

*Full-Length Article*

## Integrating Music and Imagery in Music Therapy Clinical Practice

Annie Heiderscheit<sup>1</sup><sup>1</sup>Assistant Professor and Director of Master of Music Therapy, Augsburg College, Minneapolis, U.S.A.

### Abstract

This article explores the use of music and imagery in the music therapy literature beyond the scope of The Bonny Method of Guided Imagery and Music (GIM), or solely its use in music and imagery for relaxation. The majority of music therapy literature exploring the use of music and imagery is specific to the Bonny Method of Guided Imagery and Music and linked to the practice of utilizing music and imagery for relaxation. Through reviewing music therapy literature that identifies how music and imagery are embedded in other music therapy methods, this article will incorporate clinical case illustrations from the author's clinical practice that further demonstrate how the use of music and imagery are utilized in other music therapy methods. These clinical case illustrations include explorations of the use of music and imagery in group music therapy sessions, exemplifying its use in discussion and improvisation.

**Keywords:** *music, imagery, clinical practice*multilingual abstract | [mmd.iammonline.com](http://mmd.iammonline.com)

### Introduction

Music arouses thoughts, feelings and images and since it has no fixed meaning, the listeners attach their personal meaning [1]. Music is utilized in the practice of music therapy to support and facilitate a wide array of music experiences [2]. In these music experiences, music engages the imagination and fosters imagery. The symbolic meaning individuals attach to music supports the development of images in these various music experiences.

Music and imagery are modalities that have been utilized in healing practices for centuries [1,2]. In ancient healing rituals, as well as in current music therapy clinical practice, music and imagery are often used in tandem. Ancient shamans and healers implemented music and imagery in various rituals to support and foster healing [3,4,5,6]. While shamans and modern day clinicians combine these two modalities in their practices, current references to this work often

denote it as guided imagery and music methods and techniques [7,8,9,10].

This article explores the use of music and imagery in music therapy clinical practice beyond the Bonny Method of Guided Imagery and Music (GIM) and its usual use in music and imagery for relaxation. Through focus on the use of music and imagery in receptive and improvisational music therapy methods of song discussion and improvisation, these concepts and their utility will be expanded. In reviewing music therapy literature with regard to how music supports the use of imagery in various music experiences, its application in clinical practice within individual and group music therapy sessions utilizing song discussion and improvisation will be exemplified. Clinical case illustrations from the author's clinical practice working with client's in eating disorder treatment will expand how music and imagery are active elements in group music therapy sessions, and most uniquely in their capacity to assist in implementing song discussion and improvisation.

PRODUCTION NOTES: Address correspondence to:

Annie Heiderscheit, Ph.D., MT-BC, LMFT, Fellow, Association of Music and Imagery, Assistant Professor and Director of Master of Music Therapy, Augsburg College. Address: 2211 Riverside Avenue, Minneapolis, MN, U.S.A. E-mail: [heidesc@augsb.org](mailto:heidesc@augsb.org) | COI statement: The authors declared that no financial support was given for the writing of this article. The authors have no conflict of interest to declare.

### Music and imagery connections

Gaston wrote about the importance and value of music as a means of communication [11]. "It is the wordless meaning of music that provides its potency and value. There would be no music and no need for it if it were possible to communicate verbally that which is easily communicated musically" [11,p.23]. The form and dynamic movement within music seems to match and capture the quality of human emotion in a way that is

unmatched by any other medium [12]. Music seems to express those feelings and experiences that we, as human beings cannot find words to fully express [13,14].

Meyer reflected on the fact that music has no fixed meaning and this does not stop music listeners from assigning personal meaning to it [11]. Noy also recognized this value innate in music when he wrote, “aestheticians view music as a symbolic language expressing overt feeling content and psychoanalytic theory regards it as a language lending symbolic expression to unconscious content” [14,p.49]. Music arouses images, thoughts, and emotions that have personal meaning for the listener [10,13,14]. Langer concurred that the elements and form inherent in music connect and relate to the feelings experienced in life in ways that words and language cannot [15]. Listening to music can be a powerful and moving experience that can shift a listener’s consciousness and generate memories, images, and foster enlightenment [13].

The power of music to provide an avenue to create meaning and support communication and expression through symbolic images and non-verbal methods has been and continues to be the impetus for its use healing rituals and current clinical practice [1,2]. This relationship between music and imagery provides a manner in which clinicians can address an array of goals in the therapeutic process [2,10,12]. Exploring the music therapy case study literature provides insight into the various ways music and imagery can be utilized in clinical practice.

### Music and imagery in music therapy literature

A search of the music therapy literature surrounding the use of music and imagery generate a myriad of citations on guided imagery and music, including the Bonny Method of Guided Imagery and Music (GIM) and the use of guided imagery and music for relaxation. However, in order to identify the use of music and imagery and its versatility in usage amongst other music therapy methods, requires the reader to dig further into clinical case illustration and case study literature. There is no apparent overt mention of the combined use of music and imagery in the literature. However, delving deeper into the writing does generate evidence regarding the use of music and imagery within other music therapy methods [16, 17, 18].

The first case illustration is that of Austin, who describes her work with Sara, a 25-year-old graduate student, in which she utilizes vocal improvisation. In their third session, Sara describes a dream in which people were after her with knives and her the way she protected herself in this dream was to play dead [16]. Sara experienced difficulty noticing feelings connected to

this image in her dream. Within the session she and the therapist explored the dream musically at the piano. As they improvised at the piano the music slowed, grew softer and centered on a minor key. Sara described the music as sounding “sad and mournful” [16,p. 296]. She could feel the pressure and the sadness in her heart. After the improvisation, Sara was able to talk about how she played dead in her life with her parents and how she often felt afraid of being attacked or stabbed in the back.

While the image Sara introduced into the therapy session came from a dream, the image itself did not connect to her emotions. When Sara explored the image and through improvisation she was able to connect her emotions to the image. This fostered her awareness and understanding of the image as it related to fears of being attacked within her family. Exploring the image in the music fostered the development of awareness and insight of the image, her experiences and emotions[17].

The second case illustration is that of Hudson Smith, who describes her work with Jean a 27-year-old woman admitted for psychiatric treatment due to suicidal threats and depression [17]. She was assigned to a music therapy group to help her improve her communication and social skills. In group, she was “quiet and withdrawn” [17,p.483], unwilling to engage in improvisation and passively engaged in singing and music listening experiences [17]. During her second hospitalization, Jean participated in music therapy group again. At this time the group engaged in a series of songwriting experiences that focused on issues from childhood and families of origin. Jean actively participated in the group songwriting sessions, “she did not personally identify with any of the raised” [17,p.483-484]. Then one day in a session she shared a song she wrote. In an anxious and timid voice she sang her song. The lyrics to Jean’s song are included in Appendix 1, under song Illustration 1.

After sharing her song, she gradually began to share parts of her story. The images in her lyrics represented the fear and “threat of emotional abandonment” [17,p.485] that she experienced growing up and the fragileness she felt about being hurt by her parents [17]. Her song allowed her to connect to her emotions surrounding her experiences, as well as images and flashbacks from her childhood. Jean continued her therapeutic work during the months of her hospitalization. Just a couple of weeks before her discharge from the hospital, she shared another song she wrote. The lyrics to this song that Jean wrote are included in Appendix 1, under song illustration 2.

Through this song, she was able to acknowledge her growth and express her gratitude for the support and assistance she received in treatment. Her imagery surrounding this references the depth of the pain and the need to be nurtured in order to heal. After sharing the

song, the group validated Jean for her expression of gratitude in her song, as well as how this served as evidence of her personal growth [17].

The third case illustration is from the Martin, who describes her work with a woman (Sarah) in her fifties diagnosed with terminal cancer [18]. Sarah's husband and brother had died within the past two years prior to Martin's work with her. Sarah had three children, all of whom were in their twenties. Sarah's youngest son was still living at home and had issues with substance abuse, and she indicated that her daughter was dealing with multiple issues. Growing up, Sarah's mother was an alcoholic and as the oldest child, Sarah stepped in to take over the parenting role by taking care of her siblings [18].

Sarah's breast cancer had metastasized to her lungs. As a result she experienced a shortness of breath. Sarah's music therapy sessions were designed for "facilitating self expression via song choice and follow up discussion; diminish anxiety through use of soothing, familiar music; facilitating communication with sister through use of song material; providing opportunities to appropriately exercise control via song choice" [18,p.624]. During Sarah's music therapy sessions she would select songs she wanted to hear. In one of her sessions, she reported her symptoms were worsening and that she was having more struggles with shortness of breath and feeling nauseous. She selected songs that related to hope and needing hope. She then asked her music therapist to select the next song. Her music therapist chose *Song of Hope*, changing the words in the song to "be more appropriate to palliative care" [18,p.626]. An excerpt of the lyrics to *Song of Hope* are included in Appendix 1, under song illustration 3.

Sarah described her experiences with the music as "very peaceful" [18,p.626] and that it provided her a sense of comfort [18]. Martin specifically identifies the importance of the imagery in songs by sharing, "I have found that imagery is often useful in relieving anxiety and thus diminishing the perception of pain" [18,p.626]. The excerpt from the song includes imagery related to a journey that is difficult. The images utilized in the lyrics provide a platform for Sarah to connect her experiences and express her feelings.

These case illustrations demonstrate and provide insight into the use of music and imagery in music therapy clinical practice. They highlight how imagery sourced from a dream can be explored even further in improvisation and how songwriting can provide an opportunity to express one's experiences through images, lyrics and music that serve as not only a means of expression, but also as a way of connecting to others and discovering a sense of empowerment. Additionally, this work shows evidence of how the selection of a song in music therapy sessions may provide clients with

opportunities to connect to images that relate to their own experiences as well as assist in identifying what their needs may be.

These case illustrations provide detail and a foundational perspective regarding the ways imagery is connected in and within the music. They further illustrate that music and imagery are embedded in music experiences and can be integrated in a variety of music therapy methods. These examples also provide additional perspective on how the use of music and imagery allow the therapist to begin to gain awareness of the client's experiences.

The next section explores the use of music and imagery in group music therapy sessions. The two case illustrations include a song discussion session and an improvisation session. The case illustrations include the comments and statements made by the clients in these sessions to further demonstrate the impact of music and imagery in the sessions, how these help to communicate the clients' experiences, and help the therapist better understand the experience of the clients.

### Use of music and imagery in music therapy clinical practice

Music and imagery can be woven into a variety of music therapy methods in clinical practice. However the research literature provides limited examples of this outside of the use of GIM and guided imagery and music for relaxation. Case studies shed more light into how music and imagery are integrated into various music therapy methods [16,17,18]. Exploring the therapeutic process and the client's experiences through these cases provides clinicians with a deeper understanding a client's internal process.

The case illustrations included in the next section further explore how music and imagery can continue to be utilized in tandem in song discussion and improvisation. The two case illustrations presented are derived from the author's clinical practice working with women in eating disorder treatment. The first case explores the use of music and imagery in the context of a song discussion session with young women. The second case discusses the use of music and imagery in an improvisation session with a group of young women in eating disorder treatment. The case illustrations will not include in-depth information regarding the clients, diagnostic information or their overall treatment process. The illustrations focus on the use of imagery and music within the music therapy sessions utilizing song discussion and improvisation and include the client's comments and statements to provide a more in-depth exploration of how music and imagery help them understand and communicate their experiences.

## Music and imagery in song discussion

Song discussion is a receptive method frequently used by music therapists in a variety of clinical settings [1,19]. Song discussion involves the client or in some instances the music therapist selecting or reflecting upon a song that has therapeutic relevance for the client(s) [11]. In the session the therapist and client(s) listen to the song and then discuss the meaning of the song as it relates to the client's life.

Song discussion begins with the experience of listening to the song. It is important to understand and recognize that the process of listening to music and songs may be complex. Listening to music and songs involves different ways of being as the listening occurs. Hest de Witte, et al identify three ways of listening that include technical, associative and emotional.<sup>[20]</sup> Technical listening involves a focus on specific elements and processes in the music; associative listening includes an exploration of the thoughts and images that arise from the music or song; and emotional listening relates to the feelings or emotions evokes.

Songs are a synthesis of lyrics and music. The combined power of these components help to identify and communicate feelings, reflect our own experiences, explore our beliefs and values, and foster development of insight [11,19,21]. A song can serve as the platform for a client to project their own experiences [19,21]. Frank suggests that when a stimuli lacks inherent or specific meaning, a client draws upon their own experiences and feelings, attaching them to the stimuli and finding meaning in it [11,19,22].

This understanding regarding songs, prompted the therapist (author) to select the song, Little Butterfly by Alvarado, Baker and Stanfield.<sup>[23]</sup> Little Butterfly tells a story of being trapped and alone, and describes feeling scared and confused, while holding some hope for life to be different. The lyrics do not give explanation or meaning to the cause of the struggle, but focus on the experience of the struggle. The lyrics give a description of the struggle, by creating images of the experience. The solo voice of the vocalist and the acoustic guitar accompanying create a sense of intimacy, aloneness and emotionality that further supports the experience of loneliness. The lyrics to Little Butterfly are included in Appendix 1 under song illustration 4.

It is important to note that in the case illustrations the comments and statements of the client's are included in italics to assist the reader in easily identifying them. What is included in italics are the client's actual comments from the sessions in their own words. These comments are included to help provide a more in-depth exploration of the clients' experiences.

The song was introduced to a group of 8 women (ages 23 – 57) that were in intensive outpatient eating disorder treatment. The group listened to the song together. After listening to the song the music therapist asked the group if there were any lyrics or aspects of the song that caught their attention or stood out to them. Kim (23) shared, *“Living with an eating disorder is like living in a dark cell without bars. While there are not literally bars keeping me trapped, there are bars that my eating disorder creates that keep me from being free in the world.”* Gwen (45) disclosed, *“I was struck by the image of the ribbons of steel. Steel is so strong and binding and yet ribbon is something we consider beautiful. This resonates with my belief that my eating disorder helps me to be beautiful and a certain weight, but instead I am bound by the steel trappings it creates.”* Stacy (33) described, *“I can feel the change in my skin and my body. Just like in the song, I feel myself outgrowing the life I have been living and while I know that it should be a good thing, I am scared at times. I am afraid of this change. I wonder if the butterfly is scared of the change it experiences? Does it know it will be beautiful when it emerges from the cocoon? I feel like I could be that butterfly in the midst of the metamorphosis and I don't know what the result will be and will I be able to live as this new version of me.”* Jocelyn (28) shared, *“I used to think my eating disorder made me stronger and helped me accomplish more than I could on my own. But I see how it was like that hard shell around me that would not crack and kept others from getting close to me. This hard shell created a lonely place for me to live.”*

Susan (43) was tearful as she listened to the song and shared, *“This song describes what it is like to live with an eating disorder. Each line describes the pain and isolation that is a result of living with it. I am struck by how poignantly the lyrics describe my own experience. I would like to share this song with my family to help them understand how difficult it is living with this disorder. I wonder if they could hear and feel the pain I experience through the images described in the song? If they could understand how difficult it is to free myself from this disorder, this cell, I wonder if that would help them to be more supportive? I want them to know that living like this is not how I truly want to live, but that I am also afraid. I really just want and need them to understand how difficult it is.”*

The images described in the lyrics provided a platform for the women in the group to project their experiences with their eating disorder [19,21,24]. The music fostered a connection to their feelings and emotions surrounding their experiences. Connecting their experiences to those described in the song gave them a way to begin to understand their own experiences and to discover how those experiences can be described. The combined use of

images in the lyrics and the support inherent in the music allowed them to develop new insights about their experiences, explore their beliefs about their eating disorder, and help them talk about their feelings and experiences more authentically.

The next clinical case illustration includes a group of 10 young women (ages 20-32) in outpatient eating disorder treatment. These young women attended an outpatient music therapy group that focused on supporting their recovery process. The group met weekly for 90-minutes. The sessions were tailored to address the specific needs of the group and the group worked collaboratively to identify and determine what they wanted and needed to address in the sessions as it related to their recovery. During one of the weekly sessions the group began to explore the challenges of battling the eating disorder voice, which is the voice they hear in their head that bombards them with negative thoughts, encourages symptom use and to engage in eating disorder behaviors. The group shared that the eating disorder voice works to overpower their recovery voice. Their recovery voice is the voice that encourages recovery, using healthy coping skills, and speaks positive and supportive messages/self-talk.

The author introduced the idea of exploring these two voices through an improvisation experience. This would allow for each voice to be created and played and for the group to explore the interaction of these two voices. Since the struggle, the group identified how it was to manage the eating disorder voice when it is overpowering their recovery voice- it was vital to capture this aspect of their experience to discover how to manage the undermining messages of the eating disorder voice. The group felt it was important to keep each voice balanced regarding the number of people creating and playing, so they determined five people should be a part of each voice. Each member of the group then decided which voice they wanted to be a part of creating.

The group discussed the quality and sounds of each voice. A wide array of drums, percussion and rhythm instruments were provided, as well as a metallophone and xylophone. The entire group began by playing the recovery voice, creating the qualities and sounds that embodied the voice of recovery. After creating the voice of recovery the group discussed their experience. Tori (26) shared, “*I felt a confidence in my body. I could feel myself walking through my life freely and not feeling bombarded by my eating disorder*”. Julia (30) said, “*I felt a sense of ease initially, when I realized how comfortable I was feeling I was struck by a sense of panic that something would steal this from me. I guess like my eating disorder usually does when something good happens. As we continued to play, the sense of panic subsided. The sense of peace and comfort that I felt was not ripped from me, I*

*continued to hold it and I found it was mine to keep and hold.*” Katie (32) described her experience, “*I found myself wondering and lost at first, looking for a direction. I realized I felt directionless because I have found it difficult to not only hear, but also trust my authentic/recovery voice. I discovered I needed to stop within the music, to not try to keep moving, but to stop and listen to these voices of recovery around me. I allowed these voices to wash over me, I held onto them. As I gave myself time to do that, I began to hear my own voice. At first it was like a whisper, but as I held onto the voices around me, my own voice grew stronger and I could feel the strength building within.*”

After the group had processed their experience of creating and playing their recovery voice, they began to explore the voice of the eating disorder. The discussion moved rapidly as they were able to describe the qualities of this voice very well and they shared how familiar they were with this voice. They described the qualities of this voice as loud, overpowering, chaotic, demeaning, and shaming. Each member of the group selected an instrument to play that represented the eating disorder voice. The group then engaged in an improvisation that represented the eating disorder voice. This improvisation did not last as long as the improvisation of the recovery voice. The group then discussed their experience.

Erin (24) shared, “*It was easy to play this voice because I know this voice so well. As I played loud and chaotic rhythms, I felt how confusing and disorienting it was. I recognized how what I was creating was intended to cause harm. Feeling this allowed me to embody my eating disorder. I have never considered what it was like to be my eating disorder, but it was mean, aggressive and wanting to hurt me, things I would never want to do to another person. Feeling myself as my eating disorder gives me a new awareness about it.*” Megan (22) described her experience, “*I felt so uncomfortable in the dissonant and chaotic rhythms. I wanted to run away from it. Everything felt disconnected. I wasn’t sure how much I could tolerate. As I recognized my desire to run away from it, I realized that my discomfort was with my eating disorder not with myself. I wanted to run away from the voice of my eating disorder and embrace my recovery voice. This represented a shift for me. I was making the choice. Even now, after the music has stopped, I still want to run away from my eating disorder voice.*”

When the group finished processing their experience of playing the eating disorder voice, they transitioned into the experience where the two voices would play and they would explore the interaction between the eating disorder voice and their recovery voice. The group determined that members of each voice should sit mixed within the circle rather than be grouped as the eating disorder voice and recovery voice. They felt this best

represented how they experienced both voices, not as one united voice, but as an individual voice. The group also felt that the recovery voice should begin to play, since the eating disorder voice was activated in response to their experiences, thoughts and feelings.

The recovery voice group began to play. They played harmonious, upbeat, yet calming rhythms and melody. They were cohesive in their playing utilizing a strong beat that provided a foundation for various rhythms to build upon. The variety of rhythms and textures in the music provided a comfortable and positive experience. The eating disorder voice group entered unexpected, loudly and chaotically. Their rhythms hit the rhythms of the recovery voice like a freight train. This began to pull apart the cohesive rhythms of the recovery voice group and they struggled to hear each and find each other in the music. As they struggled to hear each other, Amy (25) got out of her chair, took her djembe and sat next to one of her recovery voice group members. They began to play together. Then gradually, one by one each of the recovery voice group members came to join them and they played together. As they could hear each other again, they found their rhythms and melody. The eating disorder voice group recognized they were not overpowering them any longer so they surrounded the recovery voice group and worked to encase them in their sounds. The experience continued until the eating disorder group tired and could not maintain their loud, chaotic and dissonant rhythms. They eventually faded away, leaving the recovery voice group to play and gradually fade to an ending.

The group discussed their experience at length. Amy (25) shared, *“When the eating disorder voice came in, it was disorienting and I felt lost. I could no longer hear my voice. I could feel myself getting pulled into their chaos. I knew the only way to avoid being pulled into that abyss was to be near those that also were playing the recovery voice. I had to get closer to those that were playing what I wanted to play. I knew I had to move, literally move or I would not make it.”* Emma (20) reported, *“I was so relieved when Amy came over by me. I was feeling paralyzed and unable to hold onto they rhythms of the recovery voice. I could feel myself being pulled into the eating disorder voice and I felt powerless to do anything about it. When Amy came and sat next to me and began to play, I felt a sense of hope and that I wasn’t alone in my fight.”* Tori (24) shared, *“When I saw Amy and Emma playing together, I could see their strength building and I wanted to join that and feel that power too. Hearing their rhythms working to fight through the chaos of the eating disorder voice was like a lifeline that allowed me to pull myself out of the loud dissonance and find my recovery voice again.”*

Abby (25) described her experience playing the eating disorder voice. *“I listened to the recovery voice play and saw how much they were enjoying what they were playing together. As I began to think about playing the eating disorder voice, I realized my role was to destroy what they were doing and pull them apart. I played as loudly as I could and did anything and everything I could do to disrupt them. I felt the eating disorder was like a bomb coming in and blowing up what they were playing. Everything got disoriented for a period of time and then they began to find one another again. When Amy went and sat by Emma, I remember feeling frustrated. Now I had to work harder to disrupt and destroy them. I did feel a greater sense of power when we surrounded them and had them engulfed. I also realized in that moment the negative and destructive nature of the eating disorder. I became my eating disorder. I was trying to destroy their recovery. That is not who or what I want to be.”*

The group was able to process their experience and recognize that in order to connect and stay connected to their recovery voice it required them to be around others that could speak the language of recovery. Being surrounded by others that could speak positive and recovery focused messages, gave them the strength and support needed to challenge the eating disorder voice. They recognized that in their day-to-day lives they often feel alone and powerless in their battle against their eating disorder voice. They discovered that utilizing the support and strength of others allowed them to find and hold onto their own recovery voice. The members of the both groups also shared they developed a new awareness and insight into the destructive nature of their eating disorder and how it worked to overpower them, making them vulnerable and susceptible to symptom use. They recognized as they played the voice of their eating disorder, they felt themselves becoming that negative and destructive force. This helped them discover a truth about their eating disorder. That despite the fact that eating disorder voice may say it is doing what is best for them, it is out to cause them harm.

The experiences and descriptions of their experiences during this improvisational session were often described through the use images and metaphors. Processing their experiences demonstrated that they not only described these experiences through images, but also experienced it in image form. This process of improvising, exploring and experiencing their recovery and eating disorder voice helped them develop new insights, discover how to cope and manage the eating disorder voice and how to feel empowered. The images served as a means of experiencing as well as a way of understanding their experience.

## Conclusion

Imagery and music is well represented in our music therapy literature in reference to guided imagery and music techniques. These typically refer to guided imagery and music for relaxation purposes or refer approaches like the Bonny Method of Guided Imagery and Music [7,8,9,10,12]. Recent literature further explore adaptations to guided imagery and music, recognizing there is great diversity in how music therapists employ imagery and music [10]. However, beyond the references to the Bonny Method of Guided Imagery and Music (GIM) and guided music and imagery for relaxation there is little to no mention of music and imagery in music therapy clinical practice.

While there is the lack of overt discussion of the use music and imagery in the literature beyond GIM and guided imagery and music for relaxation, this does not fully represent how music and imagery are integrated music therapy clinical practice. The literature does not provide an apparent representation regarding the use of music and imagery within other music therapy methods. Music and imagery are innately connected through many music experiences utilized by music therapists. This is evident in the images that are created in song lyrics and in the ways in which clients image their experience in listening to and creating music.<sup>[19,21,24]</sup> Recognizing how music and imagery are companions in music therapy and music medicine experiences may provide a broader lens for understanding how client's experience music and how we, as therapists can gain a deeper awareness of their experience. Additionally, it provides opportunity allow the client to explore and understand their own experiences.

Music and images are naturally embedded in our music experiences. Further developing our awareness and understanding of this as clinicians, provides the opportunity to utilize the full potential of these tools in all of the methods we utilize in clinical practice. This article attempted to scratch the surface of this topic and bring it into the awareness of clinicians and researchers. The literature needs to begin to reflect the full scope of our practice utilizing music and imagery. Building this body of literature will not only further inform clinicians, it will educate students, develop research interests, foster research studies and most importantly, help us all understand the experiences of our clients on new and deeper levels.

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## Biographical Statements

Annie Heiderscheit, Ph.D., MT-BC, LMFT, is the Director of the Master of Music Therapy program at Augsburg College and clinical music therapist at the University of Minnesota Masonic Children's Hospital.

## Appendix A

### Song lyrics

#### *Song illustration 1*

Children's lives are precious and rare  
Treat them gently, handle them with care  
See their precious eyes, feel their gentle smile  
They're so young and there's so much they really want to know

Butterflies and worlds of "Let's pretend"  
Daddy's hand and joys that never end  
Some will never know the joys that life can show  
Fear and pain and loneliness is all they'll ever know

#### CHORUS:

Lives are precious things  
Fragile like a tiny string  
Just some love is all it takes  
To start a life anew

Little hearts are broken easily  
Little souls, when cut, will quickly bleed  
They must know they're loved, that somebody cares  
Otherwise they'll hide away and never take a chance.

Beautiful is laughter ringing out  
Let them feel the feelings that they feel  
Let them dream their dreams; do not block the way  
Let us know destroy the hearts and souls of ones we love [17,p. 484]

#### *Song illustration 2*

Deep within each of us  
Lies a special kind of place  
A place where love can root and grow  
And touch our very hearts and souls.  
No one finds this special place  
By searching hunting on their own  
For this place cannot be found  
It needs another's love to guide the way

#### CHORUS:

You touched me  
You reached into my darkness  
You found me crushed and broken  
I turned away in fear and you didn't walk away,  
No, you stayed.

The path is long and sometimes hard

There are many times I want to quit  
Then I feel your love within my soul  
That's when I find the courage to go on.

How can words express my gratitude  
For the kindness that you've shown  
If you love had not reached out to me  
There's so much of me I would have missed. [17, p. 486-487]

#### *Song illustration 3*

#### Song of Hope (Excerpt)

When the darkness overwhelms us  
To dim our sight and mind  
When all roads lead to confusion  
And hope's impossible to find  
Free our minds for dreaming  
Of a time when pain shall ever cease  
Free our eyes for vision  
That leads us to the ways of peace [18,p. 626]

#### *Song illustration 4*

#### Little Butterfly

I have lived all alone in a world without light.  
I have lived in a cell without bars, without sight.  
While longing for meadows, and fields full of flowers,  
Pain and confusion have filled lonely hours.  
I have wanted to fly, to soar over green fields,  
But the hard shell around me would not crack, would not yield.  
I felt bound to the earth, wrapped in ribbons of steel,  
It hurt when I hoped, it hurt when I'd feel.  
Yet even as I yearned so much for release,  
Something inside spoke softly of peace.  
A whisper was there each time that I cried,  
Saying, "Don't give up, child, keep hope alive."  
Hope seemed a thing as distant and far  
as the most distant galaxy, the most distant star.  
I did not believe I would ever be free  
of the heavy cocoon covering me.  
Then slowly, so slowly, came a glimmer of light,  
It scared me at first, this first bit of sight.  
There were others around me. Why had they come?  
Why had they entered my dark, lonely home?  
And then, one by one, they reached out a hand  
and lifted the ribbons of steel, strand by strand.  
When their hands touched the ribbons, the steel fell away,  
And I began to feel different in this lightness of day.

They smiled, they rejoiced, and I heard a song,  
One that had played in my heart all along,  
These are the words the song sings to me,  
This is what it says:  
“I can feel a change is coming, I can feel it in my skin  
I can feel myself outgrowing, this life I’ve been living in  
And I’m afraid, afraid of change,  
Butterfly, please tell me again, I’m gonna be all right”  
And I know, I know, I’m going to be all right.  
And I know, I know, I will take flight.  
When my friends now, they call my new name,  
And I smile at the promise that my new name brings.  
They call me, “Little Mariposa” “Little Butterfly”  
And my heart takes wing [23].