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A POSTLUDE DISCUSSION

(Re-storying [Client Experiences in Postlude Discussions in Guided Imagery and Music](#))

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The Long Road to Publication

“Client Experiences in Postlude Discussions in Guided Imagery and Music (GIM)” was published in Volume 7 of *Qualitative Inquiries in Music Therapy (QIMT)*, the 2012 edition. The road from inception of the study to final publication was a long one. The original research idea emerged in 2006 when I was auditing a qualitative research course taught by Dr. Kenneth Bruscia and preparing to enter the PhD program in music therapy at Temple University (Philadelphia, USA). I was also enrolled in Level 3 Bonny Method GIM training, in the only Association for Music and Imagery (AMI)¹ endorsed program in Canada at that time, created and led by GIM Primary Trainer, Liz Moffitt. As I was completing my PhD and GIM training concurrently, I designed two projects that fulfilled requirements for both, with permission and receiving simultaneous guidance from Dr. Bruscia (also a GIM Trainer) and Liz Moffitt—two individuals who hold complementary yet distinct perspectives on GIM. This greatly enhanced my learning as they each encouraged me to forge my own way, consider multiple perspectives, and develop a sense of clarity about what I was doing and why. “Client Experiences in Postlude Discussions in Guided Imagery and Music (GIM)” was originally one of seven projects that cumulatively fulfilled my PhD preliminary examination requirements in August 2008. Of these seven projects, it was the first one that I started and the last one that I finished. In September 2008, I submitted this research to Liz Moffitt, fulfilling one of my final GIM training requirements and subsequently became a Fellow of the AMI in June 2009. Although pleased with what had been accomplished to date, I knew that this GIM postlude study was not quite finished nor ready for publication. I set this work aside and turned my attention toward my dissertation research (Young, 2011; 2016).

Shortly after graduating from Temple University in 2011, I was offered a full-time tenure track position in the Creative Arts Therapies Department at Concordia University (Montréal, Canada). Around this same time, Dr. Bruscia asked if I would consider serving as Editor-in-Chief for Barcelona Publishers’ *QIMT* monograph series. I was flattered to be asked and although a bit daunted by the prospect, I accepted the opportunity to serve for two consecutive years knowing I would learn a great deal. Furthermore, this role was considered as professional service work that could be included in my university tenure dossier. In the Spring of 2011, a call for submissions went out for the 7th Volume of *QIMT*. Accepted papers would need to be finalized within a year in order to meet the 2012 publication deadline.

Manuscripts trickled in and I sent these out to *QIMT* Editorial Board Members for review. There were strong submissions, but revisions were required and this would take additional time. By January 2012, I began to feel anxious, uncertain as to what would actually be ready for this year’s edition. I then remembered my own unpublished GIM postlude discussion study. As I read what I had written four years prior, I was able to view the work with fresh eyes and with four more years of GIM practice experience under my belt. I saw new potentials and recognized ways in which the paper could be improved. After speaking with Dr. Bruscia, I quickly set about revising my paper. He arranged for an anonymous review from which I received positive responses along with several points of constructive feedback. I addressed these in collaboration with Dr. Bruscia who reviewed and approved the final version.

Am I Opening a Can of Worms?

In sitting down to write a contribution for this *QIMT* retrospective initiative, I was surprised to initially find myself contemplating the 6-year journey that this GIM postlude study took from inception to publication, rather than reflecting on the research itself. I then realized that technically, I had already completed a process of retrospection when I first went back to the work in 2012 after a 4-year hiatus. Perhaps unconsciously, I was worried that another *fresh view* after nine additional years of GIM practice and

¹ See <https://www.ami-bonnymethod.org> for more information about the Association for Music and Imagery and the Bonny Method of GIM.

supervision experience would reveal issues that I missed or should have addressed. “Will I ever be truly finished with this study?” I thought. “Do I really need to open this potential can of worms?”

I took a breath, sat down, and carefully read my study from start to finish for the first time in a long time. I gradually began to realize that as long as GIM is part of what I do, I will continue to engage with this study. In every GIM session, supervision, or lecture that I give, I intuitively apply or reconceptualize aspects of what I learned from conducting this study, perhaps in part because the original research idea emerged directly from my own *real world* GIM practice. This unconscious integration was likely also facilitated by alternating heuristic processes of immersion and incubation (Moustakas, 1990) over that 6-year period where my ideas and insights were given time and space to emerge organically. In my current academic role with many competing demands, I envied my former self for having the *luxury* of relatively unpressured time which fostered such deep and authentic engagement with the work. Perhaps this feeling resonates with other university professors in similar multi-faceted roles or who perhaps feel frustrated or compromised as they navigate the complexities of *publish or perish* academic cultures, where productivity (e.g., number of publications) and prestige (e.g., publishing in journals with high impact factors) appear to be more highly valued than the actual quality or relevance of the work itself (Rawat, & Meena, 2014). The inherent value of any research study should be determined in great part by its usefulness; in other words, the practical applicability of the results to a discipline or to real-life contexts (Abrams, 2005; Aigen, 1996; Baker & Young, 2016; Stige, Malterud, & Midtgarden, 2009). While I can say that this GIM postlude study continues to have ongoing impact on my work and as such, impact on those who come into contact with my work (e.g., clients, GIM trainees, music therapy students, colleagues, etc.; Young, 2013), I was left to wonder about its broader influence. A literature search revealed that very little has been written on the GIM postlude discussion since my study was published. According to Google Scholar, it is my least cited publication—unless one counts my own citations of myself. Abbott’s (2019) chapter on “The Individual Form of the Bonny Method of Guided Imagery and Music” contained in Volume 2 of *Guided Imagery and Music: The Bonny Method and Beyond* (Grocke, 2019) provides expanded descriptions of all phases of a traditional GIM session including what she refers to as the closing conversation (i.e., the postlude discussion phase). Aspects of my study were integrated throughout her description of this phase which was heartening for me to see. While I do not actually know how many people have read my study (or Abbott’s chapter) and perhaps have been influenced in some *useful* way, I do speculate that its broader impact on the discipline of music therapy and on GIM at large (i.e., practice, research, theory, and training) has been relatively minimal thus far. Rather than fearing what I might discover through additional retrospective reflection, I began to see this as an opportunity to further refine my relationship with this study and in doing so, offer some new or re-formulated insights that might pique new interest in various readers, those familiar or unfamiliar with the study.

Overview of the Study

While I am hoping that readers will take the time to review the original publication in its entirety, I will provide a succinct summary here to help contextualize the perspectives that follow. The purpose of this phenomenological study was to better understand clients’ experiences of the postlude discussion phase in individual Bonny Method GIM sessions. GIM is a music-centered, consciousness-expanding therapy where trained practitioners choose from western classical music programs designed to stimulate journeys of the client’s imagination, which aids in the integration of mental, emotional, physical and spiritual aspects of well-being (Association for Music and Imagery, 2021). The postlude discussion is the final phase of a GIM session. Here, the client and therapist review and reflect upon the client’s music-imagery experience most often using verbal discussion and mandala drawing. Although the music-imagery phase had been studied quite extensively, there was little information available on the impact of the postlude discussion phase and few established strategies to guide the therapist in adept facilitation even though this phase can be very important in aiding clients’ understanding of their own GIM therapeutic processes. Individual qualitative interviews were conducted with eight GIM clients (a convenience sample) to gather their reflective

perspectives on their postlude discussion experiences. Stories were created from each participant's descriptions and *helpful* and *not helpful* essences were extracted. A cross-case analysis revealed that these essences fell into four theme categories: (a) client-therapist relationship, (b) structure of the postlude discussion, (c) perceived impact of the music listening phase on the postlude discussion, and (d) perceived overarching impact of the postlude discussion. Implications for GIM research, theory, practice, and training were presented (Young, 2012).

Consideration of Subsequent Publications

Since my study was published in 2012, there have been only a few subsequent publications that specifically implicate the GIM postlude discussion phase. Choi and Lee (2014) adopted Q methodology for factor analysis to identify types and characteristics of 20 participants' experiencing mental health challenges and their subjective perceptions in three segments of the GIM process: (a) before music experience (prelude and induction), (b) during music experience (music journey), and (c) after music experience (postlude). They discussed possible relationships among factors that emerged in these three segments. In the after music experience segment specifically, they identified whole trust type participants (i.e., those who fully trusted the GIM process and the music) and partial trust type participants (i.e., those who had somewhat less trust in the process and music and depended upon the therapist to help make meaning of their experience. Like my study, Choi and Lee's research confirmed the importance of participants' trust in their GIM therapists throughout the duration of their therapy in order to facilitate a constructive process. However, unlike my study, Choi and Lee's research did not account for participants' *experiences* of their relationships with their therapists (i.e., there was an implicit assumption that trust in their therapists remained steadfast and could be called upon as needed to support their therapeutic processes). Although my study focused specifically on client's experiences of the postlude discussion phase, my results indicated that for some participants, a rupture in the therapeutic relationship (in the music and imagery phase or in the postlude discussion phase) caused them to question the validity of their experience in a particular GIM session or question the value of their entire therapeutic process.

Relatedly, in an interpretive phenomenological study conducted by Trondalen (2016) on resource-oriented GIM (R-oGIM), participants (professional musicians and music students) highlighted the importance of positive verbal exchange between the client and the GIM therapist at the end of each session, where the music and imagery experience and mandala drawings were explored, taking into account both the client's and therapist's memories of what had occurred. Trondalen suggested that this dialogue served to connect interior and exterior perspectives of the lived GIM experience which could enhance self-understanding that may be realized in helpful ways in participants' lives outside of GIM.

Finally, in a chapter on applications of GIM with trauma survivors, Ahonen (2019) suggested incorporating grounding exercises into the postlude phase for stabilization and to also use this time to discuss with clients how they might use music outside of their GIM sessions to prevent and overcome flashbacks and triggers. Although the participants in my study did not overtly identify as trauma survivors, they did indicate that structured, personalized postludes helped them feel grounded in their bodies, safe, comfortable, and a sense of closure. When postludes lacked structure and direction, they felt confused, upset, and not grounded in their bodies. Things felt unresolved and they wondered if they had done something wrong.

Cumulative implications of all four publications will be important to consider in moving forward with current practice and future research on postlude discussions in GIM. Specifically, further elucidating the role of therapeutic relationship and functions of specific tasks as they pertain to the postlude discussion phase within particular GIM contexts (e.g., considering various philosophical orientations, clinical populations, modified approaches to GIM, etc.). Currently, it also seems particularly relevant to consider implications of these writings in relation to facilitating and examining postlude discussions that occur as part of online GIM sessions—a rapidly growing practice spurred on by the COVID-19 pandemic.

What if I Had a *Do Over*?

To date I believe that this study largely stands the test of time and has relevant current implications for GIM (research, theory, practice, and training) as noted in the original publication and as highlighted above when considered in conjunction with subsequent publications. However, if I had another opportunity to conduct this research in my current *here-and-now* context (i.e., a *do over*), there are a few things I might do differently. These proposed changes may be of particular interest to those wanting to expand current knowledge about GIM or about the postlude discussion phase specifically through conducting their own research. My retrospective reflections may also serve to reassure emerging researchers as they highlight how no research project is perfect or without challenges. Furthermore, taking care to ensure that a study design aligns with researchers' current knowledge, experience, potentials, and context (i.e., not biting off more than one can chew) is a measure of authenticity that will ultimately contribute to the quality and applicability of the results (Bruscia, 1996). This may also leave room for additional development and/or potential *re-storying* of the work as future needs and perspectives unfold.

Seventeen years ago, when I was originally designing the project, I was just beginning to truly grasp the fundamental tenets of phenomenology, which is a not a particularly straightforward endeavour given the numerous methodological variations that exist (Jackson, 2016). I dutifully wrote the required epoché in which I concisely described my relationship with the topic as well as implicated personal values, biases, and assumptions, so as to bracket this information and not allow it to inadvertently influence the research. This served an important purpose at the time but after many additional years of professional and life experience, I would now feel more ready to clearly position myself directly within this research and incorporate a heuristic component, wherein I would use my own experiences of GIM postlude discussions as data and/or as springboards for further self-inquiry. This would not only deepen my understanding of the topic under investigation but also facilitate a more authentic, open, and collaborative process of co-creation with the research participants who would assume more pronounced *participant as co-researcher* roles thereby strengthening the credibility of the findings (McGraw Hunt, 2016; Stige & Skewes McFerran, 2016).

Accordingly, I would now also employ participant checking of my interpretations. This was not part of the original study, due to logistical issues (i.e., time) and the potential methodological complexities of this process. However, I now feel more equipped to navigate these complexities. In the publication, I indicated that participant checking would likely have complicated rather than clarified results given how participants often contradicted themselves in the research interviews. Support for this position can be found in the literature (e.g., Thomas, 2017). However, I now also understand that explaining the epistemological assumptions of the study in ways that are accessible and comprehensible to participants may help them to engage in participant checking processes that are directly relevant to the research question(s). Furthermore, participant checking processes can go beyond simply seeking verification of researchers' interpretations but can also serve as an interactive forum wherein differences of opinion between researchers and participants can be explored and constructively co-negotiated which may serve to strengthen and deepen research findings (DeCino & Waalkes 2019).

All eight GIM client participants in my study were music therapists and seven had some level of GIM training. This yielded some unique and valuable results, particularly those that have implications for GIM training (further addressed below). However, these participants had knowledge that *lay* GIM clients would not have. At the time, I had limited access to qualified participants and used a convenience case approach to sampling via e-mail recruitment among music therapy colleagues. Given that Research Ethics Boards (REB)² now often sanction research recruitment through various social media platforms, I would now likely be able to recruit more GIM client participants who are not trained therapists. Snowball sampling (i.e., chain referral) would also heighten this possibility as would the increasingly prevalent option of conducting online research interviews via a secure platform. This would not only eliminate previous

² This is the Canadian equivalent of what is referred to as Institutional Review Boards (IRB) in the United States.

geographical barriers but could also help enhance the diversity of the sample. There is a need to better understand how GIM can be conceptualized in ways that are relevant to non-western cultures as well as diverse and marginalized persons. A *do-over* of my study could examine how the postlude discussion phase can be conceptualized in ways that will enable a broader spectrum of diverse individuals to make relevant and authentic meaning of their GIM experiences. In the original study, the inclusion of individual's stories helped to retain unique variations contained in each participant's account of their GIM postlude discussion experiences. To further enhance this ideographic component, I would now further explore contrasts among a more diverse sample of participants and not limit the cross-case analysis to the identification of common themes.

Additional Implications

As noted above, seven of eight participants had some level of GIM training. During the research interviews, some participants described “unhelpful” or “negative” postlude discussion experiences that occurred in GIM practice sessions facilitated by GIM trainees. For the past 12 years, I have been assisting with GIM trainings and in 2022 became an AMI-approved Primary Trainer. Therefore, I feel a need to reiterate what I believe is a particularly important implication that emerged from my study: “GIM trainers have an ethical responsibility to be especially vigilant and ensure to the best of their ability that their trainees are self-aware and have developed enough personal insight to be facilitating practice sessions independently” (Young, 2012, p. 65). Although this refers to the facilitation of GIM sessions as a whole, my experience, the literature, and this study all indicate that many GIM trainees would benefit from more supervised practice on how to facilitate safe and supportive postlude discussions, taking various contextual and clinical considerations into account. In the feedback that I received from one of my *QIMT* study manuscript reviewers, they indicated: “In GIM training, the postlude takes significant verbal skills—it is one of the hardest skills to teach. Because of this, there is a great need for literature specific to the GIM postlude.”

Although my study did aim to address this need specifically, it also has broader implications for music therapy not identified in the publication. I also suspect that music therapists (and students) who are not connected to GIM, are (for the most part) not reading GIM research or making links with their own practice even though these publications may hold relevance. Therefore, I would like to take the opportunity to *re-story* this narrative and in doing so, further enhance the *usefulness* of my study.

It has been my experience that some music therapy students and new professionals struggle with their verbal therapy skills and especially when they are called upon to support clients who have had intense or transpersonal music therapy experiences, which are not exclusive to GIM. In my study, the stories that describe participants' experiences of helpful and unhelpful postlude discussions may contribute to music therapists' understanding of what their clients are experiencing when they have an intense or transpersonal experience in music therapy. These stories along with the themes that emerged (i.e., the results and discussion sections) may also offer or inspire strategies that music therapists can utilize to support their clients as they make meaning of their experiences and to help ensure safe and effective closure of sessions.

The Final Postlude (for now)

Although I conduct research regularly and professionally situate myself as a *music therapist researcher*, reflecting upon my study and critically re-engaging with the research process and material was an enlightening experience. This was not the first study I had ever done but it was my first PhD research endeavour. After all this time, I was again moved by the participants' stories and reminded why I initially wanted to do clinical music therapy research—to contribute directly to the profession and practice of music therapy in useful, authentic, and meaningful ways as it continues to evolve over time. The diversification and expansion of music therapy is now more crucial than ever, and the current re-visioning of *QIMT* to this

end is indeed very timely with this retrospective re-storying initiative serving as an important step for moving forward.

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