music program. This is the main finding in regard to the music episodes: All MTs showed significant flexibility in their listening stance, and this yielded a deepened music relation. In contrast, the non-MTs did not show flexibility in their listening stance, and their music relation did not deepen.

An anomalous finding in Michelle's case was that her music relation deepened *after* the music program had concluded. This occurred in retrospect when she was verbally processing her imagery during the postlude. It was a surprise to discover that an individual's relation to a piece of music could deepen retrospectively, and without the presence of the music.

Finding Three: Projection-Reintrojection Cycle

The third finding of the horizontal analysis was the presence of a projection-reintrojection cycle. Projection-reintrojection, is described by Melanie Klein as a fantasy/imagery process that utilizes the defense mechanisms of projection, identification, and reintroduction (Segal, 1974). The process begins when a marginalized characteristic (part of the self that has been split off from conscious awareness) is projected into an external object. The externalization of that characteristic makes it possible for the individual to interact with the previously split off part of the self. Next, through the interaction with the external object, the individual becomes able to identify with the characteristic. After projection and identification have been accomplished, the characteristic can then be taken back into, or reintroduced into, the self with conscious awareness. This psychodynamic

process is the basis for symbol formation, and it is a process by which unconscious contents emerge into conscious awareness. Projection-reintrojection can be fostered through music listening (Kreitler & Kreitler, 1972). The projection-reintrojection cycle found in the data can be described as follows:

- (Prelude) The client presented various psychological issues (purposefully, no solution is sought in the prelude)
- (Projection) As the participant listened to the unfolding music program, a specific characteristic or image was experienced in the music.
- This aspect was felt to belong to, and emerge directly from, the music.
- (Identification) When this characteristic was heard and experienced as coming from the music, it was heard as beautiful, and the characteristic was felt as desirable.
- (Reintrojection) The characteristic was then taken in and accepted into conscious awareness as a welcome aspect of the self.
- Since this characteristic had been split off from conscious awareness, it was unrecognized as having come from the self, and it was welcomed afresh as a new characteristic.
- This aspect is fully embraced, felt as positive, and as the core self.
- (Postlude) The client is in a new state of consciousness that now includes the “new” aspect of the self.
- In fact, it turns out that this “new” characteristic (and the new state of consciousness) is a solution to a psychological issue stated in the prelude.

Nancy’s projection-reintrojection exemplifies how the cycle was accomplished in her GIM session. Before the session, Nancy was not confident in herself. But as she listened to the Mozart *Laudate Dominum* vocal solo, she heard the vocal line as exquisitely beautiful and confident. Nancy felt the confidence as an attribute of the music and the vocal soloist. Although she felt the confidence emanating from the music, in reality it was an inaccessible part of her internal world that had been projected onto the vocal soloist. Soon after Nancy heard the solo as beautiful and confident, she experienced *herself* singing confidently. As she sang, the feelings of confidence grew, and at the end of the music program she felt herself to be completely confident. In the postlude, Nancy felt transformed and acknowledged the desirability of this characteristic, saying “This is the ‘me’ I want to be always.”

The main finding of the horizontal analysis in regard the projection-reintrojection cycle is as follows:

1. When the music relation deepened and the projection-reintrojection cycle was completed *during* the program, the result was a transpersonal music experience. After the music program, the participant was in a new state of consciousness that included a previously marginalized characteristic. This characteristic was felt to be the participant’s true self, and it solved the psychological issue from the prelude. This occurred in Hillary’s, John’s, Nancy’s, and Deval’s (MTs) sessions.

2. When the music relation deepened and the projection-reintroduction cycle was completed *after* the program, the result was a re-educative session. In this case, the participant gained a cognitive insight about her previously marginalized characteristic. The psychological issue from the prelude was not solved, but the insight helped the participant understand—at least cognitively—its solution. This occurred in Michelle’s session (non-MT).
3. When the music relation *did not* deepen and the projection-reintroduction cycle was not completed, the result was a re-educative session. In this case, the participant gained an increased awareness of the psychological issues that had been discussed in the prelude. This occurred in Bill’s session (non-MT).

This may give evidence that GIM-experienced participants who have flexible listening perspectives complete these processes during music listening, whereas GIM-inexperienced participants do not. It may also provide some evidence of the interdependent nature of these processes in music-centered GIM. It appears that the more deeply the participant relates to the music, the more she/he is able to complete the projection-reintroduction cycle, and the more deeply transformative the session becomes.

Finding Four: Repeated Music and Music-Centered Guiding

A systematic analysis of the two music-centered modifications—music repetition and music-centered guiding—was conducted. GIM session transcripts, interview transcripts, and information from two impromptu focus groups were examined in order to gain a deeper understanding of the use and therapeutic intent of these two GIM adaptations. The analysis yielded some simple quantitative results that indicated the use of each adaptation. The qualitative analysis distinguished three types of music repetitions that had been used: (a) music-oriented, (b) transformation-oriented, and (c) introjection-oriented. Four types of music-centered guiding interventions were identified: (a) listening to the music, (b) describing the music, (c) deferring to the music, and (d) tying the imagery to the music.

The examination of the use and intent of the adaptations during the six participant GIM sessions confirmed that the underlying goal of the adaptations was to establish a more intimate relationship with the music program, to allow the music to serve as the primary therapist for the session. The music-centered verbal interventions established a central focus upon the music rather than on any imagery that was occurring, and when imagery did occur, they established a link from the imagery to the music, while keeping the music as central. Two focus groups of GIM therapists and trainees contributed an additional perspective: that music-centered interventions not only created a more intimate client-music relation, but they created a more intimate feeling to the relationship between the client and therapist and between the therapist and music, as well.

Integration of the Findings

Table 3 summarizes where the music relation and the projection-reintroduction processes occurred in the participants’ GIM sessions, juxtaposed with the outcome of the session.

Table 3: *Participants' music relation, projection-reintrojection cycle, session outcome*

Partici- Pant	Where music relation deepened	Where reintrojection occurred	Marginalized characteristics	Outcome of session
Hillary	Music	Music	Strength, stillness, self-acceptance	Transpersonal solution to issue
John	Music	Music	Acceptance of turmoil; fully present	Transpersonal solution to issue
Deval	Music	Music	Security/freedom; spiritual connection	Transpersonal solution to issue
Nancy	Music	Music	Clarity, confidence, slowed pace of life	Transpersonal solution to issue
Michelle	Postlude	Postlude	Relaxed attitude re: indecisiveness	Insight about solution to issue
Bill	Did not deepen	Did not occur	None	Increased aware- ness of issues

The final research question can now be answered: *How did I understand the music experience in music-centered GIM?* In music-centered GIM, repeated music and music-centered verbal guiding interventions created a receptive listening attitude in the music therapy participants and deepened the relational capacity towards the music. The capacity deepened when the music was felt as dependable, as aesthetically beautiful, as providing direction, as a merger experience, as something to which one should listen with respectful attention, and/or as something deeply profound and beyond the personal self. The participant projected marginalized aspects of the self onto the music, but these aspects were experienced as coming from the music, not as coming from the self. When experienced within the music or as images, these aspects were then accepted as desirable and reintroduced into the internal world, felt as a new experience. By the end of the music program, if the music relation had deepened, then the projection-reintrojection imagery cycle was completed. This resulted in a new state of consciousness that embraced a “new” aspect of the self. In the imagery process, these aspects were felt as messages of self-acceptance, as one’s true self, and often as bodily experiences and/or as being more fully present in the here-and-now.

If the music relation remained the same throughout the GIM program, then the projection-reintrojection imagery cycle was not completed. In this case, for the non-music therapist participants, other (re-educative) therapeutic goals were reached, such as increased awareness of psychological issues or increased insight into a solution for psychological issues. But in this case, there was no transformation of consciousness. It appears that in GIM sessions, the music relation and the self relation are simultaneous, interactive processes.

DISCUSSION

Considering Transpersonal Experiences

Perhaps the most revelatory aspect of this study was that all of the GIM experienced participants had transpersonal experiences with a single GIM session. This seems to confirm Bonny's (1969, 1978a/2002, 1993/2002; Bonny & Tansill, 1972/2002) contention that classical music, in general, stimulates transpersonal experiences. In his qualitative study of transpersonal experiences in GIM, Abrams (2001, 2002) found ten sets of properties that distinguished the transpersonal Bonny Method of GIM experience. From these properties, he built a comprehensive, indigenous definition of transpersonal GIM experiences. His definition did not include a causal relationship between specific music and transpersonal experiences. Although Abrams comprehensively defined transpersonal sessions in GIM through the description of its properties and features, he did not identify how music experiences become transpersonal. Bruscia (1998) developed a model to explain this process using Wilber's theories, positing that music experiences become transpersonal through a three level process that gradually builds in profundity. My descriptions of music episodes, which detail the steps by which each participant's music experience is deepened, are aligned with Bruscia's concept of the deepening and evolving nature of transpersonal music experiences. But the question of what preconditions allow these transpersonal music experiences to unfold is not addressed by either of us. For example, is the fact that GIM is a receptive method an important condition for transpersonal music experiences? Is the degree of receptivity in the client important? Is the client's specific presenting issue or the client's relationship with music an important factor? What about the influencing variable of the therapist? For example, what specific "instructions" and guiding interventions might tend to set the stage for a transpersonal experience? Is the genre of the music important? This line of questioning opens new territory to further describe how and why transpersonal music experiences readily occur in GIM sessions.

It is also noteworthy that two of the four transpersonal experiences in this study—Nancy's and Deval's—developed into spiritual experiences. Of these two spiritual experiences, one—Deval's—developed further into a (probable) peak experience. As the two participants in the study who did not have transpersonal experiences were new to GIM, these results introduce new queries in regard to who has transpersonal experiences. Are GIM experienced clients more likely to have transpersonal experiences than new GIM clients? Might there be a difference between GIM experienced clients and GIM trainees? Might GIM sessions or GIM training be conditioning towards transpersonal music experiences?

One GIM study tried to establish a causal link between specific GIM music programs and transpersonal experiences (Lewis, 1998-99), and a second study attempted to link the Peak Experience program with Peak Experiences (Kasayka, 1991). Although the present study does not negate these studies, it seems to indicate that transpersonal experiences should not be simply and causally linked to specific predesigned music programs. This study indicates that transpersonal experiences occurred even when GIM experienced participants were given completely differing and extemporaneously chosen classical music programs. This result points to the question of how transpersonal

experiences occur with music. This question deserves further investigation, but some inroads have already been made in this investigation.

Implications of Findings for GIM Clinical Practice

Music-Centered GIM

The findings of this study confirm that one music-centered GIM session was clinically valuable for the four well adults in this study who were advanced GIM clients. These findings can be applied to clinical practice in several ways.

The study confirms that music-centered GIM could be considered for use within a series of Bonny Method of GIM sessions with advanced, well-adult clients. Specifically, GIM practitioners could consider using music-centered GIM when, in the prelude of a session, the client is assessed as having one or more of the following clinical needs: (a) increased access to positive internal resources, (b) experiences of self-acceptance, (c) addressing bodily experiences, (d) experiences of being fully in the here and now, or (e) a transpersonal and/or spiritual session.

Music-centered GIM may also be indicated for advanced GIM clients who are assessed in the prelude of a session as needing a music experience that includes one or more of the following characteristics: (a) is deeply aesthetic, (b) feels completely dependable, (c) provides a sense of direction, (d) includes a merger experience, or (e) compels him/her to listen attentively, deeply, and receptively. Based on the findings of this study, these guidelines are suggested only for use with advanced GIM clients since the study found these themes to be prevalent within the sessions of the four GIM-experienced participants, but not in the sessions of the two GIM-inexperienced participants.

The results indicate that music-centered GIM may help a beginning client to become more psychologically-minded in the postlude of the session since in the postlude of their sessions, both non-MTs were able to identify a specific internal conflict that needed attention. One went further to develop insight in regard the conflict. These guidelines are derived from the results of this study; however, since they are minimally supported by the results, it is advised to use them cautiously until further research is conducted.

The findings indicate that a single music-centered GIM session—despite its primary focus upon music—will probably not help a beginning client to deepen his or her relationship with music.

Repeated Music as a Technique

This study contributes the concept of repeated music as a new technique in music programming that can be utilized in GIM sessions. In addition, it identifies three strategies and provides guidelines for their use with advanced GIM clients.

Repeated music may be an effective strategy at the beginning of a program when the therapist recognizes that the client's relationship with the music requires deepening, in the middle of a program when the GIM therapist's goal is to support the continuation of a client's imagery or hold/deepen an unfolding process, and at the end of a program

when a client emerges from a transpersonal experience and the therapist wants to support the internalization of positive feelings, especially through bodily imagery.

The strategy of repeating one initial piece of music several times as the mainstay of a GIM program has clear implications for first-time GIM clients. Rather than utilize a GIM program with several different pieces of music that would tend to evoke many images, it may be more effective to focus a first-time client on one piece of repeated music. This use of repeated music for first-time GIM clients is a different approach than, for example, using *Beginners' Imagery/Beginners' Group Experience/ Explorations, a GIM program* designed to “establish rapport and foster imagery” in beginning clients (Bonny, 1980/2002, p. 64). But to date, research has not documented specific needs of first-time GIM clients. Perhaps this study has elucidated an issue for first-time GIM clients such as Michelle. There may be a tendency to approach the first GIM program as a “beginner,” with a fixed, or inflexible, listening perspective in which the music is felt as an external object that is unrelated to the internal world. In this circumstance, the results of this study identify a specific protocol: A single, repeated piece of music may engender a focused imagery experience that can more readily be applied therapeutically in the postlude. In this regard, there are already recommendations in the literature (Goldberg, 1995; Summer, 2002, Summer & Chong, 2006;) that urge GIM practitioners to use music and imagery techniques (i.e., drawing during a single, repeated piece of music) as a prelude to GIM, or when GIM is contraindicated.

Music-Centered Guiding as a Technique

The principal advantage of using music-centered guiding interventions is that they promote the music program to the status of primary therapist (Summer, 1998), and in doing so, they realign guiding interventions with Bonny's original notion of the centrality of the music in the Bonny Method (Bonny, 1989/2002). These findings are relevant to the practice of GIM since music-centered interventions can readily be applied within a Bonny Method session. Some music-centered guiding interventions have already been identified by Bruscia (2003) and Summer (1989). However, the current study organizes these interventions, further differentiates categories, and provides guidelines for their use.

The first category, “listen to the music,” established and increased the participants' receptivity towards the music. The second category, “describe the music,” helped participants describe, in general or specific terms, how the music sounded to them. The third category, “defer to the music,” guided participants to let go of their conscious decision making process in favor of allowing the music to direct the session. This implies a kind of surrender to the music—a surrender to the direction or suggestion that the participant hears within the music itself. The fourth category, “tie the imagery to the music,” included interventions that activated or strengthened the link between the imagery experience that was occurring and the music that was playing.”

These interventions can be used by GIM practitioners when the therapist finds that there is a need to establish or confirm music as the driving force of the therapy session. In addition, they may be helpful for clients who are musicians since they give guidelines for listening directly to, and describing, the music.

Implications of Findings for GIM Training

The findings of this study have already been directly applied to the creation of a new paradigm of Level III GIM training at Anna Maria College (AMC) in Paxton, MA. The AMC Level III GIM curriculum is contained within three graduate courses: Music Programming in GIM, Basic Rudiments of GIM, and Advanced Skills in GIM. All coursework is based upon this study's findings.

The findings of the present study can also be applied to traditional GIM trainings in several ways. Music-centered GIM could be considered as a didactic method for GIM training. Since a single music-centered GIM session can increase an advanced listener's relational capacity towards the music, it follows that a didactic music-centered GIM could increase the flexibility of the GIM trainee's listening perspective, deepen the GIM trainee's receptive attitude in music listening, and provide the GIM trainee with a music-focused listening experience in order to learn each GIM program. With a guide to elicit and create a written transcript of verbal descriptions of the music program, the trainee would deepen her relationship with each of the GIM music programs.

Music-centered GIM, and/or its separate modifications of repeated music and music-centered guiding could also be considered as a clinical technique within GIM training. I would strongly recommend the concept of music as the primary therapist of a GIM session as an essential foundation for GIM curriculum.

In addition, the use of music-centered GIM or music-centered guiding interventions within a Bonny Method session could be considered as a didactic tool in other areas of learning about music. For example, within a music therapy curriculum, music-centered GIM might help students learn about receptive music therapy techniques. Within a music education curriculum, music-centered GIM might help students learn about music listening attitudes.

Limitations of the Study

The results of the study must be seen in light of its limitations in regard participants, protocol, and scope. A major limitation of this study was that each of the four music therapy participants was familiar with my clinical and theoretical orientation, and I had a prior relationship with each. The prior relationship was addressed with each participant at the beginning of the GIM session and the interview. Nonetheless, it would have affected their responses to all aspects of the GIM session and the interview. Another limitation in regard to the participants was the small number, which may be seen as a serious limitation.

There were limitations in regard to the protocol for the music-centered GIM session. First, the participants had only one GIM session. Therefore, there was not a true therapeutic process related to this GIM session, and my understanding of the participants' presenting issues was limited to a short prelude. The study accommodated for this limitation, in part, by soliciting adults who were psychologically healthy enough to glean personal growth from a single therapy session. The second limitation in regard the session protocol was that the session did not take place in a true therapeutic environment. In order to accommodate the study participants, the session was held in a place convenient for each. Therefore, the atmosphere of the session room was quite different

for each participant. Although each site was adequate in regard to privacy, confidentiality, and audio equipment, the atmosphere was not as formal or as consistent as it would have been, had each session been held in my office. Although the environment was addressed with the participant at the beginning of the session, it, nonetheless directly affected the atmosphere of the session and interview.

Another limitation of this study in regard its scope is its lack of attention to the role of the therapist. Geiger (2007) points out that "BMGIM therapists not only offer music and imagery to the client but also a special kind of relationship as an essential part of the music listening period and as a main therapeutic agent" (p. 76). The therapist role was not addressed in this research.

CONCLUSION

This is the first study to examine the music experience when it serves as the primary therapist within a GIM session. Although I systematically examined the participant perspectives from this study, I still wondered whether they had truly broadened my own perspective and, if so, how? Two brief comparisons of my pre- and post-study perspectives will suffice to demonstrate my broadened perspective. I re-examined the publication (Summer, 1992) that opens this research study in which I theorize about how the music in GIM stimulates transpersonal experiences and why this is therapeutic. In the article's conclusion I sum up my understanding: "The music knows the answer; it is up to the client to bring in his difficulty, and to allow the music to guide him to its origin, or perhaps its solution" (p. 53).

I can now update this statement with new perspectives from this study as follows:

The client who knows his difficulty also knows its answers, but the answers are marginalized, and irretrievable within him. It is up to the therapist to help the client surrender to the music so he can discover a meaningful response to his difficulty within it. The music actually serves this process as a complex container within which the client experiences the multilayered music and the multileveled consciousness of the therapist and himself. What the client hears coming from within the music is actually one of many of his own (previously irretrievable) answers projected onto the music. But once the client's music experience deepens, he gains access to this particular answer from the music and this transforms his consciousness.

I encountered a parallel process between the music experience in music-centered GIM and my hermeneutic search for meaning in the study's data analysis. With every repeated listening and every repeated analysis, a new thread of experience could, and did, emerge. Whereas in GIM the deeper relating to music changes the client's consciousness, in the hermeneutic data analysis of this study, deeper interpretations changed my perspective. It seems that there are ever different and ever deeper destinations within the music and within the data to discover. And in the end, there is no final destination, only journeys that lead us back to ourselves.

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APPENDIX A

Vertical Analysis: Participants' Music Episodes

Hillary Music Episodes

Music	#	Music Episodes	Description of Episodes
Fauré	1	Felt close and distant towards the music	She explored various close versus distance experiences until
Debussy	2	Defied and surrendered to the music	The music got too close so she pushed it away from herself. This distance put her in a vulnerable, lonely state during which
Copland x1	3	Connected to the music	She became very closely connected to the music and had a simultaneous experience in which
Copland x1	4	Introjected the music	The music poured into her body and
Copland x1	5	Submitted to the music's authority	She related to it as a powerful, trusted authority
Copland x2, 3, & 4	6	Was transformed by the music	The music changed her in several ways: (a) she became strong; (b) she felt still and connected to herself; and (c) she understood she should accept herself as she is.

John Music Episodes

Music	#	Music Episodes	Description of Episodes
Rodrigo x1	1	Music as external experience	Music experienced as beauty, tension, reaching out, wisdom of history Guitar was an individual Orchestra responded Guitar divided into dialogues Dialogues merged back into unity Orchestral peak - Message: "Now is the moment!"
Rodrigo x2	2	Music became an internal experience	Music felt human and He became the guitar He/guitar expressed himself Orchestra responded to him Guitar divided into dialogues Message of assurance
Rodrigo x2	3	Music became an intense multisensory experience	Dialogues merged back into unity Orchestral peak - Fully present in the here-and-now

Nancy Music Episodes

Music	#	Music Episode	Parallel Psychological Episode
Wagner	1	Developing, room to grow Trustworthy because it always resolved; felt confidence in it	Body grew as music grew Introjected confidence
	2	Said to her: "slow down, don't rush" She heard the music as slow and beautiful	Accepted and introjected this attitude towards her own slow pace
	3	Development sections: music became unstable, something good always follows	Contact w/tiny essence (core) and antennae developed
	4	Shift (reversal) from expressive to receptive: strong sensory experience	
	5	Grew more and more solid	Tiny core grew stronger
	6	Disparate parts that fit together	Introjected the feeling that disparate parts of her life could fit together
Mozart	7	It was her singing with confidence, tenderness in the tone of the voice Chorus supports her "You can do it all"	Introjected confidence Increased confidence
	8	Shift (reversal) from expressive to receptive: strong spiritual experience	
	9	Clarity/voice into her core; drew out the "true" me (positive core)	Introjected clarity into body
	10	Chorus lifted and held her up	Introjected spiritual feelings (connection, reverence, gratitude), feeling of perfect confidence

Deval Music Episodes

Music	#	Music Episode	Parallel Psychological Episode
Bach	1	Bright, open, spacious Felt at home in it	He was lifted upward into sky/open space
Beethoven x1	2	Ancient, sacred Saying something awesome, slowly The violin solo is both held by the orchestra, and free	Feeling awe Felt absolute safety/absolute freedom; completely supported by spiritual beings
Beethoven x2	3	A stepwise procession Rich, full, red Weaving connections (between soloist and winds)	Moving towards a goal Safety/freedom/ support increased Felt connected to the spiritual beings Felt regret, self critical: "I should have come earlier" Felt spiritually connected with deceased

Mascagni	4	Jarringly different Spiritual (organ) Chorus supports Asking for help (voice) Dramatic	He was strongly drawn towards a goal He felt complete spiritual connection and support He arrived at peak spiritual feelings in a vast, open space
Canteloube x1	5	Simple, like a lullaby Delightful, tender, sweet Reedy (vocal timbre)	He felt light, safe Music/fluid flows into his heart
Canteloube x2, 3	6	Reedy (vocal timbre)	Music/fluid flows throughout body His body is cleaned out of negativity

Michelle Music Episodes

Music	#	Music Episode	Parallel Psychological Episode
Beethoven x 1, 2, 3	1	Music ascended Sounded formal Feminine piano solos Masculine orchestral sections Masculine and feminine music joined together Music was not totally in synch	Sense of something being lifted up, freed Watched the ballet Female dancer, alone and comfortable Male dancer, worriedly pursued the female The male dancer found the female dancer Exit, with unresolved relationship
Schumann	2	Beautiful and wistful	Felt wistful; imagined cellist's movements Unable to find the story line

Bill Music Episodes

Music	#	Music Episode	Parallel Psychological Episodes
Respighi	1	Awakening to the music	Awakening, but with distant danger
Strauss	2	Overwhelmed by the music	Excited → cheesy → overwhelmed, anxious
Brahms x1	3	Compliant listening	Dancing → compliant listening → dancing
Brahms x2	4	Distanced from the music	Wave trying to reach him → boring → recalled memory of elephant
Debussy	5	Overwhelmed by the music	Animated elephant/mouse → moving → pulsating → spinning (uncomfortable body sensations)
Fauré	6	A journey in the music	Journey → man takes baby → content

APPENDIX B

Horizontal Analysis: Thirteen Themes

Client Perspectives: Horizontal Themes

Theme	Hillary	John	Nancy	Deval	Michelle	Bill
Participant related personally to the music ¹	(X)	(X)	(X)	(X)	X	
Music brought attention to an internal conflict ¹	(X)	(X)	(X)	(X)	X	X
Music brought a new, useful perspective ¹	(X)	(X)	(X)	(X)	X	
Music was regarded with respectful attention	X	X	X	X	X	X
Music provided direction	X	X	X	X	X	X
Music was completely dependable	X	X	X	X		
Music brought a receptive, transpersonal experience	X	X	X	X		
Music gave access to the true self	X	X	X	X		
Music gave a message to accept previously marginalized aspects of the self	X	X	X	X		
Music brought a bodily experience	X	X	X	X		X
Music brought a here and now experience	X	X	X			
Music was aesthetically beautiful		X	X	X	X	
Participant merged with the music	X	X	X			

Themes Related to Participants' Music Experience

Theme 1: The participant related personally to the music

- Michelle: Surprised that the music experience was related to her internal world.

Theme 2: The music brought attention to a specific internal conflict

- Michelle: Became aware of her anxiety about decisions in her daily life.
- Bill: Increased his awareness of two issues that needed to be addressed—being overweight and the question of having a child.

¹ Themes 1-3 were not specifically mentioned by the four non-MTs because they are basic to all music psychotherapy experiences. However, Table 6.1 indicates their inclusion with the indication: (X) because these themes can be implied to be present.

Theme 3: The music brought a new, useful perspective

- Michelle: Insight that she could tolerate indecisiveness, which would help to reduce her daily anxieties.

Theme 4: The music was to be regarded with respectful attention

- Hillary: Music was a powerful authority.
- John: Music was a wise archetypal grandfather.
- Nancy: Music was a beautifully aesthetic transpersonal experience.
- Deval: Music directed him to a spiritual experience.
- Michelle: Music told a story to be deciphered.
- Bill: Even if the music fails to reach you, you still have to listen (compliantly).

Theme 5: The music provided direction

- Hillary: The music (as the cape) pushed her forward.
- John: Needed to listen to the music (the grandfather) deeply to hear his message.
- Nancy: The music's slow development and the vocal entrances moved the experience forward.
- Deval: The music led him on his path.
- Michelle: The music told the story.
- Bill: The music tried to reach him.

Theme 6: The music was completely dependable

- Hillary: Trusted the music's authority completely, and the way it nurtured her.
- John: Trusted the music's humanity.
- Nancy: Trusted completely the music's gradual unfolding, and its beauty.
- Deval: Trusted completely the music's help and direction.

Theme 7: The music brought a deeply receptive, transpersonal experience (a deeply profound experience beyond the personal self)

- Hillary: The music, experienced as something beyond her, filled her with strength.
- John: The music, experienced as a grandfather figure, brought him age-old, existential wisdom.
- Nancy: The music brought a spiritual experience of clarity.
- Deval: The music brought a spiritual, peak experience of connectedness.

Theme 8: The music gave access to the true self

- Hillary: Music gave access to her true nature, which is still, strong, and self-accepting.
- John: Music gave access to feeling completely alive within himself in the here-and-now.
- Nancy: Music gave access to her slowly developing positive essence.
- Deval: Music gave access to his deep, spiritual self.

Theme 9: The music gave a message to accept previously marginalized aspects of the self

- Hillary: Message to accept her loneliness and vulnerability (previously rejected), and her true nature, especially its need for stillness (previously inaccessible).
- John: Message to accept, and feel deeply, his life's turmoil (previously experienced with anxiety).
- Nancy: Message to accept the slow pace of her life (previously judged as negative, and rejected).
- Deval: Message to accept his internal, self sustaining spirituality (previous tendency to seek external emotional sustenance).

Theme 10: The music brought a bodily experience

- Hillary: Music poured into her body.
- John: Rode on the music and it brought him to life in his body.
- Nancy: Music flowed into her heart.
- Deval: Music flowed through his body.
- Bill: Music brought uncomfortable bodily sensations.

Theme 11: The music brought a here-and-now experience

- Hillary: Whereas prior to the session she was distanced from herself, the music connected her to herself, allowing her to be more fully present in the here-and-now.
- John: Music brought him an experience of being fully human, viscerally present in the here-and-now, living in every tone of the music.
- Nancy: When the music brought her an acceptance of her current life situation, she felt that she was exactly where she should be, and she came fully present in the here-and-now.

Theme 12: The music was experienced as aesthetically beautiful

- John: Experienced beauty in the musical language and other compositional elements of the piece.
- Nancy: Experienced beauty in the unfolding structure of the pieces.
- Deval: Experienced beauty in many compositional elements of the pieces.
- Michelle: Experienced beauty in the ballet music and the wistful cello piece.

Theme 13: The participant merged with the music

- Hillary: Merged with the music when it poured into her head.
- John: Merged with the guitar solo and dialogued with the orchestra.
- Nancy: Merged with the vocal soloist and was supported by the chorus.