Theoretical Orientation of The Bonny Method Of Guided Imagery and Music: A Transformational Method

Compendium

This article provides an overview of the Bonny Method of Guided Imagery and Music (BMGIM), a method of psychotherapy with music little known in our country. In the ’70s, Helen Bonny became interested in exploring the unconscious in the therapeutic field, and did so through classical music programs that she put together herself. She carried out her study at the Institute for Psychiatric Research of Maryland, Baltimore, in the course of her doctoral thesis. During her research she discovered that when she subjected a person to travel via music, the guided images experienced by the person became powerful symbols for self-knowledge and personal growth. She developed classical music programs of 30 to 45 minutes each, with the intention of making contact with the current mood state of the person. The clinical and psychological responses of this method are numerous, as we shall see below. Since its discovery, Bonny and her colleagues have published a considerable amount of research articles that show the beneficial results of this method. In the following paragraphs the reader will understand in more detail the origins of the method and the main elements that characterize it, and some published studies are cited.

Historical overview of BMGIM

Helen Bonny, the founder of the psychotherapeutic model called the Bonny Method of Guided Imagery and Music (BMGIM), spent her youth as a violinist. As an adult she became interested in music therapy and the effects that music could produce when heard in an altered state of consciousness. Her research began at the Maryland Psychiatric Research Center (MPRC) in the early ’70s while working on her doctoral thesis. At that time, researchers were experimenting with the use of drugs to access all
areas of the psyche. The drugs had a greater impact than other therapeutic interventions, allowing researchers to enter deeply into the unconscious and supraconscious (Bonny, 1978c Monograph # 3).

The group of scientific researchers at the MPRC worked with LSD and other psychedelic drugs as agents of psychotherapeutic intervention. Music was used in these experiments, and it was Bonny who took responsibility for helping choose the most effective music for each treatment. The MPRC researchers discovered that classical music could transport the client to a deeper level of consciousness and then return him/her to the normal state of wakefulness. Music was used as the safest way to accompany the therapeutic use of drugs with people suffering from neurotic symptoms, such as alcoholism, narcotic addiction and psychological disorders associated with cancer (Bonny & Pahnke 1972).

In her Monograph # 3 (1978c), Bonny explains how she began to observe closely subjects who were exposed to LSD as a result of the drug-music stimulus, and she describes a typical guided "journey" through six phases in the coordination of the music with the activity of the drug. She created a list of appropriate music selections for each phase of the session as follows:

1. Previous Phase (0 to 1.5 hours), when the effects of the drug were almost imperceptible. The music used was light and popular in style, or could be chosen by the client.
2. Initial phase (0.5 to 1.5 hours) when the drug began to take effect and the level of client excitement increased. The music used was calm and positive which helped to reinforce the mood state of the client.
3. Process towards the peak phase (1.5 to 3.5 hours), when the client began to express a mixture of feelings coming from resistance and fear of the stimulant.
The music at this stage was characterized by strong rhythms, long floating phrases and dynamic crescendos. Thus, the music carried the client towards an experience of inner expansion and enabled him/her to become fully conscious of his/her emotions.

4. Peak phase (3 to 4.5 hours), when the psychedelic experience reached its maximum intensity. The music was structured with strong rhythms of ample frequency.

5. The Return (4.5 to 7 hours): This phase consisted of integration and awareness. The music used was calm and serene to help maintain positive feelings and resolve unsettled conflicts.

6. Return to normal consciousness (7-12 hours): This phase was often supported by the music chosen by the client (Bonny 1978c).

The discovery

The therapeutic effects of the chosen music with psychedelic drugs led Bonny to investigate its effectiveness without drug intervention. She began experimenting with a short program of music and discovered the need to relax the psyche in preparation for the musical experience. This relaxation was what the drug had previously achieved. Bonny replaced the function of the drug with adapted techniques, such as Jacobsen’s Progressive Relaxation (1938) and the method of autogenic training by Schultz and Luthe (1959).

At the same time, Bonny was inspired by Hanscarl Leuner, who introduced the concept of Affective Guided Imagery in order to add an imaginative focus to the musical experience. She then realized what a profound effect music could have in wakening imagery and feelings. At the same time, she focused her therapeutic approach
in the school of humanistic psychology and she identified with Abraham Maslow’s ideas of "Updating the Self" (1971) and the focus of "Centering on the Client" by Carl Rogers (1961). In her Monograph No. 1 (1978a), Bonny highlights that these psychologies treat the individual in all aspects: psychological, physical, social, religious and spiritual, and that BMGIM allows, in a unique way, a comprehensive understanding of the person.

During her research, Bonny discovered two essential components of the GIM method: (1) the use of carefully chosen programs of classical music, (2) the need for relaxation accompanied by an induction, facilitating images that precede the musical program (Bonny, 1978c). Thus, using the gradual process of intense reactivity, as it appeared in the administration of drugs, Bonny chose certain classical music and created musical programs for the therapeutic intervention. With these ideas in mind, Bonny began to explore her method with small groups, which later developed into what she calls "The Dyad" which is understood as the dialogue established by the therapist-client relationship (the couple) during the journey with the music, this being one of the phases of the GIM session.

In her Monograph # 2 (1978b), Bonny suggests that the music used in the method helps enter in the interior of the psyche to explore conflictive material. She explains that in the first sessions, material arises in the area of the self, and later on, when the person learns to relax more deeply, to focus and go with the music, more profound states are reached through the imagery awoken by the music. Bonny explains that the value of BMGIM has to do with the deep penetration that the music facilitates, which is more difficult to achieve with other psychotherapeutic methods.

Definition BMGIM
The Association for Music and Imagery (AMI) has recently approved the definition of the Bonny Method of GIM as an integrative therapy through music, which facilitates exploration of consciousness that can lead to personal transformation and fulfillment. This method was developed through the research and practice of Helen L. Bonny, Ph.D., which, applied individually by the therapist-client dyad, is called the Bonny Method of Guided Imagery and Music. In the same document (AMI, 2002) the essential elements of the method are defined as follows:

(a) Awareness: all thoughts, imagery, perceptions, emotions, etc., available to human knowledge, can be experienced by many phenomena. Intentional exploration of these phenomena can lead to greater self-knowledge, healing, transformation, spiritual growth, and positive behavioral changes.

(b) Altered states of consciousness (ASC): the variety of perceptual experiences, such as meditative states, the hypnotic state and sleep experiences. These states, when induced and experienced for therapeutic purposes, can have positive functions in the healing process as occurs with the experience in the Bonny Method.

(c) Music: the dynamic art of sound in time is capable of awakening the entire body that listens, awakening the realm of inner experiences. Listening carefully to the music in an altered state of consciousness can provide an inner sense of order, balance and harmony.

(d) Method: The BMGIM is identified by the use of classical music programs specifically chosen for one single session or for a series of sessions by the client and a facilitator trained in this method. These sessions are characterized by a progression of components designed to give shape, continuity and a sense of security to the therapeutic process. A session of BMGIM includes preparation, interactive musical experience, closing and integration (AMI, 2002).
Structure of the session in BMGIM

The BMGIM process is divided into four phases (Bonny 1978a); (1) the Prelude or preparation, (2) Induction, (3) the Musical Journey or musical experience and (4) the Epilogue, with closure and integration of the process. During the Prelude, the client shares his/her current situation and the focus of the session is defined. The goal is to obtain information and find out the current state of the client, and the content of this dialogue will be a guide for the therapist when choosing the music program.

During Induction the therapist helps the client / listener to relax reclining on a couch or lying on the floor, followed by a deeper rest through an induction which then focuses on the central theme, after which the process of listening to music begins. Induction is a preparation for listening to music. It is a bridge between the outer and inner life of the client/listener.

During the Musical Journey the client hears the music program that has been chosen with care by the therapist about a relevant theme in order to provoke the awakening of imagery and emotions. Usually the client is in a resting position with closed eyes and expresses the imagery, feelings, thoughts and emotions that arise spontaneously. The therapist's task is to be alert and assist the client through a non-directive dialogue.

During the Epilogue the therapist helps the client to return to his/her normal state of consciousness and integrate the feelings and lived experiences that the music has provoked. In this final stage of the session the process is carried out verbally or by drawing a mandala, a visual expression of the experiences of the imaginative journey. These experiences stay connected with the focus of the session and its possible influence on the client's outer life (Bonny, 1978a).
The music programs

The music programs are designed with carefully selected classical music ranging from the Baroque to the twentieth century including composers such as Bach, Mozart, Beethoven, Brahms, Debussy and Carl Nielsen. These programs are used to connect with the client's emotional state, as the various elements of the music are similar to what awakens within the listener. In this way the music reflects and evokes what is active in the conscious and unconscious mind of the client/listener in the here and now (Bonny, 1978b).

Bonny developed a collection of programs with a specific musical context. She called the first program *Affect-Positive*, with the intention of eliciting a positive or peak experience. In this program, the arrangements of the musical selections create a dynamic experience that very often has a positive emotional value. Another program was called *Death-Rebirth*. In this program Bonny presents a selection of music that leads the client towards feelings of pain, guilt or fear. In developing this program, Bonny had two goals in mind: first to stimulate the experience of death, and immediately after stimulate the experience of rebirth and renewal (Bonny 1978b). After the *Death-Renaissance* program, Bonny compiled a selection of ten programs, which were: *Group Experience, Imagery, Transitions, Peak Experience, Calm Music, Evocative/Comforting, Nourishing, Liberation of Affect, Mainly Bach* and *Emotional Expression I*. Each program lasts between 30 and 45 minutes.

The rationale of the musical selection

Music is essential in implementing BMGIM. Bonny (1978b) called the music the co-therapist, but in fact, it is the core of this method. She says the GIM therapist has
to spend most of his or her time getting to know music, especially classical music. It is important to know how to use music to open altered states of consciousness, to know what elements of music evoke emotional responses and how sequential imagery arises. It is important to understand how the various nuances of music are suitable for different personality types. In a sense, the GIM facilitator becomes a composer who provides musical selections that fit the client's present state of mind (Bonny 1978b).

The rationale for the selection of compositions for music programs is well defined in the Monograph # 2. Here a connection is established between the music and the mood state, where Bonny frames the affect values of the sound in eight sections. For example, in Section # 1, the music is described as spiritual, uplifting, awe inspiring, dignified, sacred, solemn, sober and austere. In designing the music program Bonny focuses on the characteristics of the music and the emotion it arouses (Bonny, 1978b).

One of the most important attributes of the music is that its structure makes the listener capable of sustaining mood states and emotions over a long period of time, so that in-depth work can be done and internal pressure can be released. At the same time, the structure of the music creates a favorable framework for experiences of both difficulty and beauty. Bonny argues that in order to facilitate a guided therapy session with music, the therapist must intimately know every possible musical selection (Bonny, 1978b).

Bonny opens a route of responsiveness to music before reaching the analysis and explains how to listen to the programs. She describes the musical qualities within a selection for analysis and defines the variables that seem to have the most powerful influences in GIM: (1) Tone: the continuum that goes from the highest to the lowest notes; (2) Rhythm and tempo: consistent rhythm in the regular pattern of the pulse rate, and time, the speed at which the music is played or sung; (3) Vocal and/or
instrumental; (4) The melody and harmony are the tonal ways in which the music is presented to the listener. A melody may appear as a simple or complex line. The combinations of tones that are performed simultaneously are the basis of the harmony; (5) The timbre refers to the musical texture of what we call the color (Bonny 1978b).

Bonny explains that music evokes six responses that contribute to its effectiveness: (1) It provides a structure within which to explore difficult areas of self, without limiting access to a wide variety of other important experiences of the person; (2) It is a non-verbal means of connecting with the client; (3) It facilitates easy access through a spontaneous regression to childhood experiences; (4) It produces a change in attitude; (5) It feeds positive religious experiences that can lead to vital changes for the individual; (6) It causes a concentration of time and space: the past, present and future that can be experienced together (Bonny, 2002, p 97.).

The act of listening

In BMGIM, the act of listening to the music attentively and the focus of the therapeutic theme is an essential part of the experiential process. Bonny (1993) explains how to assist the client through the "intuitive-affective" listening, which is described as an approach to the experience of personal growth, to facilitate the activity of the right brain and the understanding of music programs. Bonny says that the therapist must choose the most favorable music for use with each client in order to open up internal spaces and facilitate the emergence of answers that allow archetypal and spiritual awakenings. According to her, the objective for effective work should be intimate contact with the music.

Appropriate client group for BMGIM
Summer (1988) stated that BMGIM suits clients who: (a) are capable of symbolic thinking; (b) can differentiate between symbolic thought and reality; (c) can and want to share their experiences with the therapist; and (d) can grow positively as a result of the BMGIM therapy (Summer, 1988, p. 32). She states that, in therapy, clients with a weak or unstable self, serious illness or physical pain, and those who are experiencing a breakdown require an alternative therapeutic approach, more specifically, of support rather than awaken new experiences.

Experts say that in the hospital work with acute psychiatric patients, complex music can evoke experiences that are contraindicated. Goldberg (1988) states that clients that are seriously ill with inadequate self-defenses should have supporting music applied, and describes the music she uses as short and with a simple structure. Summer suggests that repetition through improvisations in the supporting music carries with it a message of rest and interior sustenance which does not threaten the personal experience (Summer, 1992).

The therapist-client dyad

Bonny (1978a) found that the therapist-client dyad is the most effective way of exploring the deep unconscious. While exploring with guided imagery and music, the process led her to the therapist-client relationship as a kind of musical psychotherapy. Here the client reclines on a couch or on the floor using music as a focal element, then verbalizes the imagery and impressions that appear flowing into consciousness. The therapist or guide sits beside and interacts with the client in response to the oral presentation of his or her inner journey (Bonny, 2002).

Bonny states that the guide is a presence or support that reflects, encourages and enlarges any imaginative experience that the client shares. She indicates that when the
person making the internal journey talks with the therapist while the music plays, the process of emerging imagery deepens, thus facilitating the ability to focus and engage in both imagery and emotions. Feeling safe and supported gives the client the freedom to let go of habitual defenses and explore spaces usually hidden from his or her own conscience (Bonny, 1994).

Therapeutic approach.

Bonny framed her work within the humanistic school of psychology and she identified with the ideas of self-realization of Abraham Maslow (1971) and the client-centered approach of Carl Rogers (1961). Humanistic therapy has considerable connection with the existential approach and emphasizes growth and fulfillment of self (self-realization) through self-control, self-awareness and creative expression. While taking into account the influences of the unconscious and of society, freedom of choice is the central element when creating the personal experience, and is often referred to as self-determination. Bonny, in her Monograph # 1 (1978a), insists that these psychological currents treat the individual from all experience levels including psychological, physical, social, religious and spiritual, and states that the BMGIM allows a comprehensive understanding of human beings to emerge (Bonny, 2001).

In BMGIM, the transpersonal aspect refers to that part of the self that is beyond the present consciousness. The self-imposed personality limits are released in the transpersonal state. Then, through the process of understanding, our inner unconscious becomes able to control our own life. In BMGIM there is a combination of a humanistic and transpersonal approach with a psychodynamic orientation. Jungian psychology is also very close to the combination of humanistic and transpersonal approaches. Karlyn
Ward (2002) shows how many of the Jungian schemes can be applied to the understanding of all the work of BMGIM.

Bruscia (2002) discusses the use of the psychodynamic orientation and its applicability in BMGIM therapy. He states how easily resistance, transference and counter-transference are detected. He explains that the psychodynamically oriented therapy has two primary objectives: (1) to bring past material that has been suppressed into the conscious experience of the client, and (2) to work with this material using transference and counter-transference, inducing the client into corrective emotional experiences (Bruscia, 1998, p. 14).

Conclusion

The exclusive use of music in the therapeutic field has been understood since ancient times. However, today, science is rediscovering the power of music to energize, stimulate and relax the body, opening areas of conflict in the personality and facilitating processes of emotional catharsis. The Bonny Method of Guided Imagery and Music (BMGIM) is a method that provides a means of healing, personal growth and expansion of consciousness through relaxation and/or altered states of consciousness. Bonny called this a surrounding of sound or sound presence, and states that the presence of the sound elements introduced in work with imagery is what creates the great therapeutic difference between exclusively verbal therapies and therapy based on imagery evoked by music (Bonny & Tansill, 1977).

Since the discovery of BMGIM in the ’70s up to the present, we have found 143 articles. 95 of these articles are in professional publications, books and articles (Toomey, 1997). One particularly notable study within this group is the study by McKinney, Antoni, Kumar, Tims and McCabe (1997) investigating the effects of
imagery elicited with music and imagery elicited without music, in plasma ß endorphins. The results of this study showed that beta-endorphins significantly decreased in the groups experiencing music-induced imagery. A later study showed that subjects exposed to work with music using BMGIM had a significant decrease in symptoms of depression, fatigue and overall mood swings. This study also observed cortisol levels, which significantly decreased in these patients (McKinney, Tims, Kumar, & Kumar, 1997).

MacDonald (1990) also showed that the application of BMGIM decreased blood pressure in patients with hypertension. In addition to other studies, there is also the study by Eisenberg and Jacobi (2002-2002), where the researchers worked with a group of 27 arthritic patients. In their research, they demonstrated how the application of a series of ten individual BMGIM sessions significantly reduced depression in these patients, as well as various functional factors of arthritis. In the same study the evidence of a link between emotional influences and inflammation of arthritic processes was observed (Jacobi & Eisenberg, 2001-2002).

Changes in the collective mind, from a narrow technological description of the disease and of methods of healing to a more comprehensive approach, opens the door to greater inclusion of the creative arts in the field of healing with music. The success of these studies shows the healing power of BMGIM (Bonny 1997) and the validity of a method that is in the process of scientific expansion.

References


http://www.bonnymethod.com/ami


