

## Full-Length Article

**An Overview of the Bonny Method & Its Use in Palliative Care Settings**Amy Clements-Cortés<sup>1</sup><sup>1</sup>University of Toronto, Music and Health Research Collaboratory, Toronto, Canada**Abstract**

The Bonny Method of Guided Imagery and Music (Bonny Method) is a therapeutic treatment and approach that facilitates an environment where a client may gain personal insight and support related to critical life issues and/or concerns. It is a deeply integrative practice, which can also be reconstructive. Conceived by Dr. Helen Bonny, the Bonny method typically utilizes tailored sequences of Western classical music programs that are distinctly designed to stimulate/sustain imagery connected to unconscious feelings and memories. This paper encompasses an introduction to the Bonny Method and guidelines for implementation of this technique in palliative care environments, to allow readers that may be new to the Bonny Method, the opportunity to fully appreciate the collection of papers in this special issue of Music and Medicine. As the Bonny Method allows for deep reflection often within a short time frame, it is well suited for persons at end-of-life, as it may aid in easing psychological pain. In providing emotional release and exploration, it may serve as a comfort for pain and physical symptoms through providing a means of visualizing aspects of illness that may facilitate insight, control, and/or hope. Contraindications for use, and adaptations of the Bonny Method in palliative settings are also examined as a means of grounding implementation practices in the reality of palliative/medical settings.

**Keywords:** *guided imagery, Bonny method, music, palliative care, imagery, psychological pain, emotion.*

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This paper provides a short introduction to the Bonny Method of Guided Imagery and Music (Bonny Method), including guidelines for how this technique may be implemented in palliative care and medical environments. Furthermore, it is intended to provide readers of this special edition of *Music and Medicine* (who may be new to the Bonny Method), with a basic understanding of the technique in order that they may fully appreciate the collection of papers.

**The Bonny Method**

The Bonny Method is a therapeutic treatment and approach that facilitates an environment where a client may gain personal insight. It may provide a pause for reflection, with opportunities for increased understanding and enhanced integration of meaning. In becoming more deeply aware and having greater access to assess feelings, clients may receive

support regarding critical life issues and/or concerns. Described as a “music centered exploration of consciousness which uses specifically sequenced music programs to stimulate and sustain a dynamic unfolding of inner experiences” [1], the method involves 3 components: the music, the imagery, and the guide (therapist). It is based on humanistic and transpersonal theories and provides significant therapeutic benefit for clients by helping them gain an expanded awareness of self and others [2]. In this therapeutic approach, the music is often said to be “prescribed” to some degree, by the therapist; and it is utilized to stimulate liberation of material in the conscious as well as unconscious. This material may be in the form of feelings, sensations, memories, and visual and kinesthetic images. At the foundation of this method is the recognition of the importance of music, and its influence on ego development that involves being true to one’s self, as well as an understanding and awareness of how a person relates to others.

There are 18 core music programs in the Bonny Method, which offer a range of qualities as well as goals. Additional programs created by Fellows of the Association for Music and Imagery (AMI) are also available for use. To select an appropriate music program the therapist needs to be highly cognizant of the range of programs [3] available in order to make the best choice for addressing specific client need/issue the day of the session. Some of the Bonny Method music programs are better suited to beginning imagers, such as the

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“Imagery” and “Explorations” programs, which are related to the music’s capacity to stimulate imagery. More advanced or experienced imagers can be introduced to programs that contain longer pieces of music and programs that may be more intense in nature such as “Emotional Expression I” or “Relationships” which each include 3 longer pieces of music.

Bonny Method sessions typically unfold in five phases [4]. The first phase is the “Opening Conversation” or “Pre-talk”, more commonly referred to as the “Prelude”. At this stage, the therapeutic focus is collaboratively determined co-jointly by the therapist and the client after an initial check-in. The “relaxation induction” occurs in phase two and involves the therapist providing a short relaxation experience for the client. There are various types of inductions used including: focus on breath and breathing, a progressive muscle relaxation and guided visualizations. Phase three is the “music and imagery” experience. This comprises the body of the session where the therapist selects one of the specifically designed programs in the Bonny Method and the client images to the music. Imaging to the music involves the client (also known as the “traveler”) verbally describing what he/she is imaging--feeling, sensing, visually imaging and/or is aware of while listening to the music. The therapist, serves as a “guide” on the imagery journey, sitting close to the client, fully attentive, observing and listening while maintaining a written transcript of the client’s verbalized and non-verbal responses (body movements and facial expressions) to the music. The guide can augment an imagery experience with his or her voice and help a traveler take greater notice of images. The guide may also ask the traveler questions to learn more about the imagery experience and/or feelings associated with it. Typical questions may include: “What are you aware of?” “What are you sensing?” “Can you tell me more?” This phase is generally 30-40 minutes in length. Phase four is the “Return to Normal State of Consciousness” and the fifth and final phase of the session is the “Post Talk or Postlude” where the therapist and client discuss the imagery experience and bring completion to the imagery session [5]. Clients may be encouraged to draw a mandala during this final phase to help process their imagery experience. The therapist and client also engage in a short discussion just before the client leaves in order for the therapist to ascertain that the client is alert and conscious. This provides an official closure for the session. The entire Bonny Method session usually takes between 75-120 minutes.

### **Observation and Assessment in the Bonny Method**

There are four key observations that have relevance within the sessions and these include the client’s ability to: (1) follow the relaxation induction and instructions, (2) attend to the therapist’s voice while imaging, (3) return to a state of consciousness after the imagery and (4) demonstrate willingness to obtain benefit and insight when discussing the

experience [6]. Typical experiences clients may have in the Bonny Method include: emotions and feelings, memories, visualizations, body movements or sensations, abstract imagery, transpersonal encounters, music associations, altered audio perceptions, and seeing archetypal figures [7]. During the music- imaging portion of the session, the therapist records these experiences in the transcript, and often brings them forward during the postlude for the client to discuss and interpret. As this is a treatment that can reach deeply into the unconscious, clients may: image painful feelings and/or experiences, have traumatizing visualizations, and/or experience physical discomfort. It is important for a therapist to be aware of such intense reactions and to end the imagery portion of sessions when a client is not prepared or is unable to process the emotions at present. Transference, which occurs when the client responds to the therapist as if he/she were a central person in the client’s life, and countertransference, which refers to the therapist responding to the client as a significant person in the life of the therapist, are also critical aspects of treatment of which the therapist must be cognizant [8].

It is important to note that the Bonny Method is a specialized and advanced therapeutic treatment approach. Becoming a Fellow of the Association (FAMI) is a three level process that culminates in an in-depth application process involving a person’s primary trainers and the Association of Music and Imagery (AMI). At present, training is provided in 9 countries and facilitators are working in 25 countries including in North America, Eastern and Western Europe, Korea, Japan, Australia and New Zealand [9].

### **The Bonny Method in Palliative Care Environments**

Bonny Method facilitators work with a variety of populations, including persons who have suffered trauma, or may be diagnosed with eating disorders, or for those who simply want to gain insight into their current life situation. There are also an increasing number of facilitators who are working in palliative care environments. In my own private practice, I have implemented the Bonny Method with persons at end-of-life, as it is a valuable therapy where results and insight may be gained, often in a short time frame; which is important when working with clients who only have days, weeks or months left to live.

There are a number of indications when the Bonny Method may prove beneficial to implement with palliative care clients. These include clients who are suffering from psychological pain, and may be in need of emotional release or exploration, and/or are suffering from pain and other physical symptoms that may be accompanying their terminal illness. Bonny Method sessions offer their clients an avenue to visualize their illness in an attempt to come to greater understanding, and seek to gain a greater sense of control which may lead toward the development of feelings of hope.

In medical settings, Clark has indicated the following reasons for implementing this method: to promote feelings of healing, increase or improve problem-solving skills, and decrease negative feelings [10].

There are a wide range of goals that may be addressed and achieved with clients depending on their needs, when implementing the Bonny Method. In palliative care, common goals might include: decreasing emotional stress, anxiety, and/or perception of pain and feelings of nausea; improving mood; providing an avenue for emotional expression. This method may also serve as a tool for exploring and expressing grief as well as hope [11, 12]. Psychological distress can lead to a weakened immune system, and Bonny Method sessions have been shown to have positive effects on the immune and endocrine function in persons having chronic illness [13].

Contraindications for the Bonny Method include persons having a cognitive or intellectual impairment. This might challenge the process of abstract thought and imagery. It is not recommended for persons who are not emotionally stable [14]. Furthermore, if a client is in considerable physical pain, it could prove challenging for him/her to engage in the imagery process and it is recommended that clients in these situations be offered medical treatments prior to Bonny Method sessions [15].

The Bonny Method requires clients to have psychological resiliency and it is suggested that at end-of-life, clients should be emotionally stable before introducing this treatment to address psychological issues. It is not to be implemented with persons having suicidal ideations, hallucinations or with those who suffer from personality disorders. Dileo and Bradt acknowledge that pain can be augmented and intensified if a client does not have the strength to work through challenging internal issues [16]. Further, clients who have a difficult time focusing, or whom have limited attention spans due to low energy levels, or physical symptoms associated with their illness, may not have the ability to engage in imagery [17]. Clients who are mentally unstable, withdrawing from substances, or who are acutely psychotic should also not be offered Bonny Method sessions [18].

### **Preparation**

It is important for clients to be as physically comfortable as possible before the session begins. While this seems intuitive it can be challenging in medical settings. When possible, clients can be offered a comfortable chair that reclines, or have sessions in their beds, or on a suitable mattress or bed. It is also important to try and find a space where the session will not be interrupted, so as to provide the client with a place to feel safe and comfortable as he/she describes their imagery to the therapist. Lighting is also something to consider. It is helpful to be in a space where lights can be dimmed once the client begins the induction process. Another item that is crucial in this method is having a high quality music device

from which to play the music programs. While relaxation and a beautiful aesthetic experience might be an outcome of a Bonny Method session it is not the sole focus, whereas it might be in a session using guided imagery and music for relaxation. Relaxation in the Bonny Method is used to help expand a client's state of consciousness and openness to the imagery experience [19].

### **Possible Adaptations**

In palliative care it is quite common that Bonny Method sessions are adapted in response to clients' energy levels and their ability to focus, which is often dependent upon the symptoms associated with their illness. The most common adaptations are the length of the session time and the shortening of the Bonny Method music programs. One general adaptation in medical settings is to bring a physical object for the client to look at and touch in order to help stimulate imagery which may prove beneficial for those to whom imaging may seem unclear or confusing [10]. For example, a flower, rock, seashell or picture can be used as a focal object to begin an induction. The therapist could begin by asking the client to touch the object and then close his/her eyes to help initiate the imagery process. The Bonny Method can also be combined with other forms of therapy such as music therapy [20], psychodynamic approaches, or gestalt dream work [21, 22, 23, 24].

In medical settings, including palliative care, the following session format adaptation could be considered. Begin by helping the client achieve a state of relaxation, start the client on the imagery journey with the imagining of a calm and safe space or location, ask the client to picture the areas that require healing. Ask to bring the music into those areas, and serve as the guide while the client (traveler) images and describes verbally what he/she is feeling, sensing and/or is becoming aware of. Make sure to always use care while returning the client back to a state of consciousness [10]. Suggested images for this type of session include: radiant light, blood flowing inside the body, providing an image of the illness (such as cancer), and having the client envision his/her white blood cells destroying the cancer cells, etc. [10]. These images work for a number of illnesses, not solely for cancer. If the client is experiencing pain as a significant issue, the image of a bird, or color could be a resource, which can be used to represent the pain which may further help the client to become free from it.

In my work with the Bonny Method in palliative care, I have adapted various programs and even included dance at the end of sessions as a way to process the experience [20]. In my recent work with "Melanie", a 73 year old female, I used an atypical first music program to begin our therapeutic process, and I also adapted the "Caring" music program only using the first, second and sixth tracks. [25]

## Conclusion

The Bonny Method is an advanced practice technique and specialized therapy that has been utilized to constructively facilitate insight into critical life issues, concerns, and emotions. It has also helped clients address psychological pain. As such, it is a particularly effective therapy to implement at end-of-life, especially when adaptations are made to the typical traditional methods of therapy, this method can accommodate patient's decreased energy and/or limited attention span. This paper provided a brief overview of the Bonny Method with a focus on guidelines reflecting upon how this valuable therapy may be implemented and adapted for work with patients at end-of-life care. Indications, contraindications, and preparation for Bonny Method sessions are also discussed.

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