

Full-Length Article

Healing from the Core: Music and Imagery in the Cancer JourneyDawn McDougal Miller¹¹Park Nicollet Health Services, Frauenshuh Cancer Center, Minneapolis, Minnesota, USA.**Abstract**

This case study describes the healing journey of “Rebecca,” a woman with breast cancer. Although Rebecca was not cured of her cancer, she was healed on many levels. Rebecca’s music therapy sessions were a catalyst within her multidimensional healing process, which impacted her on mental, emotional, spiritual, physical, and relational levels.

Rebecca had 5 series of music therapy sessions over a 9-year period throughout the trajectory of her cancer, from diagnosis until her death. The following methods and techniques were included within the 35 music therapy sessions: Bonny Method of Guided Imagery and Music (GIM), various levels of supportive and re-educative music and imagery, directed imaging, music assisted relaxation, and improvisation. The variety of methods and techniques were important to support Rebecca’s changing condition over 9 years as she moved through various phases of the cancer trajectory, including: active treatment, survivorship, recurrence, maintenance, palliative, and hospice.

Music therapy sessions enhanced symptom management of fatigue, pain, anxiety, panic attacks, and needle phobia.

Rebecca’s family members were involved in some of the sessions, including a significant co-imaging Bonny Method of Guided Imagery session with her sister, which brought about core level healing of Rebecca’s needle phobia.

Keywords: *music therapy in oncology, palliative and hospice care, Bonny Method of Guided Imagery and Music (GIM)*

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Initial referral

“Is there is any way that music therapy could help this patient? She has needle phobia and she isn’t sure if she can handle chemotherapy or any more procedures that involve needles. Without chemotherapy, her prognosis is poor... I’m at a loss for what to do.” – Oncologist.

Rebecca’s oncologist reported that Rebecca was 52 years old, had stage III breast cancer, and was highly anxious. Rebecca was wary of any treatment regime that was not proven highly effective by research studies, and she questioned the need for various medicines, surgeries, or treatments. Rebecca had already decided not to pursue reconstructive surgery, because she did not want to endure any “optional surgeries.” Between appointments, Rebecca would call the oncologist or the cancer center nurses several times a week with additional questions and concerns.

I contacted Rebecca to offer and explain music therapy services. She agreed to meet with me, stating, “Well, it can’t hurt to try,” and thus began 5 series of music therapy sessions during Rebecca’s 9 year cancer journey. I utilized the following methods and techniques within Rebecca’s 35 music

therapy sessions: the Bonny Method of Guided Imagery and Music, various levels of supportive and re-educative music and imagery, mandalas, directed imaging, relaxation techniques, and improvisation. Rebecca was especially interested in imagery, which I used in various forms in most of the music therapy sessions. The wide variety of music and imagery techniques was needed in order to accommodate the changes in Rebecca’s condition throughout her cancer trajectory.

Background

Rebecca was a business systems analyst for a large financial company. She laughed as she shared, “I have a habit of over-working.” She described herself as “logical, self-critical, and sarcastic,” and noted that her “logical and unemotional approach” helped her to succeed as one of the first women to work in the computer programming field in her company.

Rebecca attributed her needle phobia to being severely stung by bees when she was 6 years old. She had been petrified of shots, needles, and stinging insects ever since she could remember. Rebecca’s childhood experience may have brought about trauma which remained stuck in her body memory, and unconsciously served to protect her from any future perceived threat of trauma from stinging objects or needles. This theory is supported by several authors who have proposed that traumatic events, such as accidents, routine invasive medical procedures, hospitalizations, natural disasters and loss of

PRODUCTION NOTES: Address correspondence to:

Dawn McDougal Miller, MME, MT-BC Address: Park Nicolett Health Services, Frauenshuh Cancer Center, Music Therapy, 3931 Louisiana Avenue S, Minneapolis, MN 55426, USA. E-mail: Dawn.Miller@parknicollet.com | COI statement: The author declared that no financial support was given for the writing of this article. The author has no conflict of interest to declare.

loved ones through divorce, separation or death, especially in early childhood, have lasting physical and emotional effects [1-3]. A trauma may interfere with the child's attachment to primary caregivers, emotional development, and as the child matures, he or she may continue to be fearful and even refuse medical treatments as an adult [2,3]. Levine stated that trauma creates "loss of connection – to ourselves, to our bodies, to our families, to others, and to the world around us" [4, p.9].

Rebecca had been married for 25 years to her husband, Dave, an engineer and project manager. She noted that Dave traveled a lot and was "hardly ever there." However, throughout Rebecca's cancer diagnosis and surgery, Rebecca reported that Dave had been supportive, especially with the logistical and medical aspects. Rebecca and Dave had 3 children, who were young adults. Their youngest child, Hannah, a 21 year old daughter, was living at home. Rebecca noted that Hannah was having a hard time adjusting to Rebecca's cancer diagnosis.

Musically, Rebecca played "a little bit of piano and guitar," and enjoyed listening to music. Celtic music, especially the artist, Enya, was her first choice when she needed to relax. Rebecca also liked to relax by playing video games almost every day, and looked forward to having her avatar interact with her son's avatar in various quests and battles through web-based play.

Spiritually, Rebecca was a "practicing Catholic," and had grown up attending Catholic Mass every week. She had previously tried repetitive Catholic prayers, such as praying the Rosary and Hail Marys, to help manage her anxiety.

Rebecca was diagnosed with cancer 2 months before she was referred to music therapy. At the time of our first meeting, Rebecca was recovering from a double mastectomy surgery, and had been able to do her work from home. Rebecca reported that she also had a history of chronic fatigue syndrome, anxiety and mild claustrophobia. In addition, she reported having occasional mild panic attacks, which she managed with medication.

Tolerating needle procedures

The first 2 music therapy sessions were focused on supporting Rebecca as she made a decision whether or not to proceed with chemotherapy treatments. Rebecca wanted the focus of these initial sessions to be on the goal of managing her needle phobia. She knew that if she could not achieve this goal, it would have implications on her life or death.

Session 1, Theme: Assessment. Since Rebecca liked the sound of flutes, I provided short samples of recorded Native American flute music and Japanese Bamboo flute music (See Appendix A). Rebecca selected the latter for the session. She agreed to have me guide her in a relaxation experience with this music which would include cues for deep breathing, and exploration of a peaceful place where she could relax. In typical first sessions when working in cancer care, I often have

the client select music after hearing short samples of relaxation music, and then pair that with a guided relaxation experience. Rebecca asked, "At some point in the session, after I have relaxed for a while, would you be willing to guide me in visualizing a rehearsal to stay relaxed during a needle start procedure?" During the first 15 minutes of the relaxation experience, Rebecca closed her eyes, and her respirations slowed and deepened. I then segued in to guiding her in directed music imaging experience [5] to imagine a needle start procedure. Although her respiration rate and muscle tension increased, Rebecca kept her eyes closed and was able to continue as I guided her through imagining a needle start procedure.

At the end of the session, Rebecca reported feeling "deeply relaxed." She said "it was good to experience something that didn't involve thinking" and reported feeling "contemplative" and "aware of the presence of God." She said that this experience reminded her that she could also use repetitive prayers from her Catholic faith to calm her anxiety during needle procedures, in addition to the relaxation music and techniques. Rebecca stated, "I think I can go ahead now with the chemotherapy. I can do this. Thank you for helping me to remember that I have tools to help me." In this session, Rebecca moved from a state of fear and panic about chemotherapy to knowing that she had internal resources to manage her fears. Rebecca's oncologist was relieved to hear that Rebecca would be able to proceed with the chemotherapy treatment plan.

Session 2, Theme: Preparation for Chemotherapy. Rebecca requested a second music therapy session to "insure that she was ready" for chemotherapy. Rebecca reported that she had been practicing relaxation techniques daily and found it helpful to imagine being in her peaceful place. I used another directed music imaging experience to help her prepare for chemotherapy and an upcoming outpatient procedure of having a central venous catheter (port) placed near her shoulder, which would be used to connect a needle for chemotherapy treatments. At the end of the experience, Rebecca reported that she had experienced healing images of: an energy wash, dancing in a field with an angel, and having the angel sit on her shoulder near where her port would be placed. She stated, "My port will be a reminder that I have a guardian angel on my shoulder for every chemo treatment." In this session, Rebecca discovered images that could help transform a fearful procedure into one with the potential for healing. Rebecca also reported that she had an image of "Little Becca," herself as a young child, and in this image, "Little Becca was, literally, calling the shots." Rebecca felt "comforted and empowered," and knew that she could call upon this image to give her a sense of control, if she were to feel fearful or begin to panic when she saw the needles.

I was not scheduled to work on the day of Rebecca's first chemotherapy treatment, but she decided to keep her scheduled chemotherapy date. She felt that she could manage

her needle phobia and anxiety with the help of her husband and the relaxation and imagery techniques that she had been practicing. Rebecca began chemotherapy and later reported that she had used the relaxation techniques and images from her music therapy sessions to successfully manage her needle phobia. Rebecca's needle phobia was still prevalent, but she was able to manage it well enough to have her port placed and to get through her first chemotherapy treatment.

Clinical considerations: I often begin a series of music therapy sessions by asking clients to bring in their own relaxation music. We listen to samples, then decide together whether to use it. This helps to create a sense of safety and encourages clients to relax more deeply to music they already know. Since Rebecca's preferred relaxation music (Enya) had lyrics which may have been distracting with the verbal cues of a directed music imaging experience, she was open to trying other music options. If other options for relaxation music are needed, then I have the client select the music after hearing short samples of other types of relaxation music. In addition, as part of the assessment process, I ask the client about his or her previous experiences with meditation, yoga, prayer, hypnosis, integrative therapies, and relaxation techniques. I invite the client to give input on what type of relaxation experiences might be helpful to use in the first session, such as autogenic, progressive muscle relaxation, breathing techniques, mindfulness meditation, or peaceful place guided imagery.

Exploring deeper

Rebecca requested to continue music therapy sessions for support during her chemotherapy and radiation therapy treatments. She was highly motivated and curious to delve deeper with the Bonny Method of Guided Imagery (GIM). GIM utilizes 30 to 50 minute pre-designed programs of what is often intense, and not relaxing, classical music. The music facilitates spontaneous images and the client describes the imagery to the therapist, with the purpose of more deeply engaging with the music and images [6-9]. In GIM, the client explores consciousness, emotions, and psychotherapeutic material. This differs from a music assisted relaxation experience, where the intention is relaxation, or a directed music imaging experience, which focuses on rehearsing a specific desired process or outcome, such as a needle start procedure or pain management [5]. Several authors have described the effectiveness of GIM and music and imagery adaptations, to support people with cancer [10-14]. During Rebecca's active cancer treatment period, she had a series of 5 GIM sessions, and 1 additional supportive GIM session focused on pain and fatigue management.

During active cancer treatment, such as chemotherapy or radiation therapy, many clients are not able to experience a full GIM session, as it may require too much physical and emotional energy. Therefore, adaptations of The Bonny

Method of Guided Imagery and Music and other music and imagery techniques are often useful to support clients when they are undergoing active cancer treatment. A supportive GIM session utilizes simple, repetitive, non-dissonant music and interactive guiding to allow a client to connect with positive qualities and resources [15]. A reconstructive GIM session focuses on a single issue, such as anxiety or pain, with evocative music to hold the client within the tension of the issue, and uses interactive guiding for the client to explore this issue [15]. For a full description and delineation of the adaptations of the Bonny Method of Guided Imagery and music and imagery techniques, please refer to Summer's "The Journey of GIM Training from Self-Exploration to a Continuum of Clinical Practice" [15].

Throughout the series of 6 sessions, as we moved further into the therapeutic process, I learned more about Rebecca's childhood and family of origin through her imagery experiences and discussions. Rebecca's father had died of a heart attack at age 74, and her mother died at age 83, after many years of being debilitated by Alzheimer's disease. Rebecca identified strongly with her father, whom she described as "*solid, the strong silent type, a man of few words.*" He was not demonstrative with affection, but Rebecca knew that he loved her, and she had good memories of reading books together as a young child. Rebecca described her mother as "*creative, charming, highly emotional, eccentric, and good at passive-aggressive guilt-giving.*" As a child, Rebecca built an emotional wall to protect herself from her emotional mother. When Rebecca was 19, her mother told her to "*go see a psychiatrist because it was not normal to have no emotions.*" Rebecca said, "*In my late teens to early 20's, I hated my mother.*" Rebecca felt that she had a chance to "*put things right*" with her mother before her mother died. Rebecca visited her mother regularly at a long term care facility, and had a chance to tell her mother that her mother's "*40 years of prayers*" for Rebecca "*had worked.*" Rebecca identified her own role in the family as "*the logical one, more like Dad.*" Rebecca had one sister, Katherine, who was 9 years older.

Exploring the landscape

Rebecca intentionally scheduled her 3rd session, *Theme: Exploring the Landscape*, in her "good week" which was the week prior to her next chemotherapy session. I selected the GIM program, Nurturing - M (Bonny, 1978 as modified by Bruscia, 1996) [16,17] for this first GIM session, to allow her to relax and gently explore feelings and the imagery process. Like many first GIM sessions where the landscape for future work is laid out, Rebecca explored various landscapes, colors, physical sensations, waves of energy, and parts of herself. During the imagery experience, Rebecca debated with her "*observer self*" as to whether these altered state experiences were valid. She briefly experienced feelings sadness, rebellion, and freedom. She reported that overall, she experienced "a

sense of deep relaxation.” At the end of the imagery experience, Rebecca exclaimed, “*That was weird! But there was something there... a larger energy field that I have never explored.*” She thought that she could tap into this energy field to help her recover from chemotherapy. GIM presented Rebecca with a whole new way of understanding and interacting with her internal world. It was not logical; it was hard to explain.

Music from Nurturing - M program (Bonny, 1978 as modified by Bruscia, 1996) [16,17]

Britten, <i>Simple Symphony, Sentimental Sarabande</i>
Walton, <i>Touch her soft lips and part</i>
Faure, <i>Cantique de Jean Racine</i>
Faure, <i>Requiem, Pie Jesu</i>
Puccini, <i>Madama Butterfly, Humming Chorus</i>
Massenet, <i>Orchestral Suite #7, Sous Les Tilleuls</i>
Schumann, <i>Funf Stucke im Volkston, Op. 102</i>

4th session, Theme: The Struggle of Accepting Support. This session occurred one week after Rebecca had completed her chemotherapy regimen and was starting to feel better. She had lost her all her hair and was preparing to start radiation therapy treatments the following month. I utilized the music from the Nurturing - M program, after Rebecca asked if she could hear the music from last session again. She said that the music was meaningful for her and that she did not have the energy for any new music today. Although I offered a supportive music and imagery format, Rebecca was fascinated by this new internal world and was highly motivated to try another GIM session. During the imagery experience, Rebecca explored an image of Jesus, wrapping his arms around her and carrying her burdens. However, Rebecca’s logical voice interfered that she “*should feel guilty for taking in this support.*” This reflected Rebecca’s negative childhood messages from her mother, along with Rebecca’s independent, go it alone attitude. In the postlude discussion, Rebecca discussed how difficult it had been to accept offers of help from family and friends during her chemotherapy treatments. She noted that today’s imagery experience of feeling love and support from Jesus was profound. It reminded her to accept the care of others and to connect with her spiritual resources, even if her logical mind interfered.

Emerging from a void of darkness

5th session, Theme: Void of Darkness. Rebecca reported that she had felt sadness, anger, and hopelessness in the previous days. She had “*slipped in to a void of darkness*” after a discussion with her daughter who was fearful about her Mom’s cancer. Rebecca stated, “*Sometimes, I think I will never get better.*” I selected the Grieving - M program (Keiser

Mardis, 1986, as modified by Bruscia, version 1) [16,17] to provide an opportunity for Rebecca to express these intense emotions, while remaining mindful that this was only her third GIM session, and she would need more preparation before experiencing the full impact of that darkness. During the imagery experience, Rebecca reported significant images, which were to recur again in later sessions, including seeing herself in her early 20s, as an image of a dark skinned Hispanic young woman, during the “*Concierto de Aranjuez*” by Rodrigo. This young adult Rebecca was dancing, making tortillas, and exploring the qualities of a ruby gem that had qualities of passion and anger, and a sapphire gem, with its qualities of peace and contentment, which she explored during the Arensky, “*Piano Trio*”. However, Rebecca’s guilt, logical mind, and engrained negative childhood messages prevented her from fully taking in the ruby’s passion and the potential transpersonal experience of the sapphire’s peace. While the violin played a sad melody in the Vivaldi, “*Violin Concerto in A Minor*”, Rebecca was tearful and let the sapphire go stating, “*I can’t keep it for myself. The sapphire belongs to more than me.*” In the postlude discussion, Rebecca said it felt important to connect with this young adult self, and wanted to continue to explore her “*Tortilla Woman*” image and qualities.

Music from Grieving - M (Keiser Mardis, 1986, as modified by Bruscia, version 1, 1996) [16,17]

Albinoni, <i>Oboe Concerto in D Minor</i>
Rodrigo, <i>Concierto de Aranjuez, Adagio</i>
Grieg, <i>Holberg Suite, Air</i>
Arensky, <i>Piano Trio, Elegia</i>
Vivaldi, <i>Violin Concerto in A Minor, Largo</i>
Dvorak, <i>Czech Suite, Romanze</i>

In the **6th and 7th sessions, Theme: The Fire in the Ruby**, Rebecca shared 3 recent dreams of searching for things that she had lost, including “*some part of me that has died.*” She was very motivated to continue exploring her internal world, “*and all these foreign emotions*” through more GIM sessions. During the Mournful program (Bruscia, 1996) [16] and Peak Experience – M program (Bonny, 1978, as modified by Bonny & Bruscia, 1996) [16,17], the young adult Rebecca Tortilla Woman image returned and explored the ruby and sapphire gems. Tortilla Woman searched for the fire in the ruby, and for her true self. I wondered if this process was connected with Rebecca’s dreams about the lost parts of herself. Rebecca later felt “*plagued by the fire in the ruby*” and wanted to hide it. She accurately summarized her current way of living in this statement from the imagery, “*distractions keep me from finding the fire in the ruby.*” She drew this beautiful mandala in her 6th session of Tortilla Woman standing on the ruby and sapphire.



Session 6 Mandala: Tortilla Woman opens to the Ruby and the Sapphire.

In a consultation, I was able to understand that Rebecca's relationship with the ruby represented her relationship with her mother. Rebecca's childhood and journey to adulthood was about distancing herself from her mother and making sure she did not become like her emotionally. As a young child, Rebecca split off the emotional part of herself, buried her passion, and felt selfish, guilty, or rebellious when feelings would arise. In this process, her true self was lost. Through imagery, Rebecca continued to explore ways of rediscovering her true self, and integrating emotions, which were represented by the ruby and sapphire qualities.

Fatigue and Pain Management

In her 8th session, *Theme: Fatigue and Pain Management*, Rebecca reported having "bone-weary" fatigue, a worsening cumulative side effect of radiation therapy. In addition, she reported burning pain around her surgery scars, at the site of her radiation therapy treatments. Rebecca agreed to a supportive GIM session focused on increasing her comfort. Since she had benefited from the interactive imagery process in GIM sessions, I decided to try interactive imagery of a supportive GIM session, rather than a directed music imaging format used in the first 2 sessions. Rebecca chose the Japanese bamboo flute music from session 1, and during the imagery experience, described experiencing "cooling waves, ebbing and flowing," through the blocks of her burning pain. A flood gate

opened, and "a cooling stream of energy cleansed and washed out the damaged and shriveled cells that have been microwaved." The stream of energy poured into her bone-weary fatigue, giving her a "reservoir of energy." At the end of the session, she stated that she felt "rested" and that these images would be powerful in helping manage her treatment side effects.

Clinical considerations: When working with clients going through active cancer treatment, I am mindful of their overall energy level. At the beginning of each session, I inquire about the physical side effects of their treatments. If their symptoms are acute, I have learned the importance of offering relaxation or directed music imaging experiences to help them manage their side effects, or supportive music and imagery experiences to help them connect with positive internal resources. It is key to choose the music carefully, and to consider supportive music or short and supportive GIM programs, rather than full GIM programs which could demand too much energy.

Cancer survivorship

Rebecca completed her active treatments of surgery, chemotherapy, and radiation therapy, and was informed that her cancer was in remission. She requested to continue more music therapy sessions utilizing GIM, because she was surprised to find that she had been experiencing more intense emotions now that active treatment was over, and wanted to explore "what just happened to me."

Session 9, Theme: Little Becca and her Mother, GIM, Imagery - M program (Bonny, 1978 as modified by Bonny & Bruscia, 1996) [16,17]. This was an important session, and there was an incredible shift in Rebecca's way of experiencing the imagery. No logical voice or negative messages surfaced this time. During the Imagery - M program, Little Becca was able to express her healthy child self, playing and exploring, then taking breaks to hug her mother or climb in to her mother's lap to rest. Rebecca was tearful throughout the session, when taking in the love and comfort of her mother. The session was an important step in Rebecca's emotional healing.

Music from Imagery - M (Bonny, 1978 as modified by Bonny & Bruscia, 1996) [16,17].

Ravel, *Introduction and Allegro*

Copland, *Appalachian Springs Excerpt*

Tchaikovsky, *4th Symphony, Scherzo*

Mendelssohn, *5th Symphony, Andante*

Suk, *Serenade in E, Adagio*

In the 10th session, *Theme: Regrets and Longing, GIM, Caring program* (Bonny & Keiser Mardis, 1994) [17], Rebecca explored regrets and fears of: not living fully, suffering, dying,

and longing for a purpose in her work and life. She experienced a range of emotions and images of her father surfaced for the first time.

11th session, Theme: Existential Questions and Survivor Guilt, GIM, Grieving program – M (Keiser Mardis, 1986, as modified by Bruscia, version 1, 1996) [16,17]. Rebecca reported that her panic attacks had returned. Her good friend, Mary had been admitted to hospice after a long battle with cancer. Mary had been a sounding board and mentor for Rebecca, especially during Rebecca's cancer diagnosis and treatment. In the imagery Rebecca explored an archetypal fairy tale image of being in Rapunzel's tower, feeling isolated and claustrophobic. Rebecca held up her ruby and saw that it was being drained of all its life. She experienced a memory of a panic attack and asked "Why, God, Why?" "Why did I get cancer?" "Why does Mary have to die?" "Will I die?" and other unanswerable heart wrenching questions. In this session, Rebecca was beginning to wrestle with the existential issues of having cancer [18] and facing her own death. Her friend Mary's impending death also brought up feelings of survivor guilt [19,20] as Rebecca agonized with the stark contrast of Mary's demise with her own cancer remission.

12th session, Theme: Disconnections and Divisions, GIM, Recollections program (Bonny & Keiser Mardis, 1994, as modified by Bruscia, 1995) [17], Rebecca's friend, Mary, was dying in hospice now. Rebecca's imagery jumped around and was fragmented. Nothing was as it seemed in the imagery: Rebecca saw a piano, but heard a guitar. Things changed in size. Everything was divided: light and darkness, good and bad, mind against body. Rebecca was struggling. After the session, I wondered if Rebecca would have benefited from a more contained format, as she was not in a place to be able to work within the GIM process. I knew that Rebecca had an appointment the next day with our oncology psychotherapist, and I consulted with the psychotherapist prior to Rebecca's psychotherapy session.

13th session, Theme: Expressing Grief, GIM, Imagery – M program (Bonny, 1978 as modified by Bonny & Bruscia, 1996) [16,17]. This session occurred 2 weeks after the death of Rebecca's friend, Mary. I decided to offer a short GIM session, as this time, Rebecca seemed open and in touch with her grief. I selected the Imagery - M program which Rebecca had a positive experience in session 9, and shortened it, using only the Copland, Mendelssohn, and Suk pieces. In the imagery experience, Rebecca felt the presence of her friend Mary and of her own mother. This time, Rebecca was able to stay with her imagery and her feelings. She cried and grieved Mary's death. As the imagery progressed, Rebecca confronted her own mother for not being there for her in her childhood.

The **14th session, Theme: Review**, was a review session to reflect on themes of the GIM sessions. I utilized what I had learned in my consultations to assist Rebecca in identifying how her childhood and relationship with her parents impacted her current life and ways of coping with cancer. She

noticed patterns in the imagery which mirrored her relationships. She identified how her logical voice, with its negative "I should" messages, prevented her from accepting love and support from others and from having compassion for herself. She stated that she had begun to love Little Becca, and embrace this "wonderful inner rebellious child." Rebecca also pondered a connection between rebellious Little Becca and her "body getting cancer." Rebecca discussed the importance of her Tortilla Woman image, and how she needed to embrace the qualities of both the ruby and the sapphire. She understood now that her emotions were also an important part of herself, and that she had tried to shut herself off from her emotions in her quest to distance herself from her mother while growing up. Rebecca reflected that although being detached from her emotions may have advanced her career path, she knew that needed her "whole self" in order to navigate the cancer journey.

Clinical considerations: Once cancer survivors are not experiencing acute treatment side effects, they may begin to experience many intense emotions. This is common in the beginning of the cancer survivorship phase, as people with cancer move out of survival mode, begin to feel better, and no longer need to invest their time and energy into active cancer treatment [21–23]. GIM sessions are an effective method for people in the cancer survivorship phase to sift through and process many emotions [11,14,24]. After active treatment is done, people with cancer often have more physical and emotional energy to participate in full GIM sessions. GIM sessions may also provide a catalyst for cancer survivors to understand the impact of this life-changing event and explore more healthy ways of being in life and relationships.

Anxiety and symptom management

Sessions 15 and 16, Themes: Anxiety and Symptom management. One evening, Rebecca began having cardiac symptoms and was advised to go to the emergency room. Because chemotherapy can weaken the heart, Rebecca was admitted to the hospital and monitored for several days. Rebecca's oncologist wondered if panic attacks may have exacerbated Rebecca's cardiac symptoms. I provided a music therapy session for Rebecca while she was in the hospital, and a subsequent one in the cancer center, a few days after she was discharged from the hospital. I created directed music imaging experiences focused on comfort, support, and healing with live improvised relaxation music.

Sessions 17 – 19, Themes: Cancer survivorship, Meaning-making, and Fear of Recurrence. Rebecca had 3 more GIM sessions, which dealt with the emotions of cancer survivorship, finding meaning in her life changing experience of cancer, and managing anxiety. The last session also included another review process to provide closure to this series of music therapy sessions. Rebecca reported that she

was doing well, except when she was awaiting test results, which happened every 3 months. Then *“the storm of anxiety would gather again and begin to spin out of control.”* In her sessions, Rebecca discovered more images to help her manage this anxiety. Awaiting test results can provoke fears that the cancer might recur. This may be one of the most difficult and anxiety provoking times of cancer survivorship.

Recurrence

Session 20 and 21: Healing needle phobia from the core. Two years after the end of her active cancer treatments, and one year after the close of her initial series of music therapy sessions, Rebecca found another lump. The MRI showed that her cancer had recurred, as stage IV breast cancer with multiple lymph node involvement and metastases to the lungs. Recurrence of cancer often brings even more emotional angst than a new diagnosis of cancer [24,25], and this was the case for Rebecca. Rebecca’s oncologist recommended another series of chemotherapy treatments, and Rebecca called me to say it was time for more music therapy sessions.

Rebecca’s sister, Katherine, had been visiting from out of state, and Rebecca requested to have her sister participate in the upcoming music therapy session. During the opening prelude discussion, Rebecca shared that they had been discussing concepts of healing from theories of quantum physics, especially the notion of seed moments, tiny events that can evolve to create massive consequences. Katherine wondered if Rebecca’s needle phobia originated from a traumatic hospitalization experience when Rebecca was around 9 months old. Katherine described her memory of this time:

I was 10 years old at the time, and Rebecca was a baby. Rebecca became really sick with pneumonia, and ended up in the hospital for about 2 weeks. I remember visiting her a couple times during the very limited visiting hours. Rebecca had to have shots every 4 hours. Her backside looked like a pin cushion, and she was so sore that they said she could not wear a diaper. When it was time to leave, I remember baby Rebecca standing naked in the big hospital crib, shaking the bars of the hospital crib, screaming and sobbing. It was so hard to leave her there, all by her little self, but the hospital rules dictated that even our parents were not allowed to stay. I even thought about hiding in the laundry cart, so I could stay there with her.

When I asked Rebecca what she felt when she heard this description, she reported, *“isolation, abandonment, and terror!”* Katherine wondered aloud, *“could this be the seed moment which was the source of Rebecca’s needle phobia, and perhaps, also the start of Rebecca’s cancer?”*

Rebecca wondered if she and Katherine could explore this experience together through a GIM experience. Although Katherine had not experienced the Bonny Method, Rebecca had shared her previous imagery experiences and processed through them further with Katherine. Katherine practiced

meditation and other integrative medicine techniques on a regular basis, and had experienced psychotherapy and spiritual direction, and was open to experiencing a GIM session.

I decided to use an interactional GIM format for couple co-imaging [5]. I explained to Rebecca and Katherine that they would both experience the music and imagery at the same time, and I would guide them to interact verbally with the music, imagery, and each other. I encouraged them to keep their eyes closed and remain engaged in the imagery process, even when they were talking with each other. They both seemed excited to proceed.

Selection of the music: When I considered music options for this co-imaging GIM experience, I could hear the drawn out phrases and cathartic release in Barber’s “Adagio for Strings,” and the healing potential of Beethoven’s “5th Piano Concerto” and Wagner’s “Lohengrin.” The prickly tension and discomfort in the Shostakovich “3rd and 8th String quartets” seemed like a good starting point. I wondered if the anger, tension and fear in the Holst “Planets, Mars” might also support their process. Although these selections of music were from the Peak Experience, Positive Affect, Body Tape, and Affect Release GIM programs, none of these complete GIM programs seemed to fit, nor did any other pre-existing program.

I chose to proceed with extemporaneous programming [5,15] where potential music selections are selected and placed in a possible sequence, based on the client’s presenting issues and emotional state that day. The selections may be repeated, changed, or added to, as the imagery experience unfolds. Extemporaneous programming differs from established traditional GIM programming. When using traditional GIM programming, the program of music has already been carefully preselected and artfully placed in a sequence by the creator of the program, such as Helen Bonny or Linda Keiser Mardis, utilizing a specific contour. By choosing to create an extemporaneous program, I would be creating a unique program of music, in the moment, for these two specific clients.

1

Order	Composer	Title	Original GIM program	Why selected?
1	Shostakovich	3rd String Quartet (Allegretto)	Body Tape	Initial skipping melody seemed childlike, yet with some tension and dissonance. This music was a good starting point to place them as children in the scene in the hospital.
2	Shostakovich	8th String Quartet (Allegretto)	Body Tape	The opening motif is like a shot of prickly tension, which is developed throughout the piece.
3	Shostakovich <i>Same as #2</i>	Repeated previous piece: 8th String Quartet (Allegretto)	Body Tape	I chose to repeat this selection, as more prickly tension was needed while they explored the scene and emotions.
4	Barber	Adagio for Strings	Positive Affect	Only now did they seem ready for this piece with drawn out phrases of sadness and tension, leading up to a big release and cathartic pause, before the theme recurs.
5	Strauss	Death and Transfiguration, <i>faded after 1 minute</i>	Positive Affect	They were not quite ready for the Beethoven, and the opening of the Strauss matched the mood of the Barber.
6	Beethoven	5 th Piano Concerto 2 nd movement, Adagio	Peak Experience	Ah... at last, it seemed time for the healing potential of this piece.
7	Wagner	Lohengrin, Prelude to Act I	Peak Experience	The sustained high phrases of the strings seemed to offer a different dimension of healing.
8	Faure	Requiem, in Paradisum (<i>only selection with voices</i>)	Peak Experience	I thought that the voices and gentle sounds might offer yet another aspect of healing. Repeating the Wagner would have been too long and too big at this point.
9	Holst	The Planets, Mars	Affect Release	Rebecca became angry, and seemed to need stronger music to support her expression of anger.
10	Beethoven <i>Same as #6</i>	5 th Piano Concerto 2 nd movement, Adagio	Peak Experience	This selection provided more healing and closure.

2 *Table 1: Music selections and sequence of extemporaneous program*

3

4 **Transcript excerpts:** Following are excerpts from Rebecca and
 5 Katherine’s co-imaging GIM session. I began with an
 6 induction focused on relaxing, breathing, and creating safety,
 7 and then guided them to imagine the scene in the hospital
 8 when Katherine was age 10 and Rebecca was a baby, drawing
 9 upon Katherine’s description to place them in the scene.
 10
 11 Shostakovich: 3rd String Quartet
 12
 13 Rebecca (R): *I’m in my hospital crib. Here comes the nurse,*
 14 *carrying a metal tray. I am scooting back in my crib. I WANT*
 15 *TO BE ALONE. I WANT HER TO GO AWAY (Can you find a*
 16 *way to show her?) GO AWAY! It doesn’t do any good... The*

17 *nurse is wearing a Nun’s habit... I am putting a blanket over*
 18 *my head... It’s dark... I’m trapped...*
 19 Katherine (K): *[describes seeing Little Becca in the hospital*
 20 *crib]*
 21 R: *I see you here now (to Katherine.) You are standing in the*
 22 *doorway. With Mom. But Mom can’t do anything. She doesn’t*
 23 *do anything. I know she can’t. The Nun in charge won’t let*
 24 *her... That Nun is scary to me.*
 25
 26 Shostakovich: 8th String Quartet, repeated
 27
 28 K: *I am so worried about my little sister... Mom is so*
 29 *obsequious. She’s so powerless. She’s giving in to the Nun.*

1 R: *Mom won't let you come in to see me. Mom is holding you* 54
 2 *back. I'm reaching out my arms toward you through the bars of* 55
 3 *my crib. "Sissy, Sissy! Come here! Take me home, carry me!* 56
 4 *Help me!" ... Wait, now I hear you coming. You are in my* 57
 5 *room now. You run over to my crib, and are holding my hands* 58
 6 *through the bars... Ah ... I'm safe... I'm so mad at Mom! She* 59
 7 *tried to keep you away... The Nun is coming back though... I'm* 60
 8 *scared!* 61

9 K: *Mom is trying to talk you into doing what the Nun wants. I* 62
 10 *want to stay with you. I am going to pick you up and hold you* 63
 11 *now.* 64

12
 13 Barber: Adagio for Strings 66

14
 15 K: *I'm in the rocking chair, rocking her. She is in my lap. "I love* 68
 16 *her so much." (Can you tell her?) "I love you so much. You* 69
 17 *are my baby, more than Mom's."* [Both are tearful, holding 70
 18 hands and gently rocking side to side. They cry for a long 71
 19 time, then tears begin to subside] 72

20 (How does it feel to be rocked by Sissy?) 73

21 R: *Warm. I'm all curled up...* 74

22 K: *Now I'm singing to you. Nursery rhymes. Making up a* 75
 23 *melody, just for you.* [humming] 76

24 R: [tears begin again] 77

25 K: *The Nun is coming to take you away now. NO! DON'T* 78
 26 *TAKE HER AWAY! ...* [this occurred at the big crescendo in 79
 27 the music, around 6 minutes of music, followed by a long 80
 28 pause, then return of string theme] (Feel?) *Terrible, betrayal. I* 81
 29 *didn't know it then, but I see and feel it now.* 82

30
 31 Strauss: Death and Transfiguration, excerpt 84

32
 33 R: *Mom is in the door talking to the Nun. I know they are going* 86
 34 *to say that they you have to leave... [deep belly laugh] Wait!* 87
 35 *They are setting up a cot next to my crib.* 88

36 K: *Do I get to stay with you?* [laughing] 89

37 R: *Yes! You lay down on the cot, and you are holding my* 90
 38 *hand...* 91

39 K: *You are so little. I am singing to you again.* 92

40
 41 *Summary of remainder of session:* The session continued, and 94
 42 Katherine held and nurtured Little Becca during the 95
 43 Beethoven, then the scene shifted and they were back at home. 96
 44 They explored more scenes and memories of Mom and Dad, 97
 45 and their absence of parenting. Rebecca began to express 98
 46 anger and have more energy in her voice. To support this 99
 47 emotion, I used the piece, "Mars" from "The Planets" by 100
 48 Holst, and Rebecca and Katherine returned to the hospital 101
 49 scene and confronted the Nun and their mother. I closed the 102
 50 extemporaneous GIM program by playing the Beethoven "5th 103
 51 Piano Concerto" again, during which Katherine stayed 104
 52 overnight with Little Becca in the hospital, held her little sister, 105
 53 and kept her safe. 106
 107

At the end of the imagery experience, they continued holding hands for a while, crying gently. They both reported that this was a "cathartic and healing session." Katherine stated that she believed the session allowed them to "reprogram and heal the past trauma of Rebecca's hospitalization." Rebecca said, "I don't think I will ever be bothered by needles again. This was healing at a core level." Katherine wondered, "Since we were able to heal this past trauma, who is to say that this session didn't also heal Rebecca's cancer in the present and the future?" Rebecca and Katherine's profound statements are supported in the literature of theories of healing childhood traumas [1-4].

In *Session 21, Theme: Healing*, Katherine had returned home, and Rebecca wanted to review and process this hugely significant session further. She said that she now had what she needed, reaffirmed that healing had occurred at a core level, and that she was no longer anxious about the needles or her next series of chemotherapy treatments. Rebecca's needle phobia had been healed from the inside. This was a significant change from the first and second music therapy sessions, which helped Rebecca to find resources to *manage* her needle phobia, but did not *heal* it.

Rebecca had several chemotherapy cycles over a 2 year period, during which she did not request any more music therapy sessions. Two years later, Rebecca called me to request another "music therapy tune up." She had 2 more sessions: *Session 22, Theme: Reconnection with Body*, a re-educative music and imagery format utilizing "Swan of Tuonela" by Sibelius. A re-educative music and imagery session involves intensifying and exploring an issue or feeling in order to gain more insight and decrease its negative power [15]. Unlike a re-educative GIM session, it does not utilize interactive guiding. During this re-educative music and imagery experience, Rebecca shifted from hating her body for getting cancer to embracing the cancer cells, like she had embraced her rebellious Little Becca, and then setting the cancer cells free to leave her body.

Session 23, Theme: Integration, closed this series of sessions. It was a shortened GIM session, where I utilized the 3 songs from the Grieving program that were most impactful for Rebecca in sessions 5 and 11. This music allowed Little Becca and Tortilla Woman to interact and come together. At last, Rebecca fully embraced and experienced the healing qualities of the ruby and the sapphire.

End stage healing

Another year went by without Rebecca calling me for more music therapy sessions. Rebecca's cancer was in a maintenance phase of treatment, where it was now being maintained and kept in check by oral chemotherapy. Then Rebecca began having cognitive issues, and an MRI confirmed that her cancer had now metastasized to her brain. She called again to request another series of music therapy sessions.

1 **Sessions 24 – 33: The End stage of life** 54

2
3 *The 24th session, Theme: The Beginning of the End*, was the 56
4 first session in a series of 10 more music therapy sessions over 57
5 an 8 month period. Rebecca named this time period, “*the* 58
6 *beginning of the end stage of my life*” and her intention was to 59
7 “*explore how to live in a richer way.*” The sessions in this 60
8 series included various music therapy, music and imagery, 61
9 and shortened GIM interventions. Because of Rebecca’s 62
10 limited energy, weakening physical condition, and slight 63
11 cognitive changes, I did not offer full GIM sessions and the 64
12 overall session length needed to be shorter. Twice, an 65
13 experiential session was followed one week later by a session 66
14 that was dedicated to verbal reflection and processing of the 67
15 previous experiential session. 68

16 In *session 26, Theme: Falling in to the Void and Finding* 69
17 *Father*, an interactive imagery session with recorded Native
18 American flute music (see Appendix A), Rebecca reported
19 images of Little Becca first falling down, then later, willfully
20 jumping down “*a deep black hole of the void like a trampoline*”
21 and being caught and supported, again and again, by her
22 father. This was another key session. Somewhat similar to
23 *session 9*, where Little Becca had been able to take in love and
24 nurturing from her mother, and *session 20*, where Rebecca
25 experienced healing and nurturing of her sister in the absence
26 of her mother, now she was able to trust her father to catch
27 her, and to be there for her in the darkness, even when she
28 willfully threw herself into the void. She tearfully stated, “*I*
29 *know that my journey is all about faith and trust... and I feel it*
30 *now here* (pointing to her heart), *instead of just understanding*
31 *it here* (pointing to her head).” She went on to discuss how
32 she could extend the feeling of trusting her father, to
33 experiencing the support of her “*heavenly Father.*”

34 In *session 28, Theme: Infinite Healing in the Void*,
35 Rebecca tearfully shared that she had fears of dying in pain,
36 lingering and suffering, and of losing control of her body and
37 mind. She agreed to explore these fears in a re-educative
38 music and imagery session utilizing the intense sounds of
39 Wagner’s “*Siegfried’s Funeral March*. When Rebecca
40 processed the mandala that she drew, she noticed an “*infinity*
41 *symbol*” and “*Christ’s head with a crown of thorns*” and was
42 surprised that there could be “*fear, pain, AND infinite healing*
43 *in the void.*”

44 Rebecca’s sister returned for an extended visit, and
45 Rebecca requested that Katherine be included in **session 30,**
46 **Theme: Leaving Fears on the Cross**, which occurred on Good
47 Friday, two days before Easter Sunday. After I gave them
48 options of various music therapy interventions, Rebecca chose
49 to close her eyes and experience the music that her sister and I
50 improvised together on percussion and Orff instruments.
51 Rebecca was tearful throughout the improvised music
52 experience. Afterward, Rebecca described images of “*leaving*
53 *all my fears and worries on the cross, so I can now live fully.*” 70

55 During these music therapy sessions in the “end stage of
56 her life,” Rebecca continued to explore and embrace many
57 spiritual images. She created new prayers. She deepened her
58 Catholic faith and incorporated concepts from different
59 traditions. Rebecca reported that she tried to live by the
60 concepts of the books, “*The Power of Now*” [26] and “*Living*
61 *Buddha, Living Christ*” [27]. She asked if **session 31, Theme:**
62 ***The Power of Now***, could be based on these concepts. Using
63 Rebecca’s ideas and specific suggestions, I created a
64 supportive GIM session based on: letting go of identifying
65 with thoughts, finding the stillness underneath the thoughts,
66 living fully in the present moment, and integrating spiritual
67 themes of Buddhism and Christianity. The music that I
68 selected was *Flow* by Barry Bernstein, a piece with frame
69 drums, percussion and long held low notes played by a bass
70 clarinet.



71 *Session 28 Mandala: Fear, Pain, and Infinite Healing in the Void.*

72 During **session 32, Theme: Sacred Well**, another supportive
73 GIM session utilizing relaxation music with synthesizer,
74 guitar, humming voices, and flutes by the recording artist
75 2002, Rebecca imagined immersing herself in a sacred well for

1 the entire session. With a smile, she reported that it felt so 52
 2 good to finally be freed from interfering or negative thoughts, 53
 3 and that the qualities she found in the sacred well were 54
 4 “mystery, magic, warmth, acceptance, and peace.” This 55
 5 session seemed to build on *session 26*, where Rebecca fell into 56
 6 the black hole of the void and was nurtured by her father, but 57
 7 this time the focus was on finding the sacred within the void 58
 8 and being nurtured by the Divine. In *session 33, Theme:* 59
 9 *Peaceful Nothingness*, we concluded this series of sessions, 60
 10 with a shortened GIM session, using part of the Pastoral 61
 11 program (Bruscia, 1996) [16,17]. Rebecca experienced 62
 12 relaxing images of being in nature, “*peaceful nothingness*, 63
 13 *empty space, and being free of all thoughts.*” 64

14
 15 Music from Pastoral program (Bruscia, 1996) 66
 16 (shortened) [16,17] 67

- 68 Debussy, *Prelude to Afternoon of a Faun*
- 69 Liadov, *Enchanted Lake*
- 70 Grieg, *Cradle Song*

17
 18
 19 **Hospice**

20
 21 One year later, Rebecca’s condition declined rapidly and she 75
 22 was admitted to home care hospice. I was honored to provide 76
 23 2 music therapy sessions, *Theme: Saying Goodbye and Letting* 77
 24 *Go*, for Rebecca and her family in her home. During this 78
 25 week, Rebecca was bedbound and mostly unresponsive. 79
 26 Rebecca’s sister Katherine had returned to help provide care 80
 27 for Rebecca. Her daughter hung Rebecca’s Tortilla Woman 81
 28 mandala on the wall at the foot of Rebecca’s bed, where 82
 29 Rebecca could see it. In the music therapy sessions, I played 83
 30 live improvised music using: Native American flute, ocean 84
 31 drum, soft piano music, Reverie Harp and vocal 85
 32 improvisation. I guided Rebecca and her family through some 86
 33 of the healing images that Rebecca had experienced in her 9
 34 years of music therapy sessions. 88

35 The dying process was hard for Rebecca, as she 89
 36 experienced her final struggle of giving up control and letting 90
 37 go. As a highly intellectual person, one of Rebecca’s greatest 91
 38 fears was losing control of her ability to reason and to think. 92
 39 Rebecca’s daughter reported that the hospice music therapy 93
 40 sessions helped Rebecca shift back to a more peaceful place, 94
 41 and that the music and imagery reconnected Rebecca with her 95
 42 spiritual resources. Rebecca’s daughter also felt that the work 96
 43 Rebecca had done in her GIM sessions helped Rebecca in her 97
 44 dying process and allowed her to transition more peacefully 98
 45 and let go. Throughout her GIM process, Rebecca had 99
 46 practiced jumping in to the void, and had found comfort, 100
 47 light, and love in the midst of the unknown. She had 101
 48 transformative experiences which supported her belief that 102
 49 there was more than just darkness and fear in the void. 103
 50 Rebecca’s sister Katherine felt that the music therapy sessions, 104
 51 “gave meaning to Rebecca’s journey through a terrible illness,

brought healing, and contributed largely to soul transformation.”

Clinical considerations: I chose these hospice music therapy interventions, because in my music therapy work with dying clients over the past 26 years, I have witnessed many responses that have led me to believe that people in the active stage of dying can still hear, and although they are in an altered and/or unresponsive state, they are still receptive to voices, music, sound, imagery, energy, intention, and presence. I have found that utilizing live music provides flexibility to adjust the music, in the moment, to the dying person’s respiration rate and transitioning condition. Many times, I have trusted my intuition and chosen to guide the client and/or family, with permission, in a directed imagery experience using imagery that has previously been important for the client. I have found that this process can be an extremely meaningful experience for the client and family. The statements made by Rebecca’s sister and daughter support my belief that the music and imagery process reconnects the client to his or her own personalized healing resources in a sacred and profound way. In addition to supporting the dying person, these music therapy interventions also provide comfort and support to the family in the midst of their grief and may offer a safe space and ritual for saying their final goodbyes.

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Summary and reflections

Rebecca experienced many shifts in her imagery process during her series of music therapy sessions. Her imagery became more focused, and unlike her early series of GIM sessions, there was no more jumping from image to image when emotions would arise. Rebecca was increasingly able to stay with images and emotions and experience them deeply. Prior to her first music therapy session, Rebecca appeared stuck in a state of anxiety and fear, and she was not aware that she had internal resources to draw upon. She came to recognize that she had identified only with her mind and thoughts, and not with her emotions and spirituality. Music and imagery sessions helped her to understand and experience the mind-body-spirit connection and this was one of the first steps in her healing process.

The work that Rebecca did in her music and imagery sessions carried over into her life. Rebecca was thrilled that she had become a grandmother, and she felt more connected with her family and enjoyed spending time with them. She had daily phone conversations with her adult children, and saw her grandchildren on a regular basis. Rebecca reported that she was sleeping better, meditating daily, and that her music therapy sessions had helped “*break down the barrier between her subconscious, her emotions, and her intellect.*” She reported that “*most days,*” she was “*living fully,*” and felt an overall sense of calm and contentment.

1 Rebecca's oncologist also noticed a transformation in 55
 2 Rebecca. They laughed together about how Rebecca's physical 56
 3 appearance had become "Buddha-like," with her bald head 57
 4 (she chose not to wear a wig), flat chest, and protruding belly. 58
 5 But they both agreed that there was more than just a physical 59
 6 resemblance. The oncologist was amazed at the change in 60
 7 Rebecca; instead of constant anxiety, Rebecca now radiated a 61
 8 sense of peace. Rebecca now trusted and was emotionally open 62
 9 with her oncologist and other health care providers. The 63
 10 oncologist noted that Rebecca's emotional and spiritual work 64
 11 through music therapy and psychotherapy had made a 65
 12 significant difference in Rebecca's cancer treatment process. 66

13 In addition to outside supervisions and consultations 67
 14 from GIM professionals during the course of Rebecca's 68
 15 journey, I had regular consultations with her oncology 69
 16 psychotherapist, who was my colleague at the cancer center, in 70
 17 order to coordinate our work with Rebecca. The oncology 71
 18 psychotherapist and I discussed that being with Rebecca in 72
 19 this stage of her life was like being bathed in the energy of a 73
 20 deeply spiritual presence. We felt privileged to witness and 74
 21 support Rebecca as she went through this amazing 75
 22 transformation and healing process. 76

23 **Healing versus curing:** A foundational cornerstone of 77
 24 palliative care is that healing and curing are not the same. 78
 25 Curing means absence of disease, whereas healing involves 79
 26 more than a physical cure. Healing can happen on 80
 27 multidimensional levels, even if a physical cure does not occur 81
 28 [28]. Healing can be defined as developing a sense of personal 82
 29 wholeness that involves all aspects of human experience [29]. 83
 30 According to McKivergin and Quarberg, healing is "the 84
 31 process of bringing together parts of oneself (physical, mental, 85
 32 emotional, spiritual, and relational) at deeper levels of inner 86
 33 knowing, leading to an integration and balance, with each part 87
 34 having equal importance and value" [30, p. 234]. 88

35 These definitions accurately describe Rebecca's process of 89
 36 healing. Rebecca and her support team, which included her 90
 37 family, friends and her health care providers, acknowledged 91
 38 that she had experienced healing on multiple levels. Rebecca's 92
 39 relationships had changed. She was involved in meaningful 93
 40 relationships with her family and her grandchildren, in sharp 94
 41 contrast from her earlier relationships in the virtual world of 95
 42 video games. Rebecca's relationship with her self had changed. 96
 43 Through her imagery sessions, Rebecca appeared to bring 97
 44 together several disconnected parts of herself. Rebecca 98
 45 experienced an incredible transformation from a highly 99
 46 anxious, emotionally disconnected person into a calm, wise, 100
 47 and deeply spiritual person who emanated peace. 101

48 During her cancer journey, Rebecca became more 102
 49 connected with her body, including her process of moving 103
 50 from hating her body for getting cancer to finding a way to 104
 51 love her "rebellious cancer cells and let them go" like her 105
 52 rebellious child self. Rebecca and her sister Katherine knew 106
 53 that they had healed Rebecca's early childhood hospitalization 107
 54 trauma which led to Rebecca's needle phobia, and thus healed 108

Rebecca's needle phobia. As Rebecca stated, "this was healing at the core level." Levine's theories of healing from trauma provide further understanding about the healing of Rebecca's childhood trauma through her GIM sessions and the effects of this healing in her life: "in healing the divided self from its habitual mode of dissociation, they [trauma survivors] move from fragmentation to wholeness... They come home to their bodies and know embodied life, as though for the first time" [1, p. 356].

Through her GIM sessions, Rebecca was able to feel love and nurturing from her mother, father, and sister, and repair childhood hurts. Healing happened in the spiritual dimension as Rebecca connected with and expanded her spiritual resources. She began to find a new purpose in her life, even toward the end of her life. Rebecca's husband reported, "In the last few years of her life, Rebecca was like a magnet for other patients in the cancer center who seemed to be struggling. Rebecca would sit down next to them in the waiting room, and somehow, her calm and healing presence would give them support. She also became the biggest advocate for music therapy, telling everyone to sign up now!"

It was an amazing experience to be able to be the music therapist who provided care to Rebecca throughout her cancer journey. It is one that I will never forget. Working with Rebecca taught me many things, including: the power of healing on multiple levels; and the utmost importance of using smaller and more contained music and imagery interventions for people going through severe illnesses, at the times when their symptoms are exacerbated. The week that Rebecca died, I needed to pause and take more time for self-care, using music and drawing for myself as I said goodbye to Rebecca. I also connected with my colleagues who had provided care for Rebecca. Together we reflected on the profound process of working with Rebecca during her nine year process of transformation and healing.

Rebecca utilized music and imagery interventions throughout the trajectory of her illness to traverse the ever shifting treatment paradigms from: 1) aggressive treatment to cure her cancer; 2) maintenance treatment to help her live well with cancer; 3) palliative care to help her manage every increasing pain and symptoms; and finally, 4) hospice care to support Rebecca and her family in her dying process. Although Rebecca was not cured of her cancer, she was healed on many levels.

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Biographical Statements

Dawn McDougal Miller, MME, MT-BC, Fellow in the Association of Music and Imagery, is a music therapist and music therapy internship director at Park Nicollet Health Services, Frauenthuh Cancer Center in Minneapolis, Minnesota, USA.

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Appendix A: Timeline of cancer trajectory and music therapy

Music Therapy series	Session numbers	Type of music therapy session	Session #) THEME: GIM program or type of music
Initial diagnosis of cancer, surgery			
Series 1A: Assessment and preparation for chemo therapy	1, 2	Relaxation & directed music imaging experiences	1) ASSESSMENT: Japanese Bamboo flute music: Stan Richardson, <i>Shakuhachi Meditation Music</i> , cd. 2) PREPARATION FOR CHEMOTHERAPY: Piano music: <i>Piano Dreamers, Real Music Sampler</i> , cd.
Series 1B: support for chemotherapy and radiation therapy	3 – 8	5 GIM sessions 1 supportive GIM session	3) EXPLORING THE LANDSCAPE: Nurturing – M 4) THE STRUGGLE OF ACCEPTING SUPPORT: Nurturing – M 5) VOID OF DARKNESS: Grieving – M (version 1) 6) THE FIRE IN THE RUBY: Mournful 7) THE FIRE IN THE RUBY, PART 2: Peak Experience – M 8) FATIGUE AND PAIN MANAGEMENT: Japanese Bamboo flute music, Stan Richardson
Cancer in remission, music therapy sessions continue			
Series 1C: Cancer survivorship	9 – 14	5 GIM sessions 1 review session	9) LITTLE BECCA AND HER MOTHER: Imagery – M 10) REGRETS AND LONGING: Caring 11) EXISTENTIAL QUESTIONS AND SURVIVOR GUILT: Grieving – M (version 1) 12) DISCONNECTIONS AND DIVISIONS: Recollections 13) EXPRESSING GRIEF: Imagery – M 14) REVIEW: Review session, no music
Series 1D: Symptom management during inpatient hospitalization	15 – 16	Music assisted relaxation sessions	ANXIETY AND SYMPTOM MANAGEMENT: Live improvised music: Native American flute, piano keyboard
Series 1C, continued: Cancer survivorship	17 – 19	3 GIM sessions, closure	17) CANCER SURVIVORSHIP: Mostly Bach 18) MEANING-MAKING: Peak Experience – M 19) FEAR OF RECURRENCE: Transitions – M
1 year break from music therapy, then cancer recurred			
Series 2: Healing needle phobia from the core	20 – 21	Co-imaging GIM session with sister and follow up session to process	20) HEALING FROM THE CORE: Extemporaneous program (see table 1) 21) HEALING: No music
2 year break from music therapy			
Series 3: Tune-up	22	Re-educative music and imagery session, drew a “tornado” mandala	RECONNECTION WITH BODY: Sibelius: <i>Swan of Tuonela</i> , repeated 2x
	23	Shortened GIM session	INTEGRATION: Shortened version of Grieving – M : Rodrigo, Grieg, Arensky

1 year break from music therapy during maintenance phase of cancer treatment, then MRI showed that cancer had metastasized to brain.			
Series 4: Palliative	24	Update, verbal processing, support	THE BEGINNING OF THE END: No music
	25	Music therapy: exploration of types of relaxation music	EXPLORING MORE RELAXATION RESOURCES: 5 samples of relaxation music
	26	Interactive imagery	FALLING IN TO THE VOID AND FINDING FATHER: Native American flute music with nature sounds. Christian Nielsen: <i>Healing Flutes</i> , cd. <i>Spirit of Kabekona</i>
	27	Processing of session 26	PROCESSING: No music
	28	Re-educative music & imagery session: Fear of dying in pain. Drew mandala	INFINITE HEALING IN THE VOID: Wagner: <i>Siegfried's Funeral March</i>
	29	Processing of session 28: Integrating spirituality concepts	PROCESSING: No music
	30	2 nd session with sister	LEAVING FEARS ON THE CROSS: Live improvised music: Orff and percussion instruments
	31	Supportive GIM session: "Power of Now"	THE POWER OF NOW: Barry Bernstein: <i>Spirals</i> , cd. <i>Flow</i>
	32	Supportive GIM session: Immersed self in sacred well	SACRED WELL: 2002: <i>Sacred Well: The Best of 2002</i> , cd. tracks: <i>City of Peace</i> , <i>Summer of 300 Years</i> , <i>Lady of the Moon</i> (repeated)
	33	GIM session, Closure of sessions	PEACEFUL NOTHINGNESS: Shortened version of Pastorale : Debussy, Liadov, Grieg
1 year break from music therapy			
Series 5: Hospice	34 – 35	2 hospice music therapy sessions with family present	SAYING GOODBYE AND LETTING GO: Live improvised music: Native American flute, ocean drum, piano keyboard, Reverie Harp, vocal improvisation and guided imagery.