Client Experiences With The Music
in the Bonny Method of
Guided Imagery And Music (BMGIM)[1]

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The Bonny Method of Guided Imagery and Music (BMGIM) is a method of music psychotherapy in which the client images to music in a deeply relaxed state while dialoguing with the therapist (Bonny & Goldberg, 2002). BMGIM is also referred to as the Bonny Method, or GIM. The imagery that clients create in BMGIM may consist of daydreams, memories, visual images, feelings, and kinesthetic and sensory experiences (Bonny, 2002e). The music is presented in specially designed programs. These programs consist of pieces from the classical music literature that have been carefully selected and sequenced to access different therapeutic issues (Grocke, 2002).

Each BMGIM session proceeds in five phases: 1) the preliminary conversation, during which the client and the therapist establish a therapeutic focus for the session; 2) the relaxation induction, during which the therapist helps the client enter into a deeply relaxed state so he or she can access different levels of consciousness; 3) the music imaging period, during which the client spontaneously creates images while listening to the music; 4) the return, during which the therapist helps the client to return to an alert state; and 5) the postlude conversation, during which the therapist and client work together to help the client to explore the implications of his or her experience (Bonny, 2002c).

One of the most fascinating aspects of being a BMGIM therapist is observing the myriad ways that clients respond to the music during the imaging period. Some clients use it to help them see pictures in their mind's eye, while others may feel it in their bodies or have conversations with it. Some clients react very positively to the music, and are able to use it for therapeutic benefit, while others seem to avoid or fight it. As a result, a continuing question for the BMGIM therapist is how to help the client use the music to therapeutic benefit.

My interest in this topic stemmed from my own experiences of the music as a BMGIM client and trainee therapist. As a client, it took me several sessions to learn how to respond to the music in more than one way. It was important that I did because the more ways I learned to interact with and use the music, the more I learned about myself. Then, as a therapist I noticed that my clients would not only use the music in ways that were familiar to me, but that they would also use it in ways that were new to me. I realized that my repertoire for reacting to and using the music was limited by my own experiences, and that to grow as a client and therapist in BMGIM, I had to explore different ways that music can be experienced and used beneficially in this process.

My first effort to systematically study this topic came during a doctoral course on research, which required a pilot qualitative study. I chose to study client's negative experiences of the music, hoping to better understand how and why clients might react in this way. After interviewing a few participants I realized I had been approaching the study with three assumptions. My first assumption was that all BMGIM clients have had "negative" experiences of the music, when in fact many have not. The second was that all "negative" music experiences were resistive in nature, and therefore had limited therapeutic value. My third assumption was

that all forms of resisting the music would be active (e.g. fighting against the music), when in fact they can also be passive (e.g. ignoring the music). The discovery of these biases led me to the present study.

Building upon the pilot study, I approached the present study by broadening the purpose of the research significantly. This time I entered into a general exploration of both positive and negative music experiences. I hoped such a research study would not only provide a foundation for distinguishing between positive and negative experiences, but would also begin to clarify, in a more holistic way, how participants may or may not use music experiences for therapeutic benefit.

Purpose of the Study

There were two main purposes for this research. The first was to narrate clients' positive and negative experiences with the music in BMGIM and how those experiences affected them. The second was to systematically analyze the narrations in order to describe a) the essential similarities and differences between positive and negative music experiences and b) their impact on clients' therapeutic processes and/or lives.

LITERATURE REVIEW

A survey of the literature on music as it relates to BMGIM revealed three major areas of interest: 1) the effects of music on experimental study subjects, 2) the effects of music on BMGIM clients in clinical settings, and 3) BMGIM clients' perspectives on their experiences with the music. This examination of the literature shows that while therapists have written a lot on this topic, only specific areas of it have been addressed, and little has been reported from clients' perspectives.

Effects of Music in Experimental Settings

Researchers examined the effects of classical music selections on imagery in non-clinical, experimentally designed settings. These studies show that music, when compared to silence, can increase the activity and vividness of study participants' imagery (McKinney and Tims, 1995; Band, 1996) and the intensity of their emotions (McKinney, 1990; McKinney and Tims, 1995). Band (1996) also found that study participants' levels of absorption in their imagery experience were increased when listening to music. Although these studies did not use BMGIM clients as subjects, the results do provide evidence of the effects of classical music on imagery.

Effects of Music in Clinical Settings

BMGIM therapists have relied extensively on their clinical experiences to describe and explain the various effects that music can have on clients during the BMGIM music-imagery experiences. Bonny (2002d) wrote on the ability of the specially contoured music programs to carry the client into and out of deep emotional experiences over a 30-45 minute span of time. She and other therapists have also described the moment-to-moment potentials of the music to 1) evoke, 2) elaborate, 3) hold, and 4) transform aspects of clients' music-imagery experiences.

When the music *evokes* something in a client's experience, therapists speak of it as able to cause something from within the client to be awakened or expressed. The music is reported to evoke imagery (Pickett, 1991), and thoughts (Skaggs, 1992). It also evokes the unconscious

(Stokes, 1992), and psychological dynamics such as transferences (Clarkson & Geller, 1996), defenses (Bonny & Pahnke, 2002), and projections (Stokes, 1992). The music also evokes altered states of consciousness (Bonny, 2002b) and the client's own potential for healing (Stokes, 1992).

When the music helps the client to further *elaborate* the imagery experience, therapists have observed that it expands, speeds up, and/or deepens various aspects of the client's experience. For example, the music catalyzes emotional catharsis (Stokes, 1992) and the interaction and flow of images (Grocke, 2002). It also deepens and expands emotions (Ward, 2002) and levels of consciousness (Bruscia, 1991; Bonny, 2002a).

When the music *holds* the client's experience, therapists report that it can take on various supportive functions. It may "match and create an auditory mirror of the client's internal state" so that he or she "feels understood and held by the music" (Summer, 1998, p. 449). Further, by matching the client, the music can then support different types of experiences, for example, the release of intense emotion (Bonny & Pahnke, 2002; Skaggs, 1992). The music may also support clients with its sound presence (Stokes, 1992). When it does this, it provides a moment-to-moment continuity that can accompany clients through their experiences, in effect, "being with" them as they move through their work.

Another form of holding is containing. When the music contains clients' experiences, it holds them as one person might hold another in their arms, or like a closed room holds a person in physical space (Bonny, 2002c; Clark, 1991). When the music does this, its structure provides a figurative space in which the client can be held while safely exploring different feelings and ways of being.

When therapists report that the music *transforms* clients' experiences, clients are able to experience the alternative options that the music models for them (Bonny, 2002a). They hear in the music the changes that they themselves are striving or needing to make, and the music takes them through the change experiences. When this happens, the music may help clients integrate all of their senses into experiences of change (Summer, 1998) and may help them heal hurt and pain (Bonny, 2002a).

Clients' Perspectives on Their
Experiences with the Music

A thorough review of the BMGIM literature shows that clients have reported not only on how they dealt with the music during their BMGIM experiences, but also on how the music affected their therapeutic processes and their lives.

Clients dealt with the music during their BMGIM experiences in two main ways. They either interacted with it, or let it act on them. When clients interacted with the music, they became one with it (Isenberg-Grzeda, 1999) and felt it in their bodies (Schulberg, 1999). Here the client and the music seemed to merge together within the experience. When clients let the music act on them, they described it as capable of doing several different kinds of things to them. Here the music was external to the client, like a separate force or object that influenced them in some way. It could be a negative force and numb them, crush them (Isenberg-Grzeda, 1999), or contrast how they felt (Perilli, 2002). It could be a positive force and hold (Stokes, 1992), caress, or fill them (Isenberg-Grzeda, 1999). It could communicate to them (Short, 1999), or bring them resources (Newel, 1999). It could also physically move them through their imagery (Grocke, 1999) or enter into their internal worlds (Schulberg, 1999). Lastly, clients reported that the music could resonate with them (Tasney, 1993), evoke their imagery, and help them in different ways (Buell, 1999).

According to client reports, the music affected their therapeutic processes in a few different ways. It provided structure and containment for their music-imagery experiences, sometimes allowing them to release control (Pickett, 1992; Schulberg, 1999). It also helped them to find different things, like spiritual places and answers within themselves (Newel, 1999), and a sense of identity (Grocke, 1999). Lastly, the music helped them to acknowledge, feel supported in, express, and find solutions for dealing with their emotions (Newel, 1999; Schulberg, 1999).

Two different clients wrote about how the music-imagery experiences affected their lives. One shared how the music gave her the confidence she needed to find her own voice, make decisions, and live the life she wanted (Grocke, 1999). Another described the different ways that her music-imagery experiences helped her to deal with a catastrophic illness (Newel, 1999).

While these clients' reports begin to shed light on how they viewed and made meaning of their music experiences, their experiences were neither fully described nor systematically examined. They are also, for the most part, first-person reports. No researcher has used third-person methods to compare several clients' BMGIM music experiences. Such an examination and discussion might enable therapists to expand their understanding of clients' music experiences and how they can affect clients' therapeutic processes and lives.

Because systematic study of client's perspectives of their own experiences with the music in BMGIM may add dimension to current understanding of them, this study had two purposes. The first was to gather and narrate several clients' positive and negative experiences with the music and the impact those experiences had on them. The second was to systematically analyze all the positive and negative experiences together in order to describe similarities and differences between them.

METHOD

Design

Since the initial purpose of this study was to gather and analyze clients' experiences with the music in BMGIM, data collection procedures were inspired by phenomenology (Kenny, 1996), and the data gathered were descriptions from BMGM clients of their lived experiences with the music. As the research progressed, an additional purpose was added to the study. This was to gather and narrate the participants' reflective thoughts regarding how the music experiences impacted their therapeutic processes and lives. Since phenomenology is concerned primarily with lived experiences, rather than on reflections upon these experiences, and since the participants themselves felt a necessity to present both their experiences and reflections, the present study began to move outside the boundaries of pure phenomenology. This will become even more evident later.

Data analysis proceeded in two phases. In the first phase, a case approach was taken. The purpose was to illuminate the essential components and structures of each participant's experience with the music. In the second phase of data analysis, a cross-case approach was taken. The purpose was to identify similarities and differences across participants and across positive versus negative experiences, not only with regard to the nature of the music experience, but also with regard to its effects on the participant and the therapeutic process. By looking for regularities across participants, the study expanded again to include a grounded approach, and matrix analyses as defined by Miles and Huberman (1994).

These shifts in the design during data collection and analysis reflect an eclectic epistemology. This is evident in both the within-case analysis, as well as the cross-case analysis.

With regard to the within-case analysis, the study is phenomenological in its focus on the participants' experiences with the music and its use of vignettes to capture the essence of these experiences. It goes beyond phenomenology in that it asked the participants to reflect upon the value of the experiences. In the end, however, the vignettes clearly show the idiographic nature of the participants' experiences, and the inappropriateness of truth statements that might apply to this group or to larger populations. Thus, these individual vignettes are not positivistic in intent or outcome.

On the other hand, the cross-case comparison using inductive coding, grounded theory, and matrix analysis approaches post-positivism. This phase of the study falls more into the realm of transcendental realism, the belief that lawful and reasonably stable relationships can be found among the regularities and sequences that link together phenomena, allowing the derivation of constructs that underlie individual and social life (Miles & Huberman, 1994). Even using this post-positivistic approach to data analysis, the study remains essentially nonpositivistic in that no generalizations are claimed from these participants to similar populations. Thus, the findings of the quantitative analysis revealed patterns and regularities that are still idiographic to this group of participants.

Participants

Two methods of participant recruitment were used for the study. The first included e-mailing therapists and trainees of BMGIM familiar to the researcher to ask if they would be willing to participate. The second included posting a flyer on the music therapy bulletin board at a university in the Northeast that offered training in music therapy and BMGIM. The flyer briefly explained the study and requested that those interested in participating contact the researcher. Using these methods limited the potential subject pool to music therapy professionals and students.

Fifteen individuals responded to the e-mails and flyer. Over three months, twelve participants were purposefully selected based on a) the number of sessions they had had, i.e. their level of experience as a BMGIM client; and b) their ability to describe experiences with the music in a BMGIM session. Two potential participants were excluded because they were unable to describe how the music had affected their music-imagery experience. Another was not included because of a dual role relationship with the researcher.

The twelve participants chosen for the study were individuals who had received BMGIM therapy and reported having had both positive and negative experiences with the music in the course of their work. They ranged in age from 28-50 years old and were all music therapists or students of music therapy. Three of them were male; nine were female. The participants had varying levels of experience with BMGIM as clients: four had participated in up to 24 sessions, six had participated in 25 to 49 sessions, and two had participated in 90 or more sessions. All of the participants had some amount of training in BMGIM: one had completed level I, three had completed level II, four had completed level IIIA, and four had completed all five levels of training. Ten of the twelve participants had received their training in the same program; however, altogether the participants' had experienced BMGIM sessions guided by eleven different BMGIM therapists. The Temple University Institutional Review Board for Human Subjects approved this study, and in conjunction with this approval, all participants signed consent forms for participation in the study and for the audio taping of their interviews.

Data Collection

Data were collected in individual, audio-recorded, in-depth interviews that lasted from 45 minutes to 1 hour. The interviews began with the researcher asking the participants, "Would you tell me about a negative experience you have had with the music in BMGIM?" A few of the participants wondered what was meant by the term "negative." The researcher prompted them to determine this for themselves. These participants responded by explaining that they did not like the term "negative" because the experiences they wanted to describe had been turning points in their therapy, or had impacted them in significantly positive ways. Instead, they requested that their experiences be qualified as uncomfortable or challenging. The participants were then encouraged to describe their experiences as fully as possible from memory. The researcher used reflective statements to help the participants slow down, re-open to, and move back into their experiences. Open-ended questions were used to help the participants explore and describe as many aspects of their experience as they were able.

After conducting the first few interviews, it was discovered that the participants were not only willing to talk about their positive and negative experiences, but also that they wanted to talk about the significance or impact these two different kinds of experiences had on them. For this reason, at this point in the interview, the researcher began to ask all participants if they felt that their experience had somehow impacted on their therapeutic process or life. (Initial participants who had not offered this information in their first interviews were re-interviewed.) If it had, they were asked to discuss how it had done so. The researcher again used reflective statements and open-ended questions to help the participants explore this topic. Upon answering this question as fully as possible, the participants' reflections on their negative experience with the music were brought to a close.

The interview then proceeded with the same series of questions and interviewing techniques, this time focusing on the participant's positive experience with the music in BMGIM. In contrast to the term "negative," none of the participants had difficulty with the term "positive." They needed no prompting from the researcher to determine for themselves what it meant, and did not attempt to qualify the term in anyway.

All interviews were structured so that the negative experiences were explored first and the positive experiences were explored last.

Data Analysis

Stage One: Working with the Transcripts

The audiotapes of the interviews were transcribed shortly after each interview was held. Working case by case, each transcript was read repeatedly until it was clearly understood. A separate narrative for each client's positive and negative experience was then created. This was accomplished by deleting irrelevant content from the transcript and placing the remaining relevant phrases in chronological order. The phrases were then edited so that each experience with the music was described in a clear, coherent way. The first set of narratives created in this way was sent to the researcher's consultant. He reviewed them and made writing suggestions. The rest of the narratives were then written following those suggestions.

Based on the completed narratives, follow-up interviews were held with two participants because their initial interviews did not provide all of the material needed for the study. The missing data were then worked into their narratives. Then all of the narratives were emailed to

their respective participants for review of accuracy. The researcher reworked the narratives until every participant was satisfied that their negative and the positive experiences with the music were accurately and completely represented in the narratives. Lastly, the narratives were sent to the researcher's consultant for review, who suggested that they be further shortened into concise vignettes. This was accomplished by removing extraneous language until only the essential aspects of the experiences remained.

Stage Two: Coding the Data

The vignettes were each divided into data segments, and the data segments were assigned a label describing its content. Thus, the coding strategy became open, or inductive in nature. After an initial list of codes was made, they were compared with one another, and all overlaps were eliminated. The final codes were then placed back into the context of the original vignettes. Once in place, the codes were interrogated to determine if they still fit the data and made sense within the context of the vignette. Accordingly, codes were renamed, data segments were reassigned to different codes, and code definitions were altered. At this point, it became evident that more than one code needed to be assigned to each segment. This ended previous attempts to create single codes that could describe multiple, simultaneously occurring interactions in the vignettes. Lastly, the code glossary was examined to ensure that each vignette segment fit well with the definition of its code. Final adjustments were made as necessary.

Stage Three: Partitioning the Vignettes

After the extensive coding operations, it became obvious that the vignettes could be easily partitioned into four phases. This not only revealed interesting findings regarding the experiences, but also allowed a comparison of the positive versus the negative experiences as they unfolded. The first phase, called the "reaction" phase, consisted of the initial interactions between the client, the music, the therapist, and the imagery that started the clients' experiences with the music. The second, called the "engagement" phase, consisted of the interactions between the client, the music, the therapist, and the imagery that occurred as the clients moved through their experiences. The third, called the "closing" phase, consisted of the events that ended the clients' experiences. The fourth, called the "reflective-evaluative" phase, consisted of the clients' reflections on how their experiences with the music had impacted them.

Stage Four: Seeking Patterns

Once the data was coded and partitioned into phases, a comparison of the positive and negative experiences began in order to seek differences and similarities between them. The first attempt involved examining the order into which the codes fell in each of the vignettes, i.e. how the codes were sequenced, or the "code sequences." Patterns of similar code sequences were looked for across all of the vignettes, then across the positive and the negative vignettes, and finally, across each individual participant's pair of vignettes. When no strong code sequence patterns were found across the vignettes as a whole, then each of the different *phases* of the vignettes were examined. First, code sequence patterns in the phases were sought across all the vignettes, then, across the negative and positive vignettes, and finally, across each individual participant's pair of vignettes. When all code sequences were exhausted, then the number of times with which each different code occurred in the different phases of the positive and negative vignettes was tallied. Interesting patterns were found in these "code frequencies" and used in stage five of the data analysis.

Stage Five: Describing Characteristics

Using the code frequencies, the characteristics of the different phases of the negative and the positive experiences were summarized by the researcher through verbal description.

RESULTS

Presented below are the vignettes of each participant's positive and negative experiences with the music in BMGIM. The positive vignettes are offered first, and then the negative vignettes. They were prepared from the original interviews as described in the method section.

The data from the cross-case analysis of the codes are presented in the discussion section so that they may be easily referenced throughout their detailed examination.

Vignettes of the Positive Music Experiences

Anna

As I was hearing a Beethoven piano concerto I felt every single note of the piano solo as if I had become the piano and was being played by the pianist. I anticipated each exquisitely delicate note, sensed the technique of the pianist's hands, and felt suspended in time.

I had been raised to believe that life was a gritty thing and that beauty was something for other people. In this experience I felt for myself the depth of beauty that exists, and having it motivated me to strive for more beauty in my life.

Beth

I heard the beautiful, holding harmonies of gorgeous stringed instruments, and I could see the notes as different colored rays coming into me. I lost myself and became a part of everything, while at the same time feeling very strongly connected to my heart. From that point on I stopped paying attention to the music and focused on feeling the spiritual, almost cleansing, energy that was coming through me.

By opening myself up to spirituality and beauty during this experience, I became aware that there was more to life than just what could be seen and heard. This in turn helped me to deal with my feelings of emptiness and hopelessness, and to feel the beauty of life.

Cleo

The music had shown me a beautiful vista and I wanted to be a part of it, but I was scared. It occurred to me that I should just jump off into it. The music was motivating me, telling me that I knew I needed to jump, but at the same time I was seeing I could take a set of stairs down into it. I soon knew that I really wanted, actually had, to take the leap, but the music had died down again, and it needed to be just the right moment. When I knew it was time I ran up the cliff, jumped, and right at that point of the crescendo I just flew. I felt so much freedom and forgiveness in my flight, and pretty soon I realized that I didn't even need the music all that much. I was flying, and it was all coming from me.

I felt that this was a peak experience in the continuum of my therapeutic process—a moment of clarity that I needed after months of hard work. It helped me to realize that, although I still had more work to do in therapy, I could cut the shackles of my childhood from me and do the work on my own.

Deanna

I had been looking down onto a beautiful sunset from way up in the clouds, but as the melody of the music rose higher and higher, it and my father began telling me to look up. I told them several times that I didn't want to, but the music continued to rise and in order to stay with it I had to look up. When I did, I saw God. I went to him, sat at his feet and nestled in his robes. I realized then that if I hadn't followed the music, if I hadn't looked up, I would have missed having this beautifully transcendent moment with Him.

This experience helped me to understand that life can be so much more if I let go of my plans and expectations. As a result of having it, I began to spend more time letting life happen and less time trying to control events and people around me.

Haley

As I listened to the Rodrigo guitar concerto I noticed that the guitar solo and the orchestra were having a conversation. The guitar sounded so sad, like it was wailing, and the orchestra was listening to it, and making it feel better with its calm support. By the end of the piece I noticed that the guitar was thanking the orchestra for being so supportive.

I realized after my session that I was like the guitar and that my therapist was like the orchestra. Knowing this validated and solidified my relationship with my therapist, which in turn helped me to continue work on a particularly difficult therapeutic issue.

Janna

The very beautiful music I was hearing had become a light of which I was the source. The light shone all through and out of my chest, making me feel very strong and as if it was okay for me to keep moving forward on my journey. As this happened I began crying and felt the most amazing sense of awe, peacefulness, and serenity come over me.

Having this experience let me realize that I could move safely within, and trust my own therapeutic process. It also helped me to feel good about myself and where I was going, and these things in turn helped me to stop getting so caught up in my head during sessions.

Jim

I was experiencing the sound of a male chorus as irreducible. It was as if it was connecting earth to spirit and I felt so taken by it. I tried to rationalize that the music was just something made by a group people, but I couldn't. Eventually the voices turned into angels and I became so connected to them that I could feel their bodily presence and the fullness of their feathers. I was brought to tears as I sensed how being this way was really being alive.

Through this experience I was reminded that the real energy and beauty of life was in opening to others and myself. Rediscovering that there was so much available in the world brought me comfort and gave me energy to engage more fully in being alive in every moment of my life.

Karen

The music had become almost like waves, and as I rode them I began to feel as if my body was almost one with them. The music came into my muscles, relaxed them, and helped me to release a large amount of tension. Later in the session, voices sang a message to me about letting go. I couldn't understand what the voices were saying, but it didn't matter because the message didn't need words. It was like my cells were communicating with the music, and they knew what to do with the message.

      During past GIM sessions I tended to listen briefly to the music and then immediately respond to it. During this experience I really listened to and let in what I was hearing in the music before responding it. As a result of having this experience I began listening differently to music and people on a daily basis. I also found that I could stop worrying about what I was "supposed" to be doing during my sessions and start just letting them happen.

Lance

As I lay on the mat listening to the music it sounded creative and vibrantly alive to me. I was feeling it in my body so much that I needed to dance to it. I wanted to feel the way the music sounded. So I stood up on the mat and began to move my body in response to how it felt in the music. As I moved I felt the music's strength of energy and it's alive, vibrant power for myself; it was as if I was becoming the music or was acting it out in my body.

      During this experience I had allowed myself to be vibrant, alive, and free, as I hadn't ever before, and through doing this I discovered that being that way required work. I also discovered that if I was not living alive, it was because I was choosing not to. I realized that living alive required work that nobody else could do for me.

Mark

As I lay on the mat I thought, "Here we go. It's the fucking Barber's Adagio again," but then it became like a relief. The music just held me. Although it didn't sound any different, it felt differently to me, this time I could feel its sadness in my body. I got up on my knees as if in prayer and it was almost like the music was massaging me. The sadness wasn't negative to me, and it felt so good to be helpless and weak, and to feel that.

      This experience helped me to realize that it was important for me to have access to and be open to all of my feelings. Knowing this helped me to stop worrying about what was going to happen in my sessions and changed the way I thought about emotions. I don't think about bad and good emotions anymore, they are what they are, just emotions.

Stella

The music was holding me and I was beginning to feel angry about it when my therapist changed the music. The next piece sounded angry too. It was as if the music was giving me permission to be in my anger. Soon the music became my anger, and I became the music. I felt my anger in my body, owned it, and didn't give a shit about what anyone else thought. Then I focused it on another person and realized that it was okay to do so.

      I felt that this experience was about accepting and being my anger. I realized that my anger was only a small, although very important part of me, and that by expressing it I could let it

go. Doing this helped me to feel strong, to own myself during the session, and to realize that I didn't have to feel any differently toward the people I loved, even if I was angry with them.

Suzanne

I had had an uncomfortable experience at the beginning of this music-imagery experience, and later on during it I became very aware of a comforting, nurturing soprano voice. It wrapped me in warmth and made me feel beautifully and wonderfully cared for.

This experience showed me that if I allowed the music to take me into places of discomfort, I could move beyond them to greater growth and healing. I realized that I could absolutely trust the therapeutic process of BMGIM.

Vignettes of the Negative Music Experiences

Anna

When the music changed it didn't support the empowering, almost sexually charged energy that I was feeling; instead it choked my energy with its incessant metered rhythms and immature tone. Hoping my guide would change the music, I told him that it wasn't right, but instead he told me to stay with it. I attempted to stay with my energy, but I felt bridled by the music and couldn't really let it build again until the next piece came on.

During this experience I had connected with my power as a mature woman, and had chosen to stay focused on it rather than to allow my negative reaction to the music to interrupt the flow of my travel. As a result I began to work to do the same thing in my life, that is, staying connected with my energy, rather than allowing myself to feel like a reed that could be shaken by the wind.

Beth

As I heard a fairly strong, operatic female voice singing in German it created an overweight, very demanding, stubborn woman. She sat on my chest and the pressure of her body became like a heavy burden on me making it hard for me to breathe or even move.

It took me a while to make sense of this experience, but over time I came to believe that the woman represented a part of myself that inhibited me, kept me from feeling good about myself, and did not allow me to believe that what I was doing with my life was okay.

Cleo

As I sat on my childhood bed waiting for the moment of my mother's death I could feel the building tension of Barber's Adagio for Strings in my body. Although I was filled with dread, I knew what was coming was inevitable, and that I had to just stay and let it happen. The music pulled me forward through time, its tension still building in me. I knew that when it peaked my mother would scream as she had just before she died. But then somehow a part of her came to sit beside me, and this time, that part of her covered my ears and held me in her arms, as if to tell me, "I don't want you to hear this. I want you to feel safe."

Having this experience helped me begin to realize that I was not responsible for my mother's death. This in turn allowed me to begin to let go of my guilt, trust that others wouldn't leave me, and feel angry with my mother and about her death.

Deanna

I felt startled and attacked by the harsh piano music and I wanted to shut it down. I told my therapist I didn't think I could do this, but she encouraged me to stay with it, so I did. I heard a battle of good versus evil in the music and at first I was safe in a tower watching it, but gradually the opposing armies and the music entered my body and split me down the middle. The music became every cell of my body, and with each opposing attack in it the sides of my body attacked each other. I felt overwhelmed, but eventually, as the tone of the concerto changed and the piece of music came to a close, my good side won the battle and my evil side died.

This experience was unsettling for me. Although at the time of the session I believed that I had been made whole by killing my evil side, after a while I wasn't so sure of that. I was sure that I had made a big therapeutic step by staying with the music and allowing it in my body, but my uncertainty about the meaning of the experience and the intensity of it motivated me to continue in therapy.

Haley

I was swimming near the floor of a deep ocean and I wanted to just burst up out of the water and be free, but the music was so gentle and soft that it wouldn't let me. I kept hoping that the music would change, but it didn't. I felt so stuck and frustrated. I finally told my therapist that I wasn't getting what I needed from the music. She responded by putting on a piece that gave me the push that I needed.

This experience felt like a metaphor for my life; in much the same way that the music held me back from bursting out of the water, I had been feeling that events in my life were holding me back from moving forward with both my personal and professional goals. It impacted my therapeutic process because my therapist gave me the music that I needed; as a result I bonded with her and felt that she was very in tune with me.

Janna

I heard a struggle between two opposing sides in the hugely orchestrated music. It marched toward me, invaded me, and then the stronger, dark side came up over my body and tried to engulf the weaker, light side. My whole body tensed. The dark side would back off a little bit, allowing the light side to come back some, but then the dark side would come back even stronger. I felt overwhelmed. I didn't know which side to let win and it scared me. When the music ended before the struggle was over and I was left feeling awkward, out of balance, and completely exhausted.

This experience made me aware of how the extremes of my feelings and beliefs could take opposite sides and struggle against each other, exhausting me in the process.

Jim

When I heard the music come on it was the last thing I wanted to hear. As I listened to it I started to get angry; I was trying to feel solid and the music was seducing me into feeling diffuse. I wanted to tell my therapist that the music wasn't right, but I thought saying so would be harmful. The more the music played the more it seduced me and I knew I had to say something. When I finally did I felt a sense of power and after a few minutes my therapist changed the music.

In this experience I finally expressed my feelings to my therapist in a straightforward manner. Through doing this I realized that it wasn't such a big deal to tell someone else how I felt and what I needed.

Karen

The sound of high, piercing violins made me really tense and I wanted them to go away. I asked them to shut up, but they just kept going and going. Even though I kept fighting and struggling with them they never responded to me, and eventually the piece of music just ended. When the next piece came on I was able to relax and move into visual imagery.

During the closing conversation my therapist and I did not talk about what had happened in this experience and after the session I could not make any sense of it. For years I wondered what it was about. I finally came to believe that this had been my first experience of feeling strong enough to fight against something I didn't like, whereas in the past I would run away or pretend that I liked it.

Lance

When the music came on, it didn't sound anything like I was feeling. I became immediately and viscerally pissed off. I started ranting and raving out loud at the music, and felt that my therapist didn't understand me at all. At the same time I was also thinking, "I shouldn't be doing this. What is happening?" I soon decided to let go of those thoughts and continued telling the music that it was not what I needed and that I did not want it on. When I found that it would not change or stop no matter what I said I began to feel helpless. Eventually the piece ended and a new one came on that moved me back into a time in my life during which I felt helpless, isolated, and alone.

During this experience I felt that I had been able to act out a psychodynamic transference onto the music. Doing this allowed me to take responsibility for staying in and expressing my feelings honestly for the first time. When I do this in my life I become more completely myself, feel whole, and move more fully into living.

Mark

When Barber's Adagio for Strings came on, I didn't want to hear it or feel how sad and painful it sounded and I hated it. I wanted to just get up and leave the session. I kept trying to tell myself that I could, but the music just kept sucking me back in and holding me there. I began to cry because I felt so helpless and weak and because I didn't know what to do. I finally stopped trying to leave and just lay there feeling numb, beaten, and drained.

This experience helped me realize how much my mind kept me disconnected from my body and my feelings. Becoming aware of this allowed me to begin to explore this disconnection more fully in therapy.

Stella

When the too sweet, pretty music came on it didn't match the shitty space I was in. I didn't want to move into a pretty space and hearing it pissed me off. Then I saw my mother, and by moving toward her, I shifted into a pretty space that felt beautiful, secure, and good.

   I felt that this experience had been one of separating my self from my shitty space so that I could feel goodness. More and more I was coming to understand that while the shit was one part of my life, the loving care and the goodness available to me were other equally valid parts of it.

   Suzanne

The music sounded very forceful to me and I could feel it as pressure in my chest. As the intensity of the music increased the pressure in my chest did too, making me more and more physically and emotionally uncomfortable. Eventually my therapist applied light pressure to my clavicles with her thumbs. In response I screamed, felt a release of energy, and was able to relax and move into visual imagery.

   During this experience I felt that I tapped into a well of stored hurt and released its energy. Doing this, as uncomfortable as it was, taught me that I could move through uncomfortable experiences in a BMGIM session and be okay, which in turn allowed my therapeutic process to continue forward.

DISCUSSION

This study was completed in two steps. First, the vignettes presented in the results section were created in order to narrate not only the participants' positive and negative experiences with the music in BMGIM, but also the impact they felt those experiences had on them. Second, the vignettes were coded, and the coded data were systematically analyzed. This process allowed the positive and negative music experiences to be examined for similarities and differences. Below, the results of these analyses are described and used to discuss the participants' music experiences from three different perspectives. The first perspective looks at the positive and negative experiences separately and provides essential descriptions of them. The second perspective examines the similarities and differences between the overall structures of the two types of experiences. Finally, the third perspective looks at the similarities and differences between how the positive and negative experiences unfolded through time.

Essential Descriptions of the Vignettes

When taken individually, and without the codes, the vignettes of the participants' experiences seem to suggest that each participant reacted to and dealt with the music in their own unique way, and that each participant used their own criteria for defining positive and negative experiences. When compared using the codes most frequently found in each phase of the positive and negative experiences, however, the vignettes served as the basis for essential descriptions of the two types of experiences.

     In the *positive experiences*, the participants typically perceived that the music was having a desirable, helpful, or supportive effect on them. As such, they cast the music in a "positive" role from the very onset of the experience. Then, as they became more and more involved in their experiences, they willingly and openly related to the music, themselves, and their imagery. Sometimes they even changed the way they felt about something. As the experiences came to a close, the participants often continued to relate to the music, imagery, themselves,

and/or the therapist. In some cases, they also came to understand things that they had not understood before. Upon reflection, the participants typically reported having changed the way they related to some aspect of themselves or their lives as a result of having had this positive experience with the music.

In the *negative experiences*, the participants often perceived that the music was incongruent with them, or was having an undesirable or uncomfortable effect on them. In other words, they tended to cast it into a "negative" role. As they became more and more involved in their experience, they used various strategies to deal with the music. One was to simply reject it. Another was to openly relate to it, to themselves, and/or to their imagery. Additional strategies involved wanting help from their therapists, changing their strategy for coping with the music, and, in a few cases, the participants simply found themselves unable to understand what was happening to them. As the participants used these various strategies, their therapists occasionally intervened with assistance, and their imagery sometimes influenced them in uncomfortable or undesirable ways. These experiences typically closed with the participants either changing their strategy for dealing with the music, or continuing to be aware that the music felt incongruent to them. Upon reflection, the participants often reported having changed the way they related to some aspect of themselves or their lives. In some cases, however, the participants continued to have difficulty understanding their experiences.

The Structure of the Music Experiences

Table 1
Frequency of Codes Found In Positive and Negative Music Experiences

Code	Positive Experiences	Negative Experiences
Client		
relates to music	29	18
gains insight	20	15
relates to imaging experience	18	11
relates to self	14	16
changes behavior	13	15
changes way of feeling	9	4
rejects music	3	13
does not understand imaging experience	1	6
involves therapist	0	7
responds to therapist	0	3
rejects imaging experience	0	2
does not respond to therapist	0	1
does not relate to self	0	1
Music		
influences client positively	14	2
matches client	6	1

influences client negatively	3	19
does not match client	2	10
Therapist		
uses music to assist the client	1	2
influences client	0	3
Imagery		
influences client positively	2	1
influences client negatively	1	4

      The cross-case analysis began with an examination of how the entire set of codes used in the study was distributed across the positive and the negative experiences. A comparison of these distributions revealed similarities and differences between their structures. Notice in Table 1 that the codes fall into four categories. These categories are based on who or what instigated the different interactions that occurred during the experiences. They include the client, the music, the imagery, and the therapist. Henceforward these categories are referred to as the four main "elements" of BMGIM because they were identified as such through the inductive coding process. Looking again at Table 1, it is also clear that every category or element (client, music, therapist, and imagery) found in the positive experiences was also found in the negative experiences.

      Based on the results presented in Table 1, it can be seen that a striking similarity between the two types of experiences is that they both involved interactions among the four elements of BMGIM: the music, the client, the imagery, and the therapist. In addition, in both types of experience, each of these elements acted on or was acted on by other elements. Thus, a finding of this study is that both the positive and the negative music experiences consisted of interactions between the four BMGIM elements. The implications of this finding are important: the participants' music experiences could not have been fully discussed or understood without first examining the roles of all four BMGIM elements simultaneously. This speaks to the integral nature of these participants' experiences. The music, imagery, client, and therapist were often inextricably intertwined in them.

      Table 2 shows the distribution of the codes for the positive and negative music experiences. They are organized by category or element of BMGIM. Notice that most codes deal with what the client experienced or did during the music experience. Thus, the client was the primary agent of interactions initiated during the music experiences in both positive and negative experiences, followed by the music, and then the therapist and imagery.

Table 2
Frequency of Code Categories Found in Positive and Negative Experiences

Code Categories	Positive Experiences	Negative Experiences
Client codes	110	103
Music codes	25	32
Therapist codes	1	5
Imagery codes	3	5

Upon further examination of Table 2, it appears that another similarity between the positive and negative experiences is that the music and client played equally active roles in both experiences. As one might expect, the music played a key role in both positive and negative experiences, and in response, the participants initiated many strategies with which to interact with the music. On the other hand, although the therapist codes did not occur nearly as often as the client and music codes, they did occur much more often in the negative experiences than in the positive experiences. That is, despite their relatively small roles in the experiences on the whole, the therapists still played more of a key role in the negative experiences. This finding is a first indication that the two types of experiences may differ. It raises interesting questions regarding negative BMGIM music experiences: Are therapists typically more involved in negative experiences, or is this finding specific to this group of participants? If they are, do negative experiences require more resources as a guide than the positive ones? And going further, do therapists want to somehow buffer clients from the discomfort of negative experiences?

It is also interesting to note that the ways the elements were involved in the positive experiences were different from the ways they were involved in the negative experiences. Several examples of this can be seen in Table 1. For instance, the participants did not ask their therapists for help in positive experiences, but they did in negative ones. In another instance, the music did not match the participants in negative experiences, but it did in positive ones. Again, this finding indicates another way in which the positive and negative experiences differed.

The Unfolding of the Music Experiences

The cross-case analysis continued with an examination of how the positive and negative experiences unfolded through time. Through carefully reviewing the vignettes, it could be seen that both the positive and negative music experiences unfolded in four distinct phases: reaction, engagement, closing, and reflective-evaluative.

In the "reaction" phase, the participants became aware of and reacted to various elements in the music experience (self, therapist, music, image); they also cast the music into either a positive or negative role. In the "engagement" phase, the participants participated in, further explored, struggled with, and/or managed their experiences by relating to themselves, the music, the therapist, and the imagery. In the "closing" phase, closure was brought to the experiences, sometimes because the music ended and other times because the focus of the experience shifted to different material. Finally, in the "reflective-evaluative" phase, the participants thought about and described how their music experiences impacted their therapeutic processes and their lives.

It seems that the participants' involvement in each of the above phases had an important role in making the music experiences therapeutic for them.

- The reaction phases appear to have allowed the participants to gain access to emotions (e.g. Lance's negative experience), physical sensations (e.g. Cleo's negative experience), and other therapeutic material (e.g. the imagery in Beth's negative experience) through reacting to the music.
- The engagement phases seem to have allowed the participants to work with this material through engaging in interactions with the different BMGIM elements (e.g. all participants' experiences).
- The closing phases appear to have allowed them to shift their attention away from the material (e.g. Karen's negative experience), to bring closure to their

work with it (e.g. Cleo's positive experience), or to become aware that they were not done working with it (e.g. Janna's negative experience).

- The reflective-evaluative phases seem to have allowed the participants to review and make further sense of their experiences, and then find ways of applying them to their therapeutic processes and lives (e.g. most participants' experiences).

Thus, it appears that the participants' active involvement in each of these phases helped to make the music experiences therapeutic.

The phases also generate implications regarding the therapists' role(s) in guiding the music experiences. First, in order to allow the experience to unfold, it seems that the therapists needed to support the participants' initial reactions to the music and their engagement in interactions with the elements, no matter how angry, serene, isolated, or energized the participants were. Second, in order to help the participants move through the experience, it appears that the therapists sometimes needed to encourage them to stay with their reactions, or to help them engage in interactions with the elements (typically in the negative experiences). This seems especially the case when the participants were reticent to move into one phase or another (e.g. in Deanna's negative experience she initially reacted to the music, but then wanted it turned off, i.e. did not want to engage in interactions with it). Then, in the reflective-evaluative phase, it appears that the therapists again needed to support and encourage the participants to find meaning in and to understand the implications of their experiences. In summary, it seems that in order to allow or encourage the participants to move through the music experiences, the therapists needed to be openly supportive of and available to the participants in ways that were not only deeply unconditional, but also in ways that encouraged the participants to stay with and work through their therapeutic material.

The Unfolding of the Positive
Versus the Negative Music Experiences

Having discovered that both the positive and negative experiences unfolded through time in the same four phases, the next step in the cross-case analysis was to do a phase-by-phase comparison of the two types of experiences. In order to accomplish this, the codes found in each phase of the positive and the negative experiences were tallied. Then, the codes that occurred two times or less in any phase of both the positive and the negative experiences were eliminated from the tally. This was done to reveal the essential aspects of each phase. At this point, the phase-by-phase comparison was made between the positive and negative experiences. Table 3 not only shows the distribution of codes across each phase of the two types of experiences, but also supports a discussion of the similarities and differences between each phase of the two types of experiences that continues below.

Table 3
Codes Most Frequently Found in Each Phase of
Positive and Negative Music Experiences

Codes	Positive Experiences	Negative Experiences
REACTION PHASE		
Client relates to music	6	5
Music influences client positively	5	0
Music influences client negatively	2	5
Music does not match client	1	3
ENGAGEMENT PHASE		
Client relates to music	18	11
Client rejects music	2	11
Client relates to self	8	13
Client involves therapist	0	6
Client relates to imaging experience	13	7
Client does not understand imaging experience	1	3
Client changes behavior	2	5
Client changes feeling	3	0
Music influences client positively	9	0
Music influences client negatively	1	14
Music matches client	5	0
Music does not match client	1	4
Therapist influences client	0	3
Imagery influences client negatively	0	4
CLOSING PHASE		
Client relates to music	5	1
Client relates to self	5	2
Client relates to imaging experience	4	1
Client changes behavior	0	3
Client gains insight	3	0
Music does not match client	0	3
REFLECTIVE-EVALUATIVE PHASE		
Client does not understand imaging experience	0	3
Client changes behavior	11	7
Client changes feeling	6	3
Client gains insight	17	15

Reaction Phase

In the reaction phases, Table 3 shows that the positive and negative experiences were similar because, in both of them, the participants willingly and openly related to the music. They tended to do this by listening to the qualities of the music, creating imagery in relation to it, and feeling it in their bodies. Table 3 also shows that the two types of experiences were different in one significant way. In the positive experiences, the participants typically perceived that the music was influencing them in beneficial, supportive, or helpful ways (e.g. it motivated Cleo to take the

leap into the vista), whereas in the negative experiences, the participants tended to perceive that the music was influencing them in undesired, uncomfortable, or even threatening ways (e.g. it created the woman that sat on Beth until she could hardly breathe), or that its qualities did not match the qualities of what they wanted to experience (e.g. it's sweetness did not match Stella's shitty space). In other words, the participants often cast the music into positive roles in the positive experiences, while they tended to cast the music into negative roles in the negative experiences. Thus, the main finding here is that, in the reaction phase, the participants openly related to the music in both positive and negative experiences, but typically cast the music into different roles according to their perception of the music. Based on the idea that during the reaction phase the participants accessed therapeutic material through their reactions to the music, the participants' different reactions in the positive and negative experiences seem to imply that, in negative experiences, they typically accessed material that they considered uncomfortable, potentially harmful, or undesirable whereas, in positive experiences, they typically accessed material that they considered desirable, beneficial, or helpful.

Engagement Phase

Once the participants reacted to the music, they became more and more involved in their experiences during the engagement phases. As can be seen in Table 3, they typically continued to perceive the music differently in the two types of experiences (positively in positive experiences, negatively in negative experiences), but sometimes the ways that they engaged in them were quite similar. For instance, in both positive and negative experiences, the participants related willingly to the different BMGIM elements by doing things like having conversations with images, feeling the music in their bodies, and becoming aware of how they felt (e.g. serene, tense, angry, etc.) as the experience unfolded. There were times in the negative experiences, however, when the participants tended to do things they did not do in the positive experiences, like reject the music (e.g. Deanna wanted it turned off) or change the way they were trying to deal with the experience (e.g. Lance let go of his thoughts and just yelled at the music). Additionally, in the positive experiences, the participants sometimes did things that they did not typically do in the negative experiences, like begin to feel better about themselves and their lives (e.g. Janna). Interestingly, although the participants used some of the same ways of engaging in both the positive and negative experiences, they typically used almost twice as many different ways to engage in the negative experiences as they used in the positive ones. This finding seems to indicate that the participants tended to relate to therapeutic material that they considered uncomfortable, potentially harmful, or undesirable (i.e. negative) in ways that were both similar and different to they ways they worked with material that they considered beneficial, helpful or desirable (i.e. positive), but that they used many more and varied ways to deal with the negative material as compared to the positive material.

During the engagement phases, Table 3 shows that the therapists' involvement clearly differed between the positive and negative experiences. Most often the participants did not describe conscious awareness of their therapists' roles in the positive experiences, but did perceive their therapists as actively influential in the negative experiences. Typically the therapists attempted to help the participants cope with their negative experiences by changing the music, suggesting that the participant deal with the experience in different way, or using a physical intervention. This finding seems to indicate that a few of the participants' perceived need for help was greater in the engagement phases of the negative experiences than in the engagement phases of the positive experiences, and that these participants felt they could use their therapists as external and helpful resources.

Lastly, in the engagement phases, the participant's images also differed between the positive and negative experiences. Table 3 shows that the participants tended to create images that influenced them in negative ways in the negative experiences, but did not influence them in the positive experiences. In other words, in the negative experiences, the participants' images would do things like make them feel uncomfortable, or try to get them to do things they did not want to do, but in the positive experiences, their images did *not* do these things. Considering the participants' images as an aspect of their therapeutic material, it would seem that this finding also supports the idea that the participants typically worked with therapeutic material they considered uncomfortable, potentially harmful, or undesirable in the negative experiences.

Closing Phase

During the closing phase, Table 3 shows that the participants tended to deal differently with the positive experiences as compared to the negative ones. In the positive experiences, the participants' typically did things like relate to the different elements (e.g. Deanna sat in the presence of God, Anna felt the music in her body) and come to understand something that they had not before understood (e.g. Cleo realized she did not need the music's support). In the negative experiences, the participants tended to change the way they were coping with the experience (e.g. Janna stopped focusing on the music and started experiencing how she felt) and to continue being aware that the music was not matching how they wanted to feel (e.g. Anna). Interestingly, the participants were typically not aware of either the therapist's or the imagery's influence during the closing phases; instead, they were generally focused on how *they* themselves felt, or on how *they* were relating to the music or the imagery. In summary, the negative experiences tended to close differently than the positive experiences, again implying that the participants dealt with therapeutic material they perceived as uncomfortable or undesirable differently than they dealt with the material they perceived as beneficial or helpful.

Reflective-Evaluative Phase

In the reflective-evaluative phases the participants reflected on the meaning of their experiences and worked to describe the impact they had on their therapeutic processes and their lives. Interestingly, when they did this the participants tended to describe the same types of therapeutic outcomes for both the positive and the negative experiences. They described having not only gained insights, but also having changed the way they felt about and interacted with themselves, others, and life as a result of having had both positive and negative music experiences. The only typical difference in outcomes was that a few participants had difficulty understanding their negative experiences, whereas they could generally make sense of their positive experiences. Thus, the main finding here is that the outcomes of positive and negative experiences with the music were often the same. The implication is that the participants found their negative experiences with the music to be as relevant and useful to their therapeutic process as their positive experiences; it therefore appears that negative perceptions of the music did not always predict negative outcomes of the experiences.

SUMMARY OF FINDINGS
AND FURTHER IMPLICATIONS

While the vignettes of the participants' positive and negative music experiences appeared unique to each individual, coding and further analysis began to reveal a fundamental similarity between their essential structures. They both consisted of interactions between four elements: the music, the imagery, the client, and the therapist. In essence, it seems that the music experiences provided the participants with circumstances in which they could experience, examine, and work to change their relationships with themselves, others, and life, each in their individual ways.

The processes of the positive and the negative experiences were also found to have a fundamental similarity. They appeared to unfold in the same four distinct phases, allowing the participants' to first access and then work with therapeutic material, and finally, to look back on their work and apply it in beneficial ways to their therapeutic processes and lives in general. It is also interesting to consider that the different ways these clients negotiated these phases may provide insight into their perceptions of things, and raise possible ways for understanding them within the context of their prior music experiences, current life situations, and biographical history. For example, an unwillingness to initially react to the music might indicate an unwillingness to risk accessing therapeutic material, a seemingly basic issue of trust. For another example, a reluctance to engage in interactions with the different BMGIM elements might indicate that a client does not feel able to engage in work with a particular therapeutic issue (e.g. Deanna's initial perception that she could not cope with the music in her negative experience), or that a client is choosing not to engage in an old and unhelpful strategy for coping with a particular experience (e.g. Jim's initial unwillingness to hear or deal with the music in his negative experience). In another example, a client may react to the music, engage in interactions with different BMGIM elements, but not seem to find any resolution to the material in the closing phase (e.g. Janna's struggle between the light and the dark in her negative experience). These situations may indicate that the client is willing to work with the material, but is not yet aware of how work through the material evoked.

It seems that the above examples represent only a few of the innumerable ways that clients may manage the phases of their music experiences, and that each of them may have the potential to reveal how a client is perceiving and relating to different aspects of self, other, and life in general. Additionally, they suggest that process-oriented methods of examining music experiences may be of help with assessment and evaluation in therapy (as compared with and in addition to content-oriented methods).

Interestingly, the process-oriented method used to analyze these positive and negative experiences showed that the participants' management of the two types of experiences tended to be quite different. In the positive experiences, the participants usually opened themselves to things they perceived as helpful, beneficial, or desirable; whereas in the negative experiences, they typically worked to either cope with or resist dealing with things they perceived as uncomfortable, threatening, or undesirable. This finding seems to indicate that these two types of experiences have the potential to serve different types of therapeutic purposes: positive experiences helping clients to open and relate to positively perceived therapeutic material, and negative experiences helping clients to acknowledge and learn to cope with negatively perceived therapeutic material. Based on this, one might speculate that it could be therapeutically important for the BMGIM process to include both positive and negative music experiences. Even further, it

may be that work with these two types of experiences is interrelated. For example, work in positive experiences may lead to work in negative experiences and vice versa.

The process-oriented analysis also showed that, when involved in the client's experiences, the therapists were typically more influential in the negative experiences than they were in the positive ones. There seem to be a number of interpretations for this phenomenon. For one, it could be that during the negative experiences, the participants became aware of or fully experienced how their perceptions of something could make them uncomfortable or affect them in a limiting, painful, or even self-abusive ways. These experiences may have felt overwhelming and the participants may have expressed an authentic need for the therapist's supportive presence, guidance, or actual assistance. For example, in Suzanne's experience, the pressure in her chest continued to increase, making her more and more uncomfortable until her therapist finally intervened by pressing lightly on her clavicles, thereby showing Suzanne that this pressure could be released. Another reason may be that the participants were simply unwilling to stay with and work through the experience. For example, in Haley's experience, rather than staying with her feeling of being held back by the music and finding a way to cope with it, she hoped for it to change and explained this to her therapist, who then changed the music. The therapists may also have been implicated in their greater involvement in negative music experiences. On the one hand, it may be that they felt a need to rescue the participants from the difficulties of their experiences. In such cases, these interventions may be directly related to the therapists' personal reactions to the participants' experiences (i.e. countertransference), and could potentially result in the participants becoming dependent on their therapists to help them cope with their lives. On the other hand, the therapists' interventions may have been used to encourage the participants to stay with the music and find a way to deal with their experiences (e.g. in Anna's experience, perhaps her therapist suggested that she stay with the music for this reason). In these cases, the interventions may be therapeutically beneficial and could help clients work with material they would have otherwise avoided on their own.

Although the processes of the positive and negative experiences differed in some fundamental ways, the outcomes of the two types of experiences tended to be very similar. The participants typically described gaining new insights, making changes in the ways they felt about things, and making changes in the ways they behaved. An important implication of this finding is that the participants typically found both the positive and the negative music experiences to be relevant and valuable to their therapeutic processes, even though they may have felt uncomfortable, threatened, or unable to cope during the negative experiences.

The outcomes of a few of the negative experiences, however, were marked by the participants' inability to make sense of them (Deanna, Beth, and Karen's experiences). This finding suggests two different things. First, the material raised in these experiences was more than the participants believed they could cope with at the time. For example, Beth could hardly breathe when she was being suffocated by the heavy woman and, at first, did not really understand what the experience was about. Second, perhaps the participants' therapists did not sufficiently support them through the experiences. Either way, this finding seems to underscore the importance of actively monitoring clients' therapeutic processes in order to help them stay with, work through, and integrate the material raised in their music experiences, especially when they perceive it as uncomfortable, undesirable, and potentially threatening.

CONCLUSIONS

The purpose of this study was to narrate and analyze BMGIM clients' positive and negative experiences with the music, a) so that their essential similarities and differences could be described, and b) so that their impact on the clients' therapeutic processes and lives could be examined. The study's method was designed using research techniques stemming from both phenomenology and transcendental realism (Miles & Huberman, 1994).

Analysis of the experiences showed that while the structure of the participants' positive and negative BMGIM music experiences were quite similar, the two types of experiences tended to unfold in rather different ways. As a result, the positive and negative experiences typically seemed to serve different purposes within the participants' therapeutic processes. It also appears that both types of experiences were often of therapeutic value to the participants—as long as the participants were able to integrate them into the context of their therapeutic processes.

In terms of further research, the results of this study suggest that examination of BMGIM music experiences must simultaneously involve all four of elements BMGIM. This is due to their integral nature: often the music, therapist, imagery, and client roles are so intertwined in the experiences that they are nearly impossible to examine separately. This study also raises some interesting questions about clients' negative experiences with the music. It showed that the participants sometimes wanted or needed assistance from their therapists to stay with and work through their negative experiences. It might be interesting to study clients' perceptions of the interventions they found helpful and the interventions that they found unhelpful in those moments. The study also showed that the participants tended to deal with and work through their negative experiences in ways that they did not use in their positive experiences. It might be interesting to examine these dynamics and any implications they may have for clinical practice.

Finally, the mixture of qualitative research methods and techniques used in this study allowed the participants' experiences to be narrated and analyzed in a way that was trustworthy and revealed interesting findings. As such, the use of other qualitative research methods may bring new insights into this topic. For example, a heuristic study of client's music experiences involving the multiple perspectives of researcher, client, and therapist might add to the current body of knowledge on this topic.

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