The Bonny Method of Guided Imagery and Music

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The Bonny Method of Guided Imagery and Music (GIM) is an approach to self-exploration, psychotherapy, and spiritual growth. GIM, which is sometimes abbreviated as BMGIM or as the Bonny Method in the literature, combines the power of selected classical music and the human imagination. A trained therapist uses the music to help a client access and sustain an altered state of consciousness. The imagery that emerges during GIM sessions spans the reaches of human and transpersonal experience. The growing body of literature shows GIM to be an efficacious approach for effecting both psychological and physiological change in a variety of populations with diverse clinical needs.

History

GIM is a culmination of the life and work of Dr. Helen Bonny. She was born in 1921 to a mother who was a pianist and a father who was a minister. Music and spirituality were key influences early in Helen’s life and would become the foundation for her pioneering work in music therapy. Through her school years, Helen excelled at violin and later graduated from Oberlin Conservatory of Music with a major in violin performance. She married a minister and began her life as a mother and minister’s wife (Bonny, 2002a).

In 1948, Bonny went to a meeting in which Dr. Frank Laubach was to speak on prayer. That night, Dr. Laubach asked Helen to play the violin for the assembled group. This became a life-changing event. Helen later said that, during the performance, the music took on a life of its own. Indeed she played accurately and musically, yet the music that came from her violin was exquisite, magnificent, and not under her control. She felt as though the music had flowed through her and her violin. No matter what technique she used or did not use, the sounds coming from the violin were glorious. In response to Bonny’s inquiry about how to hold onto this experience, Dr. Lau-
bach suggested that she meditate daily and work with a prayer group (Bonny, 2002a).

Following his advice, Helen deepened her faith but also encountered some difficult personal material. She sought therapy with Dr. Kenneth Godfrey and, through hypnosis, was able to uncover, work through, and heal a childhood trauma (Bonny, 1995). She accomplished the work using the framework of internal imagery. When used this way, imagery includes experiences that engage all the senses: visual, auditory, olfactory, gustatory, physical, and kinesthetic. One moves beyond discussing a problem, issue, or memory to fully experience or re-experience it. The importance of imagery in therapy used during altered states of consciousness became another step along her path to GIM.

In 1960, at age 39, Bonny decided to further her education. She considered earning a master’s degree in violin performance, but this would not support her desire to use music for therapeutic purposes. After hearing about the master’s degree program in music therapy at the University of Kansas, she began her study there with Dr. E. Thayer Gaston. Under his tutelage, she learned the skills and value of research, especially as applied to music therapy. She had personally experienced imagery and its ability to support and encourage exploration in altered states of consciousness for therapeutic purposes. She also had felt the power of music to stimulate spiritual or transpersonal experiences. These came together in 1969 with an invitation to work at the Maryland Psychiatric Research Center, where researchers were doing pioneering work on the effects of mind-altering drugs, depth psychology, and altered states of consciousness. Bonny’s job was to research and choose music for the LSD sessions that lasted between 8 and 10 hours. Prior to her joining the research staff, researchers had used various types of music throughout the session. Based on her observations, Bonny continued to use the client’s preferred music before the drug took effect and as it wore off; however, she found that classical music worked best in the heart of the session when the client’s consciousness was most deeply altered (Bonny, 2002a). Combining careful observation with her broad knowledge of music and drawing from an extensive music library of vinyl records (LPs), she chose pieces with different properties to support different types of client experiences (Bonny, 1976, 1978/2002e).

In the early 1970s, the government withdrew funding for research on therapeutic uses of psychedelic drugs. Bonny already had begun exploring the effects of classical music on the psyche. With Louis Savary as coauthor, she published Music and Your Mind (Bonny & Savary, 1973), based on her research with diverse and relatively healthy groups, including staff from a drug rehabilitation program, college students, sisters from a religious order, and researchers at an international conference on consciousness. In response to inquiries and in order for the work to grow, she and Sr. Trinitas Bochini formed the Institute for Consciousness and Music, and Bonny began training others to facilitate GIM (Bonny, 1976). Shortly thereafter, she completed the PhD program at the Union Graduate School. Her dissertation described the process of GIM, including guidelines for facilitating individual sessions; outlined the role of music in GIM; and presented the first eight programs of classical music designed for the GIM method (Bonny, 1976).

Bonny’s (1976) dissertation also included a report of the first randomized controlled trial of a series of individual GIM sessions, comparing the outcome to that of a series of brief intensive psychotherapy sessions in a sample of 24 adults with mild to moderate nonpsychotic mental disorders. She found that those in the GIM sessions required fewer hours of therapy to accomplish their goals. Moreover, a 6-month follow-up revealed that almost half of the verbal psychotherapy participants had reentered therapy, whereas none of the GIM participants had done so. Bonny published three mono-
graphs from her dissertation; they were republished in a collection of her writings (Bonny, 2002d).

By the time Bonny died in 2010, training in GIM had spread around the globe and evolved into 3 years of postgraduate study that included a series of personal GIM sessions in addition to training in the selection and use of music during altered states. Therapists also learned to facilitate the imagery and music processes, understand psychodynamic processes, and support transpersonal as well as personal GIM content through intensive seminars and supervised clinical work. Bonny had inspired many people to carry her transformative work to new applications.

**Theoretical Tenets**

Chief among the theoretical models that influenced the development of GIM are those from humanistic, Jungian, and transpersonal traditions. Bonny (1976, 1995, 2002a) found the work of Abraham Maslow, particularly his model of self-actualization and his concept of peak experience, to be congruent with her own philosophy and personal experience. She also acknowledged Carl Rogers’s model of client-centered therapy as having greatly influenced the underlying principles of the GIM clinical relationship. The belief that there is a whole, wise, healthy part in every individual is fundamental to GIM therapy. From this viewpoint, the therapist can help clients discover that they have all the answers within themselves. Perhaps that wisdom has been clouded by a client’s earlier history and events or his or her present-day situations. With the support and direction of the music, the client is empowered to explore the depths of his or her life experiences through imagery. As these unfold, that internal wisdom guides the client’s ability to make healthier choices and reach a higher potential.

Bonny (1976, 2002a) acknowledged Carl Jung as aiding the development of GIM, particularly his description of the collective unconscious, the technique of active imagination, and his opening the field of psychology to a consideration of transpersonal aspects of human existence. Subsequent GIM scholars have further explored GIM from a Jungian perspective (e.g., Ward, 2002).

Bonny (1976, 2002c) also credited the transpersonal model of Roberto Assagioli and the explorations of altered states of consciousness by Charles Tart for informing the early development of GIM. She agreed with Assagioli’s assertion that contemporary psychological theories neglected higher aspects of human beings and that the view from the transpersonal self provided the opportunity to integrate and make conscious the total self (Bonny, 1976). More recently the transpersonal theories of Ken Wilber (Kasayka, 2002; Lewis, 1998–1999) and Frances Vaughan (1991) have contributed to our understanding of the transpersonal aspects of the GIM process.

GIM therapists have continued the development of the method. Additional theoretical perspectives include aspects of psychoanalytic theory (Bruscia, 1998), Gestalt approaches (Clarkson, 2002), and spiritual orientations (Kasayka, 2002).

**Music Therapy Applications**

GIM first emerged as a process for exploring and expanding consciousness (Bonny, 1976). Peak and transpersonal experiences were sought and believed to be healing, in and of themselves. As GIM-trained therapists have recognized the therapeutic potential of addressing psychological issues through the GIM process, the applications for GIM have expanded.

**Session Format**

A typical session consists of four parts (Bonny, 1976, 1978/2002b; Ventre, 2002): the prelude, induction, music, and postlude.
The Bonny Method of Guided Imagery and Music

Prelude

In the beginning of the session, the client shares what has occurred since the last session as well as concerns that are present that day. The therapist reflects and helps the client focus on what is most important. The therapist makes decisions as to what induction and music would be most supportive to the work. This phase usually takes 20–30 minutes.

Induction

As the client assumes a comfortable position, the therapist offers suggestions to deepen the client’s concentration and prepare him or her for the music. Depending on the client’s needs, these suggestions may take a variety of forms, such as facilitation of relaxation or focus on the body or the breath, making sure to engage both the body and the mind. As a starting point, the therapist suggests an image, often drawn from the prelude, helping the client connect the different senses with that image. This process intensifies the client’s focus, which helps to further shift attention inward and lessen the effect of external reality. The client, now in a more deeply altered state of awareness, is told that the music is beginning. The induction may be only seconds to a few minutes long.

Music

The music is the core of the session. The therapist chooses prerecorded music of the Western classical tradition, which may be one of the 35- to 45-minute programs designed by Helen Bonny (Grocke, 2002) or other trained GIM therapists (see Appendices B–I in Bruscia & Grocke, 2002). It may also be a sequence of pieces from the programs that the therapist chooses as the session unfolds to match the affect, energy, and emerging imagery of the client. As the session progresses and the client allows the unfolding of the story, he or she verbally relates the experience to the therapist. The therapist supports the client’s process through a verbal dialogue. The client may share impressions from any of the senses, such as sights, sounds, or smells; bodily sensations, such as warmth, tingling, pressure, or discomfort; sensations of movement, such as flying or dancing; or any human emotion, from profound joy or awe to deep sadness or intense anger. The music supports and stimulates movement through the story, allowing the client to hear and take from the music what is needed. The music is programmed to allow for a natural beginning, middle, and end with opportunities for tension and release, conflict and resolution. The therapist assists the client’s process and supports whatever the client needs to be or do. The therapist tells the client when the music has ended and facilitates the client’s return into the more externally oriented reality. The music portion is approximately 35–50 minutes.

Postlude

As the client returns toward a more normal, externally oriented state of consciousness, the therapist follows the client’s lead in reflecting on the experience. The client may have the opportunity to work with the material that has come up in the music. The postlude is a time for processing but not interpreting (Bonny, 1999/2002b). The images may be important to the client on many different levels, not all of which will be immediately apparent. Clients will find and integrate the interpretation that is most useful to them at this time in their process. The postlude typically lasts about 30 minutes. The whole GIM session takes around 2 hours, with each section flowing smoothly into the next.

CLINICAL EXAMPLE: Finding Self-Expression and Self-Worth

J, a 40-year-old man, came to GIM to explore why he felt unable to live and express him-
self without feeling criticized, unworthy, and wrong. These excerpts are from three of his sessions.

During the prelude in an early session, J said that he had come to explore his early childhood. He had felt unsupported and unseen by his cold, critical parents, and he had let these feelings influence him all his life. To support the image of early childhood, the therapist offered an induction centered on a baby. The music chosen was a program that enables a person to explore the issues of nurturance. It contained simple structures and harmonies, repetition, little dissonance, and both male and female voices. J experienced the music as all that he did not receive as a baby. He felt that the music was giving him simultaneous but mixed messages to come and to disappear. At one point he felt like a baby rocking himself. In the postlude he noted that the music helped him express the pain he felt and the need to heal.

In a later session, working with the same issue, J explained that he was forced to play the piano when what he wanted to do was to dance. He was expected to be successful but was never good enough for his parents. They did not allow him to express his own personal needs. He was angry. He related that GIM allowed him to stop thinking so he could just feel. The induction centered on the rhythm of his breathing and how his body felt. The music chosen was strong, harmonically complex, and somewhat dense. The rhythms were insistent and powerful. During a piano concerto, he imagined playing the piano. As he played, he did not allow for any criticism of wrong notes. The intent was to freely make music. J experienced the notes of the piano as cold and hostile. He started to rebel against the image, his parents, and the music. He needed to be supported, to be heard in expressing his need. The therapist changed the music to a more supportive piece with gentler harmonies and rhythms. J responded by showing his parents what he needed from them. In the postlude, he admitted that he wanted the music changed but was afraid to ask, in fear that once again, he would not be heard. He felt it was a big step not to follow the music. It allowed him feel powerful, to fight for what he needed.

In this third example, J came to the prelude reporting that he was saying “no” more often; furthermore, it was not a childish “no,” but one that was appropriately assertive and less fraught with anxiety. He was learning not to be perfect. The induction suggestion was to play as a child. The music chosen began with a piano piece, “Variations on a Nursery Theme,” by Dohnányi. It is subtitled “For the enjoyment of humorous people and for the annoyance of others.” Mozart also wrote variations on this same theme, “Twinkle, Twinkle Little Star.” The client identified with the Mozart in his imagery, who was not playing the piano, just playing and laughing as a child and mocking the adults. An authority figure scolded J and told him to behave. The adult was furious. Still identifying with Mozart, J created a whole ballet, doing exactly as he wanted, allowing no one to control him. He then began to conduct the music. He ended the music portion of the session in the lap of a nurturing figure from his past, eating freshly baked cookies. In the postlude, with a big smile on his face, J said, “I really enjoyed that!”

Although this issue was not completely resolved, J had made much progress. He even fulfilled his wish to dance. The pain had lost its hold and the healing had begun.

**Clinical Applications**

The most common application for GIM is with healthy adults (McKinney, Antoni, Kumar, Tims, & McCabe, 1997) and those with nonpsychotic mental conditions such as mood or anxiety disorders (Körlin & Wrangsjö, 2002). Most people come to GIM to learn more productive and creative ways to live and to draw more fully and directly from an inner source of knowledge and inspiration. Others may come as a result of a situational crisis such as divorce, loss of a job, or loss of a loved one. Two experimental studies have demonstrated that GIM ameliorates depressed mood in healthy adults and normalizes levels of hormones.
The Bonny Method of Guided Imagery and Music

associated with stress and disease (McKinney, Antoni, Kumar, & Kumar, 1995; McKinney et al., 1997).

CLINICAL EXAMPLE: Redefining Family-of-Origin Relationships

Laura was a professional woman in her early 30s who had married for the second time 2 months prior to the first session. Her parents had divorced when she was a child, and she had learned as an adult that her father was an alcoholic, a fact about which there continued to be substantial denial in the family. Her goals in GIM were to address issues related to her family of origin.

In her first session, to the music of Pierné’s Concertstück for Harp and Orchestra, a small boy leads Laura through the woods. As they proceed, the path behind them disappears, and she feels sad. “It’s something I’ve had to put behind me,” she said. He leads her to a garden and communicates, without speaking, that he wants her to take care of it. “It’s time, and you’re the one,” he silently tells her.

In the next session, she finds herself at her grandparents’ house at Easter finding Easter eggs among the irises with the “Adagio” from Haydn’s Cello Concerto in C. A heavy feeling comes to her chest. “It feels like a lump the size of a softball. Not hard, but heavy and gray.” She describes the lump as “feeling alone, like I didn’t matter, gray and abandoned.” As she takes the music into the lump, she feels comforted and soothed. Later in the session she is at a cabin, when she becomes aware of someone approaching through the trees. At the same time, a pain, like a knot, is growing in her left shoulder. With the support of the “Largo ma non troppo” from Bach’s Concerto for Two Violins, she notes that the pain “feels like responsibility, duty, or obligation. The more attention I give it, the tighter it gets. . . . It’s like a jack with knobs and points.”

At the time of her fourth session, Laura was apprehensive, anticipating a trip with her family of origin. As Bach’s Passacaglia and Fugue in C Minor begins, Laura is at a point where two paths diverge. Her mother is with her and wants Laura to carry “some stuff” for her. She does not approve of Laura’s plan to go down a different path. Laura describes the guilt she feels as a “yucky, brownish-green blob. It wraps itself around my shoulders and neck. . . . It feels heavy, stifling, thick, and opaque.” She wants to rid herself of it, but does not know how.

As the fugue begins, it begins to rain, the blob slowly melts, and Laura initially feels sad for her mother, then angry that her mother wants to make her go her mother’s way. Quickly, this anger changes to sympathy as she realizes, “She can’t do it by herself.” Laura is torn. She needs to go on her own path, yet feels the need to help her mother carry her load.

When the therapist asks, “Is there anything around that can help?” Laura becomes aware of a red wagon. To the slow, gentle strains of Stokowski’s orchestration of Bach’s chorale prelude, “Come, Sweet Death,” she helps her mother load the “stuff” onto the wagon. Laura is ambivalent when her mother then wants to bring the wagon and come down Laura’s path. “She doesn’t want [the old pattern] to change,” she says.

Laura acknowledges that she wants her mother to change, to be “grown up.” As the “Adagio” from Brahms’s Violin Concerto invites dialogue, she tells this to her mother, who cries, feeling shamed. Laura feels heaviness in her chest and tightness in her shoulders as she realizes that a bird is forming in her body. Its body is in her chest, and its wings spread across her shoulders.

As the “Largo ma no troppo” from Bach’s Concerto for Two Violins begins, Laura says, “I know I have to let [the bird] go. It’s going to carry away all desire to change my mother.” As the bird takes flight, her attitude shifts. “I know I have to go on my path. If she wants to come along, she will; if she doesn’t, she won’t. I have to go on my own journey.” As she starts down her path, Laura feels light, noticing emptiness in her chest, which begins to fill up with trees, stars, mountains, and sunsets. In the postlude to this session, Laura revealed that her desire for her mother to change was a new awareness gleaned from this session.

In only four sessions, Laura had gained insight into and begun to address issues arising from her relationships in her family of origin.
She had taken significant steps toward individuating from her mother and beginning to heal childhood wounds. She reported greater clarity about what was and was not her responsibility and increased assertiveness in responding to what she felt were unrealistic demands from her mother.

People in recovery from addiction or trauma are also reported to benefit from a series of individual GIM sessions. The creative process inherent in GIM allowed a woman with addictions to access and reconnect with lost aspects of herself (Pickett, 1991). Through the music, the client was able to explore her feelings of vulnerability, sadness, and low self-esteem. With hard work and sometimes painful honesty, she was able to remain drug free and begin to find new ways to deal with these emotions. She once again connected with and owned the gentle, positive parts of herself.

GIM has been shown to be a powerful method for addressing issues related to trauma. Several case studies have documented the effectiveness of GIM for resolving wounds stemming from childhood physical or sexual abuse (Bunt, 2011; Korlin, 2007–2008; Moffitt & Hall, 2003–2004; Ventre, 1994). In a study of 136 women receiving treatment with either GIM or psychodynamic imaginative trauma therapy, Maack (2012) found GIM to be highly effective in reducing dissociation and other symptoms of complex posttraumatic stress disorder (PTSD) in women in therapy for childhood abuse. Other therapists have reported that GIM is efficacious in recovering memories and alleviating symptoms resulting from war-induced PTSD (Blake & Bishop, 1994) and from traumatic brain injury (Pickett, 1996–1997).

**CLINICAL EXAMPLE: Healing Wounds of Childhood Trauma**

S, a woman in her 40s, came with a presenting issue of confusion about memories of sexual and physical abuse. Her stated goal was to gain access to those memories and feelings. She was aware of prolonged emotional and verbal abuse. She felt powerless, defensive, and untrusting. She had poor personal boundaries and difficulty maintaining relationships. Additional goals were to restore a sense of personal power, strength, and trust and to heal the wounds of the trauma.

S began to uncover, with startling clarity, long buried memories, including the physical and emotional feelings of early sexual abuse. She felt angry, sad, betrayed, and abandoned. S used the music to support her expression of these difficult feelings. She felt that the music was always there for her, never judging or abandoning her. She began, tentatively at first, to explore her body, her boundaries, her feelings, and eventually her sense of personal power.

This newfound strength and self-trust enabled S to explore and experience the memories and feelings that had brought her to GIM therapy. In early sessions, S experienced her sense of powerlessness, fear, and anger. In later sessions, she recovered memories of the verbal and emotional abuse and connected current physical symptoms with the sexual abuse.

Healing started to take place as S incorporated the trauma. During Vaughan Williams’s “Fantasia on a Theme by Thomas Tallis,” she encountered a girl whose body was deformed. In the following piece, Mahler’s Symphony no. 4 (“Ruhevoll”), S was able to speak with the girl, who helped S understand what had really happened to her. In program notes that accompany the Mahler score, Redlich (1966) wrote, “The symphony’s conceptual originality is based on the composer’s successful identification with the soul of a child and its experience of seeking God and finding him at last” (p. 101).

In subsequent sessions, S learned to incorporate her “shadow,” the darker elements of herself (Jung, von Franz, Henderson, Jacobi, & Jaffé, 1974). She cleansed the wounds from her past, acknowledged their effects, and moved on, stronger and more trusting in her own inner wisdom and ability to care for and nurture herself.
Several studies have documented the effectiveness of GIM for meeting the psychological needs of individuals with medical conditions. These studies have demonstrated that GIM not only affects the psychological status of individuals with health issues but may improve the physical state as well. These physical benefits include lowering both systolic and diastolic blood pressure in those with essential hypertension (McDonald, 1990), addressing the challenges of adjustment to pregnancy (Short, 1993), decreasing pain and number of affected joints and increasing walking speed in adults with rheumatoid arthritis (Jacobi & Eisenburg, 2001–2002), and improving quality of life in adults with cancer (Burns, 2001).

Individuals who have lost a loved one, as well as those who have received a terminal diagnosis, also have been found to benefit from GIM. Kirkland (2007–2008) found that GIM played a significant role in helping a mother transcend her sorrow by being with the deceased child. Working with widowed persons, Creagh (2004) also found that GIM was effective in facilitating the mourning process. Other therapists have reported that GIM has assisted adults with terminal illness in resolving unfinished business, living fully while dying, and preparing for a peaceful death without fear (Cadrin, 2005–2006).

Adaptations for Groups and Special Populations

GIM has been adapted for a variety of situations, populations, and settings. Bonny (Bonny & Savary, 1973) described providing GIM experiences to groups of adults. Group sessions typically involve a shorter period of music, and group members engage in imagery in silence, sharing their experiences only after the music has ended. Others have modified the GIM procedure to meet the needs of children and adolescents (see Wesley, 2002, for a review), people with various mental health issues (see numerous chapters in Eyre, 2013), and older adults in long-term care (Short, 2002). GIM can be adapted to different venues and time frames, and may be called by a variety of names, such as group GIM or music and imagery, but the basic principles remain the same.

Conclusions

GIM evolved from the personal and scientific exploration of music and its ability to help people discover both the dark and the light, the depths and the heights of their psyches. It integrates the body, mind, and spirit through the wonder of music. It allows the healthiest, most creative, wisest part of individuals to expand and become the center from which they relate to themselves, to others, and to that which is beyond us all.

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