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Editorial

## Combining Music and Imagery in the Context of Medical Music Therapy

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We live in a world filled with sounds and images. A storm comes close, we hear the thunder, we see the lightning, we feel the change in the atmosphere. Or we meet with friends – we hear their voices, we watch their facial expressions, and we interact and relate to them based on our own personal experiences of what we see and hear. We go to a concert, we hear the words and the music, and we use our mind to conjure up images that relate to not only the music but also who we are and how we feel as we live in our world.

This special edition of *Music and Medicine* explores how music and imagery are combined in the context of medical music therapy. What is this power that exists between visual and auditory, and between music and imagery? And how can we use it within a music therapy and healthcare context?

In considering this, we need to first understand the concepts. The imagery of particular relevance to our discussion here is something that we experience as being generated within our mind, related to metaphor, symbol and/or archetype. This imagery may extend beyond simple visualization to include all senses, feelings and memories. Likewise, our definition of music may be very broad. It may include classical and other genres of music, and a person may respond to the music within an actively involved or receptive framework, for example through singing, improvisation, relaxation or reflection. Processing and explanation of our experiences with music and imagery are also heavily reliant on and connected to our use of language, and we may describe this as likened to a waking dream. In addition to words, clearly other modalities may assist with explicating our imagery experiences with music, including a range of art-related processing techniques. The specialist approach developed by Helen Bonny - Guided Imagery and Music (GIM) - is strongly established as a modality for psychodynamic exploration. Applied in standard and adapted form, it may add value to many healthcare settings and contexts [1, 2].

For the purposes of this special edition of *Music and Medicine*, we take an extended view of medicine as also encompassing mental health and public health. Therefore, all experiences that impact upon our health and wellbeing are relevant when focusing on the use of music and imagery in medical music therapy. Throughout this edition, we present a variety of perspectives on the use of music and imagery. We begin broadly by looking at imagery and music related to song and improvisation, followed by a thorough focus on the existing research in the specialist approach of Guided Imagery and Music. A further focus on clinical applications of this approach leads into palliative care and oncology, and then perhaps rather surprisingly into the use of imagery and music in the context of severe visual impairment. Transformative aspects of using GIM with midlife transitions relate to wellbeing within the community health context. This special edition concludes with a book review which focuses on a systematic model for understanding practices of using music and imagery.

Commencing this special edition, in her article entitled: *Music and imagery in music therapy clinical practice*, Annie Heiderscheit provides us with a broad introduction to the use of music and imagery in relation to songs and improvisation. Since the beginning of formal music therapy, its connections to symbols beyond words and language have been described in clinical case studies. However, scant literature has addressed music and imagery in music therapy beyond programs formally connected with GIM-related practice. Annie's case studies provide further insight into the ways that imagery may be integral to music therapy practice, in relation to the use of songs and improvisation.

Cathy McKinney and Denise Grocke review the current state of evidence related to GIM and its modifications in relation to the physical and mental health of medical populations in *The Bonny Method of Guided Imagery and Music for Medical Populations: Evidence for Effectiveness and Vision for the Future*. The range of outcomes and modifications necessary in the medical context is explored. The future promises considerable gains based on an increasing range of clinical trials, with further explication of the underlying clinical mechanisms supporting the effectiveness of GIM and modifications in medical populations.

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In Amy Clements-Cortes' *An Overview of the Bonny Method & Its Use in Palliative Care Settings* we have an extended clinical introduction to the Bonny Method of GIM, through her detailed description of the principles of individualized GIM. She addresses clinical applications in relation to medical and palliative care, including indications and contraindications within the use of the method, especially in relation to palliative care.

Examining an oncology and palliative care case in detail, Dawn McDougal Miller reports using GIM and related techniques to explore images buried deeply within the psyche in the form of a needle stick phobia. Her article *Healing from the core: Music and imagery in the cancer journey* offers an in-depth extended case study unraveling the various stages and layers of how images affect us as people, and how we can work with them in therapy. This extends from symbolism in the treatment process itself – the port (central venous catheter) as a “guardian angel” to memories of childhood family, conceptions of self, a deeply buried memory related to hospitalization as a young baby, and culminating with music therapy support for the dying process. The imagery with music tracked the clients' transformational health process throughout her cancer journey.

In a remarkable and seemingly impossible application of GIM, in *Guided Imagery and the Visually Impaired: Help me stay with the light!* Maria Samara reports on undertaking GIM with people who are severely visually impaired, both adventitiously and congenitally blind. She explores the way that perception, imagery and music link together to create a meaningful experience for clients in the GIM context. Her valuable study expands our understanding of what imagery may be, and the powerful use of music for people where auditory input may become their primary sensory modality. This application of GIM clearly provides opportunities for self-exploration, inner growth and adaption to their current circumstances despite being affected by severe visual impairment.

Based in the community, Louise Terry-Clark reflects upon her work with people who are undergoing midlife and seeking transformation amidst the unsettling journey as they seek to move forward and resolve inner tensions. In *At the crossroads of midlife: Journeying the midlife transition with guided imagery and music*, her detailed thematic analysis provides insight into clients using imagery within the GIM process in terms of metaphor, symbol and archetype, thereby supporting insight, leading to further growth and a deep sense of personal wellbeing.

In *Guided Imagery and Music (GIM) and Music Imagery Methods for Individual and Group Therapy*, Liz Moffitt critiques a new book by Denise Grocke and Torben Moe (2015). Designed to outline the spectrum of approaches which currently lie within the field of the Bonny Method of GIM, this book is inclusive of current adaptations and modifications. It

is indeed a “goldmine of information and resources”, and is highly recommended to anyone seeking to explore music and imagery, including the Bonny Method of GIM, in the context of healthcare in many applications.

To complete this special edition, Louise Dimiceli-Mitran provides a **Reflection of Music Imagery** Beyond a Cancer Diagnosis. This personal piece offers a unique perspective on GIM through personal and professional quests of combatting the symptoms and feelings associated with cancer. This final piece leads us from intellectual pursuits back into the field of health, with a gentle reminder of both the potency of and the ongoing need for self-care strategies in our work as practitioners.

In summary, the articles in this special edition span from in-depth client material to studies of applications with particular populations; from reviews of clinical trials to thematic analysis; encompass many applications of music in the therapeutic context; and address all types of imagery including non-visual imagery and self-perception. In all instances there were clear benefits within the healthcare and medical contexts.

### Expanding the dialogue

“Thinking outside the box” is undoubtedly needed when combining music and imagery in the context of medical music therapy. The ways in which all of our senses work together in our minds to create meaning through imagery is complex and fascinating. An example from my own work with an aged care music and imagery group for very alert residents [3] leads me to recall an experience where one person reported vividly seeing her own funeral, complete with all of her family gathered around her. I thought to myself, should I be concerned about this? As she explained and processed her experience further, we learned that she had not seen her family for over 20 years despite their frequent visits – she was severely visually impaired and therefore greatly valued the vivid imagery which had been promoted by the music and imagery experience, it added extra meaning and enjoyment to her life.

I also remember personal conversations with the late Robin Howat from the Nordoff Robbins Music Therapy Centre in Australia, where he described improvisational experiences with a young boy exploring the moon and planets. As we talked, I was struck by the music and imagery connections between these the different modalities of the Nordoff Robbins improvisational approach and Bonny's GIM approach. In addition, of course, I had used the imagery in song-related material many times to help clients access and discuss deep-rooted issues that were hard to talk about in normal conversation.

Expanding the dialogue even further, we may consider how we conceptualize and imagine our environment, based

on and linked to sounds. For example, my own research experience suggests that we respond negatively to the busy and stressful sounds of the emergency department [4, 5]. However, anecdotally some patients appear to be less bothered by noise if they imagine the busy sounds as being positive and for their own good. In additional work, the use of music and imagery to imagine a new future and world-experience without bodily pain after cardiothoracic surgery gave clear benefits to resuming pre-surgical activities as part of the secondary rehabilitation process [6,7].

The creation of evidence supporting the use of GIM and its modifications within the medical music therapy context is complex and fraught with difficulties, especially in active studies within the clinical situation. Since change typically occurs “inside the head”, qualitative, quantitative and mixed method research approaches need to be employed, which may take considerable time to develop and apply [8]. Challenges may include difficulties in finding appropriate ways to collect data from vulnerable populations without adding further research burden, difficulties in the data analysis process, and new analytical frameworks may need to be developed [8, 9].

### Final comments

Exploring how music and imagery are combined in the context of medical music therapy, this special edition of *Music and Medicine* has contributed a variety of perspectives on the use of music and imagery in a myriad of applied clinical situations. As we take stock and face the future, it is clear that some music therapists intuitively understand connections between music and imagery, and have often chosen to train in Guided Imagery and Music (GIM). It has come time to consider that we directly address, explore and train all music therapists in broader uses of imagery within every facet of music therapy practice, in order to enhance our practice and understand how we can further contribute to interprofessional health care. It is no longer sufficient to dismiss imagery as being somehow irrelevant or extra-musical to experiences of music and the music we use in music therapy. Imagery and music are closely connected, and just as taste, preference and culture are fundamental to our clients’ experiences, so we also need to recognise their personal imaginal experiences as fundamental to their perception of the music we use in everyday practice. Beyond that, we also need to further explore, document and research specialist uses of music and imagery across the entire spectrum of music therapy practice.

In conclusion, I commend to you, the reader, this special edition of *Music and Medicine* and I thank each of the authors for their commitment and contribution to this special edition, which could not have come to fruition without them. I also especially thank the *Music and Medicine* editorial team for their professional approach and personal support, thereby

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### References

1. Bruscia KE, Grocke DE. *Guided Imagery and Music: The Bonny method and beyond*. Gilsum, NH: Barcelona Publishers; 2002
2. Grocke D, Moe T. *Guided Imagery and Music (GIM) and music imagery methods for individual and group therapy*. Jessica Kingsley; 2015.
3. Short A. Music and Imagery with physically disabled elderly residents: A GIM adaptation. *Music Therapy*. 1992; 11 (1): 65-98.
4. Short A, Ahern N, Holdgate A, Morris J, Sidhu B. Using music to reduce noise stress for patients in the emergency department: A pilot study. *Music & Medicine*. 2010; 2 (4): 201-207.
5. Ortiga J, Kanapathipillai S, Daly B, Hilbers J, Varndell W, Short A. The sound of urgency: Understanding noise in the Emergency Department. *Music and Medicine*. 2013; 5(1): 44-51.
6. Short A, Gibb H, Fildes J, Holmes C. Exploring the role of music therapy in cardiac rehabilitation post cardiothoracic surgery: A qualitative study utilizing the Bonny Method of Guided Imagery and Music. *J. Cardiovascular Nurs*. 2013; 28(6): E74-E81.
7. Short A. Heart’s work: Relaxing and infilling as integral to sustained forward movement. GIM in cardiac rehabilitation. In Dileo C, ed. *Advanced Practice in Medical Music Therapy Casebook*. Cherry Hill, NJ: Jeffrey Books; 2015.
8. Short A, Gibb, H, Holmes C. Integrating words, images and text in BMGIM: Finding connections through semiotic intertextuality. *Nordic J Music Therapy*. 2011; 20 (1): 3-21.
9. Short A, Ahern N. Theory into practice: A systematic decision-making process addressing patient needs for relaxing music in the emergency department context. *Australian Journal of Music Therapy*, 2009; 20: 3-28.

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