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## Guided imagery and music

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## Guided imagery and music

### Abstract

Guided Imagery and Music (GIM) is a technique that involves listening to carefully selected music in a relaxed and meditative state for the purpose of reaching altered states of consciousness, and allowing images, symbols, and deep feelings to arise from the inner self. This process facilitates therapeutic intervention, self-understanding, holistic healing and personal growth (Bonny, 1978b). The purpose of this paper is to examine the theoretical basis and development of GIM and to present examples of GIM usage in various therapeutic settings. GIM was selected for investigation because of its association with holistic health movements and applicability to death and dying and medical counseling.

GUIDED IMAGERY AND MUSIC

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Kathleen Muleady Seager

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has been approved as meeting the research paper requirements for the  
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Guided Imagery and Music (GIM) is a technique that involves listening to carefully selected music in a relaxed and meditative state for the purpose of reaching altered states of consciousness, and allowing images, symbols, and deep feelings to arise from the inner self. This process facilitates therapeutic intervention, self-understanding, holistic healing and personal growth (Bonny, 1978b). The purpose of this paper is to examine the theoretical basis and development of GIM and to present examples of GIM usage in various therapeutic settings. GIM was selected for investigation because of its association with holistic health movements and applicability to death and dying and medical counseling.

A GIM session is usually one and one-half to two hours long and consists of four parts:

1. The preliminary conversation, which establishes rapport between client and therapist (known as the guide).
2. The induction, consisting of muscular relaxation exercises and psychological concentration.
3. The music listening session in which the client reports verbally on his/her impressions, fantasies and feelings as they occur in response to the music, and

4. The post session integration, which ensures that the client is fully recovered from the altered states experience (Bonny, 1978a).

### Theory and Development of GIM

#### Levels of Consciousness

GIM was developed in the early 1970's by Helen L. Bonny while working as a music therapist at the Maryland Psychiatric Research Center, Baltimore, Maryland. Bonny was treating neurotic outpatients by putting them into altered states of consciousness (ASC) through the use of LSD and using music to guide the phases of their trips (Bonny & Pahnke, 1972). GIM is a result of Bonny's search for an alternative to psychedelic drugs as access to ASC (Bonny, 1980).

Bonny's perception of ASC was derived from a synthesis of Freudian Theories of Consciousness (Bonny, 1975) and the psychosynthesis model of Roberto Assagioli (1965; Bonny & Savary, 1973). Bonny represented the human mind as a circle divided into unequal lateral sections (see Figure 1). In the normal mind, ordinary consciousness comprises a small percentage. This is all of the self to which most people have direct access. Above the ordinary consciousness is the supra-conscious or transpersonal, the area of greatest concern in GIM therapy. This is the realm of creative insight, feelings such as altruistic love, genius, artistic, philosophic

and scientific insights, and contemplation, illumination and ecstasy.

Below the ordinary consciousness is found the unconscious, containing habits, impulses and problems of which we are unaware. The lowest sector, the lower unconscious, contains basic drives, motivations and physiological activities. Here are found such pathological conditions as phobias, delusions and compulsions.

In this theoretical schema, the ego (see Figure 2) which contains the part of the personality with which we are in touch, expands into the other levels (altered states) of consciousness. In the lower levels this increased self-awareness and confrontation heals psychological impairments (see Figure 3). In the higher, the self becomes all that one can be, more creative, more whole, eventually able to move through the outer boundary of the circle (considered flexible and porous) and into the cosmic consciousness.

Figure 4 illustrates the self reaching into the supra-conscious to greater insight, motivation and religious experience. In Figure 5 the self has become able to move freely from one dimension to another. Figure 6 shows the levels of consciousness reached through continued self-growth and exploration and Figure 7 represents an ideal state of

wholeness wherein the individual is almost totally integrated with him/her self. Continued personal growth to this stage and through the outer shell is a theoretical goal of GIM.

### Cut-log Diagram

The cut-log diagram (see Figure 8) is another model developed by Bonny to illustrate altered states of consciousness and means of methods of reaching them. Bonny (1975; Bonny & Tansill, 1977) recognized several methods of developing consciousness (for example drugs, meditation and hypnosis) and a broad range of possible experiences for the self (fantasy, creativity, dreams, etc.).

### Relaxation and Guided Imagery

The element of relaxation and guided imagery in GIM (Bonny, 1975) was based on the work of Hanscarl Leuner (1969) in Germany. Leuner called his method Guided Affective Imagery (GAI). GAI is a technique of deep relaxation and suggestion for structured visualization. GIM also utilized relaxation procedures such as Jacobson's progressive relaxation (1938), and Schultz's autogenic training (1959).

### Music

An original contribution to the synthesis that is GIM was Bonny's research on specific musical forms and pieces. She has developed and tested many tapes designed for specific uses including tapes to facilitate group experience, relationships,



transitions, creativity and grieving, etc. (Bonny, 1978b; ICM Newsletter, 1985).

### Utilization of GIM

Since its development, GIM has been used in an extremely wide range of therapeutic settings with individuals and groups.

#### GIM in Medical Settings

Coronary Care. Bonny (1983) reported on a pilot project using GIM tapes in an intensive coronary care unit. Responses observed included lower post-tape blood pressures and alleviation or lessening of insomnia, restlessness, tension, anxiety and depression. Particularly significant was data demonstrating greater tolerance of pain and suffering by patients. Further research is investigating the use of GIM in place of tranquilizers and/or narcotic drugs.

Anesthesia. Music as an adjunct to anesthesia in operative procedures was reported by Bonny and McCarran (1984). Results of studies using GIM tapes with light anesthesia, regional block and general anesthesia patients demonstrated a reduction of pre and post operative anxiety with receptive patients. In an individual study where GIM was used pre and post surgery the client's medical doctors reported a lessening of anxiety, lower blood pressure and an unusually quick recovery (ICM Newsletter, 1984b).

Terminal Illness. Francis Rocca (1985) described a very significant case study in which an eleven year old boy accepts his inevitable death from leukemia through GIM therapy. The child showed considerable personal growth before his death.

Other Medical. GIM has been reported in use with mastectomy recovery, with allergy patients, and with patients in coma (ICM Newsletter, 1984b). GIM therapist Ruth Skaggs (ICM Newsletter, 1984b) has developed a therapy series for birthing covering pregnancy, labor and post delivery.

#### GIM in Other Settings

Elderly. Several benefits were recognized in a study of the use of GIM with the elderly (Summer, 1981). Participants in a nursing home study showed increased self-esteem, a lessening of fixation on the past, increased creativity, group development and cohesiveness, personal growth (a quadriplegic participant expressed "a deep sense of joy" (p. 41) after a session in which she imaged herself dancing gracefully to Chopin), and alleviation of depression.

Pastoral. Houts (1981) reported on GIM in pastoral psychotherapy. GIM was used in a variety of usual pastoral counseling situations from marriage enrichment groups to individual problems of low self-esteem and inability to cope with life. Houts found GIM particularly appropriate for clients who are out of touch with their own emotional life,

very rational and/or excessively verbal. His observations include that GIM allows for greater intimacy between client and therapist and that there is a greater opportunity for the therapist to utilize his/her intuition.

Forensic. Nolan (1983) described GIM in a psychiatric care program for forensic patients. He reported that music, art and movement therapies are very important as verbal therapy is often of limited value in a short term prison setting. Nolan found that these creative therapies are highly congruent with a population which is more skilled in action than in words. However, his main reported client was of above average intelligence, verbally skilled and had attended two years of college. This client's two months of both individual and group GIM therapy resulted in a complete control of his violent (and law breaking) attacks and a demonstrated ability to lead a normal integrated life.

#### GIM and Other Therapies

Dream Therapy. Licensed clinical social worker Carol Ann Bush (ICM Newsletter, 1984a) combines dream therapy (tapping dream images recovered by the conscious mind for healing and growth) with GIM. Associated with the A.R.E. (Association for Research and Enlightenment, Edgar Cayce Foundation), Bush uses GIM with clients to open the seven spiritual centers (or chakras) where spiritual and physical bodies contact. Each of

these centers is a complex state of consciousness (located near the major glands of the body). Spiritual/mental/physical wholeness results from the full opening and integration of these centers.

Mandalas. Using mandalas (circular art forms created by clients) to diagnose and evaluate therapeutic progress has been utilized with GIM in several studies. In the course of one client's GIM therapy her mandalas were read by an expert (Joan Kellogg), knowing only the client's sex and date of session. Kellogg's interpretation of therapeutic development was completely consistent with GIM session results (Kellogg, MacRae, Bonny & Dileo, 1977). In other client treatments, mandala making enhanced the client's access to their unconscious states and personal healing and growth (Bonny & Kellogg, 1977; Kellogg, MacRae, Bonny & Dileo, 1977).

#### Discussion

The reported successes of GIM therapy document a situation where the sum is greater than its parts. Entering altered states of consciousness is not new, but Bonny's access method is. GIM offers a greater opportunity for control while in ASC than drug access. The positive emphasis in GIM on reaching one's own creative fullness and wholeness offers more than the presenting problem solving of some brief therapies. The focus

on the self as healer places responsibility for growth and change on the client.

The Institute for Consciousness and Music (ICM, Port Townsend, Washington and Baltimore, Maryland), which conducts GIM research and therapist training sessions, is strongly linked with the metaphysical and holistic health movements. Unfortunately, ICM does not appear to evaluate research and therapy in GIM. Some of the more unorthodox world views and theoretical stances held by GIM therapists can color mainstream psychotherapies' opinion of the technique.

Many of the reported successful treatments with GIM are individual case histories or groups which are too small to produce statistically significant results. GIM clients tend to be creative, verbal and of higher than average intelligence. There may be selection for GIM therapists who have achieved high levels of personal growth through GIM training. These individuals probably tend to be successful therapists based on the theory that the personal development of a therapist is a vital variable in determining therapeutic success (Rogers, 1951).

#### Conclusion

Counselors and therapists have a responsibility to the field and to their clients to evaluate new therapeutic models, and to adopt the positive and to regulate the dangerous. The

discipline is required to develop and accept creative new ideas, to integrate them with the old, and to occasionally allow the familiar but ineffective to be dropped. GIM has been shown to be applicable to a wide variety of therapeutic settings and to have a strong potential for therapeutic success.

Houts (1981) best demonstrated the use of GIM in an ordinary therapeutic case load, while the unusual orientation of Bush (ICM Newsletter, 1984a) is perhaps farthest from the mainstream. Being a relatively new synthesis which is not widely known beyond the coasts, the limits and possibilities of GIM have not been completely explored. However, it appears that in the diversity of clients, therapists and theoretical philosophies GIM is proving a useful adjunct to existing psychotherapies and is finding a place.

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Cosmic Consciousness

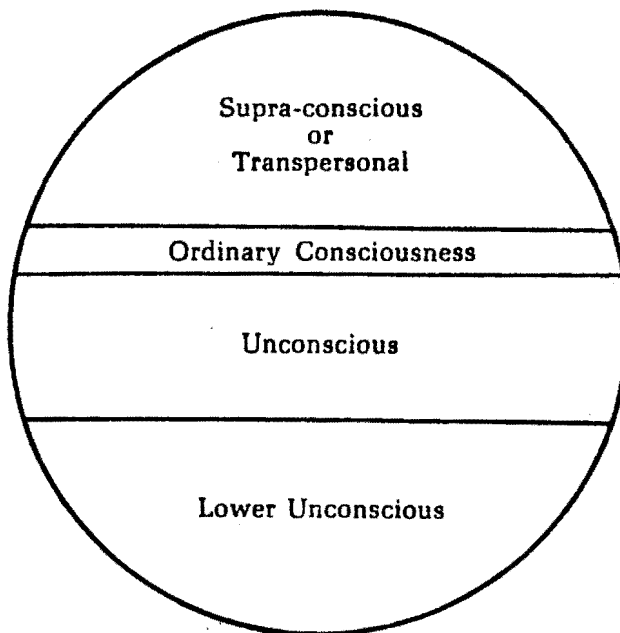


Fig. 1. Levels of Consciousness.

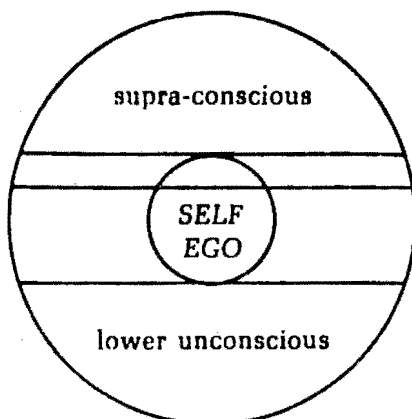


Fig. 2. The circle of self, or ego, in the ordinary field of consciousness.

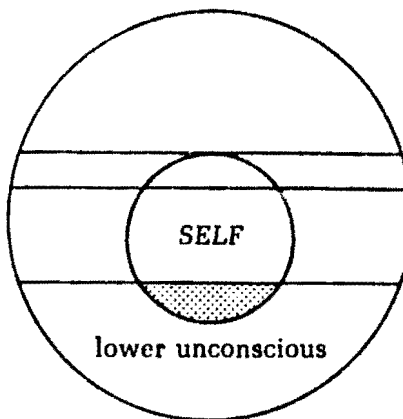
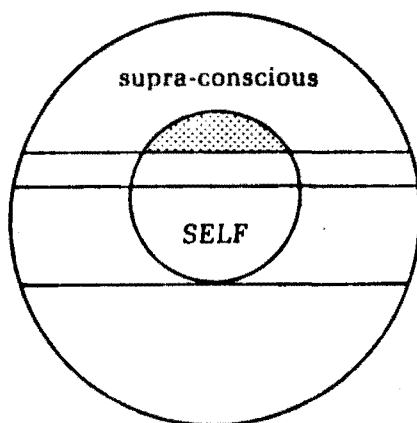
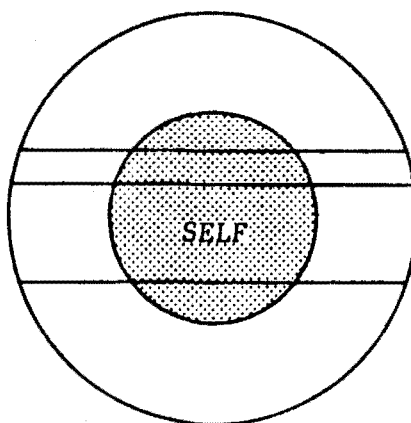


Fig. 3. The circle of self reaching into the lower unconscious through psychotherapy.

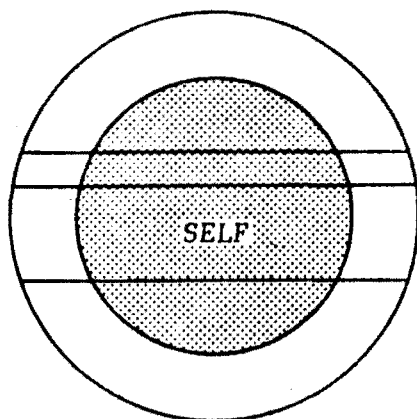
Note: From *Music and your mind* (p. 153) by H. L. Bonny and L. M. Savary, 1973, Harper and Rowe Publishers.



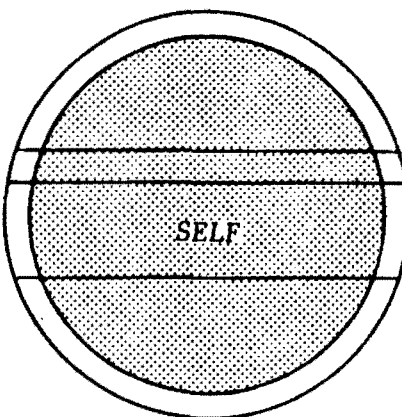
**Fig. 4. The creative self, or genius, free to move in the supraconscious.**



**Fig. 5. The observing self that is learning to move in a new consciousness.**



**Fig. 6. The self in expanding consciousness, free to move in all levels.**



**Fig. 7. The self in almost complete consciousness.**

Note: From Music and your mind (p. 154) by H. L. Bonny and L. M. Savary, 1973, Harper and Rowe Publishers.

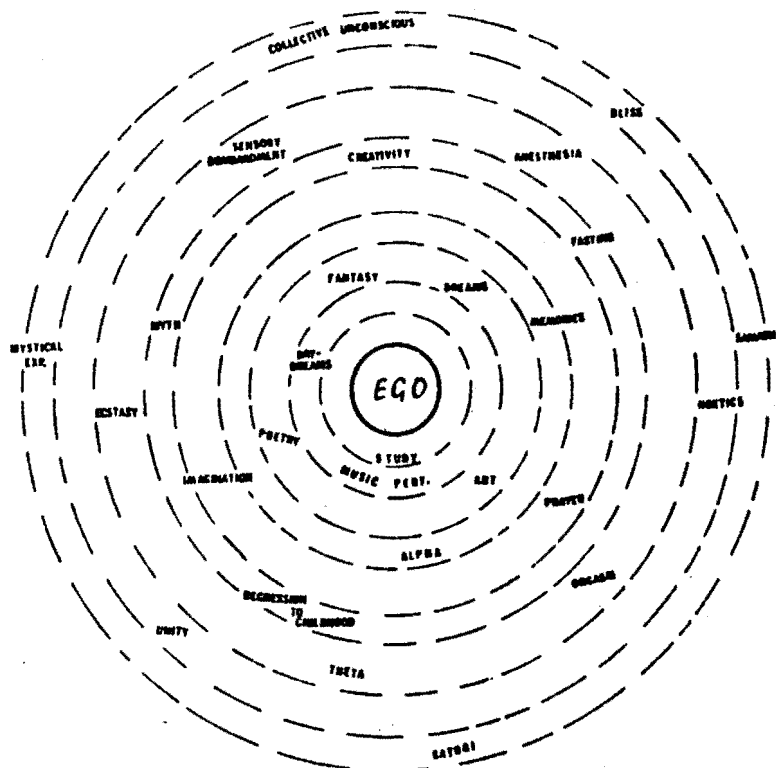


Figure 8

Altered States of Consciousness  
(Cut-log Diagram)

Methods:

Relaxation  
Concentration

Means:

Sleep  
Meditation  
Exhaustion  
Drugs  
Hypnosis  
Biofeedback  
Music  
Sex  
Aesthetics

Note: From "Music and Consciousness" by H. L. Bonny,  
1975, Journal of Music Therapy, XII(2), p. 125.