A Phenomenological Study of Pivotal Moments

in

Guided Imagery and Music (GIM) Therapy

Denise Erdonmez Grocke

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ABSTRACT

A phenomenological study was undertaken to investigate pivotal moments in Guided Imagery and Music (GIM) Therapy, from three perspectives: the client's experience, the therapist’s experience and the music which underpinned the moment. The questions posed were: how do clients experience moments in GIM therapy which are pivotal - are there features of these experiences which are similar to all participants? How do the GIM therapists perceive these moments identified by their clients as pivotal - are there features which are similar to the GIM therapists? What are the features of the music which underpin the pivotal moments - are there similarities in structure and/or elements?

Seven clients were interviewed about their experiences of pivotal moments in GIM. The interview protocols were analysed using the Giorgi-Colaizzi method of phenomenological inquiry. There were 24 composite themes which emerged from the analysis, and four of these, common to all clients, were: that pivotal moments were recalled in vivid detail; they were emotional experiences; they were embodied experiences; and they impacted on the clients lives. The essential component was that the pivotal experience was a moment of radical change.

Two GIM therapists were interviewed about their perceptions of the moments identified by their clients as pivotal. The interview protocols were analysed using the Giorgi-Colaizzi method of phenomenological inquiry. Fourteen themes emerged from the analysis, of which six were common to both therapists. These themes were: that the therapists recalled the moments identified by their clients as pivotal; therapists also identified other moments as pivotal to the client; they could anticipate that a pivotal moment might occur; and they might choose not to intervene during the experience. The therapists felt emotional during the pivotal moment; and might look for observable changes in the client’s body language or facial expression.

In the third part of the study, the music program selected for the GIM session was analysed using a Ferrara-Giorgi phenomenological method of analysis. The 14 music selections were found to have similar features: eleven selections were composed in the late Classic/Romantic period of music development, and 13 of the 14 were written in a structured music form. Seven of the selections (50%) were works of Brahms.

An analysis of the one music selection which underpinned each precise pivotal moment, was analysed using the Structural Model of Music Analysis, a method of analysis developed by the author for this study. Features common to the four music selections
were: that there was a formal structure in which repetition was evident; they were predominantly slow in speed and tempos were consistent; there was predictability in melodic, harmonic and rhythmic elements, and there was dialogue between solo instruments and orchestra, or between groups of instruments, or in vocal parts.

Pivotal moments in GIM therapy are defined as intense, embodied experiences as the client confronts distressing imagery which is resolved, and this resolution brings about radical change in the person’s life. They are distinguishable from other types of experiences in GIM therapy. These results are discussed in light of the contribution to the clinical practice of GIM therapy, and recommendations are made for future studies.

**Declaration**

I declare that the thesis comprises only my original work, and that due acknowledgment has been made in the text to all other material. I declare that the thesis is less than 100,000 words in length, exclusive of tables, figures, bibliography, appendices and footnotes.

Signed ..................................................

Denise Erdonmez Grocke
Acknowledgments

I gratefully acknowledge the assistance of many people in the process of conducting the research described in this thesis, and in the writing of the thesis itself:

I am indebted to Dr Helen Bonny, who very generously gave of her time, her knowledge and her invaluable writings, as I gathered insight into how she developed the music programs used in GIM therapy.

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Finally, I thank the seven participants, and Anna (GIM therapist) who shared their experiences of pivotal moments in GIM with me. I thank them for their willingness to be involved, and the richness of their disclosures.
Dedication

This thesis is dedicated to the life and work of

Helen Linquist Bonny, PhD, RMT
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INTRODUCTION

The Association for Music and Imagery (AMI) defined the Bonny Method of Guided Imagery and Music (GIM) in 1990 as:-

A music-centred, transformational therapy, which uses specifically programmed classical music to stimulate and support a dynamic unfolding of inner experiences in service of physical, psychological and spiritual wholeness.

The GIM therapist/guide maintains an active dialogue with the listener throughout the session, providing encouragement and focus for the emotions, images, physical sensations, memories and thoughts which occur (first published in print AMI, 1997).

Bonny originally described the GIM process as:

... a technique which involves listening in a relaxed state to selected music, ... in order to elicit mental imagery, symbols, and deep feelings arising from the deeper conscious self. ... (it) fosters creativity, therapeutic intervention, self-understanding, aesthetic imprinting, religious and transpersonal experience, holistic healing and personal growth. The unique combination of music, relaxation, and responses generated by the stimulus, provide a therapeutic milieu, which consistently succeeds in calling forth the creative and holistic resources of consciousness. (Bonny, 1978b, p. 5).

My own definition of GIM favours the alignment with principles of psychotherapy:

Guided Imagery and Music (is) a specialised area of music therapy in which clients listen to classical music in a deeply relaxed state and in which visual imagery, changes in mood and physiological effect in the body are experienced. . . . The method is based on the principles of music psychotherapy, where unresolved psychological issues in the client are brought to the surface by the dynamics shifts in the music selections. The clients' issues are represented in symbolic form in visual images, feelings states and body responses. The therapist engages the client in a dialogue to enhance the experience of the imagery. Each of the music programs (of 40 minutes) incorporates selections from the Western
classical tradition. A movement of a larger work may be programmed alongside a work of another composer or another stylistic period. Each music program is designed to have a beginning piece, which stimulates imagery, a middle section to deepen the experience emotionally, and a final selection which returns the client to a non-altered state of consciousness. The choice of music for each program is made according to the potential for inducing imagery and deepening emotion... (Erdonmez Grocke, 1997).

**The Focus of the Study**

My beliefs about GIM have been shaped by witnessing the experiences of many GIM clients. One particular facet which interests me is that there are powerful sessions in which clients courageously face challenging and sometimes distressing imagery, and within the GIM session confront and resolve these experiences. Clients reach points of resolution in different ways: for some the resolution occurs within that session, while for others the resolution occurs in the days or weeks following the session. These sessions stand out as significant to both client and therapist. They are turning points in therapy, and the effects may last for long periods of time. Sometimes the experiences are life changing, in that the client’s view of the world shifts significantly. While there is some descriptive literature about these moments in verbal psychotherapy (reviewed in chapter 1), no study has been undertaken into pivotal experiences in GIM. My study was designed to explore pivotal moments as experienced by the client and the client’s therapist in GIM, and the role of the music in these experiences. Based on my observations of clients’ pivotal experiences in GIM sessions, I developed a working definition of pivotal moments, and the following broad questions formed the focus of the study:

1) how do clients experience moments which are pivotal in GIM?

2) how do the therapists experience these moments identified by their clients as pivotal?

3) what are the features of the music which underpin pivotal moments in GIM?

In this Introduction, I will present an overview of the developmental history of GIM; a detailed description of the structure of a GIM session, and the role of the therapeutic relationship between therapist and client in GIM therapy over a series of sessions. There follows in Chapter 1, a review of the literature pertaining to altered states of consciousness, the use of imagery in healing, and the clinical and non-clinical applications of GIM.
Chapter 2 presents an argument for the use of phenomenology as the preferred method for conducting research into pivotal moments in GIM therapy. The detailed research questions are then identified, and the research design is explained.

Chapter 3 presents a phenomenological analysis of the interview protocols of seven clients' experiences of pivotal moments in GIM, and the themes which emerged from the analysis. In Chapter 4 the global features of these pivotal moments from the clients' perspective are distilled, and a final depiction of the experience is offered.

Chapter 5 presents a phenomenological analysis of the two therapists' perceptions of the moments identified by their clients as being pivotal. Themes are identified and a final depiction of therapists' experiences is presented.

The function of the music in the GIM process is explored through the writings of Helen Bonny in Chapter 6, and some of the present methods of analysing the music in GIM are reviewed. A method for analysing the music which underpinned the pivotal moments in the present study is proposed.

In Chapter 7, the music program used in the pivotal session, which underpinned the pivotal moments experienced by four of the seven clients is analysed, to determine the common features or structures in the music which support and extend these pivotal moments. Chapter 8 identifies the features and elements of the music selections which underpinned the precise moment within the GIM session where the pivotal experience occurred.

Chapter 9 provides a general discussion of the study and its conclusions; discusses methodological limitations and questions which arise from this present research, and makes suggestions for future areas of research in GIM.
Editorial notes:

1. Throughout the thesis the acronym GIM refers to The Bonny Method of Guided Imagery and Music only, and not to any other method or technique utilising imagery and music.

2. Throughout the thesis I choose to refer to myself in the first person. This is consistent with qualitative research practice (Wolcott, 1990, p. 19), and follows more closely my search for authenticity in the research process.

3. The seven people who were interviewed for this study are referred to in several ways throughout the thesis. In the Method section I refer to them as participants, or sometimes as interviewee. In presenting their pivotal moments in GIM however, I have elected to give them pseudonyms. This enables me to refer more closely to their experiences rather than describing their experiences as "participant 1, 2 and 3" etc., which to my eye introduces distance to the experience.

4. In presenting the distilled version of their experience I have chosen to use the present tense to suggest that it is a lived experience. In other sections of the thesis however I use the past tense as is common practice in reporting research.

5. I have used the American Psychological Association (APA IV) standards in presenting references. Although my use of personal pronouns is inconsistent with APA guidelines, it is common practice in presenting qualitative studies.

6. Throughout the thesis many examples of music selections used in GIM will be mentioned. In the interests of the reader, the author has not given full publication details and citations each time a piece of music is mentioned. The reader is directed to Appendix 1a, which gives a full list of all the selections used in the 18 music programs devised by Helen Bonny, and Appendix 1b, which includes the preferred performers and the details of the original recordings used.

7. This research explores GIM sessions which occurred during 1992-1995. For the purpose of this study the music programs mentioned are those prior to the modifications made by Bonny and Mardis in 1994, and subsequent modifications made by Bruscia in producing CD versions of the music programs in 1996 (Bruscia, 1996).
An historical account of Bonny's development of GIM Therapy

The method of Guided Imagery and Music was developed by Dr Helen Bonny in the 1970's. The philosophy and development of the method has been influenced by several major events in her life, and by her life-long experience and love of music. In order to understand how the method evolved and, in particular, how Helen Bonny devised the 18 music programs used in GIM therapy today, the author interviewed her during several visits to her home in Salina, Kansas during 1995 and 1996. These significant events are outlined in the Introductory chapter of this thesis, for three reasons: 1) they shaped the development of the GIM method, and the philosophy upon which GIM is based, 2) some of these events, in particular the development of the music programs, have not been described elsewhere, and 3) they impact on the research undertaken by this author.

A recent autobiographical video documentary (AMI, 1995) has described Helen Bonny's musical upbringing, her study of music therapy, and the events which led her to develop the method called Guided Imagery and Music. Many of her life experiences stand out as pivotal to the development of the method. One of these significant events took place in 1949, and it was an experience which Bonny describes as 'mystical'. She was playing her violin at a prayer meeting, and she had chosen to play 'The Swan' by Saint-Saens. This piece is written in ternary form, and Bonny explains that the first part of the piece was played "as usual", but at the return of the theme she experienced an astonishing sound:

This wonderful music came through my violin - I was astonished - I didn't know what was happening to me - I thought I would draw the bow and keep playing - I didn't use vibrato (and without it the violin can have a wooden sound), but this sound was beautiful, as if it was coming from some other source (interview transcript 15/10/95; Appendix 1c).

When I asked her to elaborate on this experience further, she said:

It was really pivotal for me ... I remember the date, it was September 21st.... I remember how beautiful the sunrise (of that morning) was - the orange and red and gold filled the sky. (T)he experience of playing was like 'being taken over ... I was used as a vehicle ... the beauty of the violin, the tone was different, fantastic. I felt that God, as I knew God at that time, was responsible, and it took me in a direction that explored my spiritual side (interview transcript 18/1/96; Appendix 1d).
Bonny's mystical experience in 1949 influenced the basic philosophy on which she subsequently built the method of GIM twenty years later. "It had a powerful influence on my life, and it was the beginning of my interest in how music could be a profound(ly) spiritual experience" (interview transcript 18/1/96; Appendix 1d). The spiritual nature of this experience is evident in Bonny's description of GIM (dated 1978, above) and continues to be reflected in the formal definition of GIM adopted by the professional association (AMI, 1990/1997, cited above).

Bonny's spiritual beliefs led her to find people who were like-minded. She started to read about mysticism and religion, and she attended retreats named "Camps Farthest Out", and "The Council Grove". The focus of these retreats was to explore the "peak experience" about which Abraham Maslow, one of the visitors to these meetings, wrote extensively (Maslow, 1968). She explored many aspects of healing and this eventually led to her professional training in music therapy at the University of Kansas, where she studied with E. Thayer Gaston, one of the founders of Music Therapy.

Bonny completed her music therapy clinical internship requirements at the Veteran's Hospital in Topeka, Kansas. Here she worked with Dr Ken Godfrey, a psychiatrist, who was using the drug *lysergic acid diethylamide* (LSD) as a means of achieving high religious states, or peak experiences. He used hypnosis and visualisation with his patients, and he gave Helen Bonny several experiences of these same methods. She was impressed by the powerful effect that hypnosis and imagery had on resolving problems.

**Bonny's research into Music and LSD at the Maryland Psychiatric Research Centre**

In 1968, Bonny was appointed to the Maryland Psychiatric Research Centre in Baltimore, as a Research Associate. Her task was to develop a music program for the research work in LSD. There was a collection of approximately 100 music recordings at the Centre (which had been collected by various staff members) and Bonny's first task was to determine which music was most effective for the LSD sessions. This research laid the basis for the development of the GIM music programs used today.

LSD was used in the 1960's as a method of helping people with alcohol addictions and other psychological problems, by loosening the defenses of the conscious mind, and putting the patient into an altered state of consciousness (ASC). The LSD drug evoked images or hallucinations, often at a very fast pace, and these images were characteristically vivid in colour. The physiological effects of the LSD lasted only 25
minutes, but the psychological mind-opening experience lasted 12 hours (interview transcript 15/10/95; Appendix 1e). Bonny identified the various stages of the LSD experience and programmed music that was appropriate for each stage (see further discussion in chapter 1). The stages of the LSD experience were:-

1) pre-onset
2) beginning, or onset of the effect of the LSD,
3) a building of the experience to a peak,
4) the ‘peak’ experience
5) stabilisation after the peak, and
6) the return to normal consciousness (interview transcript 15/10/95; Appendix 1e).

Bonny catalogued the music which was already being used by the therapists at the Centre. She then asked the therapists at the Institute which music they thought was the most effective for each stage, and so developed a sense of which music worked best. She was influenced by the experience of the therapists at the centre, and also by the range of music available in the music library at the centre. There was a wide range of records, representing different styles and genres. Yet, when Bonny catalogued the music most frequently used by the therapists, she found that classical music was most often requested (interview transcript 15/10/95; Appendix 1c). Bonny recalls that some 'primitive' music (eg. drumming) was very arousing, but it was the classical music that enhanced the affective response (see chapter 6 for a more detailed discussion of this point).

The classical selections were mostly orchestral, although some were vocal.
Bonny identified the characteristics of effective music for the LSD experience as:

- music that is structured, (that) has a harmonic background (which)
  people are acquainted with, not too 'new' [i.e., unfamiliar], but
  with building crescendos and not too much resolution (interview
  transcript 15/10/95; Appendix 1e).

The choice of music was relative to the stage of the LSD experience. Bonny provides the following example:

It was a critical time at the Peak (towards the 3rd hour of the LSD session). If the person was doing well with this difficult struggle period, we put on high religious pieces, choral music, because we
were building to a peak. We wanted people to experience a peak - that ecstatic moment when you feel at one with all life. Once you’ve reached that ecstatic moment and the great joy, then there is usually a flood of material, like in therapy, a high experience when you see connections in many ways. Then there was the 2-hour phase of quiet introspection - looking at one's family, having past life experiences, treasured friends, acquaintances, all kinds of review of life experiences. You want to continue that high moment and extend it over time. When this finishes, you come back down to the usual state (interview 15/10/95; Appendix 1e).

At the Maryland Psychiatric Research Centre each staff member was required to experience an LSD session each year. The purpose of this was for the staff to experience the effects of the drug, and so to have a better understanding of what the patients experienced during an LSD session. Bonny describes the experience in her own words, as:

In the early minutes there is gentle imagery, then all of a sudden the drug hits you. You go real high, very ecstatic, then into some deep place where it's like a camera out of focus and then to a high place and the imagery changes very fast. It's like a roller coaster and you have to say 'let go', more than you ever have in your own life. The therapists are reminding you to do that. The imagery goes up and down in waves.... people can get stuck in a very unpleasant place. That's why you need to let go and not hang on to any image, but always go on to the next one. What the music does - the rhythm and regular harmonic structure - is to support you in that - you would be very lost if you didn't have the structure of the music (interview transcript 15/10/95; Appendix 1e).

The LSD session which Bonny experienced in 1971, is of particular interest because of the sequence of music selections used. The following transcript of the music selections was taken from hand written notes made by the therapist during the session, and identifies a number of pieces which she would use subsequently in devising the music programs for GIM. These are indicated by the use of an asterisk. Those selections which subsequently would form the Positive Affect programme, are identified by double asterisk. [Note. It is not clear from the notes whether all or part of the bigger works, eg Bach’s St Matthew Passion and Stravinsky’s Firebird Suite, were played during the session]
1st hour: (100 mg LSD administered)
Mendelssohn: Violin concerto, 2nd movt.
** Mozart: Laudate Dominum from the Vesperae Solennes (later included on the Positive Affect music program)
Smetana: The Moldau.

2nd hour: (a further 100 mg LSD given)
Bach: St Matthew Passion
Beethoven: Leonore Overture
Weber: Der Freischutz Overture
Bach: Jesus, dearest Master
Come, come ye Saints
Oh, my Father
** Elgar: Enigma variations (#8 & #9 later included on the Positive Affect program)
* Vivaldi: Gloria (‘Et in terra pax” from the Gloria included on the Peak Experience program)
Stravinsky: Firebird suite
* Tchesnekovf: ‘Salvation is Created’ (included on the Beginner’s/Group program)
* Wagner: Prelude from ‘Lohengrin’ (included on the Peak Experience program)
Anon. Deep River (Spiritual)
* Brahms: Violin Concerto (the slow movt is included on the Mostly Bach program)
** Barber: Adagio for Strings (included on the Positive Affect program)

3rd hour:
** Gounod: Sanctus and Benedictus from the St Cecilia Mass (the Sanctus is included on the Positive Affect program)
** Strauss: Death and Transfiguration - excerpt (this piece ends the Positive Affect program).

4th hour
Palestrina: Sabat Mater
Gregorian chants
* Mahler: Symphony #4, 3rd movement Ruhevall (included on the Serenity program)
5th hour
* Brahms: Requiem (Part 1 and 5 are included on the Emotional Expression 1 program).
   Music for Zen meditation
* Bach: Concerto for 2 violins (included on the Mostly Bach program)
   Air on G string
* Holst: The Planets  *Neptune (included on the Cosmic Astral program)
   *Venus (included on the Quiet music program)

6th hour.
* Canteloube (arr.): Songs of the Auvergne: Brezairola (included on the Nurturing program)
* Copland: Appalachian Spring (a selection of the Appalachian Spring Suite is included on the Imagery program.)

Sixteen of the total 30 works played during Bonny’s LSD session in 1971 were used subsequently for the GIM music programs, and all selections included on the Positive Affect program were played during the session. This is a particularly interesting point, in that Bonny’s choice of the sixteen selections for the GIM programs came from her direct experience of that music under the influence of LSD.

The Development of the GIM Music Programs

In the early 1970’s the drug LSD began to be available on the streets, and people developed serious problems of addiction. The LSD research work was terminated. Bonny started exploring the use of music and imagery without the use of LSD. She believed that the music alone was powerful enough to stimulate imagery, without the need for the LSD drug. As she explored new ways of using only the music as stimulus, she found that the people could recall the details of the imagery and the feelings they had experienced in far greater detail than if they had been under the influence of LSD.

At the same time, therapy programs were being devised to help those people who had become addicted to LSD, and in response to an initial request from the psychology department of the University of Massachusetts, Bonny started to develop shorter music programs of approximately 30-40 minutes duration. From 1973-1989, Helen Bonny devised 18 programs of this shorter length, for use in GIM. The development of these programs span three distinct periods of time. Eight programs were developed by 1973, a further seven were developed between 1975-83, and the final three programs date
from 1987-89. These music programs are still in use today, although over the years some modifications have been made.

When Bonny devised a music program she gave it a title, sometimes to depict the intent of the program, other times because the title described the affective quality of the music. When she chose music selections for the programs, she first of all identified what she liked in the music, from an intuitive knowledge of the music (developed from her experience as an orchestral musician), and also from her experience with the music in the LSD sessions. She recalls that her decision to include one piece over another was made by trial and error, and was based on her musical intuition, viz. "I like the beginning of this....", "this fits in with the next one...." (interview transcript 15/10/95; Appendix 1e; Bonny, 1978b, p. 25). Finally she put the selections together in a sequence she thought would follow the affective contour needed to stimulate imagery. Bonny would then try the new program out on her friends and family members. By 'trial and error' she developed the final version of the program.

When a new program was created, it was announced in the Newsletter of the Institute for Consciousness and Music (ICM), an organisation established by Helen Bonny and others in 1973. The ICM Newsletter gave a brief description of the intention of the music programs (see Appendix 1f). In developing a chronological list of the music programs created by Bonny, the ICM Newsletter was the primary source of reference to determine in which year each music program was devised. The chronological list is presented in Table 1.
Table 1  
**Chronological List of Music programs developed by Bonny.** [Source: ICM Newsletters, 1973-1983]

<table>
<thead>
<tr>
<th>Year</th>
<th>Title of music program</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1973</td>
<td>Positive Affect</td>
<td>Created for a Humanistic Psychology conference. Selections related to the six stages of LSD session.</td>
</tr>
<tr>
<td></td>
<td>Comforting/Anaclytic</td>
<td>Devised for students at the University of Massachusetts, to evoke feelings from childhood</td>
</tr>
<tr>
<td></td>
<td>Cosmic-Astral</td>
<td>Removed from distribution June 1975, after responses from therapists that clients had negative experiences with the program.</td>
</tr>
<tr>
<td></td>
<td>Affect Release</td>
<td>Devised for students at the University of Massachusetts, to encourage clients in their expression of anger</td>
</tr>
<tr>
<td></td>
<td>Imagery</td>
<td>Devised as a diagnostic program, based on six of Leuner’s Guided Affective Imagery scenarios</td>
</tr>
<tr>
<td></td>
<td>Death-Rebirth, and Peak Experience</td>
<td>The original intention was for these two programs to be used together</td>
</tr>
<tr>
<td>1975/1976</td>
<td>Quiet music</td>
<td>First listed in the ICM Newsletter vol 3, no 2, Spring 1976, but versions of it were developed before that date</td>
</tr>
<tr>
<td>1976</td>
<td>Emotional Expression I</td>
<td>First announced Spring Newsletter Nov, 1976</td>
</tr>
<tr>
<td>1977</td>
<td>Mostly Bach</td>
<td>First announced Spring Newsletter, 1977</td>
</tr>
<tr>
<td>1978</td>
<td>Serenity</td>
<td>First announced Fall Newsletter, 1978</td>
</tr>
<tr>
<td></td>
<td>Transitions</td>
<td>Created for ICM’s move to a new house</td>
</tr>
<tr>
<td>1980</td>
<td>Nurturing</td>
<td>First announced vol 6, no 2, Spring 1980</td>
</tr>
<tr>
<td>1983</td>
<td>Relationships</td>
<td>Formerly titled Quiet Music 2. Relationships was first listed in the ICM Newsletter 1983, but prior to this date as Quiet Music 2.</td>
</tr>
<tr>
<td>1987 - 1989</td>
<td>Inner Odyssey Body Tape (Program) Emotional Expression II</td>
<td>These three programs developed between 1987 to 1989 - the first trial of the three programs held at New York University, 1989</td>
</tr>
</tbody>
</table>
The Current Practice of Guided Imagery and Music

As a result of Helen Bonny’s pioneering work, the method of Guided Imagery and Music (GIM) is now practised throughout the world by qualified GIM therapists. Training in GIM is available only to experienced therapists (in psychotherapy, music therapy, psychology, social work etc) who undertake a period of extensive study (usually over three years). The Association for Music and Imagery (AMI) in the USA, monitors standards of training and standards of practice.

A detailed account of the structure and format of a GIM session is given here to understand more fully the various procedures and therapeutic constructs of GIM. This is necessary in order to understand how pivotal moments may occur.

Format and Structure of a GIM session.

The GIM session is traditionally described as comprising four segments:

1) There is a period of discussion (of approximately 15 minutes) during which the client and therapist discuss the client’s concerns, and together they decide on a main issue to be explored (for example, personal issues, relationship difficulties or issues relating to clinical pathology).

2) The client lies down on a relaxation mat with eyes closed. The therapist provides a relaxation induction which is individually tailored to the client’s level of energy, and to the main issue for the session. At the end of the relaxation induction the therapist provides a focus image, which is also related to the issue of the session. The function of the focus image is to activate the imagery process.

3) The therapist chooses the music program and the music begins (see below for a discussion on how the therapist makes the choice of music). As the music plays, the client experiences sequences of images, and these are verbalised by the client. The therapist asks questions (interventions) which are designed to bring the client closer to the image and to encourage the client to notice any feelings or emotions which are associated with the image. The therapist also takes a written transcript of the imagery sequence.

4) At the end of the music the therapist helps the client bring the imagery to a close, and the client is re-orientated to a normal state of consciousness. The client is encouraged
to make connections between the imagery and its symbolic form in relation to daily life issues. This processing is done through verbal discussion, free drawing, mandala drawings or sculpting with clay. The ‘mandala’ is a circle drawing, derived by Jung to depict the ‘Self’, the centre of the total personality (Fincher, 1991).

**Categories of Experience in GIM**

During the GIM session, people have experiences of different kinds. Clark (cited in McKinney, 1990) developed six categories to classify imagery experiences in GIM. These categories were: stream of consciousness; sensory/ kinaesthetic; memory; metaphorical fantasy; transpersonal and healing. McKinney (1990) made separate categories for kinaesthetic and body imagery in her research, and included a category for feeling (suggested by Collins, 1985). The following 15 categories of experience, listed in Table 2, include some of the categories already classified by Clark, McKinney and Collins. However, I have added further categories of my own, and provided examples of each type of experience.
Table 2  Categories of Experience in GIM

1. Visual experiences, which may include: colours, shapes, fragments of scenes, complete scenes, figures, people, animals, birds, water (lakes, streams, oceans, pools).

2. Memories: childhood memories, including memories of significant events, significant people and feelings in the client’s life are explored through reminiscences.

3. Emotions and feelings: sadness, happiness, joy, sorrow, fear, anger, surprise etc.

4. Body sensations: parts of the body may feel lighter, or heavier; parts of the body may become numb, and feel split off from the body; there may be feelings of floating or falling; sensations of spinning, or feelings that the body is changing in some way.

5. Body movements. The client may make expressive movements of the body in relation to the imagery being experienced - eg. hands create a shape, arms reach up in response to an image, fists or legs pound on the mat in reaction to feelings of anger.

6. Somatic imagery. Changes within the internal organs of the body may be experienced - eg. pain felt in the chest or heart, exploring an internal organ for its shape and colour, a surge of energy felt through the entire body.

7. Altered auditory experiences. There may be an altered auditory perception of the music: the music comes from far away; the music is very close; one particular instrument stands out (which can also be transference to music)

8. Associations with the music and transference to the music: memories of when the music was heard last, memories of playing the music; the music is being played especially for the person; the person is actually playing the music being heard.

9. Abstract imagery: mists, fog, geometrical shapes, clouds etc.

10. Spiritual experiences: being drawn toward a light; a spiritual person: a monk, priest, woman in flowing robes; being in a cathedral; feeling a presence very close.

11. Transpersonal experiences: the body becoming smaller, or larger, change felt deep in the body (cells changing, parts of body changing shape).

12. Archetypal figures, sometimes from legendary stories, may appear: King Arthur, Robin Hood, the Vikings, Aboriginal man/woman, the witch, Merlin etc.

13. Dialogue. Significant figures from the client’s life may appear in the imagery and often have a message, so that dialogue may occur eg with parental figures. Aspects of self may be symbolised in human form (a baby or adult figure), or significant companions (eg an albatross bird, or an eagle) and dialogue may occur with these aspects.

14. Aspects of the Shadow or Anima or Animus: Aspects of the shadow frequently appear in the image of a person of the same gender, aspects of the anima/animus in images of a person of the opposite gender.

15. Symbolic shapes and images - eg. a long tunnel, a black hole, seeds opening. These shapes or images can be symbolic of moments of change or transition. Symbolic images such as an ancient book or the trident shape often have specific meaning to the client.
The Role of the GIM therapist (guide)

GIM therapy involves the client and therapist in "an intense and close interaction" (Bonny, 1978a, p. 11), during which the therapist needs to be ‘open-minded, open-ended, receptive, allowing and caring” (p. 1). The GIM therapist functions as a ‘guide’ to help the client engage with the imagery, and makes interventions which are offered in support of what the client is experiencing in the moment. The interventions may:-

i) encourage the client with new experiences,
ii) help the client confront, assimilate, and deal with images, feelings, symbols and associations that arise,
iii) suggest deepening techniques when the client is stuck in a non-productive space,
iv) help the client, at the conclusion of the music session, review and integrate what has occurred. (Bonny, 1978a, p. 9).

Contraindications of GIM.

GIM is not a suitable therapy for all people: some clients may show contraindications, and it is the responsibility of the GIM therapist to effectively screen clients for suitability. Sumner (1988) lists four parameters for assessing suitability for GIM. These are that the client: 1) is capable of symbolic thinking; 2) can differentiate between symbolic thinking and reality, 3) can relate his/her experience to the therapist, and 4) can achieve growth through GIM (p. 41). Therefore, those not suited to GIM therapy include:

i) people with poor ego boundaries, either because they suffer from psychotic conditions, such as schizophrenia or schizoid conditions, or those who are unable to distinguish between imagery experiences and real life situations, or have difficulty returning from the altered state of consciousness or have difficulty integrating the imagery experience in their life

ii) people who are unable to verbalise the experience, including those with aphasia, dysarthria and dyspraxia conditions, or people who are very withdrawn and who cannot articulate the experience. Some exceptional cases are beginning to emerge where GIM in a modified form has been used with people who have autistic features (see reference to studies by Ventre and Clarkson in chapter 1)

iii) people who cannot understand symbolic or metaphoric images and therefore do not understand the process of GIM therapy
iv) those in poor physical health with low physical energy. The GIM process requires a degree of physical energy to engage the emotional experience. People in poor physical health often do not have a sufficiently high level of energy to engage the process usefully.

v) those in terminal stages of illness, who do not have the energy to address unresolved issues and who are preparing to die. These people are often beyond the need to address outstanding issues from their lives. GIM however may be helpful for some terminally ill people in preparing for death (studies of Martin [no date], Bruscia [1991] and Erdonmez [1995] in this regard are reviewed in the next chapter).

The GIM Music Programs.

The GIM therapist chooses the music program for the client based on the issue for exploration, the mood of the client, and level of energy on the day. The GIM therapist therefore needs to know the music programs intimately. The Bonny programs are grouped according to the relative needs of the client and also the client’s experience of GIM as a therapeutic method. Some programs (for example, Imagery, Group Experience [now Explorations], and Quiet Music), are considered ‘diagnostic programs’. This means that they are frequently chosen for the client’s first session, to encourage the client to engage imagery, and also for the therapist to make an assessment about the client’s ability to use the method productively as therapy. Some clients for example, may have difficulty in imaging a visual experience, but may experience other types of experiences, such as kinaesthetic sensations. Some clients may not be suitable for GIM at all, as evidenced by their inability to return to the normal alert state after the imagery experience.

Following the initial assessment session, the therapist may subsequently choose music programs referred to as ‘working programs’. This term implies that the music is more demanding in mood and intensity. Such programs include: Positive Affect, Peak Experience, Mostly Bach, Emotional Expression 1, Relationships, Comforting/Analytic and Nurturing (refer to Appendix 1f, for a brief description of these programs).

A third group of programs may be used for clients who have experienced GIM over many sessions. They are able to use strong music to enhance their experiences, while maintaining the ability to close the imagery at the end of the music and return to a normal state of consciousness. The advanced programs may comprise some very
intense selections of music (eg movements of Mahler’s symphonies), or dissonant
music of 20th century composers (such as Menotti and Shostakovitch), or music which
courages a very spacious experience (such as some music of Vaughan-Williams).
The advanced level programs include: Body Tape (program), Inner Odyssey,
Emotional Expression 2, and Serenity (Appendix 1f).

A fourth type of program has been devised for specific emotional needs: Grieving
(devised by Linda Keiser Mardis) is a program of music selections which match the
various aspects of grief (eg. sorrow, anger, anguish, acceptance), and Affect Release,
programmed by Bonny, which comprises music for the release of anger, and other
strong emotions, such as triumph and celebration.

Choosing a music programme for a session.

The therapist chooses a music program either to match the mood of the client, or to
match the issue which the client talks about during the discussion segment of the
session. In making the choice of music, the GIM therapist draws on a knowledge of
the music programs and also on the practised wisdom gained from using the music
programs with many clients over many sessions. The therapist’s role in choosing the
music is crucial to the client’s experience. In making the choice of music, the therapist
exercises a therapeutic decision. Clients do not choose the music for the session.
Clients may refer to the music during the imagery experience, and may even comment
that the music is not right. But fundamentally the choice of the music program for the
session is the therapist’s responsibility. Bonny comments that she chooses the music
that will best correlate with the emotion (interview transcript 16/10/95; Appendix 1e).

Sometimes the therapist may change the music program if it does not support the
client’s imagery experience. For example, a client may have imagery related to a
childhood experience and may begin to express anger about something that occurred in
childhood. At this point the therapist may change the music program to the one entitled
Affect Release. The driving rhythm of the first piece, Holst’s Mars from the Planets
Suite, enables the client to express anger. They may shout, or they may pound their
fists on the mat on which they are lying.
The Therapeutic Process in GIM

GIM is typically practised over a series of sessions. A minimum of six sessions is advocated, to enable the client to become used to the process and to achieve therapeutic gains (Bonny, 1978a, p. 15). In many cases, clients choose to engage GIM therapy over longer periods of time, so that stages of the therapeutic process become evident. For example, in the early stages of GIM therapy, trust needs to be established in three aspects of the experience: in the therapist, in the method of GIM and altered states of consciousness, and in the music. In GIM the music acts as a stimulus by encouraging the imagery, keeping the imagery moving in time, and evoking an emotional experience which can sometimes be overwhelming for the client. It is common for clients to experience transference to the music, as well as to the therapist. Clients may experience positive transference, where the music is experienced as beautiful and blissful. There may be negative transferences to the music - a dislike of a particular instrument, not liking the music at all or wanting (and sometimes asking for) the music to stop.

Once trust has been established in the therapist, the method and the music, the client enters the stage of working on issues in depth. Difficult memories from childhood may appear, and what had been previously enjoyable GIM sessions become hard working sessions. The clients looks to the therapist for help and support. The therapist provides this but also supports the client during painful experiences, so that there is potential for healing. Transference and counter-transference issues arise. There may be a re-enactment of childhood family patterns, and the client may project onto the GIM therapist ambivalent feelings arising from difficulties with parental authority, neglect or abuse. The therapist therefore must be able to withstand the ambivalence and to assist the client through stages of growth and insight. As the client gains insight there is growth in their inner strength and their sense of themselves. These moments of insight stand out to the client and therapist as being turning points in therapy. They are moments that are significant and meaningful, and may be life changing. Various studies have explored these moments of change in psychotherapy and in music therapy, but to date, none have explored moments of change in GIM. A review of this literature will help contextualise this present study.
CHAPTER 1

LITERATURE REVIEW

In order to study pivotal moments in GIM, a review of related literature was undertaken to provide points of reference with other philosophies and theoretical frameworks. The literature of the 1970's was of particular interest because of Bonny's interface with the Humanistic Psychology movement and the concepts of Altered States of Consciousness and peak experience.

Altered States of Consciousness

Bonny developed the method of GIM at a time when leading psychologists and philosophers were investigating altered states of consciousness, inducing changes to the way the human body and mind experienced transformative, spiritual experiences (Assagioli, 1973/1991; Maslow, 1968; Progoff, 1963; Tart, 1972). During an altered state of consciousness the physical body is deeply relaxed and there are certain changes to the person's state of cognitive awareness which enable feelings to arise and the brain to be more receptive to sensory stimuli of the visual, auditory, kinaesthetic, and olfactory senses.

Leuner (1969) explained that when a patient is in a state of induced relaxation, the mind is functioning differently than in a situation of alert consciousness. He referred to this as similar to a meditative state, and that "the experience of a 'quasi-reality' with concomitant feelings and associated affect, occurs within a state of altered consciousness" (p. 6). Altered states of consciousness can have potential for healing, because the person may have experiences that are integrative and foster therapeutic reorientation, which, Bonny states, "is the goal of psychotherapy" (Bonny 1978b, p. 3).
Peak Experience.

Maslow (1968), the founder of the Humanistic Psychology movement, defined peak experience as:

a fusion of ego, id, super-ego and ego ideal, of conscious, preconscious and unconscious, or primary and secondary processes, a synthesising of the pleasure principle with the reality principle, a healthy regression without fear in the service of the greater maturity, a true integration of the person at all levels (1956/1968, p. 96).

He further qualified 19 characteristics of peak experiences (summarised in Table 3), which he extrapolated by asking 190 university students about their most wonderful experiences. When listing the 19 characteristics however, Maslow used the terms ‘peak experience’ and ‘higher levels of consciousness’ interchangeably.

A similar list of characteristics was defined by Assagioli, although he distinguished between 'spiritual components' which encompass all states of consciousness at the ethical, aesthetic, heroic, humanitarian and altruistic levels, and 'spiritual consciousness' which he perceived as something more real, lasting and substantial than the normal everyday existence - the true essence of being in which we experience life in greater abundance (1973/1991, p 16).

Assagioli identified 12 characteristics of higher states of consciousness (1964/1991, p 27), and when these are placed alongside Maslow’s 19 points, the similarities in the thinking of the two theorists is clear. Since much of the early inspiration in GIM was founded on the notion of ‘peak experience’ the following table identifies its various aspects, and also clarifies that ‘peak experience’ and ‘higher states of consciousness’ have very similar features.
<table>
<thead>
<tr>
<th>Maslow’s characteristics of peak experiences</th>
<th>Assagioli’s list of characteristics of higher states of consciousness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The experience is seen as a whole, as a complete unit.</td>
<td>1. There is a depth in our experience of ourselves.</td>
</tr>
<tr>
<td>2. The precept is exclusively and fully attended to.</td>
<td>2. There is an experience of internalisation (our capacity to shift from the external to the internal).</td>
</tr>
<tr>
<td>3. The nature of the object, or experience lies in itself.</td>
<td>3. Being lifted up - ascending, rising to higher levels, reaching a peak.</td>
</tr>
<tr>
<td>4. Perceptions of the world become richer.</td>
<td>4. A sense of a path, of life being a path, of taking a journey.</td>
</tr>
<tr>
<td>5. The experience is ego-transcending, ego-less</td>
<td>5. Expansion - an enlargement of consciousness, where the limitations of “I” are transcended.</td>
</tr>
<tr>
<td>6. It is felt as self-validating, a self-justifying moment which carries its own intrinsic value.</td>
<td>6. Development and activation - a freeing of ourselves from tangles and hindrances.</td>
</tr>
<tr>
<td>7. It is common for there to be a disorientation in time and space.</td>
<td>7. Empowering - of feeling stronger and more dynamic in order to experience life more fully.</td>
</tr>
<tr>
<td>8. The peak experience is only good and desirable and is never experienced as evil or undesirable.</td>
<td>8. A sense of awakening (of illumination, profound insight etc.).</td>
</tr>
<tr>
<td>9. Peak experiences are more absolute and less relative.</td>
<td>9. Feelings of joy and happiness, which may lead to a state of bliss.</td>
</tr>
<tr>
<td>10. Peak experiences are more passive and receptive, rather than active.</td>
<td>10. Regeneration - a sense of new birth or of re-growth within.</td>
</tr>
<tr>
<td>11. The emotional reaction in the peak experience has a flavour of wonder, awe, reverence, of humility and surrender.</td>
<td>11. Resurrection - a rising up to a state which has been lost and forgotten.</td>
</tr>
<tr>
<td>12. The whole of the world may be perceived as a unity, or, one small part of the world is perceived as if it were, for the moment, all of the world.</td>
<td>12 A sense of liberation - an inner freedom.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>13. There is an ability to abstract without giving up concreteness and an ability to be concrete without giving up abstraction.</td>
<td></td>
</tr>
<tr>
<td>14. In higher levels of consciousness, dichotomies, polarities and conflicts are fused, transcended or resolved.</td>
<td></td>
</tr>
<tr>
<td>15. The person at the peak is godlike in the sense of loving, and being compassionate.</td>
<td></td>
</tr>
<tr>
<td>16. Perceptions tends to be idiographic and non-classificatory.</td>
<td></td>
</tr>
<tr>
<td>17. An aspect of peak experience is the absence of fear, anxiety, inhibition, defense and control.</td>
<td></td>
</tr>
<tr>
<td>18. There tends to be a parallel dynamic of the Inner and Outer.</td>
<td></td>
</tr>
<tr>
<td>19. There is a ‘healthy childishness’, a second naïveté.</td>
<td></td>
</tr>
</tbody>
</table>

The search for positive experience then, was the goal of peak experience and higher states of consciousness. It is interesting to note point number eight of Maslow’s list which states that peak experience is only good and desirable, and is never evil or undesirable. It raises the question of how Maslow viewed the darker experiences which appear frequently in therapy work, and whether the philosophy of his thinking was to either ignore the darker aspects of life, or indeed to transcend them.
Transpersonal Experiences.

Assagioli (1965/1991) however acknowledged the darker side of the search for spiritual consciousness, through his theory of transpersonal development. He identified 15 groups of symbols of transpersonal experience.

1. Introversion
2. Going deeper, descent
3. Elevation, ascent
4. Broadening, expansion
5. Reawakening, revival
6. Light, enlightenment
7. Fire
8. Development
9. Empowering
10. Love
11. A way, path, pilgrimage
12. Transmutation, sublimation
13. New birth, regeneration
14. Liberation
15. Resurrection, return.

While some of these symbols are identical to those listed for higher states of consciousness, others indicate a different quality of experience, for example, number 2, going deeper and a descent into the “bottom depths of our being... an exploration of the lowest regions of the mind” (p. 90). Assagioli explained this descent as equivalent to the mystics “abyss of the soul”, believing our task is to ‘redeem’ the lower regions of the mind: “let us return to the dark valley. We will now be in a better position to understand the meaning and function of the troubled, tormenting period preceding the awakening of the soul” (p. 153).

A second distinguishing feature of Assagioli’s transpersonal development, compared with higher states of consciousness, is the element of fire (the ninth group of symbols). Its function in transpersonal development is one of purification, or spiritual alchemy, which incorporates a process of regenerative psycho-spiritual transformation where “the mind is brought into harmony with the spirit... what we might call ‘bio-synthesis’... (which is the) true spiritual alchemy” (p. 100). Out of this phase of transformation comes spiritual liberation, disassociating one’s self from the personal “T”, separating
from the fear of freedom, which enables the individual to reach a point of resurrection and return (p. 102). This alchemical process of purification suggests a more confronting and challenging experience than the transcending goal of peak experience.

More recent concepts of transpersonal experiences have been developed by Wilbur (1986) and will be explored later in this chapter.

Bonny’s concept of GIM was influenced by the Humanistic philosophy of Maslow - he had spoken at the meetings of “The Council Grove”, which Bonny attended and he had given her encouragement to develop the use of music with peak experiences. She developed GIM as a method to encourage Altered States of Consciousness (ASC). To illustrate the various layers of the ASC, Bonny created a Cut Log Diagram using the metaphor of a tree’s growth rings to describe normal states of consciousness and ever-widening and deepening states of consciousness. The inner rings relate to day-to-day experiences of studying, day-dreams and listening to music, while the outer rings refer to bliss states, ecstasy and mystical experience. Crucial to the cut-log diagram is the dotted line of each ring, representing the ease of movement between different states of consciousness.
Research into altered states of consciousness (ASC) was being carried out in the 1970's, and researchers used *lysergic acid diethylamide* (LSD) to induce the ASC. Later, LSD was found to induce a state of chemical dependency, and it was no longer used in research.

**Studies of Music and LSD therapy.**

The earliest study incorporating controlled conditions to determine the influence of music on patients during LSD treatment, was carried out by Gaston and Eagle in 1970. Fifty-nine subjects were included in the study, and randomly assigned to five treatment conditions:
1. no music; 2. miscellaneous music (randomly selected music presented free-field); 3. familiar music (selected according to the patient's liking for certain types of music); 4. familiar music heard through headphones; and 5. unfamiliar music (determined by each patient as unfamiliar, and presented free-field).

The objective of the study was to assess the effectiveness of music in LSD therapy. A survey (questionnaire) was administered during the post-treatment phase and subjects described how the music affected them. A 'majority of the subjects' (number not specified) associated colours, geometric designs and past events with the music. Although LSD caused distortions in the tactile, proprioceptive and visual senses, there was no reported distortion in the auditory sense: subjects were able to identify the music played, although some were sensitive to the volume level. 'Most of the subjects' (number not specified) "felt at one with the music" - it was "a part of them." Low pitches were noticed more than high pitches, and 'a slight majority' (number not specified) noticed abrupt changes in the music. A 'majority' of subjects thought they were "losing control of the real world" during the session, but every subject (except those in the No Music condition) stated that music should be included in the psychedelic experience (p. 15).

Since there was no statistical information, or even percentage of response, these findings must be viewed as general indicators only. Perhaps the most useful information gained from the study however, was that no auditory distortion of sound occurred during the LSD session. This is in marked contrast to the quite dramatic changes that occurred in visual imagery, feeling states and depth of experience during the LSD session.

A further study, conducted by Gaston, but written for publication by Eagle (1972), set out to describe a "controlled study" of 16 subjects. However only case study reports of two male clients are given, leaving the reader with inconclusive data to assess the effectiveness (or otherwise) of using music as an adjunct to LSD treatment. Eagle claims that music was found to be an important adjunct to the treatment.

Bonny and Pahnke's research (1972) however provided a more detailed account of using music with LSD. They associated specific selections of music with the six phases of the LSD experience. This research is particularly important because it laid the basis on which Bonny subsequently devised the Positive Affect program, currently used in GIM therapy.
Phase 1. Pre-onset (of the effect of the drug): 0-1 and a half hours.
Music: Light popular, or preferred music of patient.

Phase 2
Onset (of the effect of the drug): half hour - one and a half hours.
Music: Quiet and positive in mood with a good melodic line and regular rhythm to promote a reassuring mood - eg. slow movement of concerti.

Phase 3
Building toward peak intensity: 1 and a half - 3 and a half hours.
Music: Instrumental and vocal music used alternatively. Instrumental music may provide underlying support while the vocal music emphasises human relationships, encouraging feelings of closeness. The music should also draw the patient into a deeper experience of positive emotion. As well as providing support the music should have forward movement characterised by insistent rhythms, long flowing phrases and dynamic crescendo. Bonny and Pahnke list the following suggestions for this phase: Beethoven’s Symphony no 5; Brahms German Requiem, Schubert’s Ave Maria.

Phase 4
Peak intensity of drug action: 3 - 4 and a half hours.
Music: Music suggested for this phase evokes powerful emotions to aid in facilitating peak experiences. Discordant music can frighten the patient and induce confusion. Suggested music includes Beethoven Symphony no 5, first movements of Beethoven Piano concertos (unspecified).

Peak music helps to lift patients to peak reactions. Appropriate music is: Gounod’s St Cecilia Mass; Richard Strauss Transfiguration from Death and Transfiguration; Faure’s Requiem (parts III and VII), Barber’s Adagio for Strings.

Phase 5
Re-entry: four and a half -7 hours. Depending on the emotional tone of the peak experience, the re-entry may be exalted.
Music: Wagner’s Lohengrin: Prelude to Act 1, and the Liebestod from Tristan and Isolde.

In the later part of the re-entry phase, musical selections of a lighter type are suitable, for example Copland’s Appalachian Spring, Villa-Lobos Bachianas Brasileiros #5.
Phase 6  
Return to normal consciousness: 7 -12 hours.  
The effect of the drug wanes and normal consciousness returns.  
Music of the patient’s choice is played.

Many of the music selections identified in this research were later used for many of the GIM music programs which Bonny devised. In devising the Positive Affect program in particular, Bonny identified each selection with a phase of the LSD session:

<table>
<thead>
<tr>
<th>Selections</th>
<th>Stages of LSD session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elgar:</td>
<td>Pre-onset</td>
</tr>
<tr>
<td>Enigma variations #8 and #9 (from the Enigma Variations)</td>
<td></td>
</tr>
<tr>
<td>Mozart:</td>
<td>Onset</td>
</tr>
<tr>
<td>Laudate Dominum (from the Vesperae Solemnis de Confessore)</td>
<td></td>
</tr>
<tr>
<td>Barber:</td>
<td>Build to peak</td>
</tr>
<tr>
<td>Adagio for strings:</td>
<td></td>
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<tr>
<td>Gounod:</td>
<td>Plateau</td>
</tr>
<tr>
<td>Offertoire (from the St Cecilia Mass):</td>
<td></td>
</tr>
<tr>
<td>Sanctus:</td>
<td>Build to peak</td>
</tr>
<tr>
<td>Strauss:</td>
<td>Stabilisation and return</td>
</tr>
<tr>
<td>Excerpt from Death and Transfiguration:</td>
<td>(Bonny, 1978b, 39-42).</td>
</tr>
</tbody>
</table>

Leuner’s Guided Affective Imagery (GAI)

During the formative years of GIM development, Bonny was also influenced by the work of Hans Carl Leuner, who developed the method of Guided Affective Imagery (GAI) to treat acute neurotic disturbances (Leuner, 1969). The GAI method differed from GIM in that a) the imagery scenes were pre-determined by the therapist, and b) there was no music. The patient was deeply relaxed (as in GIM), and engaged the imagery scenarios while verbalising a description of his/her experience. The therapist asked for details of the imagery and feelings associated with it. Each imagery scenario acted as a catalyst to enable the patient to project their personality and life problems into the situation. Leuner explained the process as a paradox, “The patient seems to be living in this fantasy world while he simultaneously knows that he is doing this with his therapist for the purposes of treatment” (p. 6). The enhancement of emotion release was the most important component of the therapeutic process, which Leuner called “catathymic imagery.” Leuner established ten diagnostic imagery scenarios, and it was from this sequence that Helen Bonny chose six to structure the music program entitled “Beginner’s Imagery.”
Relaxing in the meadow
Exploring a house as a symbol of the 'self'
Following a brook upstream to its source
Following the brook downstream to the ocean: Debussy: *Nocturnes*-Sirenes
Climbing a mountain and describing the view: Tschesnekoff: *Salvation is Created*
Return to normal consciousness:

Ravel: *Daphnis and Chloe* suite #2, pt 1.
Brahms: *Symphony* #1, 3rd movt.
Respighi: *The Pines of Rome*-Gianicola.

Debussy: *The girl with the flaxen hair* - (prelude for piano).

(Bonny, 1978b, p. 56)

Leuner asserted that GAI could be used either as a therapeutic method, in which the scenarios were administered slowly over several sessions, or as a diagnostic tool in which the ten scenarios were presented quickly (over 1-3 sessions). In assessing the imagery content for diagnostic meaning, Leuner noted:-

1) the qualities of the image (the size, shape, colour etc of the central image)
2) any factors which inhibited progress on any of the given tasks (indicating possible resistance to therapy)
3) incompatible situations, indicating some kind of 'split'
4) the nature of emerging symbolic figures - which may re-emerge and change over a series of sessions (1969, p 13).

It is interesting to note that Leuner's diagnostic assessment of meaning and symbolism in imagery, was also used by researchers in the 1980's investigating the use of imagery in pain.

**Studies of Imagery in Healing**

In her book "Imagery in Healing", Jeanne Achterberg (1985) adopted similar approaches to Leuner, using imagery in the diagnosis of cancer. She outlined three aspects of imagery in the process of disease, illness and recovery:- first, she pointed out that a person's experience of disease and illness is influenced strongly by images. A diagnosis of cancer for instance evokes a set of images for the patient, of pain, surgery and death (p. 8). Therefore, argues Achterberg, imagery is already part of the process of disease and illness. Second, Achterberg used imagery in assisting with the diagnosis and prognosis of physical illnesses. She worked with her patients to rehearse imagery techniques - the patient imaged the diseased cells of the body, then the images of the white blood cells fighting the disease. Third, Achterberg used imagery as therapy - to identify problem areas in a person's life, to explore blocks and resistance, to give
expression to resentments and sadness, and to allow for growth and healing (1985, p. 8).

In discussing the assessment of the patient’s choice of images, Achterberg evaluated three aspects:

1) the disease imagery was assessed for the vividness of the image, its strength (or weakness) and its ability to persist
2) the treatment imagery was examined for vividness and effectiveness of the mechanism for cure
3) the imagery for personal defenses was evaluated in terms of the vividness of their description and action (1985, p. 105).

Achterberg found in her research that images most often associated with good prognosis were Archetypal figures, protectors of the people, such as Arthur and his Knights, the “venturesome Vikings”, and power animals such as wolf, bear and lion (1985, p. 191). As indicated in Table 2 of the Introduction, these archetypal figures frequently appear in GIM sessions. Poor prognoses in Achterberg’s research, were associated with amorphous images for the immune system, such as snowflakes or clouds, and where the images for the cancer itself were seen as immutable objects, such as lumps of coal or submarines etc. (1985, p. 192).

Achterberg’s research has been very influential, with mounting anecdotal evidence in the literature describing the effectiveness of imagery in affecting the course of disease, in particular cancer. Several authors have contributed to a clearer understanding of the role of imagery in the management of cancer pain, and in facilitating healing. Siegel (1986) cited an example of a patient who imaged her cancer cells being devoured by little Pacmen travelling through the blood stream. Gawler (1987) outlined specific imagery exercises for the control of cancer pain. He draws a distinction between literal imagery (the use of visual scenes and colour to induce relaxation), and symbolic imagery (a symbolic image of the disease, followed by a symbolic image of the healing force; p. 175-184). Samuels and Samuels (1975), draw a distinction between receptive imagery, which they define as tuning in to the body and allowing the images to serve diagnostically, and programmed imagery, where the images serve to combat disease, and thus become the healing component of treatment.

Imagery has also been used to assist patients with other types of pain. Achterberg, Kenner and Lawlis (1982, cited in Achterberg, 1985), conducted a study of patients during debridement procedures, following burns to 25% of the body. The three
conditions of the study included: relaxation; relaxation and imagery and third a program of relaxation, imagery and feedback. The relaxation plus imagery group was the most successful in reporting reduced anxiety and pain, less muscle tension, and requiring fewer pain relief medications. Changes were measured in heart rate, salivation, body temperature and sweat glands.

Imagery with music has been used increasingly to ameliorate pain experiences within various clinical applications: in childbirth (Geden, Lower, Beattie and Beck, 1989), in the control of stress (Rider, 1985) in reducing anxiety prior to surgery (Naparstek, 1995; Reilly, 1996; Robb, Nichols, Rutan and Bishop, 1995), and following surgery (Locsin, 1988); in debridement procedures with children suffering from burns (Edwards, 1995); and in reducing nausea and vomiting following chemotherapy (Frank, 1985).

Review of GIM literature

Case Study Research.

The Bonny Method of GIM has been used effectively in non-clinical areas (eg for self growth) as well as for clients with specific physical, emotional, and spiritual needs. Up until 1992 the GIM literature was available as unpublished papers, however since 1992 the Association for Music and Imagery has published a refereed Journal. The GIM literature is most often presented as case studies, in which authors describe the process of therapy over a series of sessions by identifying key images and the gains made by the client, written from the author’s perspective. These studies have described GIM for personal growth and enrichment (Bush, 1992, 1995; Clark, 1991; Holligan, 1992; Lewis, 1993; McKinney, 1993; Rinker, 1991). The following review is intended to show the diversity of applications of GIM therapy, the different methods of reporting, and the current state of research.

GIM with survivors of abuse

GIM has been particularly effective as a therapeutic method for clients who have been victims of childhood abuse. In GIM the therapist does not direct the flow of imagery, rather the images emerge as the client is ready to face memories from childhood, and other times of life. Through GIM, clients often re-live a traumatic event, which allows them to understand the complex emotions which occurred at the time. This is important if the traumatic event has occurred during childhood when the young child did not have the qualitative language to articulate the experience, nor the maturity to understand the
event. During GIM sessions the client may relive the experience, gaining insight from the adult perspective of an event which occurred during childhood, to understand and resolve the mixed emotions brought about by memories of the abuse, and in some cases to engage in dialogue with the perpetrators of the abuse (Borling, 1992; LeVier, 1991; Skaggs, 1984; Tasney, 1993; Ventre, 1994).

**GIM for people with psychiatric disorders**

GIM has been used effectively for clients who have psychiatric conditions, in particular multiple personality disorder (Nolan, 1983; Pickett and Sonnen, 1993), and posttraumatic stress disorder, particularly evident in veterans serving in the Vietnam conflict, who can be supported through GIM in both individual and group settings (Blake, 1994; Blake and Bishop, 1994). Clients presenting with issues relating to eating disorders have resolved aspects of the disorder through GIM sessions (Pickett, 1992; Wick, 1990). Not all clients with psychiatric disorders are suitable however, for GIM therapy. Clarkson (1994) describes difficulties encountered when using GIM with a client in a hypomanic episode, where GIM tended to aggravate the client’s confusion.

**GIM and Physical Illness.**

GIM has been successfully used with people exhibiting physical symptoms of disease or recovery from surgery. Hale (1992) describes a series of 26 sessions with a client following mastectomy, in which the client struggled to develop a positive self identity, and to face her fear of the disease. Merritt (1993) describes the positive outcome of two series of GIM sessions with a male client suffering from Ankylosing Spondilitis, culminating in him being free of pain. In two cases of clients with fibroid tumours, Pickett (1987) outlines how GIM was effective with the first case in averting a hysterectomy and in the second case allowing the client to grieve for a diseased part of the body.

Moffitt (1991) used a Gestalt approach with a woman with physical disabilities to enable her to dialogue with conflicting parts of the self. Moffitt outlined three phases of the therapy (which included GIM, improvisation and verbal therapy): to express anger, to face the tormentor of childhood, and to integrate the physical body with a healthy self concept. In this case study the young woman found strength and power as a woman, integrating various aspects of self.
In working with clients who have physical illness Short (1990, 1991) noted that imagery may be a physical marker of the illness, and that this marker was useful in diagnosis. The image may be directly similar to the diseased body part, or may be an image of the fight against disease. Short (1993) also reported on the effectiveness of GIM in assisting a woman grieve for a previous ectopic pregnancy and to bond with a new baby she was carrying.

GIM and Spirituality

Fink (1986) studied the effect of GIM on the spiritual life of four elderly clients - two male and two female. They were given ten GIM sessions in which music programs most likely to facilitate transcendental experiences were chosen. Each client experienced different spiritual dimensions:- a profound experience of "The Silence", an acceptance of honesty, a closeness to nature and to God, and a resolution of a life-long problem through feeling and expressing gratitude. GIM has been incorporated into an intensive retreat program for a man preparing for priesthood (Holligan, 1994), and other studies note the spiritual nature of a client's journey in GIM therapy (Kasayka, 1988; Lewis, 1986; McKinney, 1993).

GIM in Hospice and Terminal Illness.

Wylie and Blom (1986) adapted GIM for hospice patients by using country and western music in one case and light classical music in another. The first client imaged a Pacman figure to demolish the cancer in her body (this image was also reported by Siegel in his studies). The second client chose imagery of the outdoors. Both clients reported relief from pain.

Martin (no date) identified modifications required in using GIM with clients in terminal stages of cancer. She noted that clients were already in an altered state of consciousness because of the large amounts of medication needed to control pain, and that their physical state was often very weak. Martin found that clients frequently imaged their pain and that GIM did not seem to help abate that pain. Other difficulties led Martin to feel uneasy about GIM with terminally ill cancer patients, particularly as the clients needed to bring about closure to their lives. GIM therapy she found, brought unresolved issues to the surface, yet the clients were not physically strong enough to deal with them, and there was limited time available to them due to the relentless progression of the disease. Martin concluded that "in most instances, GIM is not an appropriate intervention with someone who is at the very end of their life" (p. 27).
Bruscia (1991) presented a different picture of the use of GIM with clients in the terminal stages of AIDS. His case study of a 27 year old man identified four key images which appeared over seven sessions: Black bird, Rain and House, Island Cave and Abandoned Child. Bruscia reproduces transcript material, the details of the music selections and the therapist interventions, so that the interconnections are made clear. He described his feelings as therapist during the sessions, identifying the multiple layers of being present to a client during a GIM session. Bruscia comments that people with AIDS may have multiple griefs which have not been expressed. These griefs extend to friends who have died, and their own loss of life style, and health. GIM provided a vehicle for multiple layers of grieving where the client with AIDS may dialogue with those who have passed on, resolving emotional issues and allowing the client to approach their own death more fully (Bruscia 1992, 1995b).

Erdonmez (1995) also found GIM useful in assisting a client in the terminal stages of Motor Neurone Disease (MND) prepare for death. In this case study imagery from the final session indicated the client’s readiness to pass on to another life and to appreciate that her time here (on earth) was finished. In this case study, the client was perhaps atypical of others with MND, in that the client still retained functional speech. Typically patients with MND lose control of the musculature in the pharynx and larynx and are unable to articulate words. This would suggest that GIM typically may not be useful for those with MND.

It is interesting to reflect on why Martin does not advocate GIM for people in terminal stages of disease, whereas Bruscia and Erdonmez provide case studies to show its efficacy. Perhaps the crucial difference lies with the nature of the terminal illness, the issues needing resolution, the emotional state of the client and the physical parameters evident in the advanced stage of the disease. Martin’s clients, in terminal stages of cancer, who were in pain, were unable to summon the physical strength needed to engage the imagery process. Yet, the clients with AIDS (who were also in the terminal stages of disease) were able to engage the imagery and use it to resolve unfinished life issues. Perhaps GIM is indicated for people in terminal stages of illness based on the physical and emotional state of the individual person and the degree to which they wish to explore emotional issues in the last stages of living. Medication may also adversely affect a client’s willingness, or need to engage GIM.
Adaptations of GIM

Some practitioners have adapted GIM to meet the special needs of their clients. Goldberg, Hoss and Chesna (1988) adapted the process for a client with brain damage who presented with poor short term memory, poor control of impulsive behaviour, periods of rage, social isolation and lability of mood. In the final session (session 6) the therapist adapted the method by directing the imagery for the client so that the client could experience being in control of the boat’s journey as its Captain. Following this session the client’s socialisation skills improved markedly.

Goldberg (1994) also described adaptations to the traditional GIM procedure for psychiatric patients in short term care via individual sessions and group sessions. GIM was adapted for individual clients by intentionally building “defense manoeuvres” through supportive images, which were necessary to help the patients defend against ego disintegration. Group GIM sessions were adapted to suit the short-term nature of treatment and the frequent change of group membership as patients stayed for short periods of time. Ritchey Vaux (1993) described adaptations to the standard length GIM session (2 hours), to fit the modified schedule of the 50-minute hour concept used in verbal psychotherapy. She advocated short selections of music (approximately 15 minutes), and that the drawing of the mandala be completed by the client at home. Ritchey-Vaux also adapted the GIM method by holding verbal sessions in alternate weeks to the GIM session.

Erdonmez (1993a) outlined adaptations needed in working with a client suffering from performer anxiety and dissociative reaction. The client needed short pieces of music and structured guiding techniques to deal with feelings associated with childhood physical abuse. The client frequently opened her eyes during imagery, particularly at times when the images were of a threatening nature. During the GIM session the client would request specific pieces of music, which she had associated with split-off parts of self. Over a period of two years the client developed a greater integration of her sense of self and the performer anxiety was markedly reduced.

Clarkson (1995) adapted the GIM method in working with a nonverbal client with autism. Clients who are nonverbal are usually considered unsuited to GIM, however Clarkson modified the procedure by incorporating Facilitated Communication (FC) a system of facilitating client’s communication by supporting the client’s elbow while the client expresses feelings via the typewriter (Bicklen, 1993, cited in Clarkson, 1995). Clarkson gave only short pieces of music, after which the client typed out the imagery he had experienced. He also expressed the imagery through mandala drawings.
Toward a nomenclature of Guided Music and Imagery Methods

In reviewing the literature on Guided Imagery and Music, several studies are confusing because they refer to "Guided Imagery and Music" or "GIM", when in fact the method described is not the Bonny Method of GIM. There is a need therefore to develop a nomenclature to define the different approaches, and to avoid confusion between techniques and methods.

For example, Hammer (1996) conducted research into Guided Imagery through Music with individual patients at a chemical dependency program. Hammer applied the acronym "GIM" to describe Guided Imagery through Music, without any reference to the use of the GIM acronym also depicting the Bonny Method of Guided Imagery and Music. This was particularly surprising given that the author, Hammer is a registered music therapist, and her research was published in the Journal of Music Therapy. In explaining Guided Imagery through Music (GIM), Hammer described the procedure as involving the combination of deep relaxation and concentration exercises, which were performed while images were suggested to specially-selected music. She went on to refer to the work of Bonny as if these methods were one and the same. However, the Bonny Method of GIM does not incorporate 'concentration exercises', particularly not 'performed', nor are the images 'suggested'.

Further confusion arose with Hammer’s description of what Guided Imagery through Music involved. She described the procedure as follows: “a gentle imagery induction was presented after physical relaxation was achieved and then subjects were allowed to 'wander' with the music for approximately 8-10 minutes . . . Musical selection and imagery scripts were designed and chosen before treatment began.” Again, there are two fundamental differences between Hammer’s technique and the Bonny Method of Guided Imagery and Music (GIM). Subjects are not left to 'wander' in the Bonny Method, rather the therapist remains present to the client's experience by making interventions to keep the client close to the imagery experience. Second, imagery scripts are never designed before the session begins in the Bonny Method of Guided Imagery and Music.

It would seem that the techniques referred to as Guided Imagery through Music, may be more accurately described as Directed Imagery with Music, in that the researcher worked from a script of imagery designed prior to the session. By comparison the Bonny Method of GIM requires that the therapist make interventions to support the client’s imagery as it emerges, and in that sense the imagery is guided, but not directed.

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Clair (1996) in describing “Therapeutic Uses of Music with Older Adults” offers a useful distinction between different techniques used in music and relaxation. She describes meditative relaxation as focussing on breathing, with the addition of visualisations which differ for each person. She describes Guided Imagery as “Images that are evoked through verbal suggestion.” Clair accurately describes how Guided Imagery may be potentially harmful when the script of the imagery experience leads a patient into uncomfortable or frightening experiences. However, she then described a situation when a music therapy student adopted a ‘commonly used script’ which made the patient anxious and uncomfortable. Clair comments that “Guided Imagery and Music is a technique that powerfully influences emotional response and therefore has the potential for either beneficial or harmful effects.” Again, the use of the term “Guided Imagery and Music” is confusing, and the reader may assume she is referring to the Bonny Method of GIM.

In a nomenclature of music and imagery/visualisation there needs to be a definition of the term ‘guiding’ to distinguish between those methods where the therapist directs the imagery, and other methods of guiding where the guide affirms and supports the client as their imagery emerges. Bruscia (1998a) begins to make these differentiations by defining:

1) Directed Music Imagining, in which the client images whatever the therapist presents, while listening to music,
2) Unguided Music Imagining, in which the client images freely while listening to music, but without dialogue with the therapist,
3) Guided Music Imagining, in which the client freely images to music and dialogues with the therapist, and
4) Guided Interactive Music Imagining, in which a group of clients co-create images under the guidance of the therapist. (Bruscia, 1998a, p. 125).

I would suggest a fifth category could be included: Unguided Group Music Imaging, in which a group of clients image freely to music without guidance or dialogue with the therapist. In Bruscia’s schema, the Bonny Method of Guided Imagery and Music would fall under category 3, although he does not make specific mention of it. Further differentiation needs to be made to identify the subtle differences between directed imagery and guided imagery, and the role of the music either as background, or as catalyst. This is particularly important when reviewing experimental studies, many of which fall under the “Unguided Music Imagining” category.
Experimental Studies

In most of the experimental studies a full GIM session (comprising discussion, relaxation induction, 40 minutes of music and imagery in dialogue with the therapist, and integration) is not used. Instead, many of the studies incorporate the Unguided Music Imaging technique. Although these studies do not specifically investigate the GIM method, they do provide important information about the experience of music and imagery, and the findings contribute to our knowledge of the client’s experience in GIM.

Peach conducted a study in 1984 in which she posed the research question: Who is best suited for the use of imagery? She compared three groups of subjects - psychiatric patients, college students and college staff. The “GIM experience” comprised 20 minutes of music while “the experimenter described specific imagery for the subjects to follow” (Peach, 1884, p. 29). Her study measured skin temperature and state of relaxation before and after a music stimulus, and subjects reported the imagery they experienced. Peach compared the results of three groups and found that subjects on anti-depressant medication were the most receptive to different modes of imagery; females reported imagery and memories more often than males, and subjects with more experience with relaxation techniques reported more sensory images. Subjects in the age range 51-60 reported images of smell more often than subjects of other age groups.

McKinney (1990) studied the effect of a short piece of classical music (Vaughan-Williams’ Rhosymedre) in evoking spontaneous imagery. The subjects were 81 college students who had either music or silence following a physical relaxation induction with an image focus. McKinney found that the music used had no effect on the number of senses, types of imagery, vividness of the imagery, activity of the imagery or percentage of time engaged in imagery. The music condition however significantly increased the intensity of the feelings experienced (p = .003).

McKinney and Tims (1995) investigated the effects of two different pieces of music on the imagery of two groups of subjects who were either low imagers or high imagers, as measured on the Creative Imagination Scale. Both pieces of music increased the vividness and activity of the imagery for the high imagers, but not for the low imagers, the latter being more likely to experience feelings of relaxation with the music, rather than visual imagery.

Lem (1996, 1998) examined brain wave activity of 27 subjects during a 16 minute musical work (Pierre’s Concertstucke for Harp and Orchestra), and matched the EEG
tracings against a spectrograph of the intensity of the music. The structural variability in the piece was measured on i) the intensity of sound, ii) the underlying pulse and iii) the affective contour. The results suggested potential associations between 1) patterns of tension-release in the music and the occurrence of synaesthetic imagery, 2) an association between brain wave response, high music intensity stimulation and the affective experience and 3) an association between brain wave activity and sudden-unexpected changes in the music (in particularly that during sudden and very soft passages in the music, brain wave activity increased.)

**GIM and psychoneuroimmunology**

Several studies have illustrated the potential of music to stimulate the functioning of the immune system. In a series of studies, Rider (1985) and Rider, Floyd and Kirkpatrick (1985) investigated the use of music-mediated imagery in stimulation of the immune system, and re-entrainment of circadian rhythms. Their results indicated a significant decrease in circadian amplitude (p = .007) and that corticosteroid and temperature rhythms were significantly more entrained (p<.01).

McKinney, Tims, Kumar and Kumar (1994, cited in McKinney, Antoni, Kumar and Kumar, 1995), explored the effects of four conditions on plasma beta endorphin levels in 83 undergraduate university students. The conditions were: 1) music facilitated imagery; 2) imagery without music; 3) music listening and 4) a control group (used for pre and posttest only). The results showed that beta endorphin levels were lowered significantly in the music imaging group, and the posttest levels for that group were significantly lower that any of the other groups.

Two studies have investigated the effect of a series of GIM sessions (2 hours in length) on the immune system of subjects. McKinney, Antoni, Kumar and Kumar (1995) investigated the effect of GIM on levels of depression in healthy subjects. The results indicated that the experimental group, which had a series of six weekly GIM sessions, had lower scores on depression than the control group which had no GIM sessions. There were no significant differences however between the groups on levels of beta-endorphin.

Jacobi and Eisenberg (1994, 1996) investigated the efficacy of GIM in the treatment of patients with Rheumatoid Arthritis (RA). Twenty-seven patients with RA received ten individual session of GIM, and data were collected on medical measures (including walking speed, joint count and perception of pain intensity), and general psychological status (including mood, symptoms of distress/anxiety and “ways of coping”).
Statistically significant results were found on lower levels of psychological distress and subjective experience of pain. Statistically significant differences were also found for walking speed and joint count. There were no statistically significant results however in disease status, and a longer period of treatment with GIM may be indicated for changes to occur in disease indicators.

**GIM and Related Theories**

In addition to experimental studies and the case studies reported earlier, the practice of GIM has been studied from different theoretical bases. These studies propose frameworks through which GIM is better understood as a psychotherapeutic medium, within a neuropsychological/neuroanatomical model, and in relation to psychotherapy, Jungian, Gestalt and transpersonal theories.

**A Neuropsychological /Neuroanatomical Model of GIM.**

Goldberg (1992) explored the relationship between the music, emotion and imagery in the GIM experience. She noted that in GIM there may be “emotionally-laden” images with little or no accompanying expressed emotion, and conversely there can be strong emotion expressed with little or no imagery. Goldberg draws on a neuroanatomical framework to understand the relationship, interaction and action potential between images, affect and the music. She argued that music triggers the memories and images which in turn activate emotions. Music is processed through the limbic system of the autonomic nervous system (ANS), which in turn processes emotions via the connections with the hypothalamus and amygdala. The amygdala also houses long-term memories and the emotions associated with those memories (Erdonmez, 1993b), so that in GIM sessions it is common for memories from childhood to surface with associated strong emotion.

Achterberg (1985) also draws on the neuroanatomical model to explain that images too, are processed through the ANS. The question arises whether one modality (music, image or affect) occurs sequentially before another. Does the music suggest the image which activates emotion? Does the imagery sequence unfold independent of the music stimulus? Is emotion aroused directly by the music without an image? Goldberg proposed a Field Theory of GIM in which the music is the central field (Figure 2).
Figure 2. Goldberg's Field Theory Model of GIM (Goldberg, 1992, p.11).

The direction of the arrows indicates that the music evokes emotion which stimulates imagery. Goldberg indicates that there may be a sequence of imagery (represented by the series of I's along the circumference of the circle in Figure 2) before the next impact of the music (indicated by “M”). She elaborates that “even though the music may recede from conscious awareness, the music continues to exert its influence by providing focus, emotional support, structure to the experience, and dynamic movement to the image” (1992, p. 10). In relation to the sequence of different modalities of the experience, Goldberg comments that “if the emotion is unconscious, the image will appear to emerge first... and (is) a sign or symbol of the issue it represents.” Emotion itself is not processed by the brain as a single event, but functions out of a feedback loop, so that the emotion is amplified by additional information or memories or stimuli which impact on it. In GIM for example the music can amplify the state of emotion. Goldberg argues that in the face of strong emotion (possibly amplified by the music), the GIM client may retreat to a ‘defensive manoeuvre’ in order to avoid the threat of the emotion. This, she argues, is why emotionally-laden imagery may be described by the client in a seemingly cut-off manner, ie without accompanying affect.
In many respects Goldberg’s article is a landmark contribution to GIM in that it proposes a theory of GIM which comes directly from the parameters of the GIM process: music, emotion and imagery. Other theoretical models from the humanistic and psychotherapeutic traditions also add to our understanding of GIM.

GIM and verbal psychotherapy.

Bonny (cited in Bonny, 1989) conducted a study in which she compared GIM and verbal psychotherapy. She studied a group of 12 clients diagnosed as having neurotic disorders, and found that they completed therapy in fewer sessions with GIM than a control group of 12 clients receiving psychotherapy. Completion of therapy was defined as the sense of having resolved a presenting major issue. Questions may arise from this study in that ‘resolving a major issue’ may fluctuate widely from one person to the next with respect to type of issue, severity, and depth of its resolution, and there would be difficulties in matching subjects for each condition, and controlling variables outside the treatment condition. Nevertheless, the study attempts to compare the process of GIM with verbal psychotherapy, and further research in this area may be fruitful.

Some GIM practitioners combine the use of GIM with verbal psychotherapy. Walker (1993) found that introducing GIM at a point where the client was ‘stuck’ in verbal psychotherapy, allowed the client to move ahead, breaking through the barriers which blocked progress in psychotherapy. Wrangsjö (1994) alternates verbal psychotherapy sessions with GIM sessions, which enables clients to integrate material which has surfaced during the GIM imagery.

In comparing Freudian psychoanalysis and GIM, Wrangsjö identifies several similarities: the client is in an altered state of consciousness in both, the therapist is out-of-sight (during the imagery experience the client’s eyes are closed and in psychoanalysis the therapist is behind the couch), and both methods access unconscious material. But the emotional impact of the music in GIM is what distinguishes it from verbal psychotherapy. “The method specifically encounters deep emotional conflicts and stimulates inner healing. The unique feature of the GIM method is the combined use of music and the therapist to assist with psychodynamic and transpersonal healing” (Wrangsjö, 1994).

In a study of the long term effects of GIM on normal adults, Maack and Nolan (1999) examined aspects of the subjects GIM therapy experiences in relation to their verbal
psychotherapy experience. The findings, in part, identified the main gains from GIM therapy as:-

a) getting more in touch with one’s emotions
b) gaining insights into problems
c) spiritual growth
d) discovering new parts of oneself, and
e) increased relaxation.

It was further found that most gains from GIM therapy improved beyond the termination of therapy, suggesting that clients were able to integrate the gains from GIM into their lives, and that changes were stable for a period of time. Maack and Nolan also advocate verbal psychotherapy to integrate insights gained from GIM therapy.

**GIM and other theorists**

GIM practitioners may incorporate other theories in their GIM work. If a client presents with a dissociative disorder, a Gestalt approach may be used in the GIM session to identify and integrate different aspects of self (Erdonmez, 1993a; Moffit, 1991).

Jungian theory aligns well with GIM, because of the commonality of active imagination, a technique developed by Jung to engage unconscious content. It is described as a “form of dialogue between the ego and a fantasy figure - perhaps the shadow or anima/animus” (Edinger, 1968). A further commonality of Jungian theory and GIM lies in the identification and acknowledgment of archetypal imagery. The four major Jungian archetypes are:-

1) the Great Mother - the personification of the feminine principle (Demeter) or the Goddesses (Perspehone, Aphrodite), or symbolic shapes representative of the womb.
2) the Spiritual Father - the wise old man, prophet, priest, sage or wizard
3) the Transformative archetype - the miraculous child, or ‘inner child’, and symbolic images of birth, perilous journeys, initiation rites, and emergence of the new personality.
4) the Self - Hero or Heroine or saviour, and symbolic form of integration representing the process of individuation. (Edinger, 1968).

These four archetypal groups are also evident in the 15 categories of GIM experiences, outlined in the Introductory chapter (Table 2).
Jungian archetypes of the personal unconscious, including ‘the shadow’, the underdeveloped part of the personality, and the contrasexual projections of anima/animus, are frequently incorporated into the interpretation of client’s experiences in GIM therapy (Clark, 1991; Hanks, 1992; Short, 1998; Tasney, 1993). An area of Jungian theory which has not yet been addressed in GIM therapy however, is that of alchemy. Although a difficult concept to grasp, Jung related the three alchemical stages - nigredo, albedo and rubedo, to stages of the psychotherapeutic process. The role of the alchemist was to liberate the spirit held in matter, and Jung applied this to his understanding of change in the therapeutic process where nigredo represented the recognition of the shadow aspect of the personality; albedo represented the first transmutation of the inner contrasexual components, and rubedo represented the reconciliation of the opposites (O’Connor, 1985). Rubedo occurred only when the client had analysed all aspects of the self, dissolving the inferior, and being strengthened by the analysis. The sequence of colour transformation is important: a progression from black to white and then to red.

The relationship of alchemy to psychotherapy is explained further by Edinger (1985). He notes that the alchemists believed that in order for a substance to change, it first had to be reduced to *prima materia* - “the matter is dissolved in its own water” (p. 1). In psychotherapy the fixed aspects of the personality are static and inflexible. For transformation to occur these aspects must be dissolved, and in so doing there is a death to a part of the psyche (p. 48). A death to a part of self can herald a pivotal change in the person’s understanding of themselves, so that alchemical changes may be relevant to pivotal moments in GIM. Alchemical change is also alike to the darkening descent and the fire mentioned in Assagioli’s symbols of transpersonal change (see chapter 1, p. 24).

**Transpersonal theory and Spirituality.**

Alongside the influences of Gestalt and Jungian theories, lies the transpersonal theory of Wilbur (Wilbur, Engler and Brown, 1986). He defined a spectrum of consciousness, incorporating nine stages of transpersonal experience and the ultimate state of spirituality. The early stages (1-4) are developmental stages, which Wilbur related to Piaget’s stages of development. The “subtle” realms in Wilbur’s theory (stages 5-6) relate to the highest integrative structures in the personal realm (ie the integration of the ‘self’). Stage 7 relates to the development of transpersonal capacities, such as being ‘at one’ with a higher presence. The ultimate realms (stages 8-9) relate to a capacity to transcend consciousness, to a state of formlessness, of being one with the
world, “an unlimited consciousness of unity which pervades everywhere... a being who is in essence one with the Supreme Self” (p. 74).

Lewis (1986) investigated GIM experiences within Wilbur’s theoretical stages. She took transcripts of 128 client sessions, plus 20 transcripts of her own personal sessions, and identified images, experiences or emotions in the GIM sessions which corresponded with Wilbur’s stages 5-9. Lewis found that:

1) archetypal/spiritual images occurred in 62%
2) body changes (eg. spinning, floating) occurred in 54 of the sessions (43%)
3) deep positive emotion occurred in 42%
4) experiences of light or energy occurred in 34%
5) past life or other psychic phenomenon (including dialogue with family members who had died) occurred in 18%.

Lewis concluded that GIM has great potential for evoking transpersonal and spiritual experiences. She also identified the various music programs which often accompanied the transpersonal experience, and these programs in ranked order (in part) were: Peak Experience; Mostly Bach; Positive Affect; Quiet Music; Grieving etc. (A brief description of each program can be found in Appendix 1f).

**Qualitative Studies**

In tracing the history of research in GIM from the 1970’s to the present day, various stages of development are apparent. In the 1970’s, research focussed on Altered States of Consciousness, peak experience, and the LSD and music studies. In the 1980’s, research into imagery and music for pain relief was carried out by psychologists, music therapists and others. The knowledge base of The Bonny Method of GIM was being expanded through case studies, including applications for patients and clients with clinical conditions and pathologies, sometimes requiring adaptations to the traditional GIM session. In the 1990’s empirical research has developed, and experimental studies incorporating physiological measurement of the effect of music and imagery (guided and unguided) on the immune system and measured by EEG have expanded our understanding of how GIM affects the physical body. Over almost three decades GIM has been aligned with many different theories from the humanistic and transpersonal psychology traditions, but in the late 1990’s there has been greater deliberation about GIM as a method in its own right, with its own theory, practice and research base. A number of qualitative studies have explored the interactive and multi-faceted aspect of GIM, where the researcher investigates the depth of the experience, rather than the
outcomes. Recent literature has explored the GIM process from within the experience itself, to discover more about the quality of the experience from the clients’ perspective as expressed in personal narratives (Buell, 1999; Caughman, 1999; Isenberg-Grzedza, 1999; Newel, 1999; Schulberg, 1999). Other studies have explored GIM from the therapist’s perspective (Bruscia, 1995a; 1998b).

One such study is Bruscia’s self-inquiry of his experience as a guide in GIM (Bruscia, 1995a). He commenced this study by questioning what it means to “be there” for a client in GIM, and how the concept of space is introduced by the word ‘there’. “When I say that you are ‘there’ for me - where did I go that I am no longer ‘here’?” he asks quizzically (p. 167). Within this self-inquiry Bruscia delineates different worlds of consciousness that he enters into (as therapist) during a GIM session: the clients world; the therapist’s personal world, and the therapist’s therapist world. He identifies four levels of experiencing (as a therapist):

1) a sensory level whereby the therapist ‘senses’ what is happening for the client through his own body;
2) affectively, where the therapist can identify feelings and emotions which are aroused by what is taking place for the client;
3) reflectively, where the therapist tries to integrate meaning out of the sensory and effective experiences, and
4) intuitively, a level of spontaneous response to what is occurring for the client (1995a, p. 170-171).

Bruscia comments that his ability to move his level of consciousness is crucial within the session and that timing is a key factor. The sense of timing is observed through the client’s breathing pattern and the speed at which images are reported. When a client speaks haltingly, for example, Bruscia observes that his interventions may slow in response to the client’s state (p. 193). He provides a vivid example of these levels of consciousness, by exploring the transcript of one extraordinary session - a session where a client dug up old bones, and sensed that someone had been stoned to death. As the session proceeded the client felt the experience of the man being stoned, and the very drawn-out letting go in death. The emotional impact in reading this study is very strong. Bruscia’s own reflection is captured in these words:

It is very difficult to describe what Tom (the client) and I were experiencing in those last few moments of the man’s death. Both of our voices were cracking: our words fell into the same rhythm and tonality; and our bodies seemed filled with the tension and expectation (p. 178).
This study opens a new vista in GIM research. It encourages a deeper study of the interaction between client and therapist, the crucial part that timing plays in making interventions, and the subtleties of voice tone, and body tension in communicating with one’s client.

The role of the music is also addressed in Bruscia’s study:

The most intimate and powerful aspect of this experience, however, was the music. It seemed to carry us along and into indescribable feelings, almost as if it was composed to support what was happening in Tom’s images. And during the long periods of waiting for the man to let go, the music ‘held’ us in suspense, while also presenting the deep sorrow and regret that both of us were feeling but neither could express (p. 178).

The Dark Night of the Soul.

Bruscia’s study illustrates the power of GIM in exploring the symbolic, archetypal death experience. Such ‘death’ experiences are crucial in the progress of therapy. Often referred to in the literature as “the dark night of the soul”, these experiences herald life-changing shifts in a client’s understanding of him/herself. Wittine (1989) describes the “dark night” as “a crisis of awakening” (p. 281). The client becomes aware that “their old way of life has little to offer.... old structures are seen as worthless and self-defeating and cherished illusions as imprisoning” (p. 281). As the psyche pulls away from old out-moded habits, the ego suffers feelings of anxiety, emptiness and chaos. There is an archetypal death as the client feels there is nothing to fill the void. The client may experience themselves as a ‘shell’, an empty vessel, or that they are in a void. The client’s sense of self is fragmented and they may experience death wishes. These may be suicidal thoughts or feelings of existential pain, of not wanting to live. Out of the crisis of death, comes the re-birth, as the client awakens to a new sense of identity, a new ‘self’ and new visions for the future. Thus “a dark night is a natural rite of passage inherent in psychotherapeutic change” (p. 281).

Crucial to the client’s passage out of the dark night, is the presence of a supportive therapist. Wittine (1989) phrases it eloquently: “Many clients become angry with the therapist for being the herald of awakening. ‘Why,’ they feel, ‘can’t you let me sleep?’” (1989, p. 282). Since this is a crisis of the individual soul, the therapist may be almost ineffectual in bringing about the re-birth experience. It takes skill and trust for the therapist to sit with a client in the throes of the dark night. Depressive thoughts do not
abate quickly or easily, and the therapist may wonder how long will this last? Wittine wisely points out that this is a "healing crisis, not a pathological one" (p. 282). And one of the most moving experiences for the therapist is to witness the re-birth.

In order for the therapist to 'sit with' the client's dark night, it is most important that the therapist has undergone his/her own ritual dark night passage (Wittine, 1989, p. 282). For this reason, therapists involved in existential, transformative therapies need be in therapy themselves, to have faced the dark night, and to have faced their own anxieties, lest these block the clients' experiences.

**Pivotal Moments of Change in Therapy**

In GIM there are sessions which stand out as being from the 'dark night'. They may be difficult sessions in the sense that strong emotions may arise, and they may be longer sessions than usual. They sit alongside other 'significant' sessions where experiences may be transformative, and deeply spiritual. Such sessions are often not anticipated by the therapist or client, and the full significance may not be realised in the short term. A number of aspects come together in a significant session, in particular the readiness of the client to face the challenge and the motivation to move beyond.

In the therapy literature these significant sessions or moments, are referred to as 'significant', 'key', or 'critical' moments. Prado (1978) for example writes about 'critical' moments in analysis, and describes these as moments of crisis, a climax of transference situations. May (cited in Amir, 1992) writes about the 'aha' experience as a moment when a person suddenly grasps the meaning of some important event and experiences it as a moment of heightened awareness. The moment may bring about change in the client that is experienced as liberating. "Something totally new is revealed, new horizons open up... and the whole personality is restructured... An encounter can bring a sudden liberation from ignorance or illusion, enlarge the spirit horizon and give a new meaning to life" (Ellenberger, cited in Amir, 1992).

Böhm (1992) writing on 'turning points' in psychoanalysis describes "a momentary sudden change in quality, depth or direction... (as) if a metaphorical new door to a new unexpected room is opened" (p. 675). Central to Böhm's theory of turning points, is the notion of confrontation and surprise, which he believes, lead to the analysand's (client's) experience of discovery of an 'inner life'. He paints an interesting analogy to a snake shedding a skin: "being able to lift off an old maladaptive defence is similar to releasing an old snake skin that still hangs on to the snake's body though the new one has grown under it" (p. 676). The element of surprise is provided by the therapist who
“refrains from premature constructions that don’t respect the analysand’s words” (p. 677), instead tolerating the anxiety of not knowing, the goal of which is to wait for the surprising link from the analysand’s unconscious communication. The essential feature here is that the analyst waits, rather than intervenes. Böhm states that these turning points can be either the beginning of change or a consolidation of change.

In order to study meaningful moments in music therapy, Amir (1992) interviewed four practising music therapists and four clients and asked them to describe their respective experience of music therapy. Amir conducted ethnographic interviews and analysed the content using a grounded theory approach, identifying 15 meaningful moments in the clients’ experiences of music therapy. She then took two of those meaningful moments - moments of insight and moments of transformation - for further analysis. Clients experiences of insight were described within four types: intellectual, physical, spiritual and emotional. Moments of transformation were those in which “clients experienced a powerful insight that virtually changed their lives” (p. 92). These were described as “accompanied by a tremendous joy and a feelings of being glorified” (p. 93). The clients described that they felt more alive and connected to reality. They were better able to make decisions and to take risks, and their interpersonal relationships changed for the better.

In the second part of the study, Amir explored the therapists’ experiences. The therapists’ moments of insight were found to be: insights concerning the process; insights concerning the client, and insights concerning the therapist’s own self-process. The therapists found a clearer understanding of their work and a better sense of themselves as human beings. Amir commented that while interviewing the therapists she noticed their facial expressions and that they looked “very alive” as they spoke.

No similar type of study has been conducted in GIM, although within the GIM literature authors frequently refer to moments of insight, transformation or turning points. Stokes (1992) describes a session with a client which “had been a pivotal point in Susan’s therapy, as she confronted the emptiness within....” Bonny and Kellogg (1976) refer to various sessions as “breakthrough” sessions. Bruscia (1991) describes a “turning point in the session”, suggesting that special moments may be identified at a precise moment within a session. Pickett (1994) also refers to “three key sessions (which) became turning points” for her client’s self-understanding. Clark (1998) writing about peak experiences, found that when a client is experiencing a peak experience, she (as therapist) is “pulled along with the energy” and there is little indication in the therapist’s notes (transcript) to indicate what has occurred.
With respect to the present study, I wanted to study pivotal moments in GIM, as turning points in people’s lives. The term ‘pivotal’ was chosen as most apt, because it represented that movement of pivoting, a turning point in which something is seen from a different point of view, or from a different perspective.

In order to understand what transpires at moments that are pivotal in GIM, the present study addressed the experience from three perspectives:
1) the client’s experience
2) the therapist’s experience, and
3) the music underpinning the experience.

In order to study these multi-faceted aspects, I studied various methodological approaches. A phenomenological research paradigm was chosen as most appropriate to elicit the quality of the pivotal moment experience in all its meanings. The focus of the research then was a phenomenological study of pivotal moments in GIM therapy.
CHAPTER 2

METHOD

The Bonny Method of GIM is an interactive therapy, in that the therapist and client are engaged in a form of therapy in which there is a search for meaning and personal growth, symbolised in images and emotions. It is a lived experience, and one in which the client and therapist are committed to emotional growth and change. No two clients experience GIM in the same way, and no two GIM sessions are alike for one client. Aldridge (1996) has argued for “a research approach which accepts the individual as they are” (p. 106). He explains further that “therapy implies an expected change, . . . and what has been instrumental in this change is the task of therapeutic research” (p. 106). In order to study pivotal moments in the GIM process, a research paradigm was needed which was sensitive to the quality of the experience. In order to understand the quality of the experience, a qualitative research tool was required.

Tesch (1990) identified four major categories of qualitative research:

- characteristics of language
- reflection (heuristics),
- discovery of regularities (repeated patterns), and
- elaboration of meaning

The study of pivotal moments in GIM belongs to the ‘elaboration of meaning’ category, which is concerned with “the discerning of themes to determine commonalities and uniquenesses” (p. 73). One of the common methods for exploring elaboration of meaning is phenomenology - a study of the lived experience of a phenomenon.

Phenomenological Research

There are several schools of phenomenological thought and in recent years phenomenology has been applied to research in the social sciences, education and in psychology. Dusquesne University developed the empirical phenomenological school, the proponents of which were Giorgi and Colaizzi. Many of the early studies in empirical phenomenology focussed on the lived experience of situations which are common occurrences in life - the experience of being angry (Stevick, 1971), the phenomenology of suspicion (Konig, 1979), the phenomenology of self-esteem (Mruk, 1983) and of being criminally victimised (Fischer and Wertz, 1979).
More recently, the *Transcendental Phenomenology* school of thought has emerged through the writings and research of Moustakas (Moustakas, 1994). Moustakas recognises Husserl as the founder of transcendental phenomenology, in which an experience is studied and understood through a process of intuition and reflection. Experiences are viewed from two perspectives: what was experienced (the textural description, or Noema) and how it was experienced (the structural description, or Noesis).

Other forms of phenomenology have emerged as researchers have adapted the phenomenological process for their respective research studies. For example, Lett used an *Experiential Phenomenology*, in a study of professional supervision of four trained therapists. The tools of research were found in multi-modal forms: dance, drama, drawings and improvised sound. (Lett, 1993).

Phenomenological research allows the data to be collected from a number of different perspectives: by self-reflections (heuristic descriptions); by interviewing other people about their experience of the phenomenon under study; by gathering writings about the topic, or by depictions of the topic in question as expressed in works of art, in dance, in poetry etc. (Polkinghorne, in Valle and Halling, 1989). Phenomenological studies are of necessity retrospective and recollective (van Mannen, 1990), in that the participants are required to reflect on the experience. They may be concerned with the person “as they ‘come into being’” (Aldridge, 1996, p. 109).

In clarifying phenomenology as a human scientific study, van Mannen (1990) argues that it is

- **systematic**, in that phenomenology uses a practised mode of questioning, reflecting and focussing;
- **explicit**, in that it articulates the meaning embedded in the lived experience;
- **self-critical** in that it continually examines its own goals and methods;
- **intersubjective** in that it needs co-researchers to develop a dialogue relationship with the phenomenon, and thus validate the phenomenon; and
- a human science in that the subject material is always human experience (1990, p. 11-12).

Phenomenology does not deal in facts, causal-effect relationships, generalisation or speculation. Instead it aims to “transform lived experience into a textual expression of its essence” (van Mannen, 1990 p. 36). For this reason, phenomenology lends itself well to
studies of complexities and mysteries of life, which require thoughtful, reflective approaches.

A common method of gathering data in phenomenology is through the interview. Phenomenological interviews are open-ended and seek to understand the *depth* of the experience. The purpose is "to gather descriptions of the life-world of the interviewee with respect to interpretation of the meaning of the described phenomena" (Kvale, 1983). Interviews may be semi-structured. The researcher may draw up a list of questions which need to be addressed during the interview, leaving the exact phraseology open to suit the interviewee. As the participants describe their experience, the interviewer seeks further detail and understanding about the experience by asking questions about their feelings at the time, or greater detail about the event. The purpose of the interview is to gather the fullest description of the experience itself. In order that the researcher's own biases do not influence the interview procedure, the researcher undertakes a process of bracketing out assumptions about the experience being explored (see below). It is important also for the researcher to be experienced in phenomenological interviewing and to be open to diverse descriptions. It is through the diversity of the participants experience that the researcher gains a richer understanding.

The phenomenological research approach has been used in a number of music therapy studies. Forinash (1990) adopted a phenomenological approach to study her experience of music therapy interactions with terminally ill cancer patients, and to study improvisation interactions with disabled children (Forinash, 1992; Forinash & Gonzales, 1989). Kasayka (1988) adopted the phenomenological research paradigm for her study of transpersonal elements in GIM. She commented that phenomenology when applied to the creative arts "Permits the researcher to enter and describe the existential world of both the client and the therapist and to represent it more completely than ... quantitative research (p. 6)."

In choosing phenomenology as the research method for this study, I was conscious that the participants could verify their own descriptions of the experience. In describing any experience of GIM, the participant inevitably recounts images, feelings and memories, which are already rich descriptions of experience. It was important I felt, to retain those descriptions faithfully in the participants words.
Epoché and examination of biases.

An essential process in phenomenology, is for the researcher to make an examination of bias with regard to the phenomenon under investigation. The term *epoché* is also used for this process. In the examination of bias, the researcher identifies beliefs that she/he holds, and suspends these beliefs during the process of collecting data and analysing it. In making explicit those beliefs, biases and assumptions, the researcher tries to come to terms with them, rather than ignore them (Mousatakas, 1994). My examination of biases is presented here because it is part of the emerging method of analysis. From an examination of my biases, certain beliefs became evident and these in fact helped form the questions of the study. They also provided a framework alongside which the experiences of the clients and therapists could be placed, thereby extending my understanding of pivotal moments. The epoché was developed from my experiences of pivotal moments in GIM, as a therapist and also as a recipient of GIM therapy.

Pivotal Experiences as a GIM therapist.

My experience as a GIM therapist spans ten years, and some 600 sessions given to many different people. I have been witness to many sessions which have been pivotal for my clients. Sometimes I intuitively sensed that a session would be a pivotal one for the client during the discussion period before the music commenced. This might occur when the client came to the session in an intense emotional state. I would then spontaneously plan the session to maximise the emotional effect: in the relaxation induction; in choosing a focus image; in choosing the music program, and in my interventions.

At other times the significance of the session became apparent only after the music and flow of imagery had commenced, and I could sense that something important was unfolding. I might encourage the client’s experience through carefully chosen interventions. I might also change the music if necessary, to ensure that the experience was maximised.

At other times I did not know that the session had been pivotal until the client’s next session, when he/she, having reflected on the previous session, mentioned that it had been pivotal. In this situation I would ask the client to tell me more about how it had been pivotal for them.

During my clients’ pivotal moments I may experience a range of emotions: I may be in awe of the experience unfolding - I sit and witness the experience of the client with a feeling of wonder. I may amplify the experience with the client through my interventions,
but I may sit and make no interventions, allowing the client to experience without interjection from me. This is particularly true when a client experiences transpersonal imagery, and I feel a verbal intervention may somehow break the intensity of the experience. In these moments I hold back from intervening.

Sometimes these pivotal moments continue over several minutes, and I may sympathetically feel the intensity of the client’s experience in my own body. My heart rate may speed up, my breathing may become stronger and deeper, sometimes tears may come to my eyes. If the client’s experience is a distressing one, I might become concerned for the client, and even experience doubts about my therapeutic skill and choices made about the session. For example, in one such session, a client (who had been traumatised as a child), was aware of yellow ‘muck’ through her cheeks and cheek bones. As she tried to clear away the ‘muck’ she became distressed by the pain. I recall feeling very apprehensive: did I have the skill needed to deal with this situation? had I chosen the right music for this session? should I change the music to something else? should I try and stop the pain she was experiencing? was this client suitable for GIM? It seemed that the pain lasted many minutes - I felt a time warp, wanting this experience to end for the client. Finally the music came to an end and she sat up, gently stroking her cheeks and saying: ‘I feel I have a face, for the first time’. Tears sprang to my eyes as I realised how profound an experience this was for the client. In trying to heal the awful memories of trauma, she had discovered a new face for herself. It was a very powerful moment and subsequently was identified by the client as a pivotal session in what was a long search for healing from the abuse and a renewed sense of her identity.

**Pivotal Experiences as a recipient of GIM.**

In exploring my own pivotal sessions in GIM, three instances come to mind. In the first session I was distressed by an image of a person lying dead on the ground. I was aware that the music had come to an end, and I became very anxious that I would be left with these feelings, which at that point were intolerable. I was relieved to hear the therapist reaching for another cassette tape, to find further music to help me shift the image to a more comfortable place. The session was a pivotal one in that the imagery was very distressing and I was able to bring some resolution to it. It was also pivotal in that I felt more secure about the GIM therapist who heard my distress and ensured that additional music helped me bring the session to a comfortable close.

In another instance the music was the crucial part of the experience. I stood atop a mountain looking out over a large desert. The piece of music, Schmidt’s *Intermezzo* from the *Notre Dame Suite*, commenced. The orchestra plays in unison at the beginning of the
piece, a sequence of two notes: dominant-tonic. The sequence is repeated until finally it fills into a full orchestrated chord. As this music played, a fire sprang up and encircled me in the imagery. I felt an enormous rush of energy from the fire, as if the violins were the flames. I was very conscious of the sound of the violin bows hitting the strings. Time seemed suspended, expanded by the music and my imagery. This session I identified as a pivotal one in my personal growth, mostly because of the expanded sensation I had through my body as I heard the *Intermezzo*. I felt empowered by the experience, the more so because it was embodied. The role of the music therefore was an important element in this experience being a pivotal one.

In the third instance as a recipient of GIM therapy, I recall a session in which I had fallen a long way down a well. I was unable to stop myself, and there was nothing in the well shaft that I could hold on to. I finally fell into a figure 8 movement in which I had no sense of myself, and no awareness of my body. I was aware only of a slight whistling sound, like a breeze. I was not aware of the music playing, and in retrospect, feel that this was a very strong experience of the void. Into this silent, and very still experience came the voice of my therapist: “can you get out of there?.” I recall struggling to comprehend the words, and being conscious of having to think in order to make sense of the words. Then I was conscious of processing the words: do I want to get out of here? Why has she asked the question?, followed by two thoughts: “my therapist sounds worried”, and, “perhaps I should get out of here.” As I think back to that experience it was a pivotal session for me to experience the black, silent world of the void. But I am still puzzled by the therapist’s reaction. Perhaps it was near the end of the music program and she deliberately wanted to bring me back to a normal alert state. Perhaps she herself was scared or concerned by my experience, and her countertransference influenced her response (which effectively ended my void experience). What I recall from that session however, was a sense that the therapist may influence a pivotal moment, by either allowing it, or suggesting it come to a close. The role of the therapist therefore is an important element in a pivotal GIM session.
As I contemplated these experiences as a GIM therapist and as a recipient of GIM therapy, the following biases became evident:
1) pivotal experiences are strong in imagery and/or feeling
2) pivotal experiences stand out from other experiences in GIM
3) pivotal experiences can be recalled and described
4) the therapist may enhance the pivotal experience, or may interfere during the pivotal experience
5) the music may influence a moment that is pivotal, and
6) people in GIM therapy have pivotal experiences.

By making these biases explicit, I was aware of them during the interview of participants, and during the reduction and analysis of the interview data. As Kvale (1983) points out, the examination of bias does not imply an absence of presuppositions, but a consciousness of one's own presuppositions. In addition, the examination of biases described from both the therapist's perspective and as a client of GIM, allowed me to develop the focus of the research and devise the questions.

Rationale for the Research

The purpose of the research was to understand the experience of pivotal moments in GIM. In consultation with my supervisor, I formulated a working definition of a pivotal experience in GIM as:

an intense and memorable experience that stands out as distinctive or unique within a GIM session. This experience is qualitatively different from experiences in the same or other GIM sessions. It is a shift in the person's perspective on their life, which may include how they relate to themselves or others; and this may lead to a change in the pattern of their life experience.

I adopted this working definition in order to inform clients and therapists about the focus of the research and to ask for volunteers to participate in the study. Data was collected from the following sources:-

1) interviews with clients about pivotal moments in their GIM experience,
2) interviews with the therapists about their perceptions of those moments identified by the clients as being pivotal, and
3) analysing the music which underpinned the clients' pivotal moments.
In order to develop a greater understanding of pivotal moments in GIM, the following questions were posed:

1.1. How does a client experience a moment that is pivotal in GIM?
1.2. How are these moments described?
1.3. Are there features of a pivotal moment that are similar across the clients' experiences?
2.1. How does the therapist of the client experience the moment identified by the client as being pivotal?
2.2. Are there features in the therapists' experience that are similar?

3.1. What are the features of the music which underpin pivotal moments?
3.2. Are there similarities in the structure and/or elements of the music?

**Recruitment of participants**

There are several criteria to be met when selecting that participants for involvement in a phenomenological study. Van Kaam (cited in Polkinghorne, 1989), states these as:-

a) the ability to express themselves linguistically with ease
b) the ability to sense and express inner feelings and emotions without shame or inhibition
c) the ability to sense and express the organic experiences that accompany these feelings
d) the experience of the situation under investigation at a relatively recent date
e) a spontaneous interest in the experience.
f) an ability to write or report what was going on within themselves at the time.

Because I was recruiting adult clients involved in GIM therapy (which encourages the expression of feelings), I expected that these criteria would apply, therefore I did no screening or selection of the participants once they had indicated interest. I also wanted to assure diversity of experience from the participants in this study by:-

a) a gender balance
b) diversity of experience in GIM (short series or long term)

For the purposes of studying pivotal GIM sessions I did not include therapeutic issue or diagnosis of illness in recruiting the participants. They were not asked to identify what issue they brought to GIM, nor any diagnosis of illness.
Recruitment Procedure and Informed Consent

A letter describing the study was written, which included information about the topic of investigation, the nature of the interview, the need to tape record the interview, assurance of confidentiality, and the provision that participants may withdraw from the study at any time (Appendix 2a). This letter was made available to one GIM therapist, who gave it to clients who she felt may be interested in the study. I sent the letter by mail to clients of my own who I thought would be interested in the study.

Clients of the other GIM therapist were invited to contact me for further information and to arrange a time for interview. My clients were invited to contact a Research Assistant (RA) for further information and to arrange a time for interview. The interview was conducted by the RA.

All participants were asked to give permission for the interview to be tape recorded on the understanding that the tape would be erased at the end of the research period. Informed consent forms were signed at the interview (Appendix 2b).

The participants

Seven people responded to the call for volunteers to participate in the study, three male and four female. Three of the female participants and two male participants had experienced many GIM sessions. The remaining two participants (one male and one female) had been clients in GIM therapy for a short number of sessions (6-10).

Three clients of another GIM therapist (David, Pamela and Ken) were unknown to me. I conducted the interviews in their home environment. Three clients of mine, (Suzanne, Bernadette and Timothy) were interviewed by the Research Assistant who was trained in phenomenological interviewing. These interviews were held in her office. One participant (Sarah) was a client of another therapist to whom I gave a “one-off” session. This participant on hearing about my research volunteered to be part of it. I interviewed her.
Table 4  Details of Participants

<table>
<thead>
<tr>
<th>Name of participant</th>
<th>Name of therapist</th>
<th>Length of time in GIM</th>
<th>Interviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>David</td>
<td>Anna</td>
<td>Three series</td>
<td>Myself</td>
</tr>
<tr>
<td>Ken</td>
<td>Anna</td>
<td>Short series</td>
<td>Myself</td>
</tr>
<tr>
<td>Pamela</td>
<td>Anna</td>
<td>Short series</td>
<td>Myself</td>
</tr>
<tr>
<td>Sarah</td>
<td>Myself for one session only</td>
<td>One session with me, but long series with another GIM therapist</td>
<td>Myself</td>
</tr>
<tr>
<td>Bernadette</td>
<td>Myself</td>
<td>Long series</td>
<td>Research assistant</td>
</tr>
<tr>
<td>Suzanne</td>
<td>Myself</td>
<td>Long series</td>
<td>Research assistant</td>
</tr>
<tr>
<td>Timothy</td>
<td>Myself</td>
<td>Long series</td>
<td>Research assistant</td>
</tr>
</tbody>
</table>

Data Collection

Format of the interview

All interviews were tape recorded. The leading question was: "looking back over all the GIM sessions you have had, does one stand out for you as being pivotal? The participant was then asked to amplify on that experience - what was it like? Further questions were asked in order to collect descriptions of the experience relative to the research questions. These were:

In what way was it pivotal?
Is there anything about the experience that stands out?
Were you aware of the music?
What stood out for you about the music?
Were you aware of the therapist’s interventions, or any other aspect of the therapist’s presence?
How was this session different from the other GIM sessions?
Did the pivotal session have an impact on your life? If so, in what way?

Following the interview, I transcribed the content in the participant’s exact words.
Data Analysis

The purpose of data analysis is to find the essence of the person's experience of the event or phenomenon. This process is called variously: a reduction; explication or distilling. In this study the term "distill" is used.

Giorgi (cited in Polkinghorne, 1989) describes six steps when working with interview data (the protocol):
1) The researcher reads through the protocol to get a sense of the whole.
2) The researcher reads through the protocol again and divides the transcript into units of meaning from a psychological perspective.
3) The researcher tries to state the meaning that dominates the natural unit, in his or her own language.
4) The researcher re-words the meaning unit in relation to the study's question.
5) The researcher synthesizes the meaning units into a descriptive statement of essential non-redundant psychological meanings.
6) The researcher develops a general description from the protocol.

Colaizzi (cited in Polkinghorne) adopted a similar procedure for analysis, in which the researcher distills the original material (interview transcripts) into meaning units, then synthesises the meanings into a distilled essence. Colaizzi’s next step was to cluster the individual themes into general themes, to reach the final description of the experience. Colaizzi then added a further step of verification where he returned to the participants in the research and asked: “how do my descriptive results compare with your experience?... have any aspects of your experience been omitted?” (Polkinghorne, 1989, p. 53)

I chose to combine the two approaches of Giorgi and Colaizzi in the analysis of the participants’ experiences, in that I asked them to verify the reductions of their distilled essence (ie their individual description). To be systematic and consistent, I adopted the following procedure:-

1. Each interview transcript was read through to gain a sense of the overall experience.
2. The transcript was read again, and key statements were underlined.
3. The key statements were placed together and grouped into units of meaning, termed meaning units. Each unit was given a category heading.
4. The meaning units for each transcript were transformed into a distilled essence of the experience.
5. The interview transcript (with key statements underlined), the meaning units, and the distilled essence were sent to the participant for verification with the question “does my
final distilled description capture the essence of your experience? Is there any aspect of your experience that has been left out”? (see prototype of the verification letter, Appendix 2c).

6. When the participant had returned the material, any changes or omissions were noted. 7. When all seven participants had verified the distilled essence of their experience, I undertook a horizontal distilling process, whereby the common meaning units across all seven interviews were laid side by side, and composite categories were developed. 8. Composite themes were distilled from the categories, and distilled into the composite essence.

9. The distilled composite essence was then transformed into a final global description of the experience of pivotal moments in GIM.

The therapist interviews

In the second part of the study, the two GIM therapists (who gave the sessions to the clients), were interviewed. The purpose of the interview was to collect descriptions of the therapists perceptions and experience of the session that the clients had identified as pivotal. I interviewed Anna, who was therapist to David, Ken and Pamela, and I was interviewed by the research assistant (see Table 4, p. 60).

The interviews were open-ended and followed a similar procedure to the participant interviews. The therapist was asked about each participant’s experience in turn. The interviewer identified the session which the client had chosen as the pivotal one, and asked whether the therapist remembered the session. There followed questions about the therapist’s experience of that particular session:-

- in what way did it stand out for the therapist?
- was the therapist surprised by the client’s selection of a particular session being pivotal?
- what did the therapist recall of the session which the client identified as pivotal?

The analysis of therapist interviews followed the same procedure as above:-

1. Each of the therapists’ interview transcripts were read through to gain a sense of the overall experience. For Anna there were three interview transcripts - one each for David, Ken and Pamela). There were four interview transcripts for myself (Sarah, Bernadette, Suzanne and Timothy).

2. Each transcript was read again, and key statements were underlined.
3. The key statements were placed together and grouped into meaning units. Each unit was given a category heading.
4. The meaning units for each transcript were transformed into a distilled essence of the therapist’s experience (of each participant).
5. The interview transcript (with key statements underlined), the meaning units, and distilled essence, were sent to Anna for verification with the question “do the meaning units include all your experiences as a therapist in sessions identified by your clients as being pivotal? does the distilled description capture the essence of your experience? Is there any aspect of your experience that has been left out”? I verified the meaning units and distilled essence of my own transcripts by re-immersing myself in the data.
6. When Anna returned the material, any omissions from the distilled essence or meaning units were included.
7. The meaning units across the two therapist interviews were laid side by side, and composite categories were developed (the horizontal distilling process).
8. Composite themes were distilled from the categories, and distilled into the composite essence.
9. The distilled composite essences were then transformed into a final global description of the therapists experience of moments in GIM identified by their clients as being pivotal.

Example of Phenomenological Reduction

In order to illustrate the process of reduction, the following example is provided from Bernadette’s interview: Only the first two pages are re-produced here. The key statements of the interview are underlined. The phrases and sentences that are not underlined were excluded in the second stage of analysis, because they were unrelated to the pivotal GIM session. For example, Bernadette remembers not being able to speak for herself as a child, of not being able to stand up for herself. She recalls moving house when her husband was transferred by his company. All these statements are not specific to the pivotal GIM experience and were therefore not key statements.

Interview with Bernadette.

1. Interview Protocol and Key Statements
(Note: The content of the interview was transcribed in the participant’s exact words, including hesitations, and incomplete sentences. Ellipses indicate hesitations in the participants expression - they do not indicate words left out)

Research Assistant (RA): Thinking back over your sessions, is there one particular session that you’ve thought about that has been particularly pivotal for you?
B: Yes, certainly. I think it was about October last year and I suppose that things lead up to a pivotal session. I suppose it sometimes happens spontaneously but sometimes it is..... things that just build up and I think that over the years I’ve had a problem with my ability to speak out

RA: Hmmm

B: and I was the third child in my family and I had one sister who was fairly dominant and I think that I just sort of stood back in the family and didn’t say too much, so that affected my whole life really. And I remember even when I was at school I would not answer in class or I would always sit behind somebody so that I would not be seen in the class.....not have to speak out. I was very reluctant to speak out in any form. So this particular session was extremely powerful for me in that I found my voice.

RA: Can you describe any of the session - just anything that comes to your mind about it at the moment?

B: Well, I suppose the powerful part about it was that I actually found my voice. It actually made a sound.

RA: Right.

B: In the session, I was able to experience the feeling of finding my voice. Not, not in an imaginary way, but in a physical way.

RA: Perhaps you could just put yourself back into the memory of having that session and tell me about the images that come to mind? Do you remember any of the images that developed during the session and when was the point when you actually found your voice?

B: I think when the music started and I was sitting at a piano in an orange dress and I have always hated orange. In fact anywhere we ever moved when my husband was transferred (by his company) the first thing I did was get rid of anything orange so it was really interesting that I started out in an orange dress sitting at this piano

RA: Hmm (laughter)
B: And I felt that the dress itself was not flimsy; it was quite a strong dress and I felt that the orchestra and I were working together... but certainly I had control as I was sitting there playing the piano and they were giving me that sense of identity too that I was able to play what I wanted to play so that was a powerful experience to start with.

RA: Right

B: That I was sitting there with the orchestra and in control and playing the piano... I suppose playing the piano was something that I always wanted to do but have never done. So I suppose that was a sense of doing something, and feeling that I was doing it. It was quite powerful. And I will grab this mandala, if it is all right, to help as we go along. And so I had a wonderful feeling in my body.

2. The reduction of the key statements into meaning units.

The key statements were then grouped into meaning units and each meaning unit given a category heading. Redundant material was removed, for example, Bernadette says three times that the pivotal session was the one in which she found her voice. The meaning unit distills this, adding the amplification she makes on the experience - “it actually made a sound” and “not in an imaginary way, but in a physical way.” Once the statements were grouped, a category heading was given to express the sense of meaning.

Identifying the pivotal session

“this particular session was extremely powerful for me in that I found my voice. It actually made a sound. I was able to experience the feeling of finding my voice, not in an imaginary way, but in a physical way.

Describing the pivotal session

“when the music started and I was sitting at a piano in an orange dress and I have always hated orange.

“And I felt that the dress itself was not flimsy; it was quite a strong dress and I felt that the orchestra and I were working together... but certainly I had control as I was sitting there playing the piano and they were giving me that sense of identity too, that I was able to play what I wanted to play, so that was a powerful experience to start with.
“And I had a wonderful feeling in my body. I had a tingling in my hands. I began to feel this stiffness going, my body was starting to loosen up”

**Distilled Essence**

The meaning units were then transformed into the words of the researcher, and form part of the distilled essence of the experience (below). In keeping with phenomenological practice, the final distilled essence is written in the present tense to denote that it is a lived experience.

The final distilled essence of Bernadette’s experience presented below, includes the features of *all* the meaning units (only two are mentioned above):

The pivotal experience for Bernadette is finding her voice through the physical and lived experience of singing. It is an embodied experience emerging from uncomfortable feelings of choking in the throat, as if something needed to get out. The sound at first is feeble but it gains strength as if it has been freed up. It is a moment of truth, of wanting to grow up, to graduate from childhood to adulthood, a sense that “this is the moment”, of yearning to be in control. The pivotal moment lasts for some time, and extends into new imagery which is experienced without words, but sustained by the music. The experience is very special and is claimed as “mine.” The moment can be recalled and impacts on Bernadette’s life - decisions are made with confidence, relationships are changed and it effects almost every aspect of life. The “Voice of Maturity” is expressed as a mandala and the experience of finding the voice and of singing is embodied in the mind, heart, soul and spirit. It expresses the very core of Bernadette’s being.

**Verification.**

In the verification stage, the full interview transcript, key statements and meaning units, and the distilled essence (in the researcher’s words) were sent to Bernadette for verification. Bernadette suggested that the following phrase be added “Finding her voice allows freedom of expression.” These words were added to the final distilled essence, and are identified in bold type.

The pivotal experience for Bernadette is finding her voice through the physical and lived experience of singing. It is an embodied experience emerging from uncomfortable feelings of choking in the throat, as if something needed to get out.
The sound at first is feeble but it gains strength as if it has been freed up. It is a moment of truth, of wanting to grow up, to graduate from childhood to adulthood, a sense that “this is the moment”, of yearning to be in control. The pivotal moment lasts for some time, and extends into new imagery which is experienced without words, but sustained by the music. The experience is very special and is claimed as “mine.” The moment can be recalled and impacts on Bernadette’s life - decisions are made with confidence, relationships are changed and it effects almost every aspect of life. Finding her voice allows freedom of expression. The “Voice of Maturity” is expressed as a mandala and the experience of finding the voice and of singing is embodied in the mind, heart, soul and spirit. It expresses the very core of Bernadette’s being.

**Issues of Validity in Phenomenological Research**

Validity in qualitative research is achieved in a very different manner to that in quantitative studies. Validity in phenomenology is based on the authenticity and trustworthiness of the manner in which the researcher approaches the interview and the reduction of the interview material. Aldridge (1996) comments that “the basis of establishing trustworthiness . . . is to show that the work is well grounded, (and) to make transparent the premises that are being used” (p. 125). Trustworthiness in this study was attained through: epoche (the examination of bias); peer debriefing; participant verification; prolonged engagement with the descriptions; triangulation, and ‘indwelling’ the experience.

1. **Epoche** the examination of bias of the researcher. The purpose of the examination of biases is to make explicit any assumptions or preconceptions of the researcher. In the epoche of my pivotal experiences in GIM, I became aware of my preconceptions, and these in fact helped focus the study, and even suggested the questions which should be asked. The important distinction is that the researcher’s biases should not negatively influence the interview process nor the analysis of data. The authentication of the researcher’s analysis is made through the verification procedure, whereby the participant identifies anything of the experience which has been left out, or can suggest a change of wording if the researcher has not reflected the meaning accurately.

2. **Peer debriefing.** A further method of validation is peer debriefing, where the researcher takes stages of the research analysis to a peer group for feedback. Because my study was conducted at a time when there were only two GIM therapists in the country, it was not possible to have input from a local peer group of GIM therapists. I did however
participate in a research study group investigating *experiential phenomenology*, and I presented progress accounts of my study at monthly seminars and symposia. The experiential phenomenology group proved useful in debating a research decision: initially I wanted to interview my own clients, because I felt I would gain very rich material by being able to interact with them about their pivotal experiences since I would have been present myself. Thus, I thought the data would be an interesting collaboration of their experience and my experience, openly expressed between the client and myself. The experiential phenomenology group disagreed, citing concern about the ethics of merging the researcher role and the therapist role. I felt sure that I could manage the dual role of researcher and therapist, because I felt the nature of the research, and the practice of GIM were closely aligned. However I finally accepted that the dual role could be difficult for the clients, who after the research interview was complete, may feel differently about me as therapist and my capacity to be a GIM therapist to them wholly for their needs, rather than my research. I then abandoned the idea of interviewing my own clients.

3. *Participant verification* of the reduction and distilled essence of their experience. In this study of pivotal moments in GIM, the participants were articulate, intelligent adult people, who were able to verify their own material and to understand the stages of the analysis procedure. Each participant had the opportunity to respond to the researcher’s ‘transformations’, and to add comments or corrections to the researcher’s distilled essence. This procedure is also termed “member checking” (Aigen, 1995; Creswell, 1998).

4. *Prolonged engagement with the descriptions*: which involved repeated reading and revising of the interview material. During the distilling process, I returned repeatedly to the interview protocols, to ensure that nothing of the experience was being left out. A period of several days was necessary for me to complete the analysis for each participant: to determine the key statements, group them into units of meaning and than write the final distilled essence. I found that I could only do one of these reductions at a time. I needed to immerse myself in each participant’s experience and it needed time for the analysis to feel authentic. When I came to distill the global experience, there was a process of moving back and forth between each individual’s experience, and the global experience, so that there was a continuous deepening of understanding.

5. *Triangulation*. The research design allowed for multiple participation: I interviewed clients of another GIM therapist, a research assistant interviewed my own clients. I interviewed the other GIM therapist about her perceptions, and the research assistant interviewed me about mine. The participants responded to my distilled versions of their experiences. This triangulation process in qualitative research ensures the trustworthiness
of the data. In phenomenology, trustworthiness is enhanced when several people conduct the interviews so that there is a broader and more richly nuanced picture of the themes (Kvale, 1983).

6. *Trustworthiness* is also evident in the process of ‘indwelling’ the experience of the participants, so that the researcher creates a trustworthy and authentic distilled essence of that experience. This is brought about by an active indwelling of the interview material, until it is *known* by the researcher. It is an ontological knowing, one in which the essential nature of the phenomenon is felt and understood. The seven participants in this study provided rich descriptions of their experiences of pivotal moments in GIM, and each time I read their descriptions and then distilled the experience, I began to be ‘inside’ their experience.

Phenomenological inquiry allows certain degrees of flexibility in the methods of collecting data, and in the interview style and process. The method of analysis however is consistent, and in this study the same method of analysis was applied for the client interviews and the therapists interviews. The data presented in subsequent chapters is supported by the transcripts of the original interviews, and the reductions of the protocols into meaning units, included in the Appendices.
CHAPTER 3

The Clients’ Experiences of Pivotal moments in Guided Imagery and Music

Seven people were involved in the study of clients’ experiences of pivotal moments in GIM. The participants were interviewed separately and the interview was taped recorded. I then transcribed the interview word for word (stage 1 of the analysis). I retained the exact sentence structure that each participant used, even though some sentences were not well structured grammatically. In the interview transcript I also indicated pauses, or hesitations by using ellipses.

In the second stage of analysis, I started the process of distilling each participant’s experience. I read through the interview protocol to gain an understanding of the person’s experience. I then read through the transcript again, identifying and highlighting the key statements by underlining them. The interview protocols and the underlined key statements are compiled in Appendix 3. In the third stage of the analysis, I gathered the key statements of the participant’s experience and grouped together statements which were about one aspect of the experience, as a meaning unit. Some meaning units came from the research questions that were put to the participants in the interview viz:

- the description of the pivotal moment;
- the impact, if any, on the participant’s life;
- their perception of the music at the time of the pivotal moment;
- their perception of the therapist’s presence or interventions at the time of the pivotal moment, and
- their understanding of the difference between moments that were pivotal and those which were not.

For each participant, further meaning units were derived however, from the content of their interview and the key statements which reflected their personal and unique experience. All of the meaning units were given headings, or titles, that depicted the main aspect of the unit of meaning (e.g., a feeling, or a descriptive phrase). In the fourth stage of analysis, I instilled the meaning units of each participants experience over a period of time (sometimes over a period of some days). I then transformed these meaning units into the distilled essence of the person’s experience.
In the fifth stage of data analysis I sent the material to each participant for verification. Each participant received by mail a copy of the interview transcript, with key statements underlined, a copy of the meaning units I had derived from their transcript, and a copy of the distilled essence I had written in my own words. They were invited to make a verification of the process involved in distilling the interview transcription into the distilled essence. Participants responded differently to this verification process: some wanted comments included in both the meaning units and distilled essence; others felt no changes were needed to the distilled essence, and others provided more information about the experience, having reflected more on the experience when reading the transcript, meaning units and distilled essence.

What follows is the distilled essence of each participant’s pivotal experience preceded by an introductory comment to place the participant’s experience in context. The participant’s verification of the essence and any additions are printed in bold type to indicate the participants’ words. I then reflect on the participant’s experience and comment on any methodological issues in respect of that person. In presenting the distilled essence of the participant’s experience I have used the present tense. This is consistent with phenomenological descriptions in other studies (Colazizzi, 1978; Racette, 1989). It should be noted that during the analysis of the interview data I had not read the transcript of the participant’s GIM session, nor did I know which music program had been used in the session. I have included information about the music program here however, when discussing the pivotal experience for Ken and Sarah, Suzanne and Bernadette, to give clarity to their descriptions. A more detailed analysis of the music follows in chapter 7 and 8.

Participant no 1 - David.

David was a client of another GIM therapist. He had experienced GIM in three periods of therapy (referred to as a “series” in GIM practice): the first was a series of three sessions followed by a lengthy break of several months; the second series was a block of sessions within one week while he was on a spiritual retreat, and the third series which was still in progress when David was interviewed. David’s interview lasted 90 minutes. He was eager to tell me about all the sessions which led up to the pivotal session. At the end of the interview I ask him to identify which was the pivotal one, and he replied that “in a sense all of them were pivotal.” In creating meaning units from this long interview, I was conscious of authenticating his statement that in a sense all
were pivotal, but that they led up to one session which seemed to stand out from the rest.

**The distilled essence of David’s experience.**

There are three series of GIM sessions, and in one sense all the sessions are pivotal as they lead up to one pivotal session (in the third series) which stands out from the rest.

In the first series David experiences imagery of himself at three or four years of age. There is a feeling of connecting to himself, to a memory, to a part of himself that had been lost. There is a dance between himself and a woman, a sense of the masculine and feminine energy, and an awareness of the paradox of gentleness and powerfulness in GIM sessions. The therapist’s empathy and non-intrusive presence are part of the gentleness. A second dance draws him in, so that he feels he is present to his whole self - emotionally and intellectually.

The image of the little boy recurs in the second series of sessions. David feels a sense of being blocked, and of deprivation, which give way to a sense of self nurturing. There is a sense of being true to the imagery while somewhat distant from the feelings.

There is a continuity to the imagery which leads into the third series. There are feelings of being hollow and empty. There is a breaking through an intellectual block, to experience the feeling of letting go, and a sense of freedom to move in vast spaciousness.

The pivotal session is a meeting with the pre-traumatised boy. It is a pivotal change. The boy is a happy, vibrant, chubby child. There is a feeling of being welcomed, a sense of coming home, of discovery, wonder and recognition, that this vital part of himself has not been destroyed and that something that was lost has been found. Many insights are gained through meeting the pre-traumatised boy. It is similar to the Holy Grail experience and the boy can ask the right question. The experience is embodied. Focussing on breathing through the body helps David become more aware of his body so that during the pivotal moment something shifts in his abdomen, and warm breath fills every part of his body. The sense of being distant from feelings has gone.
There are pivotal changes in David’s life - an opening up of his mental horizon, an increase in body weight, and a sense of being taller. The image of the boy can be recalled and empowers his energy. There is a sense of unity with the boy. There is a change in disposition and David can let go of anger, and feel personal freedom. There is a sense that these changes are permanent.

The pivotal session stands out from the rest. The early sessions allow a greater depth of experiencing what is already known, but the pivotal session introduces something unexpectedly. The shift from living life from the traumatised boy’s experience, to meeting and nurturing the pre-traumatised child, is radical. There is a whole new perspective. Touching the boy’s finger and experiencing his welcome is the essence of the experience.

GIM is experienced as very gentle and very powerful. It brings the physical, emotional and spiritual levels together very powerfully.

**Verification.**

David comments that he has nothing to add to the distilled essence. He suggests the addition of a meaning unit of the dance in the first session (this is identified in bold type in Appendix 3).

David also comments “I continue to regard the pivotal session of GIM as most significant in the journey [of life]. It has taken much longer and more experience than I had anticipated to integrate that pivotal session, but it remains the turning point.”

**Discussion.**

Interviewing a client of another therapist poses some interesting methodological issues. First, the interview took place in the client’s home, which was an unfamiliar environment for me. I was conscious of being a visitor to his home. This became apparent in the manner in which I started the interview, allowing and encouraging him to give me background information, rather than commencing the interview with the direct research question. In this interview I became aware of my tendency to sometimes pose questions from a therapist’s viewpoint, rather than as a researcher. As David began to talk about his experience, my questions were sometimes drawn to the therapeutic process, rather than to the research questions and sub-questions. For example, David speaks about the effect of GIM on his accountability. My question asked him to tell me more about what the accountability was about. In retrospect I
could have helped him re-focus by explaining that the interview was not so much about the general effect of GIM, but about a session which may stand out as pivotal.

David was a particularly articulate man, and he seemed to enjoy telling me about all his GIM sessions. My interviewing skill aside, it seemed important that he describe the experiences which led up to the pivotal session he identified as having occurred just three weeks before the interview. He wanted to show how the continuity of the imagery linked the sessions from the first series, the retreat week and the third series of GIM sessions. From this interview there is a sense that early sessions led up to the session which was pivotal, and that there was an accumulative effect in building towards the pivotal experience. In David’s case it was the need to connect, and to be closer to his feelings, which interfaced with the image of himself as a child prior to the abuse. As mentioned in chapter 1 (p. 33), GIM can be a particularly helpful method for clients who have been abused as children, in that in the imagery the adult client can reconnect with the feelings of the child, but from an adult perspective, and with verbal articulation skills of the adult. This allows the client to speak about the event and to gain a greater understanding of it. For David, the pivotal moment seemed to be a drawing-in of issues he had been working on in GIM throughout the first and second series.

A key feature of David’s experience is that it is embodied. In the early part of the pivotal session the image of the pre-traumatised boy appears, but the imagery sequence then shifts to a sense of hollowness in the body. The therapist draws his attention to his breathing and this amplifies the experience as an embodied one. The negative image of the hollow abdomen gives way to sounds in the stomach as if something was shifting. Warm breath fills every part of his body, and he no longer feels distant from his feelings. The image of the hollow stomach suggests a void, an emptiness. As he breathes into that part of his body warm breath fills it. It suggests an image of breathing life into the image of himself, a nurturing of himself, or of breathing himself into existence.

David goes on to describe (and account for) changes that have occurred in his life as a result of the pivotal session: an improved body image; that he has put on weight; that he feels taller, and that he can recall the image of the boy to help him during difficult moments. These embodied experiences in GIM are very powerful, and may be a feature of pivotal sessions. Lewis’ research into transpersonal experiences (see chapter 1, p. 46), found that body sensations occurred in 43% of the sessions. In the Categories of Experiences in GIM (see Table 2, p. 15), I identify embodied experiences as body sensations, somatic imagery and transpersonal transformations. David’s experiences of
the abdomen being hollow and empty are typical somatic images, and as these transform, warm breath fills his body (a body sensation).

There is also a transformational image of a wave of water, after which the image of the pre-traumatised child re-appears as a chubby child. The transformation is then experienced further, outside of the GIM session, as he gains weight and senses he is taller.

David also provides a description of the difference between a pivotal session and other GIM sessions. He states “the pivotal session stands out from the rest. The early sessions allow a greater depth of experiencing what is already known, but the pivotal session introduces something unexpectedly.” The key feature of this description is the element of the unexpected, or the surprise. Böhm (1992) specifically mentions the element of surprise as an important feature of turning points in psychoanalysis, “a momentary sudden change in quality, depth or direction ... (as) if a metaphorical new door to a new unexpected room is opened” (see chapter 1, p. 49). This is certainly David’s experience as he welcomes and integrates a new aspect of himself - the undamaged boy.

**Participant no 2 - Ken.**

Ken was a client of Anna, the other GIM therapist. He had one series of eight GIM sessions. In response to the question “looking back over your GIM sessions does one stand out as being pivotal?”, Ken says that he could not identify any one GIM session as pivotal for him, instead he recalls a ‘significant’ experience from one session when the therapist was non-judgemental. He then talks about how greatly the music affected him, in particular the Brahms’ Requiem and the Brahms’ 2nd piano concerto. The music program which contains these selections is entitled “Emotional Expression 1.” The full program is:

- Brahms: Piano concerto #2 in B flat - 1st movement (Allegro non troppo)
- Brahms: Requiem parts 1 and 5
- Brahms: 4th sym. (Andante moderato)

The distilled essence of Ken’s experience.

No session stands out for Ken as being more powerful than others, although a significant experience occurred when the therapist was supportive and non-judgemental at a particularly sensitive time.
Often Ken remembers the music more than other aspects of the session, and he experiences significant pieces of music as strongly emotional, stirring and moving. In the Brahms' *Requiem* he is powerfully struck by the cooperation of the singers. It is a beautiful experience and uplifting to the human spirit. There is gentleness combined with strength in the cooperation of the singers, and Ken experiences shivers down his spine. In the Brahms’ *Piano Concerto* (no 2 in Bb, 1st movement) the music is passionate, an expression of joy, but also gentle and embracing. The music expresses an energy that Ken would like to have himself, and the solo pianist is ‘having a ball’. The *Passacaglia and Fugue* (Bach-Stokowski) is grand but sad, it pleases Ken and stirs the emotions.

Ken experiences the therapist as a kindred spirit with the music. She is compassionate and professional, supportive and non-judgemental. Ken is touched by her responsiveness.

There are strong images associated with gorillas, a combination of strength and gentleness, and these may have come from the qualities of the music being both powerful and beautiful, serene as well as gentle.

The experience of GIM impacts on Ken’s life, giving him more balance between his work and social life. Dissatisfaction in his work place changes to a feeling of self worth. GIM allows for the resolution of some things without these being concrete. It is a positive experience effecting Ken through the music, the therapeutic relationship and personally. The GIM process itself remains mysterious.

**Verification.**

Ken chose to verify the distilled essence by a phone conversation. He commented that there were no changes to the distilled essence. He thought it was ‘right to the point’ and that he was ‘touched’ by my ‘responsiveness’.

**Discussion.**

The key feature of Ken’s interview is that he refers to experiences within GIM sessions which are ‘significant’ or ‘important’, but he does not use the word ‘pivotal’. This poses an interesting methodological dilemma. The research question was “looking back over your GIM sessions does one stand out as pivotal?”, Ken answers that no *one*
session stands out. He then identifies one which was ‘significant’. The methodological dilemma arising here is whether there is an issue of semantics (Ken prefers the word ‘significant’ to ‘pivotal’), or whether there is a problem of validity, viz. was the significant experience a pivotal one. There is a further possible interpretation: whether his comment that there is no one session that stands out, means that all sessions were equally important. It is clear however that Ken has experienced quite powerful moments in his GIM sessions, and after all, he has responded to a letter in which the focus of the research “to study pivotal moments” is quite clear. That Ken refers to these moments as “significant” and “important” might be his choice of expression.

To debate this further the following segment of the interview is reproduced:

D.E. When you think of the sessions you had..... does any one session stand out for you as being more powerful than the others or a pivotal session for you?

Ken: No I don't think so. I think one image... I was feeling very distressed about something I felt quite guilty about, I felt bad about it, it was very significant for me because Anna was so non-judgmental and so supportive of how I feeling. She recognised it and let me have that feeling. I suppose that one was very significant for me, but I think that something really happened, fairly significant in each session. Some more than others but I always felt that I'd got something from it. It was sometimes very hard to define.”

Ken’s initial response to the question is “no I don’t think so.” However, he then describes “one image” that was “very significant”, and furthermore comments that “that one was very significant for me” and that “something really happened, fairly significant in each session.” As I pondered these comments it seemed important to recognise Ken’s experience within this study of pivotal moments, as moments that stood out in his memory, that he wanted to share, and had chosen to share with me as a researcher.

Later in the interview he talks about further experiences:

sometimes I can remember the music but I can't remember the session. Two particular pieces, I think I'm right, Brahms' Piano Concerto and Brahms' Requiem, neither of which I knew at all well yes, I can remember an association with the Requiem in particular. I was very powerfully struck by how the cooperation between the singers in the choral setting, they were complimenting not competing and it was a very, very, very powerful image to me how beautiful
it was and how uplifting for the human spirit to cooperate. It was strongly emotional thing .... I realised that's what was really stirring me so strongly.

[and later]

I was overwhelmed by it and it sent shivers down my spine, and again, that same theme, strength combined with gentleness and strength through cooperation as I referred to before. It was controlled yet beautiful and powerful.

At the end of the interview Ken gave a testimonial statement about the effect of the GIM therapy in his life. In particular he felt that he came to have “some strengths in resolving human problems so that there as a balance.” He says he doesn’t know how it came out of the GIM process “I only know that it happened at that time.”

Ken’s interview poses a number of challenges. First, the question whether Ken describes a pivotal moment, or a moment within a pivotal session in GIM remains unresolved. He certainly describes experiences which were “significant”, “important”, “very, very, very powerful”, and “overwhelmed” and “it sent shivers down my spine.” But were these “turning points” in his therapy? Second, can these statements be interpreted as being equivalent to a “pivotal” moment? The definition of ‘pivotal’ that I developed prior to the interviewing of the participants was:

an intense and memorable GIM experience which stands out as distinctive or unique. This experience stands out from other GIM sessions. It is a shift in the person’s perspective on their life, which may include how they relate to themselves or others; and this may lead to a change in the pattern of their life experience” (see chapter 2, p. 58).

Ken’s account of how Anna listened to him in a non-judgement manner fits this definition of pivotal moments. He recalls the incident, it stands out as unique and distinctive, and there is a shift in his perspective as a result. In his testimonial statement about GIM he says it has changed his life although he is not quite sure how it happened. Of further interest is that the significant experience (of Anna listening to him and responding in a non-judgmental way) occurred during the discussion segment of the GIM session (i.e., before the music and imagery segment), so that Ken’s experience indicates that significant moments may occur during the discussion segment of the GIM session.
Likewise Ken’s experience of the music, that sent chills down his spine, also meets the definition of a “pivotal moment.” It stands out in his memory as unique and distinct, and there is a shift in Ken’s perspective on life. The experience of the cooperation between the singers, combined with the sense of gentleness and strength in the music, leads to his testimonial statement about GIM giving him “strength in resolving human problems so that there is a balance.” This same balance of strength and gentleness is also evident in Ken’s experience of gorillas in his imagery, which he subscribes to possibly coming from the qualities of the music being both “powerful and beautiful, serene as well as gentle.”

In phenomenological research, descriptions such as Ken’s are considered as “Negative Case Analyses” (Creswell, 1998). The “Negative Case” or disconfirming evidence is incorporated into the final description of the experience being investigated, but is also used to differentiate subtle changes to “refine working hypotheses as the inquiry advances” (Creswell, 1998, p. 202). In this case, Ken’s experience can be merged into the final description of pivotal moments in GIM, but his response helps clarify the need for a subtle differentiation between “pivotal”, “significant” and “powerful” moments in GIM therapy. Although GIM therapy brought about change in his life, the change was generalised. He does not identify a single session as bringing about the change. A further discussion about Ken emerges in chapter 4 as his experienced is placed alongside the revised definition of pivotal moments in GIM.

**Participant no 3 - Pamela.**

Pamela was a client of Anna, the other GIM therapist. The pivotal session she recalled was the one in which she had a childhood memory of isolation, loneliness and not being cared for, at a time when the family house had been destroyed by fire. The session was a verbal session, that is, there was no music and imagery experience. Pamela’s experience therefore shows that pivotal moments may come from a session in which there was verbal discussion of an issue. Her experience also shows that turning points may occur in relationships with family members and that these changes occur in the weeks or months after the session which has stimulated change.

**The distilled essence of Pamela’s experience**

Pamela recalls a painful, traumatic memory from childhood (a fire destroying the family home) and the feelings of being isolated, alone, afraid and dislocated, and that no-one understood her feelings as a child. It is difficult to recall the memory, and the experience is re-lived in GIM through embodied physical reactions, so
that Pamela is put right back into the experience. The relived experience of the trauma is explored at a later time with Pamela’s mother and some memories are healed.

There is a symbol of survival from the trauma, a doll named “Anna”, and this is also the name of her GIM therapist. The therapist, Anna, is there only for her, and the GIM space in a special place. Often the music is not remembered at all, but sometimes, when engaged with the music, it is like being on another level.

Pamela gains insight during discussion with the therapist and in the weeks following the session. Some negative feelings are let go and there is a sense of moving on.

All the senses are involved in the GIM experience - physical, emotional, spiritual and social, so that the precious things are appreciated and Pamela gains an understanding of herself and confidence to be herself.

Verification.

Pamela did not respond to the letter asking her to verify the distilled essence (see discussion below).

Discussion.

Pamela’s interview took place in her home. As she identified the session which was pivotal for her I became aware that she was becoming very affected by the interview. Her voice became quieter, the words were hesitant, and she jumped from one thing to the next in the sentence. In the interview she seemed to be re-living the experience (Note: the ellipses denote hesitations, not words left out).

It was really fascinating, ..... it was quite pivotal because there was a lot of things that happened at the time of the fire .....that tie in with my feelings of isolation and loneliness and not being cared for and so on..... I guess.....that would have to be one of ..... one of the highlights of the whole of the GIM sessions, and you know, the theme of isolation and loneliness and ..... I’ve explored that quite a lot.

There is an embodied memory of the fire incident from childhood which is reawakened in the verbal GIM session, then further reawakened in the interview about the GIM session. She speaks of the physical reactions:
I can ..... I can remember the ..... physically, the feeling physical things. I often have quite physical reactions when I'm doing GIM, sick or you know, I'll cry often, quite a lot, ..... it's not even that you smell, .... you almost get right back inside the experience, but not as the little girl any more but with the insights of an adult. It's really an amazing feeling.

Pamela went on to describe that her relationship with her mother had changed as a result of the verbal GIM session in which she recalled memories of the fire:

....and my mother has never really recovered from the fire in that she gets very anxious. She talks a lot about it, (but) she has never ever explored with me how I felt about the fire, ever, and I mean, it was one of the highlights in my mother's life. It was a terrible time, I mean it was absolutely dreadful, ..... and my mother, it must have been the most dreadful time for her, and as a result of my talking with Anna and really exploring my real grief and sadness and fear and all of those things which happened during the GIM session, I was able to, ... I've got a fairly good relationship with my mother now, I worked very hard in being assertive and addressing issues with her, and I decided I would talk to her about the fire. It was really fascinating because I couldn't speak to her about it. It was really hard, I was shaking. I was making cups of tea, and it was really fascinating, and I mean we had talked about the fire a hundred times but this was different, and so eventually I plucked up enough courage and I said to her, "Now Mum, will you just go through with me the fire again." And it was a terrible time, and there were one or two things that came out that I had got wrong and, ... you know, ... there were things that I remembered that didn't in fact happen, and now I, ... well they did happen but not to me, but they happened to another person, and I was so terrified that some of the stuff that was happening I was just projecting.

Pamela clearly identifies this session as "pivotal for her." I assume that it was pivotal because it was a turning point in changing Pamela's relationship with her mother, and that the insight from the session allowed her to reconcile memories from childhood, some 40 years after the experience. As a result, she was able to clarify that the memories were of events that did happen, but that they did not happen to her, but to someone else.

Pamela was the only participant not to respond to the request to verify the interview and distilled essence. It is possible that the act of reading the interview and verifying the content re-awakened once more the memories of the fire. I chose not to contact Pamela to remind her to complete the verification, relying instead on the data already gathered. The
methodological problem however, is that I can only assume that the session was pivotal in
that changed her relationship with her mother, because she says “I’ve got a fairly good
relationship with my mother now”, however it is not clear whether the change in the
relationships occurred because of the session she identified as pivotal. Likewise she says
that memories were clarified, they happened to another person, and I again assume this
realisation is pivotal for her, but without Pamela’s verification I cannot be sure. This
situation confirms the necessity for participants to verify the researcher’s distilled essence.
Without the verification the researcher is left wondering whether the assumptions are true, or
whether they are misinterpretations.

What is clear, is Pamela’s statement that it was pivotal for her, and that the session was a
verbal session. There was no music and imagery component to it. As explained in the
Introduction (page 43), GIM can be practised as a mix of GIM and verbal therapy sessions.
In Pamela’s case, the memories of the childhood fire were activated by fires burning in
Melbourne at the time of her GIM session. The recalled memories were distressing, so that a
verbal therapy session was warranted.

From Pamela’s experience further information is gained: pivotal sessions in GIM may occur
during a verbal session, and may be sessions in which the client experiences memories
which are distressing.

**Participant no 4 - Sarah.**

Sarah was involved in a series of GIM therapy with another therapist. Her regular
therapist was out of the country, and Sarah asked for one session with me, because she
felt she needed to work out an important decision. Later, Sarah heard about this
research and commented that the one session with me had been a pivotal one for her.
She volunteered to be interviewed for the research project. As I was not her regular
therapist, I felt comfortable in interviewing her about the session. This interview then
differs from the others in that the session identified as being pivotal was the one and
only session with me.

Sarah and I presented a seminar on GIM 12 months after the pivotal session had
occurred. In the lecture we presented her session to the group of people to illustrate
how the imagery relates to the music. I read the transcript of Sarah’s session while the
music was playing. Sarah recalls this event in her interview. She was “moved to tears”
to hear the music, and the transcript of her imagery 12 months after the session. She
referred to the mandala drawn in that session. At the time she gave the mandala the title
“The Richness Within.”

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The distilled essence of Sarah’s experience

Sarah recalls a GIM session from three years before. She recalls the sequence of imagery clearly, and vividly, as though telling a story. A mandala she has drawn and loves, depicts the Richness Within.

There are two pivotal moments in the session, in which Sarah encounters a wise old man and later, a lion. She has not met a wise old man figure before and it is a new experience. She has no fear of meeting the lion although usually she would be scared. The experience of being with both figures is one of being affirmed, of being treasured and respected, when the usual fear would be that she would be rejected or criticised in that masculine setting. The wise old man makes Sarah feel special because he has a message for her: “what you’re doing is good work, do it with confidence.” The experience of being with the lion is a lot more active: in his den, Sarah plays the piano well and with confidence, and she combs the lion’s mane in an act of befriending him.

These experiences are understood by Sarah as her accepting the inner masculine element, although each element emerges from a feminine shape - the cave and the den. Sarah feels safe in both places, a feeling of a home place, a place to be herself. She feels special.

Sarah remembers the music at the start of the session, a sense of marching to the heavy rhythmic music. She is aware that the music really moves things along. On hearing the music of the session again, 12 months later, along with a talk over of the transcript, Sarah is moved to tears, feeling the music pulling at her heart.

The session has a lasting effect. The wise old man has appeared in her life, in the person of a therapist so that Sarah feels the session was prophetic. The lion is part of her - the courage and strength she needs. He helps Sarah be angry, strong and assertive. The lion also comforts, and is compassionate and kind. There is a real sense of love from the old man and the lion, so that fear is replaced by love and acceptance.
Verification

In verifying the distilled essence, Sarah requested three phrases be added to clarify the meaning of the essence. These additional phrases are printed in bold.

Discussion.

The session with Sarah was unusual in that she and I were not in a regular client-therapist relationship. Sarah had been involved in a series of GIM sessions with another therapist, and, at a time when she was in a crisis situation she asked me for the one session. Perhaps the experience of being in crisis was a catalyst for this session becoming a pivotal one for her. As there are no guidelines about how to work with a client in crisis in GIM, I am drawing on my experience as a GIM therapist in making the following points.

A person who feels in crisis carries an intensity of feeling about the issue, and comes to the session with a clear focus of wanting to work on that issue. In response to the intensity of the person’s feelings, and the nature of the issue to be explored, the therapist then makes a series of decisions which influence the intensity of the session. The therapist during the discussion time explores all aspects of the issue to gauge what type of music will suit the person best. The therapist then systematically sets up the session to address the issue. First, the relaxation induction is tailored to the person’s feelings about the issue; second, the focus image is chosen by the therapist to match the issue, and third, the choice of music is made to match the energy level of the person, and the perceived emotional intensity of the issue to be explored. In this sense the therapist provides the optimum opportunity for the person to address the issue in question. The degree to which this occurs however lies very much within the control of the client. The client when faced with a difficult feeling may shy away from it. Sarah for example, on being confronted by the lion (which usually would have been frightening for her) could have responded to this image by turning to the wise old man for help, or by averting the need to engage the image of the lion altogether. But in this pivotal session Sarah at a symbolic level confronts her fear. As she does this she finds the lion to be accepting of her, to the point of ‘preparing a place’ for her. Not surprisingly as she looks back on this pivotal session three years later, she comments that the lion has become the symbol the strength for her.

Sarah also comments that the session is ‘prophetic’. The wise old man whom she met in the cave becomes manifest in her life in the form of a person who becomes her therapist. The degree to which the session is truly prophetic is an interesting point. If
in her imagery Sarah finds a wise old man who offers her assurance and confidence in what she is doing, it may be that the significance of this image influences her at the unconscious level, so that when some time later she is searching for a therapist, she is drawn to the personification of the significant image. In this sense, Sarah may well feel the GIM session was prophetic. Equally it could be said that the GIM session raises to the conscious level an unconscious need, which is then met by a decision made by Sarah at some time after the pivotal session occurs.

The very act of engaging in an interview about the pivotal session allows Sarah to gain new insights into the significance of the session. She comments that “as we talk about it, both the cave and den are feminine images, and inside them both is the masculine.” Sarah goes on to say that there is a sense of coming to know her own internalised masculine elements and to accept them. In Jungian terminology the internalised masculine is the animus archetype, which is expressed and projected outwardly as the choice of image: a wise old man, and the male lion. But the significance of the interpretation of the imagery and the understanding of the process of accepting the internalised masculine comes out of the experience of being interviewed. It can be said then that the research interview itself may have a therapeutic role. The interview may allow the person to focus and to process in a cognitive manner what the symbolic nature of the imagery has meant.

Sarah’s memory of the music is very brief: the first chords and the sense of marching to the heavy rhythmic music. The music program used in her session is entitled “Transitions.” It comprises four pieces of music:

- Strauss, R: Ein Heldenleben (excerpt from part 6 - The Hero’s Retreat from the World and Fulfilment)
- Brahms: 3rd sym. (poco allegretto)
- Beethoven: 9th sym. (Adagio molto)
- Brahms: 2nd piano concerto (Andante)

The first piece on the music program used for this session is an excerpt from Richard Strauss’ “Ein Heldenleben.” The heavy marching sound of the music is conveyed by a regular pulse played on the tympani. It is interesting that Sarah recalls this in her description of the music of the session. In the interview Sarah made no mention of piano music from the session, yet she recalls the imagery of playing the piano in the lion’s den. She does not associate the image with the possibility that piano music was playing during this imagery sequence. The last piece on the music program Transitions, is the third movement (Andante) of Brahms’ Piano Concerto no 2. Sarah comments in the interview that she is playing the piano with confidence, which has been drawn from
the experience of being affirmed by the old man, and also the friendliness of the lion. Yet when asked about the music, she refers only to the Strauss: “The only bit of music that I remember is the Strauss at the beginning.....”.

When clients experience a GIM session they are in a deeply relaxed state, or altered state of consciousness. It is reasonable to understand that the client therefore cannot process the music cognitively. The client during a pivotal moment where feelings are intense, is not likely to concentrate on the music sufficiently well to be able to name it or to describe it. Sarah makes the effort to describe the music she does remember as “heavy marching music.” But this occurred at the start of the imagery experience. It is interesting that she makes no connection between the imagery of her playing the piano, and the obvious possibility that the music playing at the time was piano music. This occurred at the end of the music program, some 30-35 minutes into the session. Perhaps the deepening of the imagery experience draws the client further away from an awareness of the music, so that the music at the end of a program is more difficult to describe or remember than the music at the beginning of the music program. This illustrates the complexity in defining the role of the music in GIM sessions. As Goldberg illustrated in the Field Theory of GIM (chapter 1, p. 42), music is the centre of the field in that it is the constant stimulus during the GIM experience, although it cannot change or respond itself to the clients experience. However, what is not normally clear at any point in a GIM session, is whether the client is attentively “listening” to the music, or just aware of it, or how they are influenced by it, unless the client specifically says something about the music. From Sarah’s description it is clear that the music at the start of the session was heard and could be described. Ken’s experience of the music however indicates that some clients may be very aware of the music. He commented “I remember the music but not the session”, and proceeded to give quite eloquent descriptions of how he was “moved” by the music. This area of research - the influence of the music in the GIM experience, bears much more research, and will be discussed further in later chapters.

One further aspect of Sarah’s experience was that the mandala drawing was a significant part of the pivotal session. She comments that the mandala holds the colours of the experience and that she loves the mandala – it is an expression of the “Richness Within” (the title she gave the mandala at the end of the session). It is interesting that in drawing up the questions for the client interviews I had not thought to include a question about the mandala. My own epoche (examination of biases) of what was pivotal in my own sessions incorporated the imagery, the music and the role of the therapist. The fact that I did not include the mandala as part of the questions to clients, indicates an omission on my part. As I look back on the epoche of my own experiences
of pivotal moments in GIM, I make no mention of my own mandalas after these sessions. Thus I excluded the potential of the mandala drawing as being an aspect of the experience, and a further source of valuable data.

**Participant no 5 - Bernadette.**

Bernadette was a client of mine, who was interviewed by the research assistant. After transcribing the interview and distilling the meaning units and essence, I reviewed the transcript of the session identified as pivotal. It was her 34th GIM session with me. The music used in this session was the Emotional Expression 1 program comprising:

- Brahms: Piano concerto #2 in B flat (Allegro non troppo)
- Brahms: Requiem parts 1 and 5
- Brahms: 4th sym. (Andante moderato)

The Emotional Expression 1 program is one of the longest: 47 minutes.

**The distilled essence of Bernadette’s experience**

The pivotal experience for Bernadette is finding her voice through the physical and lived experience of singing. It is an embodied experience emerging from uncomfortable feelings of choking in the throat, as if something needed to get out. The sound at first is feeble but it gains strength as if it has been “freed up.” It is a moment of truth, of wanting to grow up, to graduate from childhood to adulthood, a sense that “this is the moment”, of yearning to be in control. The pivotal moment lasts for some time, and extends into new imagery which is experienced without words, but sustained by the music. The experience is very special and is claimed as “mine.”

The moment can be recalled and impacts on Bernadette’s life - decisions are made with confidence, relationships are changed and it effects almost every aspect of life. **Finding her voice allows freedom of expression.**

The “Voice of Maturity” is expressed as a mandala and the experience of finding the voice and of singing is embodied in the mind, heart, soul and spirit. It expresses the very core of Bernadette’s being.
Verification.

Bernadette asked that the following words be added to the distilled essence:
“Finding her voice allows freedom of expression.” I have added this phrase in bold in the distilled essence statement above.

Bernadette also comments on the lasting quality of the experience: “Finding my voice is very special to me - that I now have more confidence to say what I think and feel.”

Discussion.

Bernadette’s pivotal moment is remarkable because it involves the physical experience of her finding her voice. She literally starts to sing in the GIM session, so that the embodiment of the experience is evident.

The sound of her own voice however, comes from an uncomfortable sensation of choking in her throat. In her interview she describes this sequence of experience:

It was a very important moment ....(it was) the most incredible feeling that I have ever had I think, ...... I felt something was really choking me in my throat .... like there was something that needed to get out.....that’s what it felt like. I can remember Denise saying something like ‘Can your throat make a sound?’ And so it was almost like a little sound to start with, like this little feeble sound...... and I thought ‘I can, I can make a sound, I can get something out’ and then ...... the strength came into my voice so that I had this ability and I remember just letting it come. So it was like I do have a voice.

Research assistant: So how did it feel in your throat as your voice came?

Bernadette: Like something was (dis)lodging. You know, something was getting out. Like there has been a restriction there and all of a sudden something was starting to move or to free up. I suppose it was a real freedom in my throat.

Research assistant: So, it actually felt physical?

Bernadette: Yeah, definitely, a real physical change of something. It’s like you’ve got something stuck in your throat,..... (and) all of a sudden it was coming out. It was like quite an incredible moment, because I’ve always felt so powerless over my own voice.
Bernadette’s description provides a valuable illustration that there is a precise moment which can be recalled as the pivotal moment. For Bernadette it was something dislodging in the throat which enabled the feeble sound to come through. This act is also symbolic of her “finding her own voice” a phrase used to describe someone finding their own independence, strength and assurance. Bernadette describes it as a feeling of growing up, and a sense that ‘she can do it’ . In the interview situation she expanded on the impact this session had in life, that it changed the way she related with family members and that it impacted on almost every aspect of her life.

There are other aspects of Bernadette’s experience which introduce new aspects into the understanding of pivotal moments. She referred to “a moment of truth” which she described as a decision of wanting to ‘grow up’. Such moments of truth are known within the therapy literature as critical points in the therapeutic process where the client can accept some aspect of themselves previous denied. From a Jungian perspective this can be interpreted as her confronting the shadow (or undeveloped) part of self. For Bernadette she confronted the ‘powerlessness’ over her own voice, and began to take control of it. She identified this as an experience of graduating from childhood to adulthood.

Bernadette further described these precise moments in the experience as “living this experience”, the term applied to phenomenological concepts. The ‘living’ of the experience most probably came from the physical and embodied feelings and sensations which occurred in her throat, and later in the imagery as she sang as the soloist in front of the choir. “It was the most brilliant experience - I was the lead singer. I was out there in front, I could do it....” Bernadette commented that it was not a fleeting feeling, and it was important that she could live the experience and embody it further. It is likely that the music playing at the time had a role in sustaining the lived experience. This point will be enlarged upon in later chapters.

The depth of Bernadette’s pivotal experience was understood further by her comment that the experience of finding her voice was embodied “in mind, heart, soul and spirit.” It represented “the very core of her being.” The pivotal moment for Bernadette was profound.
Participant no 6 - Suzanne.

Suzanne was a client of mine, who was interviewed by the Research Assistant. After transcribing the interview and distilling the meaning units and essence, I reviewed the transcript of the session itself. It was the eighth in a series, and there had been a long discussion phase, followed by the music program Positive Affect. At the end of the Positive Affect program Suzanne was confronted by a very distressing image and required further music to resolve the conflicting feelings of the experience. The music extension I chose was the Bach Passacaglia and Fugue in c minor (arranged Stokowski). Altogether the music and imagery experience would have spanned 41 minutes. The music program comprised:

Positive Affect
Elgar: Enigma Variations (#8-9)
Mozart: Vesperae Solemnes (the Laudate Dominum)
Barber: Adagio for Strings
Gounod: St Cecilia Mass (the Offertorie and the Sanctus)
Strauss, R: Death and Transfiguration (excerpt from the Transfiguration)

Bach: Passacaglia & Fugue in c min (orch. arr. Stokowski)

This was followed by the drawing of the mandala and discussion. Although I did not record the length of the session it is likely to have lasted two hours.

The distilled essence of Suzanne's experience.

The pivotal moment is recalled easily. It is a negative image, a bad memory of a religious experience in which God is represented by a pillar of rock. The pillar is an immovable, solid, faceless, shapeless image which is disliked. The pivotal moment occurred as the rock turned to lava and flowed continuously, exposing a gold nugget underneath. The nugget is small but very precious. There was a feeling of the lava flowing out of the body, and with it flowed all the negative images of God. The feelings experienced during the pivotal moment involved the whole body. As the lava started to flow there was a feeling of letting go, of being able to move. The whole body felt as though it was free, and the body expanded. There is a sense of relief of being able to breath without weight. These feelings have lasted. The pivotal moment is understood as breaking away from old
feelings, old habits, so that there is more room to move, more freedom in life and more freedom in expressing feelings. The entire session is remembered clearly because it was a longer session than usual, and that a lot of time was spent in negative emotions. The experience of the pivotal moment took all the attention so that no attention was left for the music.

The therapist took a direct approach, focussing on the memory straight away and suggesting that the memory be explored. The therapist’s interventions were invitations to search, to change things and to encourage the rock to move.

The pivotal moment has impacted on life. Recurring bad dreams which had weighed heavily are not experienced as frequently, and there is a sense that the dreams can be dealt with, that the memory can be retrieved without it being destructive. In situations where there are feelings of being squashed, it is possible to be something else, and to start building.

There are symbolic meanings attached to the pivotal images suggesting that gold is not easily found, that there is hard work involved in finding it, and that digging for gold is a life-long process.

The pivotal moment comes from a negative space, an awful feeling. The depth of the horrible feelings is understood as necessary in order to break out. There is physical sensation in the body and the more of the self is involved in the pivotal experience the more powerful the experience is.

Verification.

Suzanne did not want to add or change anything of the distilled essence. She says “it is a very accurate reflection of what I said and meant.”

Suzanne did however, write extensively about the impact of that pivotal session. She says “the effects of the pivotal moment in the session have extended beyond the session, and even beyond the interview, into the present. This extension into my daily life is truly exciting for me.” Suzanne goes on to clarify that the “lava flow contained more than the negative images of God. It contained everything negative - old hurts, resentments, anger, memories, rejections that I had hung on to for so long. They were now flowing and liberating the nugget that was me. God really represented my whole past. The lava flow was making room for the good things that I failed to recognise
before. It opened up the potential for reaching out, creating new options, opening to love, joy and particularly to my own worth and beauty - freeing the nugget.

“I had a flash of awareness that the lava can and wants to keep flowing and flowing. This feeling was not restricted to the session and I felt that it could keep flowing long after the actual experience. This feeling of motion was very important because I had previously experienced powerful sessions. But their impact gradually wore off and old patterns of behaviour returned. This experience was different because the motion signified for me a change that was continuous and therefore lasting. This change is still evident in my present day to day life: my personally destructive work situation where I have been feeling devalued, undermined and attacked I have been able to let go of and let flow away. I have taken definite steps to take extended leave to restore my well being and create new work options. I am taking new risks and feeling confidence and energy about the future. I have taken active steps away from the negative to the positive.

“The lava forming rich soil is another significant and important aspect of the pivotal experience. It tells me that the negative experiences of my life can form the rich soil in which I can grow and flower. Rather than regret and bitterness which used to be feelings accompanying religion, there is now the opening to see them and use them to further my growth.”

Discussion.

Suzanne’s experience indicates that pivotal moments may emerge from uncomfortable and “awful” images. This was also true of Bernadette and Pamela’s pivotal experience. In Suzanne’s case it was a solid, faceless, shapeless image representing God. She comments that this was an awful feeling, yet from it came resolution as the lava started to flow. It was the precise moment of the lava flowing which she identifies as pivotal, so in essence it was the moment of resolution which was pivotal.

Suzanne also felt an embodiment of feelings and images and their transformation. The feelings “involved the whole body.” As the lava moved the “whole body felt as though it was free and the body expanded.” These feelings come under several of the Categories of Experiences in GIM: the body sensations, and transpersonal category, where the body shape may transform to become larger or smaller (see Table 2, p. 15). Suzanne also comments that “the more of the self is involved in the pivotal experience the more powerful the experience is.” Interestingly, Suzanne experienced her body expanding in a manner similar to David. Whereas Ken had experienced the body
sensations as chills up the spine, and Pamela had experienced her body shaking. It is becoming evident that body sensations form an important part of the pivotal experience.

Suzanne writes extensively about the effect of this session in her life. She provides concrete examples of how the session has made major changes in her life: that dreams which had weighed heavily on her have now lifted, that she is now contemplating a change of employment, and that the negative image of God in fact represented symbolically all the negativity in her life. David also was also able to identify changes in his life and changes in his way of responding and interacting with people, which he attributed to the pivotal session.

Suzanne also makes a significant contribution to this research by clarifying the difference between “powerful” GIM sessions and “pivotal” sessions. Powerful sessions she describes as those where the impact had worn off and the ‘behaviour’ returned. The “pivotal” session, on the other hand was different because the change “was continuous and therefore lasting.” In the interview she recalled walking out of the session and feeling that now she could get somewhere and do something. The session had empowered her. Perhaps it is the lasting quality of the pivotal experience that is absorbed into everyday life and makes the difference in the person’s life.

A further point of interest is that Suzanne commented that this pivotal session was remembered clearly because it was a longer session than usual, and a lot of time was spent in negative emotions. The length of the music selections in total was 41 minutes, and this is the typical length of the GIM music programs. Suzanne remembered it as a lengthy session but in fact the length of the music program was no longer than the Transitions program or Emotional Expression 1. This poses a question of whether it is the experience of negative images that change the perception of time, making the length of the session seem longer, or whether it is the amount of physical and emotional energy needed to engage the negative feelings that makes the session seem particularly long.

There is a further question emerging: at what point in the session does the moment which is pivotal, occur? For Sarah, the pivotal moments were interspersed in the middle and the end of the session. For David, it seemed to occur towards the end. For Suzanne, the pivotal moment came at the very end of a lengthy session.

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Participant no 7 - Timothy.

Timothy was a client of mine, who was interviewed by the research assistant. Initially Timothy had difficulty in choosing a session, or an image that was pivotal. Instead he described an image which recurred in a number of sessions. He referred to this as a 'significant' image. He also identified other images from other sessions which were 'important'. At this juncture in the interview, the research assistant asked him which one he wanted to focus on, and Timothy chose the recurring image.

The distilled essence of Timothy's experience

There are many moments in Timothy's GIM sessions that are pivotal, but the significant one is a recurring image of a dead baby being carried on a barge in the underworld. The image is recalled in vivid detail, although the context of it's first appearance is not remembered at all. Timothy understands the image as a need to resolve the baby's death. As it recurs, he is reminded that it is not yet resolved, that it is part of a natural cycle. The image changes when it recurs. Jewels are now embedded in the boat and they are special. The emotional tone is lighter and there is a new image of a live baby boy in the barge together with the dead baby. There are sad feelings in the recurring image, but the more it is experienced the sad feelings are not so tense.

Nothing of the music, nor the therapist's interventions are remembered during the pivotal moment. The mandala is drawn in a disliked colour. It is not an easy or enjoyable experience, but it is alive and has a life of it's own. The pivotal moment defines everything that is felt emotionally, physically and intellectually, drawing together all the images up to that point towards the end of the session. The pivotal image lasts and stands the test of time.

Verification.

Timothy does not suggest any additions or changes to the distilled essence. He does however, make further comments about the lasting effect of the pivotal image:

"I think it has many more parts to it now. This image is still very much alive and it is still as vivid now as then. My feelings for it are also changing or have changed. I don't know if the journey that the barge is on will ever end. When the image first came I thought it was about something that needed to be resolved and that the boat would
eventually “dock”, the baby buried..... I’m not so sure now. It’s strange that I never said a pivotal moment was one of significant change.”

Discussion

Although Timothy has difficulty in initially choosing a pivotal image to describe, he does provide a vivid description of the recurring image. Initially he says it is a significant image, but then refers to its unresolved state as a pivotal moment. As with Ken’s interview, there is a sense that what Timothy describes as pivotal may not have all the characteristics of the working definition of a pivotal moment. What Timothy describes is an intense and memorable experience, which does stand out for him as being unique. There is a shift in Timothy’s perspective, but it is the perspective of the image itself, not so much a shift in Timothy’s life and his relationships. Timothy recognises that the recurring image of the dead baby on the barge relates to “something that happened to me when I was younger.” He therefore understand the image as symbolic of what took place when he was younger that is still not resolved.

At the end of the verification statement he recognises that he hasn’t related the pivotal moment to one of change, so that in Timothy’s experience the pivotal moment may not be one in which change has occurred.

Timothy’s experience of the recurring image is not a happy one, and he says he “doesn’t enjoy visiting it.” As with Suzanne’s experience of facing a horrible image, Timothy is being confronted by an image that requires resolution. For Suzanne and Bernadette the precise moment of resolution was the pivotal moment. This is yet to occur for Timothy. In the interview he comments that the image cannot be falsely changed, and that he has a sense that it will resolve.

Timothy also provides us with a valuable description of the difference between levels of significance of different images. He comments there have been many pivotal experiences for him, but they can’t be recalled in the moment. He goes on to say that if he was reminded of them he could connect with them, and because they don’t come back to him in the interview situation they must be less pivotal. This raises an interesting point for discussion - the relative strength, depth or the intensity of the pivotal moment experience for each participant. Timothy was unable to connect with other pivotal moments, suggesting that they were less important at the time of the interview. At the commencement of the interview he mentions other images which were important to him, namely a session in which the Fisher King and Guenivere featured. When given a choice however, he opted to talk about the recurring image of
the dead baby, which would suggest he was in closer connection to the recurring image at that moment. There is a sense that in an interview on another day Timothy might have focussed on another image. It is interesting to speculate that the six other participants are likely to have chosen the same image or experience to discuss, yet with Timothy there is a sense that several experiences could have been explored. A pivotal moment in GIM may be the one which is recalled quickest, or the one which stands out more strongly because of its intensity.

**Summary of this chapter.**

In presenting the distilled essence of each of the seven participants, and in discussing aspects of each person’s experience, various points are emerging:

1. Some participants identified pivotal sessions first, followed by the precise moments within the session (David, Sarah, Suzanne, Bernadette and Pamela), others talked about pivotal moments only (Ken and Timothy).

2. Any part of a GIM session may contain moments which are pivotal - during the opening discussion (Ken); during the music and imagery experiences (David, Ken, Suzanne, Bernadette, Sarah and Timothy), or after the session when the experience is integrated into daily life (Pamela). Pivotal experiences may occur in a verbal session (Pamela), or they may be recurring images (Timothy).

3. Only two participants (Ken and Bernadette) were able to talk at some length about the impact of the music during the pivotal moment. As has been pointed out, the client is in an altered state and therefore not listening critically to the music, nevertheless, the impact of the music is recognised (Sarah commented on the music at the start of her session, and that it really moved her along). Describing music is a difficult task at any time because of the vocabulary required to verbalise a complex auditory and emotional experience. This is explored further in the next chapter.

4. The research interview may have an important role in the process of therapy. Several participants commented that the act of verifying the interview transcripts, meaning units and essence, allowed them to reflect more on the meaning of the pivotal session and in some cases gain further insights (Sarah, Suzanne, David, Timothy). An interview held some time after the session may allow the time necessary to process and integrate the meaning of the session in the person’s life. This has implications for GIM practice. It is common practice to have a verbal discussion session at periodic intervals (every 6 sessions sometimes) in order for the client to integrate the meaning of GIM sessions,
particularly where this involves trying to understand the symbolic nature of images. However, the finding from this study suggests that following a pivotal session in GIM, a lengthy discussion of all aspects of the experience may benefit the client and the therapist. New meanings seem to emerge, and new connections are made to life events and relationships, which need to be recognised and affirmed.

5. The terminology used by the various participants to differentiate between ‘powerful’ sessions and pivotal sessions is an important outcome from these analyses. Suzanne differentiates the powerful session “where the behaviour returns” as different from the ‘pivotal session’ where, “the change is continuous and lasting.”

6. The words that the participants used to describe the pivotal moment included: radical; mystical; prophetic; transforming; profound; powerful; significant and overwhelming. These terms suggest it is a very strong experience. It should also be noted however, that the pivotal moment may come from the transformation of negative experiences which may be awful; horrid; uncomfortable and disliked. This is a very important outcome from the study so far. It suggests that pivotal moments may relate to a shift in the darker aspects of the person’s life, in Jungian terms, the “shadow.” These experiences related to Pamela, Bernadette, Suzanne and Timothy.

This completes the process of exploring each participant’s experience of the pivotal moment, or pivotal session in GIM therapy. In the next step of the phenomenological analysis, the meaning units of all seven participants are explored from a horizontal perspective, to gain a composite description of the experience of pivotal moments in GIM therapy.
CHAPTER 4

Composite Categories, Themes and Essence of Pivotal Moments in GIM, from the Clients' Perspective

In the next stage (stage 6) of data analysis, the researcher took the meaning units of each of the seven participants and laid these side-by-side. All the meaning units relating to a particular aspect of the pivotal experience were placed together. Composite categories were then developed to distill the experience of one element across all participants (see Appendix 4 for each category and the corresponding meaning units). Moustakas (1994) refers to these categories as Composite Structural Categories, in that they identify how the phenomenon was experienced by the composite group of participants in the study. Several categories stood out immediately, and followed the focus of the research questions (see chapter 2, p. 59).

Composite Structural Categories:

1) describing the pivotal experience
2) the qualities of the experience
3) the impact on life
4) the impact of the music on the pivotal experience
5) the impact of the therapist on the pivotal experience

In grouping the meaning units of each participant under these category headings, it was necessary to create more categories, particularly when several participants described similar experiences. These emerging categories were:

6) insights gained about the experience
7) feelings aroused during the pivotal experience
8) embodied pivotal experience (where the client described graphically the body sensations of the experience)
9) the mandala of the session in which the pivotal experience occurred
10) comparing the pivotal session with non-pivotal sessions
11) the pivotal session as a culmination of the sessions which led up to it
12) defining the pivotal moment
Other smaller categories were created for experiences the occurred for one or two participants:

13) the recurring image as pivotal experience
14) the impact of the relaxation induction
15) the pivotal experience may occur outside the GIM session
16) the GIM experience.

In the process of grouping the participants' meaning units into categories, some units were found to be redundant or irrelevant. Some units were specific to the person's unique experience, which appeared irrelevant when placed within the composite perspective. For example, I had created a meaning unit for David: “A paradox - GIM is gentle yet powerful.” This meaning unit, while important to David's experience of the early GIM sessions which led up to the one that was pivotal for him, was not related to the composite experience of pivotal moments, and so it was discarded. Ken and Pamela's description of how GIM had helped them in their life, were also not relevant to the pivotal experience, and so category 16 “the GIM experience” was discarded. Further meaning units were discarded for each participant, where there were redundancies, or where the meaning unit related to something outside the pivotal experience.

The Development of Composite Themes

Having grouped the crucial meaning units from each person under a particular category, I then immersed myself in the content, and expressed the emerging composite themes in my own words (Stage 7 of the data analysis procedure). For example, the category “Describing the pivotal experience” (category 1) encapsulated the descriptions of all seven participants memory of the pivotal event. What stood out for me was that the descriptions were in vivid detail - the feelings, colours, sequence of imagery were all recalled readily. This category then became a theme: “the pivotal moment/session is remembered in vivid detail. The remaining categories were analysed in the same fashion so that a number of themes emerged. These themes are the outcomes of the study of clients' pivotal experiences in GIM.

In presenting the themes, those which represent consistency are presented first. Consistency is apparent “when the researcher finds regularities, or repetitive patterns . . . which reveal what appears to be typical of or essential to the phenomenon” (Bruscia, 1998c, p. 185). The themes of variation are then presented. Variation is
apparent "when the researcher finds exceptions, inconsistencies, controversies and deviation in the data which lead to an enlarged perspective on the phenomenon" (ibid.).

In phenomenological research each theme is considered to hold equal importance. Frequency of one theme over another does not imply that it is more factual or probable, or, as Bruscia explains it "Higher frequency is not necessarily stronger evidence of fact than lower frequency and conversely, lower frequency is not necessarily weaker evidence" (Bruscia, 1998, p. 185). Instead, the emerging themes remain faithful to the participants experience of the phenomenon, illustrating both the consistencies in the experience and the variations of the experience.

I have chosen to represent the composite themes by indicating which of the participants experienced them. Inevitably this gives an appearance of a rank order of frequency, as in descriptive statistics, but this is not the intention. Instead, the ordering of the themes can give insight into the commonly occurring themes, and the less common themes so that GIM practitioners can be better informed about pivotal moments in GIM. It is one way of presenting the experiences of all participants in a schema which enables the reader to understand the full range of experiences.

**The Composite Themes**

Four Composite Themes were consistent for all participants in the study. These were:

1) Pivotal moments are remembered and described in vivid detail
2) Pivotal moments are emotional experiences
3) The pivotal experience is embodied
4) The pivotal experience impacts on the person’s life

Another composite theme was true for six of the seven participants:

5) There is insight into the meaning of the pivotal moment (David, Pamela, Sarah, Suzanne, Bernadette, Timothy)

Composite themes which expressed the experiences of five of the participants were:

6) The effect of the pivotal experience is lasting (David, Pamela, Sarah, Suzanne, Bernadette)
7) The therapiest’s presence, interventions or silences may be important to the pivotal experience (David, Ken, Pamela, Bernadette, Suzanne)
8) The pivotal experience may emerge from unpleasant feelings or images which are uncomfortable, unpleasant or horrible (David, Pamela, Bernadette, Suzanne, Timothy)
9) The pivotal image may transform in the session (David, Sarah, Suzanne, Bernadette, Timothy)
10) Pivotal sessions are different from non-pivotal ones (David, Pamela, Bernadette, Suzanne, Timothy)

Composite themes which expressed the experiences of four participants were:
11) Aspects of the music may be important to the pivotal experience (David, Ken, Sarah, Bernadette)
12) The mandala depicts the pivotal experience (Sarah, Suzanne, Bernadette, Timothy)
13) There may be a sequence of images during a session, or series of sessions, which leads to the pivotal moment (David, Pamela, Bernadette Timothy)

Composite themes for three participants were:
14) The pivotal moment may be a positive experience (David, Ken, Sarah)
15) Archetypal figures may appear during the pivotal moment/session, bearing a message (David, Sarah, Bernadette)
16) There may be a dichotomy in the pivotal experience (David, Ken, Sarah)

Composite themes of two participants were:
17) the pivotal image may be a recurring one (David, Timothy)
18) Pivotal moments may be difficult to identify (Ken, Timothy)

Other themes were drawn from the experience of one participant:
19) The pivotal moment may be a moment of truth for the participant (Bernadette)
20) Sessions in which there is a pivotal moment may be perceived to be longer than usual (Suzanne)

1. Pivotal moments are remembered and described in vivid detail

All participants gave vivid descriptions of their experience in the interview. In the early part of the interview, the imagery was recalled in detail - the shapes, colours and feelings and sequence of the imagery experiences were described. As the interview progressed participants provided deeper descriptions, explaining what was felt at the time, and identifying the precise moment that was pivotal. It seemed that in the very act of describing the experience the participants began to re-live it. Sometimes the participant hesitated in finding the words to describe the experience, and in many instances the participants used very rich language to describe the event.
Participants recalled pivotal moments from sessions which had occurred at varying lengths of time prior to the interview. For Sarah the pivotal session had occurred three years prior to the interview, whereas David's experience had occurred three weeks before the interview.

2. Pivotal moments are emotional experiences.

Deep and profound feelings were experienced by the participants in their pivotal moments. David's pivotal session held unexpected imagery. In the pivotal moment there was a sense of coming home, of wonder, of tears and sadness, that something lost had been found. There was a feeling of love and profound delight to meet the image of the boy, and a great sense of empathy for him.

The significant experience for Ken was a feeling of being distressed and guilty, and that the therapist was supportive and non-judgmental. At another time the music brought feelings of beauty and being uplifted which he felt as stirring and moving. The music was gentle and strong and he felt shivers down his spine.

Pamela's feelings during the session were anguished: she re-lived the experience of the fire, and the feelings of loneliness, fear, dislocation and of not being understood.

For Sarah there was a feeling of coming home, a safe place where she belonged. She wasn't afraid of meeting masculine figures where usually she would be. Fear was replaced by a feeling of love and acceptance. She found the session exciting.

During Suzanne's pivotal moment she felt a freedom in letting go, and of being able to move. Her body felt as if it expanded but the feelings leading up to the pivotal moment were negative, uncomfortable and awful.

Bernadette's pivotal session commenced with a colour she hated. Subsequently she felt an incredible feeling of choking - the feeling welled up in her throat. As she found her voice there was a feeling of freedom, and that her voice was the very essence of her.

The feeling of the pivotal image for Timothy was one of loss and sadness. It was not a happy experience and he didn't enjoy revisiting it.
3. The pivotal experience is embodied

For many of the participants the pivotal experience was an embodied experience where bodily sensations were experienced, or where the feelings were felt within the body.

There were many embodied experiences for David. During the pivotal moment of meeting the pre-traumatised boy, David experienced his body becoming active. There were noises in his abdomen as if something was moving physically. A feeling of great sadness and lost opportunity was felt in the abdomen and chest, so that the abdomen felt hollow, empty and vacuous. As David met the boy, there was a feeling of being welcomed, and the little boy grasped his finger. Warm breath filled every part of his body, so that the body was no longer empty. It felt bigger and it expanded. The essence of the moment was felt when he touched the little boy, and held his hand, finger on finger.

The embodied experience for Ken occurred during the Brahms Requiem, when he felt shivers down his spine, and Sarah, on hearing the music of the pivotal session one year after the pivotal session, felt the music pulling at her heart.

Pamela recalled the physical reactions she experienced during the pivotal moment, her memory of crying such a lot, and the feelings of fear and dislocation, isolation and terror. When she confronted her mother at a later time about the fire, Pamela found her body shaking as she plucked up courage to ask her about her memories of the fire.

The pivotal image for Suzanne was the rock representing negative images of God, turning to lava. As the lava started to flow, Suzanne felt like the lava was flowing out of her body. It needed to flow and flow and flow. It was coming out of her body and that was a freeing sensation, getting the mountain of lava off. Suzanne felt that her whole body was freed, like an expansion of the body. The feeling in the body stayed with Suzanne along with the feeling of being able to breath without a restricting weight. For Suzanne the moment of change was the moment the lava began to flow. It was a dynamic moment, everything started to flow away. To have such a powerful experience, Suzanne felt the whole body needed to be involved.

Much of Bernadette's pivotal experience was embodied. At the start of the imagery experience she had a wonderful feeling in her body - a tingling in her hands, and a feeling that the stiffness was going out of her body and that it was starting to loosen up. Her mouth was very, very dry, and she had the sensation of wanting to run. The most incredible feeling however was a choking feeling in her throat, a sense that something
needed to get out. The feeling welled up in her throat, and it felt strange. Her throat made a feeble sound to begin with, and then the strength came into her voice. She let it come. There was a freedom in the throat, a physical change, like something was stuck and was coming out. Bernadette still felt the strength of that session in her body. In finding her voice and singing, it was in every part of her - her mind, heart, soul and spirit, and it expressed the very core of her being.

Timothy’s experience of the recurring image was that it made him sad. But he was also aware that it was unresolved, and that it was something “deep inside” him, and that it had it’s own life.

Pamela and David experienced the pivotal moment at a physical, emotional and spiritual level, whereas Timothy commented that he felt the recurring image emotionally, physically and intellectually. For Suzanne, the whole self was involved: the more of the self was involved the more powerful was the experience.

4. The pivotal experience impacts on the person’s life

All seven participants described how the pivotal experience had impacted on their life. David felt that the impact of meeting the image of the pre-traumatised boy had shifted the whole focus of his life journey and opened up a new vista. He noticed changes to his physical body - he had put on weight, he stood differently, felt taller and was more physically aware. He felt there was an opening up of mental horizons and a realisation that the boy had a future. David called on the image of the boy in an anxious moment, and felt the strength of holding the boy’s hand. David also felt a change in his disposition - that he was more relaxed, and that he had “let go” of the anger. He found a new sense of freedom in relationships, and believed that this change had shifted permanently.

Ken felt he had a better understanding of his worth, and a better balance between work and home life. He didn’t understand how it came out of the GIM experience, but he felt that it did.

As a result of facing the memory of the fire from childhood, Pamela was able to discuss the fire again with her mother, so that her memories of what happened were clarified.

For Sarah, the experience of the lion impacted on her life, so that she felt the strength and courage of the lion when she needed to sort something out. This was understood as
her first experience of the masculine qualities within, and she felt affirmed and more confident. The old man had materialised in her life in the form of her new therapist.

The impact of the pivotal experience in Suzanne’s life was extensive. On leaving the GIM session in which the pivotal experience occurred, she recalled feeling that now she could get somewhere, do something, and could start building. Recurring dreams had weighed heavily on her, but since the experience of the pivotal moment there had been a change: she didn’t have as many bad dreams, and when she did, she could deal with them much more easily, instead of feeling blocked. Suzanne commented that she could now retrieve the memory of the negative religious experience and look at it without it destroying her.

Bernadette’s pivotal experience allowed her to feel a sense of graduation from childhood to adulthood. She was able to take control and to make decisions that had really changed her life. She had confidence as a result of the pivotal experience so that she could say things, and do things differently. It was a turning point to find her voice, and she had used the image since to recall the intensity of that session. Finding her voice changed Bernadette’s relationship to her own body and to other people. It changed almost every aspect of her life, making communication with her family deeper.

The recurring image for Timothy, which was “deep inside him”, underwent change in which the image of the live baby appeared in the imagery and jewels were embedded in the boat. Although Timothy felt that the image had not been resolved and that something more had to occur before the image would resolve, the significant image, which was an aspect of himself changed during his GIM therapy.

The pivotal sessions impacted on the participants’ relationships - with God (Suzanne); with the “inner” masculine (Sarah); with the community (David); at work (Ken); with family (Pamela and Bernadette) and with an aspect of the self (Timothy).

5. There is insight into the meaning of the pivotal moment

Insight into the meaning of the pivotal moment may occur in the discussion after the imagery experience (David) or in the days following a GIM session (David) or during the research interview (Ken, Sarah, Suzanne, Bernadette, Timothy).

David realised that he had spent 30 years of life from the perspective of the post-traumatised boy, and that since the pivotal image appeared, he could live life from the
vitality of the pre-traumatised child. David likened this insight to the Holy Grail experience, so that there was a sense of returning to the castle and that the boy could ask the right question - "whom does the grail serve?"

Ken appreciated the cooperation of the singers, and gained an understanding that they were complimenting, not competing. He applied this insight into his own life, in relation to his work situation.

Sarah gained insight into the balance of the masculine and feminine elements in her life, and this insight was further developed during the interview itself. She commented that "as we talk about it, both the cave and den are feminine images, and inside them both is the masculine."

Suzanne had insight into the meaning of the flowing lava - that it represented old ways of being, and that negative things could form something rich: that lava could become rich soil. There was a symbolic meaning of the gold not being found easily, and that searching for it was a life-long process. Precious things (such as the gold nugget) needed to be nurtured and protected.

Bernadette's insight into the pivotal moment of finding her voice was one of expressing the very core of herself, and that it was a moment of graduating from childhood to adulthood.

Timothy had insight into the recurring image of the dead baby as something unresolved. He was aware that it related to something which had happened earlier in his life, and that something would need to change for it to be resolved. He felt that it was part of a natural cycle.

6. The effect of the pivotal experience is lasting

Five of the participants described how the pivotal experience was a lasting one. David commented that he was aware of the boy in his day-to-day life and called on the power of the boy to help him at times of feeling anxious. For Sarah, the image of the lion had stayed with her, three years after he appeared in the imagery. The old man from the imagery materialised in her life, in the form of her new therapist, and this had occurred 18 months following the session. Sarah commented that the session for her was prophetic.
The feeling of Suzanne’s pivotal session stayed with her in the sense of feeling a freedom through her body and a lasting sense of relief. The feeling of being able to breathe without a weight on her also lasted.

Bernadette easily recalled the intensity of the session and the pivotal moment she claimed to be ‘mine’. She felt she could ‘pick up’ that image at any time she wanted to. She still felt the strength of the session, which was embodied in feeling, in her “heart, mind, soul and spirit.” It was the very core of her and she didn’t feel she would ever lose that image.

Timothy found it very easy to bring the pivotal image back to his mind. He felt it had a life of it’s own, and he anticipated it would continue to emerge in GIM sessions, that it would change further, and there would be resolution to it. The image he says ‘stands the test of time’.

7. The therapist’s presence, interventions or silences may be important to the pivotal experience

Participants experienced the therapist in different ways during the pivotal moment. The interventions were important to some, as was the therapist’s presence. For Bernadette the therapist not intervening was important.

David described the therapist as gentle, empathetic, understanding and non-intrusive, yet open. He didn’t feel threatened at all. The relaxation induction given by the therapist in the pivotal session was important for David. She encouraged him to focus on his breathing and the embodiment of his breathing became crucial in the early part of the session when he was finding it hard to breath, and later in the imagery of warm breath filled every part of his body.

Ken felt the therapist was compassionate, professional and very capable. He particularly appreciated her supportive and non-judgemental attitude at a time when he felt distressed and guilty. He was touched by her response. Ken felt he was with a kindred spirit sharing the experience of the music.

Pamela found the therapist a tremendously good listener. She was skilled, insightful, and kept track of “emotional progress.” Pamela didn’t feel controlled in any way, not taken advantage of, nor manipulated, and this was very important to her. Her therapist “is there only for me, and not for any one else, she doesn’t represent anybody else, she’s not interested in anyone else” (words in italics indicate emphasis).
The length of relationship with the therapist was important to Bernadette, so that over the years there was a wonderful rapport with her. She (the therapist) seemed to know what Bernadette needed, and when Bernadette didn’t want to say anything. The intervention “can your throat make a sound?” was crucial to Bernadette’s experience, and it enabled her to start making a sound with her throat. In the imagery experience of being the lead singer, it was important that there weren’t any further interventions, which enabled Bernadette to stay with the moment and really experience it and live it.

The therapist in Suzanne’s pivotal session took a very direct approach. She took Suzanne straight into it, tackling the memory straight away, taking her back to a physical situation and asking her to explore it. There were invitations from the therapist to search for things, and interventions such as “what would I like to do?” or “how would I like things to change.”

Suzanne and Bernadette had a specific memory of the therapist during the pivotal moment. By contrast, Timothy did not remember anything of the interventions during the moments he identified as pivotal.

8. The pivotal experience may emerge from unpleasant feelings or images which are uncomfortable, unpleasant or horrible.

Although David’s experience of meeting the pre-traumatised boy was predominantly a positive one, the positive feelings came out of transformed negative feelings. Initially there was a feeling of loss, sadness and frustration, of wanting to recover a lost opportunity. At that point the abdomen felt hollow and empty and vacuous. Out of this feeling came the meeting with the boy, and warm breath filled his body. He described the meeting of the boy as one of “profound delight.”

Pamela re-lived a childhood trauma of fire destroying the family home in her pivotal session. This was expressed as a dreadful experience. In re-living the experience Pamela explored her grief, sadness and fear during the verbal GIM session.

Suzanne’s experience was initially negative, chiselling away at the rock representing the negative images of God. Chiselling was hard work and there was a sense that it was unrewarding, that there were small gains. As the rock changed to lava however, and the lava started to flow, there was a shift from negative feelings to positive feelings. A sense of freedom replaced the feeling of chiselling. Suzanne felt that she spent a lot of
time exploring the awfulness of the image, and felt that the depth of the horribleness enabled her to break out.

Bernadette’s imagery commenced in a colour which she hated - orange. Later there was a choking feeling in her throat which she said was a strange sensation. As the throat began to make it’s feeble sound, the experience changed to the positive. There was a sense of freedom as the voice got stronger and she accepted the role of the lead singer. The overall experience was wonderful and powerful.

Timothy’s experience of the dead baby in the barge was not an easy one. It was not a happy experience and he didn’t enjoy revisiting it. The image was alive and it stayed with him, and there was a sense that it was unresolved.

9. The pivotal image may transform in the session

For some participants the pivotal image or experience underwent transformation. The image of the boy transformed for David. Initially the boy was in his own world, but after David’s body filled with warm breath, the boy returned, this time grasping David’s finger and making a physical connection.

The transformative nature of Sarah’s experience is less clear. In the early part of the imagery the wise old man played a central role, he gave her the message to continue to do what she was doing, but with confidence. In the latter part of her experience she was in lion’s den playing the piano with confidence. The transformative element was her sense of confidence. From a Jungian perspective one could also interpret a transformation of the masculine archetype of the wise old man to that of the lion, as being two aspects of her animus (the internalised masculine element).

The pivotal moment in Suzanne’s session was transformational in itself. The rock underwent a powerful change and became lava, which flowed and flowed from her body. For Bernadette, the transformation occurred in her throat as she literally found her own voice, which she subsequently used as the lead singer. Bernadette also described the experience as a graduation from childhood to adulthood indicating another type of transformation, a developmental one. Timothy’s recurring image of the dead baby on the barge was transformed: jewels were embedded in the boat in later GIM sessions, and the image of the dead baby was transformed to include a new image of a live baby.

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10. **Pivotal sessions are different from non-pivotal ones**

David felt a frustration in the earlier sessions at not being able to connect with his feelings about the boy, that there was a barrier. In the pivotal session the yearning was very strong, and that was the shift, moving the block, the barrier. While all of his sessions were pivotal in one sense, the earlier ones enabled him to experience what was already known. They helped him develop but did not move him along. The pivotal session introduced something quite unexpectedly.

For Pamela and Bernadette the difference between a pivotal and non-pivotal session lay in the level of physical energy. GIM could be a flat experience for Pamela when she was exhausted, completely drained and had no energy. She felt it was important to have some sort of creative energy to be able to enter into GIM. Bernadette felt the strength of the music may make a difference between sessions which were pivotal and non-pivotal. In a session in which she was physically exhausted, and too tired to talk, it was important that the therapist gave her a gentle massage to music. In a pivotal session she felt that her energy level needed to be good (presumably high) and that the music should match it.

Suzanne provided a very useful distinction between a significant session and a pivotal session. She commented that after significant sessions “the old behaviours returned”, whereas after the pivotal session she knew at last she would be able to get somewhere.

Timothy felt there were many pivotal experiences in his GIM sessions, but he had difficulty identifying the one that stood out. He felt that not being able to remember them was indicative of them not being pivotal.

11. **Aspects of the music during the pivotal experience may be important**

David remembered that the music during the pivotal moment was energetic, staccato and hollow. The music at the start of the session changed the focus image for him. He began with one image and as soon as the music began the image changed.

For Ken, the music was remembered but not the session! He was uplifted by the music of Brahms *Requiem*, and the cooperation of the singers was stirring for him. The *Requiem* sent shivers down his spine, and the strength combined with the gentleness touched him. In the Brahms *Piano Concerto* (no 2, first movement) he was moved by the passion and feelings and their resolution. It was powerful and an expression of joy.
There was a quality within the music that could express and resolve things for him emotionally.

Sarah remembered the beginning of the Strauss (the opening of the Transitions program commences with a section from Richard Strauss' *Ein Heldenleben*). She recalled the first chords and the sense of the heavy, rhythmic, marching music. She was aware that the music really "moved things along." When hearing the same music one year later, the music pulled at Sarah's heart. It touched her and moved her to tears.

The music played an important role for Bernadette, helping her experience power in the first piece of music, and the building up of strength. The music stayed with her during the pivotal moment - it held her in the moment, and then helped her stay with the image over a period of time when she didn't say anything and wanted to really live the moment.

All of Suzanne's attention was given to the imagery of the pivotal moment, so she had none left for the music. She was aware however, that there was a variety of music leading up to the pivotal moment. Timothy remembered nothing of the music at all. An analysis of the music in chapters 6, 7 and 8, will reveal further aspects relating to the importance of the music before and during pivotal experiences.

12. The mandala depicts the pivotal experience

The mandala drawn during the session was important to Sarah, Suzanne, Bernadette and Timothy. Sarah entitled her mandala "The Richness Within", and she loved the mandala. The colours expressed the important images of the session and the feelings that went with the images.

Suzanne described the colours of the mandala and had insight into the meaning of the colours pink, brown and gold. As she talked about the mandala in the interview, the feelings associated with the drawing of the lava were brought back. The title of her mandala was "Freeing the Nugget."

"The Voice of Maturity" was the title of Bernadette's mandala. She felt the freedom as she looked at the mandala during the interview. It brought back the feeling of the pivotal moment.

Timothy remembered drawing a mandala after the pivotal image of the dead baby appeared. The colour brown was never a colour he used, yet in this mandala it was the
only colour he used. Timothy drew a picture of the imagery, rather than his feelings, and he felt the mandala was more ambiguous because it didn't represent his feelings.

13. There may be a sequence of images during a session, or a series of sessions, which leads to the pivotal moment.

David felt that all of his sessions in one sense were pivotal, in that they led up to the one that stood out as being more pivotal than the others. The image of the little boy had first appeared during his early GIM sessions, and then the image returned in the latter GIM sessions, culminating in the physical contact made with the image of the boy in the pivotal session.

Bernadette felt that GIM sessions led onto one another. She felt that within one GIM session a sequence of images may lead up to a pivotal experience, and although they may not be pivotal themselves, they were part of the pivotal experience.

Suzanne described in her interview the images that led up to the dynamic moment of the rock turning to lava. She was aware that there was a continuum, that images get added to one particular one.

Timothy understood a pivotal moment as one which "draws together all the images of the session leading to that point", and that it was likely to happen towards the closing of a session.

14. The pivotal moment may be a positive experience.

For David, the experience was an empowering one - it released his own power. Making contact with the pre-traumatised child who held the energy and power, was a positive experience. There were feelings of being proud of the boy, a sense of coming home, or discovery, wonder and recognition and disbelief that this part of himself had been rediscovered and that it hadn't been destroyed. There were tears of joy and sadness that something that was lost had been found. There was a yearning to connect and a great empathy for the little boy.

Ken's experience of the Brahms Requiem was strongly emotional and stirring, and he felt shivers down his spine. He was moved by the cooperation of the singers, and a sense that joy was doing something for others in mutual cooperation.
Sarah had a lovely experience of being affirmed, of feeling confident, and meeting and accepting the inner masculine. She felt safe and at home and that she was special to both the old man and the lion. The session was exciting for her and a source of strength. She commented that fear was replaced by love and acceptance.

15. Archetypal figures may appear during the pivotal moment/session, bearing a message

The archetype of the old man appeared for Sarah and Bernadette. The message for Sarah was “what you are doing is good work - do it with confidence.” The message for Bernadette was “well done!.”

David’s experience of connecting to the pre-traumatised boy was understood as a “Holy Grail” experience. He felt the abused boy had been sent out into the wilderness, and that with the reclaiming of the pre-traumatised boy, David could return to the castle and the boy could ask the right question: “Whom does the Grail serve?.”

16. There may be a dichotomy in the pivotal experience

David felt there was a paradox - there was a gentleness in the therapist and in the method of settling into to relax, but the imagery itself could be very powerful. He was empowered by the imagery of his pivotal session, and it was unexpected. Similarly, Ken was drawn to the gentleness and strength of Brahms Requiem, and the cooperation of the male and female singers.

Sarah was aware of the presence of masculine and feminine elements in the imagery of her pivotal session. The masculine images of the old man and lion came from the feminine shapes of the cave and the den.

17. The pivotal image may be a recurring one

The pivotal image for David and Timothy was a recurring one. For David the image of the little boy had been present during his earlier GIM sessions, but in the pivotal session there was a connecting with the boy that was more intimate, embodied and powerful.

For Timothy the image he chose to identify in the interview as pivotal, was a recurring image of a dead baby on a barge. This image underwent change as it re-appeared and in the most recent recurrence there was a change in colour; a live baby was present on the
barge, and there were jewels embedded in the boat. Timothy understood the recurring image as not yet resolved. There was continuity in the recurring image. It had a life of it’s own.

18. Pivotal moments may be difficult to identify

No session stood out from the rest for Ken, although he identified a significant experience when the therapist was supportive, and expressed strong feelings about the music in other sessions.

Timothy initially had difficulty identifying an image or session which was pivotal, but chose the recurring image of the dead baby on the barge. In the interview he offered insightful comments about what a pivotal moment was, but in the verification process he then commented that “it’s interesting I never said a pivotal moment was one of change.”

19. The pivotal moment may be a moment of truth

For Bernadette the pivotal moment was a “moment of truth” and expressed the very core of self. In Jungian terms the moment of truth is similar to facing one’s shadow aspect, facing the truth of one’s own identity, or some element of oneself previously denied or underdeveloped. In Bernadette’s experience she faced the truth of finding her own voice.

20. Sessions in which there is a pivotal moment may be perceived to be longer than usual

Suzanne had a sense that the pivotal session lasted longer than usual. The music program used was Positive Affect (approximately 26 minutes long). However, a music extension was provided - the Bach-Stokowski Passacaglia and Fugue, arranged for orchestra. This work lasts approximately 14 minutes. The music segment therefore lasted approximately 40 minutes, which is the normal length of a GIM music program. It could be that Suzanne had a lengthy discussion segment before moving into the music and imagery experience, or it could be that the intensity of experience left the impression that it had lasted longer than usual.
The pivotal moment may occur at different points during the GIM session, or in the days and weeks after it.

An observation made while reading the interview protocols was that the pivotal moment occurred at different points during, or after, the GIM session. Although this does not truly represent an aspect of the participant’s experience, it is a useful fact to incorporate into the findings of this study at this point. Typically, the pivotal moment occurred during the music and imagery experience, although they might also occur during the discussion section of the session, or feasibly during the drawing of the mandala.

Pamela’s pivotal experience was exceptional in that it occurred during a verbal session, and the impact of that moment was manifest some time later when she resolved a issue with her mother. For Ken the ‘significant’ moment occurred during the discussion segment of the GIM session, and the ‘very powerful’ moment during the music and imagery experience. For most participants (David, Sarah, Suzanne, Bernadette and Timothy) the moment occurred during the music and imagery experience.

**Developing the Essence of Pivotal Moments in GIM**

The participants offered various descriptive words to explain the significance of their experience of the pivotal moment. David suggested it was a radical experience, and for Sarah it was prophetic. Suzanne described the moment as transforming and dynamic, and Bernadette’s words were “the most incredible feeling that I have ever had.”

Timothy offered a range of thoughts about the pivotal moment, viz:

“A pivotal moment has one of these functions: either it encapsulates something, it defines, provides the essence (and that could be visually or how you feel about it), or it could be like a “a-huh” moment, so you can experience a pivotal moment in different ways: emotionally, physically, intellectually as well. And the second thing is that a pivotal moment is somehow a moment that draws together all the images of that session leading up to that point, and somehow is related to what happens as you close out of the session. It’s a key moment in a session. It is the only one that stands the test of time. It has it’s own life. You can’t change it.”

In the verification of his interview, meaning units and distilled essence, Timothy offered another insight into the pivotal moment when he said: “It’s strange that I never said a pivotal moment was one of significant change.”
Taking the initial working definition of a pivotal moment in GIM:-

an intense and memorable GIM experience which stands out as distinctive or unique. This experience stands out from other GIM sessions. It is a shift in the person's perspective on their life, which may include how they relate to themselves or others; and this may lead to a change in the pattern of their life experience (see chapter 2, page 58).

I will now place the above 20 themes against the phrases of the definition.

An intense and memorable GIM experience (themes 1, 2 and 3) which stands out as distinctive or unique (theme 10)
This experience stands out from other GIM sessions (theme 10).
It is a shift in the person’s perspective on their life (themes 4) which may include how they relate to themselves or others (themes 5 and 6) and this may lead to a change in the pattern of their life experience (theme 4).

The Essence of Pivotal Moments in GIM

There are other themes which have emerged in the Composite Themes which add to the description of the pivotal experience, so that the essence of pivotal moments in GIM, incorporating the clients’ experiences, is:

A pivotal moment in GIM is an intense and memorable GIM experience which stands out as distinctive or unique. The pivotal moment may be an embodied experience and may come from feelings or images which are uncomfortable and distressing. The moment of the pivotal change occurs as something is transformed or resolved, so that there is a feeling of freedom, or a resolution of a struggle. The therapist's intervention presence or silence may assist this process, and the music may prolong the moment or provide momentum for it. The pivotal moment may be experienced at different points in the GIM session, and the imagery of the pivotal moment is rich in meaning. The mandala may depict the feelings of the pivotal moment. The essential component of the pivotal moment is that it is one of change. It stands out from other GIM sessions or GIM experiences. It is a shift in the person’s perspective on their life which may include how they relate to themselves or others, and this may lead to a permanent change in the pattern of their life experience.

In order to continue the analysis of data I will refer to the essence as the revised definition of pivotal moments in GIM. It is not the final definition however, as more
information will be gathered from the therapists' perceptions (chapter 5) and the analysis of the music (chapter 7 and 8).

The revised definition can be placed against the experiences of the seven participants to further delineate what constitutes a pivotal moment or pivotal experience:

David's experience of meeting an image of the pre-traumatised child was pivotal. His experience meets all the components of the revised definition. It was intense and memorable. The imagery leading up to the pivotal moment came from feelings of emptiness and a vacuous feeling in the stomach. Out of this embodied feeling came the image of the boy. Meeting the boy and touching his finger was the essence of David's experience, and he clearly described the changes in his life - that he had put on weight, and that he had let go of his anger. He was more relaxed in the community in which he lives.

Ken did not identify a moment that was 'pivotal'. Instead he recalled a moment when he was touched by the responsiveness of the therapist, and another moment of being very powerfully moved by the music of Brahms Requiem, so that he felt shivers up his spine. Ken commented that there were changes in his life, but he believed these changes come from the GIM experience as a whole. Placing Ken's experiences against the revised definition, it would appear he did not experience a pivotal moment in GIM. There was no moment of change per se. There was no moment of resolution. Ken's experience of the music may better fit as a 'peak experience' - a moment of heightened beauty, where he experienced positive feelings. But it was not one of change.

Pamela's experience is an interesting one. In the verbal GIM session she recalled intense feelings in remembering a traumatic event from childhood. What is interesting is that the moment of change occurred when she discussed the memory with her mother some weeks after the GIM session. So the pivotal moment was motivated by the GIM session, but it did not occur in the GIM session. Pamela's experience then does not fit the revised definition of a pivotal moment in GIM.

Sarah's experience was of meeting two symbols of the inner masculine - the wise old man and the lion. The wise old man delivered a message to her to have more confidence and this was carried through in the GIM sessions and beyond. Sarah explained that meeting the lion had enabled her to feel more strength and courage in her life, and the wise old man had materialised in her life. Sarah's experience therefore fits the revised definition of pivotal moments in GIM.
Suzanne’s experience of struggling with a negative image, one that was horrid and awful, and which underwent a moment of dynamic transformation, is a definitive experience of a pivotal moment. She recalled leaving the session knowing that now she could ‘get somewhere’. Her relationship to herself underwent radical change. Her experience includes all the elements of the revised definition.

Bernadette’s experience was one of feeling the sensation of choking in her throat. From this distressing embodied feeling, she physically found her musical voice, which she described as a moment of graduating from childhood to adulthood. As a result of finding her voice, Bernadette felt that all aspects of her life had changed, including her relationships with family members. Bernadette’s experience also fits within the revised definition of pivotal moments in GIM.

Timothy described a recurring image as an important element of his GIM experience. The recurring image underwent change, however it was not embodied. There was not a moment of transformation in revisiting the image, and Timothy felt that it was not yet resolved. Timothy has yet to experience the moment of pivotal change. It is of particular interest that Timothy’s words “It’s strange that I never said a pivotal moment was one of significant change”, have contributed to the revised definition of pivotal moments in GIM.

In this re-assessment of the contributions of seven participants to a study of pivotal moments in GIM, four of the seven experienced a pivotal moment in the GIM session (David, Sarah, Suzanne and Bernadette). One other experienced a pivotal moment which had been motivated by a GIM session (Pamela), and one other experienced GIM sessions which may better fit under the concept of a peak experience (Ken). For the seventh participant the pivotal moment is yet to come (Timothy).

All seven participants’ experience have been crucial to this study. The experiences described by Ken, Pamela and Timothy, have helped to distinguish the features of pivotal moments in GIM. Their interviews were crucial to the process of analysis, and represent the” negative case analysis”, where the working definition can be tested alongside “disconfirming evidence” (Creswell, 1998, p. 202).

The revised definition of pivotal moments in GIM creates a new dimension in our understanding of GIM as a therapeutic method of dynamic change. Prior to this, much of the literature has focussed on peak experience and transpersonal experience. It is
clear from this study, that pivotal experiences share some of the features of peak and transpersonal experiences, in particular, that they are

- remembered and described in vivid detail
- are emotional experiences
- are embodied experiences
- impact on the person’s life

Features of pivotal moments that differ from peak and transpersonal experiences are:

- they are moments of change
- the moment of change comes from images or feelings which are distressing, or horrid or awful
- the moment of change is a moment of resolution of the distressing or awful image
- the change is lasting
- the change is evident in the client’s relationships

Features of the therapist’s role in the pivotal moment (from the clients’ perspective) are:

- the therapist may use a direct approach to facilitate the client’s imagery which leads up to the pivotal moment
- the therapist’s presence is important during the pivotal moment
- the therapist’s silence, by not making interventions, is important during a pivotal moment

These features of the therapist’s role have not been identified before in the literature, and add new knowledge to our understanding of the therapist’s skill in GIM, in particular the pacing and timing of interventions as the client leads up to a pivotal moment, and the value of silence (non-interventions) at the moment of pivotal change.

Features of the music which underpinned the pivotal moment could not be discerned clearly from the client’s interviews. The features which did emerge were:

- the beginning of the music may be recalled and described
- there is a sense that the music moves the imagery along
- there is a sense that the music enabled one client to stay in the image for a longer period of time
Relevance to the practice of GIM.

The knowledge gained from drawing out the 20 themes of the pivotal experience are important to the clinical practice of GIM. First, a GIM therapist observing that a client is wrestling with an awful or distressing experience, may consciously enact certain techniques: they may intervene directly during the distressing imagery, and at the point of resolution may consciously withdraw interventions, so that the client may fully experience the moment of change. Second, the GIM therapist may explore with the client in subsequent GIM sessions what impact the pivotal experience has had on the client’s relationships with family members and others. Third, reviewing the mandala drawn at the pivotal session may activate the feelings from the session during subsequent GIM sessions, in order to integrate the experience of change more fully in the client’s life.

To explore pivotal moments in GIM further, the two GIM therapists who had given the sessions to the seven participants were interviewed. The purpose of interviewing the therapists was to gain an understanding of the therapists’ perceptions of the moments which the clients had identified as pivotal. Was the therapist aware that these were pivotal moments? What were the thoughts and feelings of the therapists at those moments? From the therapists experiences, what further knowledge can be gained about specific skill needed at times of pivotal change for clients?

To answer these questions, the therapists were interviewed and the protocols analysed using identical phenomenological procedures as for the analysis of the clients’ interviews.
CHAPTER 5

The therapists’ experience of their clients’ pivotal moments

The purpose of the second part of this study was to interview the therapists of the GIM clients, and to ask them about their perceptions of the moments described by the client as pivotal. I was interested to know what they recalled about the session the client identified as pivotal, and whether they had perceived that particular session as being a pivotal one. Further, I was interested to know what could be learnt from a retrospective study of the therapists’ perceptions of those experiences described by the clients as pivotal. Two GIM therapists were interviewed. I was one of the therapists and was interviewed by the Research Assistant who also interviewed my clients. The other GIM therapist, Anna, was interviewed by myself, as I had interviewed her clients.

The interview questions.

Similar procedures to those used when interviewing the clients, were adopted in the interview process with Anna. When I made the arrangements for the interview with Anna, I told her which session the three clients (David, Ken and Pamela) had identified as pivotal. At the time of the interview Anna had reviewed the transcript of the session to re-acquaint herself with the session. This was important for Anna, because the interviews with her clients had occurred some months prior to my interview with her. In interviewing Anna about each of her clients, the two opening questions were:-

• do you recall the session that (name of the client) identified as pivotal?
• what did she, Anna, recall about the session?

At some point in the interview I also put a semi-structured list of questions to her. These questions were:-

• was she surprised that the client chose that particular session as pivotal?
• did she recall anything of the session that would indicate that it was a pivotal one for the client?
• did Anna remember anything about the choice of the music?
• did Anna remember anything of her interventions and the timing of them?
• did Anna recall her feelings at the time of the pivotal moment?
I also asked Anna about any aspect of the session which the client had indicated was especially important. For example, David had mentioned he thought he might have frustrated Anna because he didn’t connect to his feelings very well. In my interview with Anna, I asked her about this specific aspect of working with David.

When the Research Assistant interviewed me about my clients Suzanne, Bernadette and Timothy, she asked me the same series of questions as listed above. However, the interview about Sarah required different questions. The reason for this was that Sarah was not in regular therapy with me, and I had given her a “one-off” GIM session. Therefore the context of this one session differed from the sessions I regularly gave to the other three clients. As Sarah was a client of another therapist I had little knowledge of what issues she had been working on in her GIM therapy. The one-off session I gave to Sarah focussed solely on the issue she brought to that session. The Research Assistant therefore asked slightly different questions. These were:-

- what was my recollection of the session?
- how did the session with Sarah differ from the sessions with other clients, with whom I was in a therapeutic relationship?
- what was my experience of interviewing Sarah about her session with me?

Analysis of data

The procedure for analysis was similar to the analysis of the client interview material:
1) the therapist interview protocols were read through to gain a sense of the experience
2) key statements were drawn from the interview protocols
3) meaning units were created from the key statements
4) the distilled essence was created from the meaning units
5) the interview protocol, meaning units and distilled essence were sent to Anna for verification. (see Appendix 2d). I verified my own reductions of meaning units and distilled essence, by returning to the data several times to check that all aspects of my experience as therapist were included in the distilled essence.

The interview protocols, indicating key statements underlined, and the meaning units are compiled in Appendix 5a-5g.
The distilled essences of Anna’s experience of her clients’ pivotal moments

Anna was therapist to David, Ken and Pamela, and the distilled essence of her experience is presented below:-

Distilled essence of Anna’s experience of David’s pivotal moment.

Anna recalled the session identified by David as pivotal even though it occurred three years previously. She also recalled one other session which she thought would have been pivotal for him.

Anna remembers the session as an important step for David and recalls her own feelings of joy in the early part of the imagery. She felt “touched” at the end of the imagery sequence and grateful that something so significant had happened to him. On reflection, Anna felt that she chose solid, strong music to help him focus on the strong issue.

Anna had learnt to work with David in his own way: He responded slowly to her interventions; there was no external expression on his face or movement in his body indicating his experience, and he would express his feelings away from the session rather than during the session. Although initially this was frustrating for Anna, she learnt to expect and accept David’s way of working with GIM.

Anna recalled that David pre-empted the pivotal change in the discussion part of the session. She was delighted as she realised the significance of the session for him, and that the moment of change became evident in his physical appearance.

Verification.

Anna verified the meaning units and distilled essence and made suggestions to the “Point of Change” meaning unit, and the “Frustration” meaning unit. These changes are identified in bold type in the meaning units (see Appendix 5). She also added a point of clarification in the essence (identified in bold type above).
Discussion.

Several important points stand out from Anna’s description of David’s pivotal session. First, she recalled that she chose “solid strong music” to help him focus on the issue for the session. This is important because it indicates that the therapist has a key role in preparing a session that might be pivotal for the client, particularly in the choice of music. Second, she recalled that David “pre-empted” the session being a pivotal one, during the discussion part of the session. This indicates that the therapist is sensitive to, or has a heightened awareness of, the potential for a session to be pivotal.

The third aspect of Anna’s experience with David during his pivotal session was the manner in which he responded to her: he responded slowly to her interventions, sometimes one or two minutes would go by before he responded; also she comments in the interview that there were no observable changes to his body language. These two points indicate that the therapist relies on feedback, either through the client’s responses to the interventions, or some indication through body language, of what the client is experiencing. Therefore, feedback from the client may be important to the therapist’s timing in guiding moments that are pivotal for clients.

Distilled essence of Anna’s experience of Ken’s pivotal moment.

Anna recalled the moment Ken identified as pivotal. She had a sense that the therapeutic relationship was the key aspect of his experience.

Working with Ken remained a challenge for Anna. When Ken became totally absorbed in the music, Anna felt shut out. He resisted her interventions so that she questioned whether her presence was needed. Anna was surprised then when Ken stated that the sessions were life changing. She sensed that something profound was happening to him, and could only trust in the way he chose to work with GIM.

When Ken was totally absorbed in the music, Anna found she learnt a lot about the music, engaging in it, and waiting for Ken’s responses. His experience of the music was often profound, and Anna would also experience the power of the music.
Verification.

Anna commented “I think you’ve captured it - there is nothing to add. Reading it makes me think I did a good job with Ken. (It’s) interesting that in paragraph 1 (of the essence) the therapeutic relationship is paramount, (whereas) in paragraph 2 the power of the music is paramount.” Anna made suggestions in the wording of the essence, and these changes are identified in bold type.

Discussion.

Several points of interest are evident in Anna’s description of Ken’s pivotal experiences. First she indicates that when Ken became so absorbed in the music, she “felt shut out.” This is particularly interesting because it highlights an important element in the interpersonal relationship between the client and therapist in GIM therapy. Perhaps Ken’s absorption on the music was a form of resistance, in which case Anna’s response of feeling shut out is a typical one for therapists when clients are resistive. Bruscia (1998) however, identifies this type of response by the client as transference. Bruscia argues that the client may develop “an entire transference dynamic or configuration wherein. . . the therapist, music and imagery are inseparable, interdependent parts of a larger dynamic . . .” (p. 408). Summer (1998) refers to it as the “pure music transference” in which “the music is placed centrally between the client and the therapist” (p. 434). Anna however, goes on to describe how she adapted to his idiosyncratic way of engaging the music - she tended to listen more attentively to the music herself, and “learnt a lot about it, by engaging in it and waiting for Ken’s response.” This is an interesting therapeutic manoeuvre by the therapist, to be flexible to Ken’s manner of working with GIM and accommodate it, while remaining engaged with the music herself.

From this interview with Anna about Ken, there is a greater appreciation for the therapeutic relationship as a key element in sessions which clients might identify as pivotal. Second, it is interesting that the client experienced something profound in the music, which he felt was pivotal, at a time when the therapist felt shut out. This would suggest either the therapist’s interventions were ignored, or perhaps that she stopped making interventions because they were ignored. Anna mentions that she learnt to listen more attentively to the music herself, indicating that she probably stopped making interventions. In light of Bruscia’s statement above, Ken may have been absorbed by his transference to the music, so that his transference to the therapist and also to imagery, was very much in the background.
A further point is that Ken’s lack of feedback impacted on Anna’s sense of value as a therapist. She questioned whether Ken needed her to be present at all, but when she raised this point with him (see interview transcript), he assured her that the GIM sessions were changing his life. Anna then trusted his way of working with the GIM method, although it was different to her other clients.

**Distilled essence of Anna’s experience of Pamela’s pivotal moment**

Anna recalled very clearly the session identified by Pamela as pivotal. She remembers asking Pamela to describe what had happened. After talking for 45 minutes Anna remembers offering Pamela options for the remainder of the session, but Pamela kept talking for 2 hours. Anna perceived Pamela’s need to talk, but was frustrated, wanting to get to the music. Anna had learnt to give Pamela the choice of modality for the session.

The therapeutic relationship was strong, and this session was perceived by Anna as the first one in which Pamela addressed deep emotional issues.

**Verification**

Anna added a point of clarification to the essence, and these words are identified in bold type above. She also made the written comment: “Pamela learnt first the therapeutic relationship, then her own world of images and symbols, and finally to let the music work with her.” Anna asked whether the comment was “beyond the essence?” I considered her comment and felt that it did go beyond the essence of her experience of working with Pamela in the pivotal session. Anna was describing Pamela’s development with the various elements of GIM therapy over many sessions. In that sense she was describing Pamela’s progress. I felt this comment lay outside the essence of the pivotal moment, so I chose not to add these comments to the essence.

**Discussion.**

In this session with Pamela, Anna illustrates another aspect of the therapeutic relationship: of giving the client a choice in how to proceed during a GIM session. Anna had given Pamela the choice of the session being a verbal one, or having Reiki (a form of touch therapy). Anna was frustrated herself, wanting to get to the music. This illustrates the importance of the therapist allowing the client choices in the manner in which she wants to proceed. There is a sense that Anna empowers the client to make
choices about the session (Ken and Pamela) although she may prefer something else (that Ken would not be so absorbed in the music, and that they would get to the music in Pamela’s session). In this way, Anna facilitates the session being a pivotal one, by allowing the clients (Ken and Pamela) to make some of the decisions, whereas in David’s session she facilitated it becoming pivotal by choosing strong music for him.

A further aspect of Anna’s experience with the three clients, is the nature of the client’s feedback: David responded slowly and showed no change in his body language; Ken shut Anna out by not responding to her interventions; and Pamela tended to talk a great deal. Anna comments for each of the three clients that it was important she allowed them to work with the GIM method in their own way. The therapeutic relationship therefore was a key element in her client’s experiences - she allowed them to take some control of the session, and she accepted the manner in which they worked with the GIM method.

The distilled essences of my experience of my clients’ pivotal moments

The Research Assistant interviewed me about my recollections of the pivotal sessions identified by Sarah, Bernadette, Suzanne and Timothy. Several months had transpired between my interview with Sarah about her session, and I had transcribed the interview recording before being interviewed by the Research Assistant. However, I had not transcribed the recordings of Bernadette, Suzanne’s and Timothy’s interviews with the Research Assistant, prior to my own interview. This was an important methodological decision. I did not want to influence the interview about my recollections of the session by fore-knowledge of which session the client had chosen. In Sarah’s case, I had given her a one-off session, so I knew which session she would discuss, but for Bernadette, Suzanne and Timothy I was unaware of which session they had chosen at the time the Research Assistant interviewed me.

Distilled essence of my experience of Sarah’s pivotal session

I remember the session clearly as being a very active one. I remember one of the pivotal images (of the lion), but was not aware that the second one (the wise old man) was identified by Sarah as significant. The one-off pivotal session differs from those within a series, because there is no context for the pivotal moment - nothing is known of the issues which lead up to the session, nor anything after the session. It stands alone.
Discussion.

The most important feature of Sarah's session being a pivotal one, is the realisation that pivotal moments occur at all, in a one-off session. Several features might have been influential: that Sarah and I were music therapy colleagues and therefore the element of trust was well in place. Second, the purpose of the one-off session was to help Sarah at a time of crisis. She therefore had a clear focus for the session, and this may have influenced the dynamics of the session, making it a pivotal experience for her. This point was discussed in the chapter 3. Although I remembered the session clearly (because it was a one-off session), I had assumed that the pivotal image was the lion. I had not realised that the wise old man was also a pivotal image for Sarah. This is interesting because it was the wise old man who delivered the message about confidence, and this was the pivotal moment. This indicates that the therapist may identify a different image to the client, as the pivotal one within the session.

Distilled Essence of my experience of Bernadette’s pivotal session

I remember the session Bernadette identified as pivotal, although another session also came to mind. The moment in which Bernadette found her voice and began to sing was remembered vividly. It was very moving that she was finding her voice through singing, and I was moved to tears. It was a very beautiful moment, and time was suspended. I made no interventions for several minutes.

Discussion.

Three aspects of my experience of Bernadette's pivotal moment are evident in this essence: first, that it was an emotional experience for me- I was moved to tears to watch her as she found her voice and started singing with the music. Second, I experienced a distortion in the time that lapsed - it felt as if time was suspended. This experience suggests that when moments in GIM are profound and/or emotional, the therapist may also share the moment as an exceptional one. The therapist's empathic counter-transference may be activated. It is likely that my counter-transference was evident, because the image of my client finding her voice also resonated with my own search to find my own voice. This could account for the fact that I was emotionally moved to tears, and that I didn't make an intervention for several minutes. In my interview I commented that it was perhaps five minutes that I made no intervention.
From this interview it is evident that the therapist may be emotionally moved during the client’s pivotal moment, and that the therapist’s counter-transference could be activated during a client’s pivotal moment.

**Distilled essence of my experience of Suzanne’s pivotal session**

I remember the session Suzanne identified as pivotal, although I would have identified a different moment in the session as being the pivotal moment. Pivotal moments were anticipated and expected with Suzanne and they were often experiences or imagery of brilliance. Suzanne imparted her imagery easily, so that I did not need to intervene very much and I often left it up to her. I was intentionally quiet so that she could draw out of it what she wanted. When the quality of her voice and facial expression indicated that she was having a beautiful experience, I tended not to intervene. Witnessing her pivotal moments could be awesome.

**Discussion.**

Several features stand out in the essence of my experience as therapist to Suzanne. In recalling the session she identified as pivotal I would have thought that the gold nugget was the pivotal image. I was surprised to learn that Suzanne’s choice of pivotal image was the rock turning to lava. In the interview with the Research Assistant I commented that I realise now that the process (the rock turning to lava) was more important than the reward (finding the nugget). This was illuminating to me. It suggested that the pivotal moment may be the precise moment of change, and not the outcome of that change.

Three other features stood out in the essence of my experience of Suzanne’s pivotal session: first, that I anticipated that Suzanne would have pivotal moments in her sessions; second, that I intentionally remained quiet during the pivotal moments, and third, that I knew that she was having a special experience by observing her facial expressions and the quality of her voice.

It is interesting to compare my comment that I anticipated she would have pivotal moments, with Suzanne’s comments about the difference between significant sessions and pivotal sessions. She commented that after a significant session the old behaviours returned, whereas after the pivotal session she felt at last she could “get somewhere.” Yet my perception of her GIM sessions was that she frequently had pivotal
experiences. This is a useful discovery for me as Suzanne’s therapist, and suggests that clients will likely differ in the way they experience pivotal moments. It is common for Suzanne to have powerful moments in GIM, but these may not be perceived by her as pivotal, rather they may only be “significant” to her. From this discussion it seems that the therapist and client may have different perceptions of what constitutes pivotal moments for that particular person. This suggests that therapists should periodically check their own perceptions with the client’s perceptions, to see whether they are significant or pivotal in the eyes of the client.

The second point is that I intentionally remained quiet during these special moments in Suzanne’s sessions. This adds to the finding that Anna remained quiet during Ken’s powerful moments. The third point in working with Suzanne is that I observed changes in her facial expression and in her voice tone during “beautiful” moments. Anna commented about working with David, that it was difficult for her because “there was no external expression on his face or movement in his body indicating his experience.” This finding reinforces the finding that therapists take important cues from the body language of their clients, even though the client is ostensibly lying still on the mat in a deeply relaxed state. It also suggests that therapists watch intently for cues that the client is undergoing some special kind of experience.

**Distilled Essence of my experience of Timothy’s pivotal moments.**

Different images come to my mind as pivotal for Timothy. The images which Timothy identifies as pivotal I would interpret as a transformative image, rather than a pivotal one.

**Discussion.**

I have a different interpretation of those moments identified by Timothy as pivotal. He describes the recurring image of the dead baby in the barge as pivotal, but in the interview with the Research Assistant, I commented that I considered those moments as transforming moments. The image changed and transformed, but there was no change as such for Timothy.

This essence indicates that the therapist’s perception may not be in accord with the client’s perception. It also indicates that I, as therapist, make interpretations about what is and is not pivotal in the client’s experiences. In making this interpretation I am using clinical judgement and drawing my own opinions. Nevertheless, the client expressed his experience of the transforming image as his pivotal experience. There could be two
ways of understanding this phenomenon - either the therapist is simply not in agreement with the client, or the therapist, having developed clinical judgement as a result of witnessing other pivotal moments in GIM, makes an assessment of the relative importance of the client’s experience. It points out the necessity for therapists to check their perceptions against the client perception so that there is no misunderstanding about what is, or is not, pivotal to the client.

**Composite Descriptions**

In the next stage of analysis, I took the meaning units of the two therapists’ interviews and laid these side by side. The meaning units relating to a particular aspect of the therapists’ experience of the client’s pivotal moment were placed together. I chose not to develop Composite Categories (as I had done with the client interviews), because there were only two sets of meaning units. It was relatively easy to put the meaning units from the two therapists together and draw out the *Composite Themes*. The composite themes which related to both therapists are presented first, followed by the themes which related to just one therapist.

**Composite Themes of the therapist’s perceptions of pivotal moments in GIM.**

Themes which were common to both therapists were:-
1. The therapists remember the session identified by their clients as pivotal.
2. Therapists may identify another session as being pivotal for the client, but agree with the client’s choice
3. The client’s pivotal experience may be an emotional experience for the therapist
4. The therapist may anticipate pivotal moments occurring
5. The therapist may rely on observable changes in the client’s body language during a pivotal experience
6. The therapist may choose not to intervene during a moment which is pivotal

Themes which emerged for one therapist were:-

7. The therapist may be frustrated by a lack of response from the client during the client’s pivotal experience
8. The therapeutic relationship may be the basis of the client’s pivotal moment
9. The therapist may intentionally intervene to facilitate a moment which may be pivotal
10. The therapist may feel time is suspended during a pivotal moment
In discussing the therapists’ experience of the client’s pivotal moment, the therapists were able to reflect on the therapeutic process in GIM. Themes which emerged from these reflections were:

11. The therapist accepts the client’s way of engaging in the method of GIM
12. The therapists develop greater insight into the elements of the GIM process
13. The research interview allows the therapists to reflect on aspects of GIM practice not usually available in day-to-day work
14. The research interview allows the therapist to gain a better understanding of what is pivotal for the client.

The themes are now explored in more detail, and the implications for clinical practice addressed in the discussion section.

1. The therapists remember the session identified by their clients as pivotal.

Both therapists remembered the sessions and moments which the clients identified as pivotal. Anna’s recall of her clients’ session was assisted by the fact that she had read the transcript of the session prior to the interview. However, she recalled details of the client’s imagery or the feelings of the client during the pivotal session, which went beyond what was recorded in the transcript. She remembered the imagery of David’s session, and she remembered the courage shown by Ken in making an admission about an event in his life, and she recalled Pamela’s distress as she spoke about the fire.

I had not looked at the transcripts of the session of my clients’ sessions, nor did I know which ones they identified as pivotal, except for Sarah’s one-off session. During the interview with the Research Assistant, I recalled the imagery of Sarah’s session and Suzanne’s and Timothy’s. I recalled the emotional impact of Bernadette’s session as she found her voice.

2. Therapists may identify another session as being pivotal for the client, but agree with the client’s choice

Anna was initially surprised by the session David identified as pivotal, and thought another session from his retreat series may be the one he chose. I was surprised by Bernadette’s choice of session - I expected that she would chose a more recent session in which she experienced the cells in her body changing. When the Research Assistant identified it as a session about her voice, I then recalled two sessions in which that
focus was evident. One of those sessions was in fact the one Bernadette chose. I also expected that Timothy would choose the session in which there had been imagery from Ancient Times, because I thought he drew a lot of strength from those images. I recognised that the imagery of the dead baby on the barge was important, but my immediate response was that I thought that imagery indicated a transformed image, not a pivotal moment of change for him.

My perception of what might be a pivotal moment also differed from my client Suzanne. Although I recognised that the session where the rock (representing God) turned into lava and flowed away, was pivotal for Suzanne, I assumed that the pivotal moment was finding the nugget of gold. In the interview I commented “the process (of the rock disintegrating) was obviously more important to her than the reward (of finding the gold nugget).” In saying this, I gained a new insight into this moment in Suzanne’s experience.

3. The client’s pivotal experience may be an emotional experience for the therapist.

Both therapists reported feeling moved by their clients pivotal experiences. I was moved to tears by Bernadette’s pivotal experience, and commented in the interview: “I can remember being moved to tears... she was actually singing. She had started making guttural sounds in her throat and then she started singing the music. I can remember I didn’t make any interventions... and I was crying. It was a really very, very beautiful moment because of the significance of her trying to find her voice, (and) to do that musically was very beautiful.”

When witnessing Suzanne’s pivotal moments, I felt they were “awesome.” Suzanne’s moments were particularly brilliant in imagery and colour, and were often intense emotional experiences for me.

Anna remembers feeling joy when the image of the little boy appeared for David. Later at the end of the imagery, Anna felt touched by the image of him connecting with the little boy, and “grateful” that he had experienced it.

4. The therapist may anticipate pivotal moments

In working with Suzanne in GIM therapy, I came to expect that she would have pivotal moments during the session, I expected them to occur and anticipated them happening.
When David talked about the hatred of his body during the discussion part of his GIM session, Anna deliberately chose strong music to help him deal with the issue. David’s therapist commented “he wanted to focus on this hatred of his body... I wanted to give him good, really solid, strong music, because he always connected very well with the music, and because he needed something that would move him into the issue so he could work with it.” It is clear that Anna anticipated that the session would be an important one.

5. The therapist may rely on observable changes in the client’s body language during a pivotal experience.

With Suzanne and Bernadette I was able to tell that they were experiencing a pivotal moment. During Bernadette’s pivotal experience I noticed a change in the quality of her voice and a ‘translucent’ expression on her face. During Suzanne’s pivotal moment I observed an intense expression on her face. Anna however, was conscious that David’s body language did not change, nor was there a change to his facial expression. She found this frustrating, indicating that the therapist relies on observing changes in body language during pivotal moments in GIM.

6. The therapist may choose not to intervene during a moment that is pivotal

When Bernadette and Suzanne were experiencing a pivotal moment, I intentionally chose not to intervene with verbal questions. As I commented in the interview about Suzanne: “I don’t need to do anything.... she unfolds the imagery herself..... I do just leave it up to her because I know she will draw out of it what she wants, so in fact I would intentionally be quiet.” During Bernadette’s pivotal moment of finding her voice I was again intentionally quiet. Anna also remained quiet when Ken was engaged with the music.

7. The therapist may be frustrated by a lack of response from the client during an experience which the client later identifies as pivotal.

Anna found herself frustrated that David responded so slowly to all of her interventions, and one or two minutes would go by without him responding. Also there was no feedback in David’s body language - there was no external expression on his face or movement in his body indicating his experience.
During Ken’s experience of the music, he was so absorbed that Anna felt shut out of the experience. She found ways to adapt to Ken’s resistance, by also focussing on the music.

8. The therapeutic relationship may be the basis for the clients pivotal experience.

Ken and Pamela, both clients of Anna, experienced pivotal moments during disclosure of distressing memories. Ken recalled that Anna was non-judgemental when he disclosed an event which had happened, and Anna was aware that it took a lot of courage for him to share that experience. This was the moment that Ken identified as “the pivot.” Likewise with Pamela, the experience of talking about the memory of the fires with Anna allowed Pamela to confront her mother once more and ask her about the memories she had of the event. For both clients Anna recognised that the therapeutic relationship was the important element in the pivotal experience.

9. The therapist may intentionally intervene to facilitate a moment which may be pivotal

In the session which Bernadette identified as pivotal, my intervention “can your throat or voice make a sound?” was critical to her pivotal experience. It allowed her to start making sounds with her voice, which initially were “guttural sounds.” This led to her singing with the music as it played, and later into the imagery experience of her being the lead singer with the choir. It must be noted however, that during the pivotal moment experience itself, Bernadette says that it was important that I made no interventions. Suzanne commented that I took a direct approach with my interventions, and that these led up to the pivotal moment.

10. The therapist may feel time is suspended during a client’s pivotal experience.

Time was suspended for me during Bernadette’s pivotal experience. “There was no sense of time, the moment seemed to go on for ever, and I didn’t intervene for a long while.”
11. The therapist accepts the client’s way of engaging in the method of GIM

Anna found that she needed to allow all three clients to work with GIM in their own way. David related easily to the imagery and symbolism of the method, Ken related more strongly to the music, and both Ken and Pamela needed the therapeutic relationship. Anna found that David gave little feedback to her interventions, and there were no changes to his body language, so that she didn’t have cues from him to determine what was happening for him. She learnt to work through the images to help him connect to his feelings. With Ken, she learnt to listen intently to the music herself since Ken was not responding to her interventions, and with Pamela it took many months until Pamela “let the music in.” She tended to talk so much, that Anna wondered if she should be doing verbal therapy with Pamela. It is evident therefore that each client may engage in the GIM process in their own individual way.

12. The therapists develop greater insight into the elements of the GIM process.

At the end of the interview with Anna about her clients’ pivotal moments, we reflected on what insight we had gained from the interviews. We distilled four facets of the GIM process which relate to the pivotal moment in GIM therapy: the imagery and world of symbols; the music; the therapeutic relationship and engagement with feelings and emotions. A level of trust is evident in these four elements during pivotal moments in GIM, although each client may find one modality easier than another.

13. The research interview allowed the therapists to reflect on aspects of GIM practice not usually available in day-to-day work.

For both Anna and myself, the opportunity to be interviewed as part of the research study allowed us the opportunity to reflect on GIM practice. This type of reflection is not available in day-to-day practice. Although GIM practitioners receive supervision about their client sessions, the focus of the supervision generally relates to the client’s therapeutic process and the therapist’s counter-transferences. It is not common in supervision to reflect on one’s style of working in GIM practice. However in the research interview we had an opportunity for greater insight into the various aspects of GIM therapy from our therapists’ perspective.
14. The research interview allowed the therapists to gain a better understanding of what is pivotal for the client.

A pivotal moment or pivotal session may not be identified until the next GIM session following the experience. GIM therapists as part of their usual practice, ask their clients during the discussion part of a session whether anything from the previous session stands out. The client may then identify a pivotal moment, or a pivotal session in the session following the experience.

The interview procedure allowed the two GIM therapists to reflect on their clients’ pivotal sessions, and in so doing, the therapists gained a better understanding of how important the session had been for the client. David’s therapist said “I probably hadn’t realised that it was such a significant session for him. It really delights me, and I feel grateful that something so significant happened for him.” I commented at the end of my interview about Timothy’s experience, that I had a better understanding of why he identified the recurring image as a pivotal experience.

**The essence of the therapists’ experience of the GIM session/moment identified by their clients as pivotal**

Having distilled the themes from the therapists’ experiences of their clients’ pivotal moments, the essence of the therapists’ experience can be distilled.

The therapists remembered the session identified by their clients as pivotal. They remembered the imagery and the client’s emotional state. The therapists mostly identified other sessions than those chosen by the client as being pivotal sessions, although they agreed with the client’s choice.

During the pivotal moment a therapist may choose not to intervene, however it may be frustrating for the therapist not to know what is happening for the client. The therapist relies on feedback from the client either through their responses to the therapist’s interventions, or changes in body language or facial expression, in order to understand what is happening for the client.

Witnessing the client’s pivotal moment may be an emotional experience for the therapist, time may be suspended, or the therapist may listen intently to the music.
Therapists may anticipate that pivotal moments will occur for the client, and may deliberately choose music and interventions which enable the client to work on a challenging issue.

**Discussion**

Several of the themes which emerged from the therapist experiences of their client’s pivotal moments concur with the findings of Amir’s (1992) study of meaningful moments in music therapy. When Amir interviewed the music therapists about their experiences of meaningful moments in music therapy with their clients, the therapists identified that:-

- the meaningful moment was an emotional experience for them - they felt surprised, or they felt the experience was ‘awesome’, or they were moved to tears, or ecstasy and joy
- they noticed changes in the client’s body during the meaningful moment, and that the client made eye contact with the therapist during these moments
- for one of Amir’s therapist the meaningful moment occurred when the therapist provoked the client, which was an expression of her anger at the client’s manipulativeness

These three experiences were similar to the GIM therapists interviewed in this present study. The pivotal moment was an emotional one for Anna with David and Pamela, and for myself with Bernadette and Suzanne. When I witnessed Suzanne’s pivotal moments I described them as ‘awesome’, and I was moved to tears by Bernadette’s pivotal moment.

Amir’s therapists relied on body language as communication during the meaningful moment in music therapy. What is interesting about the music therapy experience however, is that the client and therapist were engaged in improvising music or singing songs together. Client and therapist were facing each other. Amir’s therapists gave detailed descriptions of the changes to the client’s posture, facial expression and their eye contact. By comparison, the GIM client experiences pivotal moments during a process of introversion. The client’s eyes are closed and they may be ignoring or not responding to the therapist’s interventions. This raises important insights into the unique client-therapist relationship in GIM. For Anna it could be frustrating when Ken was so absorbed in the music, and when David took one to two minutes to respond to her interventions, whereas I tended to not intervene during pivotal moments, preferring
to leave the client in their introspective experience. What happens for the GIM therapist during these periods of the client’s silence? For Anna, when Ken was absorbed in the music, she learnt to listen attentively to the music also, and for me, when Bernadette was absorbed in her pivotal experience, I chose not to intervene for probably five minutes. As discussed earlier, this experience may have activated my counter-transference, so that in the period of silence, I may have been in a type of reverie about my own responses to her imagery. A further insight is that I may intentionally not intervene during pivotal moments because of my own experience described in the epoche, where my therapist had intruded on my void experience by asking me if I could get out of it. My experience then, was that her intervention activated conscious thought, so that it ended my pivotal moment. I now wonder whether I intentionally leave my clients in their introspective experience as a reaction to my experience of being interrupted during it. Also, it poses the question of whether GIM therapists may fall into periods of altered states of consciousness themselves during periods when the client is not responding. By comparison, the music therapists in Amir’s study were actively involved with their clients by improvising music and singing songs, so theirs was a more co-active experience.

One of Amir’s therapists was surprised when she finally expressed something provocative to her client as an expression of her anger at the client’s manipulativeness. As a result of the therapist being “more honest” in her expression of feeling, the therapeutic relationship changed and this was the meaningful moment for the therapist who gained insight into how she tended to ‘mother’ and ‘nurture’ her clients. The parallel in GIM therapy is of interest. Anna mentioned that she would feel ’shut out’ when Ken became absorbed in the music, that he resisted her interventions. Yet in the GIM session, the GIM therapist is not able to address the resistance while the client is in the altered state. After the music and imagery section of the session has concluded and the client has returned to a normal state of consciousness, the GIM therapist can address the client’s resistance (Anna had raised this with Ken, asking if her presence was needed - he could listen to music at home without her!). But within the altered state of consciousness the GIM therapist cannot directly deal with it. This is an interesting comparison between the active music therapy method and the receptive style of GIM therapy.

While there were some commonalities in the way Anna and I perceived and experienced our clients’ pivotal moments, there were also some differences. The commonalities of our experiences, were that we remembered the sessions identified by our clients, and we could recall details of those session, beyond what was recorded in the transcript (in Anna’s case she had read the transcript before being interviewed, but I had not). We
both recalled our feelings during the sessions, and recalled the feelings or emotions of our clients. Second, we both identified sessions other than the ones our clients identified, as being pivotal, although we did agree with the client’s choice. Further to this I tended to identify different images of the session as being the pivotal images. We both found our client’s experiences emotional for us, and we both anticipated that pivotal moments would occur. I anticipated that both Bernadette and Suzanne would experience pivotal moments based on my experience of all their GIM sessions and that they frequently experienced these moments. Anna anticipated the challenging issue which David presented during the discussion part of the session, and intentionally chose strong music for him.

The points where Anna and I differed were equally interesting: first, Anna felt frustrated because David responded slowly, Ken shut her out, and Pamela talked a lot. With each of these three clients Anna commented that she learned to accept their idiosyncratic way of using the GIM method. My experiences were different: I tended not to intervene during pivotal moments for Suzanne and Bernadette, and with Timothy, while my interpretation of his pivotal imagery differed from him, I didn’t feel frustrated by it. In order to explain this difference I contemplated whether it was a methodological issue. I was interviewing Anna about her clients’ experiences of pivotal moments. She knew that I had already interviewed the clients but didn’t know what they had said. She had, however, reviewed the transcript of the session, but she was unaware of what the clients had said about their experience. It could be that Anna felt defensive during my interview with her. Perhaps she tended to portray her clients as being problematic, in case their experiences didn’t come up well. She may have felt threatened by me asking her questions about her work with her clients. By comparison, the Research Assistant interviewed me, and I didn’t feel threatened by this because the Research Assistant was not a GIM therapist. Anna’s clients had no difficulty talking about their experiences of pivotal moments, and they described her as a very capable and sensitive therapist. If she had known this, I wonder if she would have still described them as being frustrating.

If this was a methodological issue, it indicates that interviewing the clients of a colleague followed by interviewing the colleague herself may be problematical. One way to avert this might be to allow the therapist to listen to the client’s taped interview, but then, the therapist’s perceptions may be influenced by what the client has said. Another approach might be to interview a number of GIM therapists, so that no one colleague would feel threatened. As mentioned earlier, this study was undertaken at a time when GIM was a very new therapy in Australia and there were only two therapists qualified to practice it - Anna and myself.
Relevance to clinical practice

The findings from the two therapist interviews suggest that the following points are incorporated into GIM clinical practice:

1. Therapists need to check with clients about their perceptions of what is pivotal or significant to the client. As noted in theme 2, therapists may identify another session as being pivotal, or they may identify a different image as being the pivotal one. In clinical practice it would be useful for therapists to engage periodically in a retrospective overview of the client’s GIM sessions. In referring back to significant or pivotal sessions, the client may also develop greater insights. This was borne out by the research interview with clients, when in verifying their own interview they gained greater understanding about the relevance of the pivotal session in their life.

2. If a therapist anticipates that a session might be a pivotal one for their client, they can take a specific approach with that client to maximise opportunities for pivotal moments. This might include the choice of music and the choice of interventions. It should be noted however that the choice of music and interventions could not be prescriptive, rather that it be relevant to the client’s issue.

3. An important finding of this research was that therapists rely on feedback from their clients in order to understand what is happening for them. This has implications for clinical practice and for the training of GIM therapists: first, GIM therapists need to understand that when a client is not responding to an intervention, they may be experiencing a pivotal moment by introversion or introspection, and that their lack of response may not necessarily indicate shutting the therapist out. Equally, a client repeatedly non-responsive to interventions may indeed be resistive, in which case that resistance needs to be addressed (as Anna did by asking Ken if her presence was needed). Another aspect of feedback is that GIM therapists must watch attentively for small and subtle changes in body language or facial expression. If there are no outward signs of change in the client, the GIM therapist may need to observe the rate or depth of breathing to assess what type of experience the client is engaged in.

Another aspect of this study lies in Anna’s reporting that the therapeutic relationship may be important for the client’s pivotal experience. This suggests that effective verbal therapy skills are needed during the discussion section of the GIM session. Much of the emphasis in training GIM therapists lies in the mechanics of the music and imagery section of the session, and the skill needed during the discussion section of the session
may be equally important. Ken felt Anna was non-judgemental when he confided in her about an event in his life, and Pamela talked for the two hours when distressed about the fires. In both cases verbal psychotherapy skill was required of the GIM therapist.

4. The fourth element which contributes to our knowledge of pivotal moments, is the role of the therapist’s interventions. I was conscious of making specific interventions to facilitate the pivotal moment: for Bernadette my intervention “can the throat make a sound?” activated the guttural sounds in her throat which led to her finding her voice. Suzanne (in her interview) commented that I took “a very direct approach”, that I gave her “invitations to search for things” and asked “how could the rock change?” These interventions activated her pivotal moment of the rock turning to lava. Equally important however, is that during the precise pivotal moment, a withdrawal of intervention may be important. Bernadette commented it was important to her that I made no intervention, and in my own experience (explored in the epoche) I felt my therapist intruded on my pivotal experience by encouraging me to get away from it. In Bernadette and Suzanne’s experience it was helpful for me to facilitate their pivotal moment by making interventions to lead up to it, but then to allow silence (no interventions) while they experienced the pivotal moment for themselves. While this might be true for Bernadette and Suzanne, it may not be appropriate for all clients, since pivotal moments will differ from one person to another. This aspect of the study bears further research to determine if there is a consistency in the timing of interventions during pivotal moments.

In studying the experiences of the therapists during the moments identified by the clients as pivotal, further insights have been gained, and specific elements of therapeutic skill have been identified. These findings inform GIM practice and have direct relevance to the training of GIM therapists.

Having explored pivotal moments from the clients’ perspective and the therapists’ perspective, the third area of this study related to the music playing at the time of the pivotal experience. The intention was to find a method of analysis to determine if there were commonalities in style and structure in the music which underpinned the clients’ pivotal moments. In order to find an appropriate method of analysis, it was necessary to review literature pertaining to music analysis. As this literature differed from the literature on GIM practice, and on pivotal moments in therapy, it is presented at this point in the thesis as a preparation for the study of the music.
CHAPTER 6

Developing a Methodology for the Analysis of the Music which underpinned the Clients’ Pivotal Experience

In the first part of this phenomenological study of pivotal moments in GIM, the experiences of seven clients were depicted and 20 themes emerged from those depictions. In the second part of the study, the therapists’ perceptions of the moments identified by their clients as pivotal, were explored and 14 themes emerged from the analysis of that data. In the third part of the study, the music which underpinned the pivotal moments was analysed in order to explore commonalities in the music. The questions posed by this third aspect of the study were:

- What are the features of the music which underpinned the clients’ pivotal moments in GIM?
- Are there similarities in the structure of the music?
- Are there similarities in the elements of the music?

In order to develop a method for analysing and examining the music, a review of existing models of music analysis (pertinent to this study) was undertaken. I examined studies which used a phenomenological framework to analyse the music and its impact on imagery. I then developed two models for analysing the music which underpinned the clients’ pivotal moments in GIM:

1) a phenomenological description model, and
2) a structural model.

Before embarking on the overview of models of musical analysis, it is important to understand that the unique structure of the GIM music programs demands a model of inquiry which resonates with the fundamental purposes of the music programs. In developing the music programs, Bonny placed movements of large works alongside works of other composers and other stylistic periods, so that traditional models of music analysis which might investigate an entire symphony for example, are not appropriate. In order to develop a model of analysis pertinent to the GIM music programs, I reviewed the three monographs written by Bonny in 1978 (the outcome of her dissertation studies) which give a very clear understanding of how Bonny developed the music programs, and how and why certain music selections were
chosen. I also interviewed her about the characteristics of the music she chose for the music programs. From these two sources (the Monographs, and the interviews with Bonny), I chose two frameworks within which the GIM music could be discussed:

- Bonny’s concept of the Affective Contour of the music programs, and
- Bonny’s characteristics of the music selected for inclusion on the music programs

The Affective Contour of the Music Programs

In devising the 18 GIM programs, Bonny states that the “initial choices of music selections were made on the basis of ‘intuition’, that is, a kind of direct and immediate knowing or learning without the conscious use of reasoning” (Bonny, 1978b, p. 25). Bonny commented that the music programs could be studied from both an objective and subjective perspective. The objective method takes into account the style (period of composition) within the context of the composers' life; the form of the piece; rhythmic patterns and tempo changes and dynamics; the texture of the music and how the composer builds tension then resolves it (Bonny, 1978b, p. 24). The music programs could also be analysed by subjective means, noting the feeling state aroused by each piece of music and how the movement of the music affects feelings and emotions.

In writing about the contour of the programs, Bonny explained that there is a “first piece of the program (which) should be suggestive but not overwhelming” (1978b, p. 40). Music written by the Impressionist composers (eg Ravel and Debussy), are particularly useful as first pieces of a GIM music program, as the stylistic features of Impressionistic music (the use of timbre and texture to create light and atmosphere) encourage and stimulate imagery. The second selection of music usually takes the client into a deeper level of experience. The selection may be longer, or comprise a more complex musical form, or a darker tone colour, or thicker textures. The intention is to encourage the client into deeper imagery experiences and deepen the exploration of therapeutic issues. The third selection may provide the plateau, or stabilisation of mood or intensity. There may be a selection which builds to a peak so that the client experiences a peak or cathartic experience. Bonny comments that music of this calibre can be characterised by “long, even-building crescendos and diminuendos” (1978b, p. 41).

It is difficult to write about the contour of the programs in a generalised way, since each program comprises a different number of selections, of different lengths, genres and forms. Bonny illustrates the Affective Contour of three programs in graphical form and these are reproduced here to provide a model for discussion.
The *Positive Affect* program comprises six selections of music:

- Elgar: Enigma variations #8 and #9 (from the *Enigma Variations*),
- Mozart: Laudate Dominum (from the *Vesperae Solemnnes*),
- Barber: Adagio for strings
- Gounod: Offertoire (from the *St Cecilia Mass*)
- Sanctus (from the *St Cecilia Mass*),
- Strauss: Excerpt from *Death and Transfiguration*.

Bonny (1978 b) illustrates the shape of the Affective Contour of the *Positive Affect* program as:

![Graph of Affective Contour]

**Time: 30 mins.**

Fig. 3 Affective Contour of the *Positive Affect* Program.

(Bonny, 1978b, p. 42)

The graph depicts the "emotional plateau-peak effect" of the program. The shape follows the rises and falls within each music selection, relative to the other music pieces on the program. It is not clear what precise parameter is being traced, but the emotional contour would suggest it is a graphical representation of intensity, and of tension and release. Also, the time-line is not clear, so that the start and finish of each selection is not indicated. In order to explain the emotional intensity further I offer my own description of the selections included on the *Positive Affect* program. The Elgar variation 8 (from the Enigma Variations) is suggestive, and inviting, and creates a positive and playful mood. Variation 9 however fits the description of a build to peak. It is slow, with long phrases and an expansion in fullness of tone, from a quiet beginning to a climax towards the end. This is depicted on the graph by a corresponding ascending line. The Laudate Dominum (from Mozart's *Vesperae Solemnnes*) typifies the stabilisation or plateau. It is a gentle piece of music, written for soprano and accompanied quietly by the orchestra. The quality of the soloist's voice is
important, and Bonny preferred the performance of Lucia Popp. The quality of Popp’s voice is clear and pure - there is little vibrato, therefore the sound is not full or operatic, rather a lyrical quality which enables the client to rest or plateau in the imagery experience. This piece is depicted on the graph as a straight horizontal line, illustrating its function in stabilising the client’s affect.

The Barber Adagio for Strings is a longer work and much more intense. It is a work for string orchestra, and begins quietly. The piece is characterised by long melodic phrases which contribute to the emotional intensity of the work. The intensity of the piece builds by graded development of the melodic line and harmonic structure to higher and higher register, culminating in a sequence of four minor chords played fortissimo. A pause follows, and the orchestra re-enters pianissimo, one and a half octaves lower in pitch. The emotional intensity of the piece is very strong in an alert state, and when clients hear this work in an altered state of consciousness, the intensity can be significantly amplified. This intensity is indicated on the graph as having three points of increased intensity, reaching the highest point at the climax, followed by a dip in the graph to depict the dramatic fall in pitch register and dynamics.

Following the Barber, Bonny programs a selection as a plateau - the Offertoire from Gounod’s St Cecilia Mass. It is scored for orchestra, and has a hymn-like quality to it. The Sanctus (also from the St Cecilia Mass) is a further opportunity for a peak experience. Written for tenor voice and chorus with a chordal string accompaniment (often in tremolo), the piece builds harmonically by step-wise progression to a triple forte climax. The listener is elevated by each of the step-wise repetitions, with a building of intensity and expectation of the climax. For the client in an altered state, the climax may be especially powerful. Bonny indicates the build of intensity by three steps. The highest of these indicates the highest point of the program. This suggests that there is a cumulative effect - that each point of intensity is built on the ‘height’ of the previous one.

The final piece on the Positive Affect program is an excerpt from Strauss’ tone poem Death and Transfiguration. The selection on the program commences at the recapitulation. The shape of this selection allows for one last opportunity for peak experience. Commencing with strings in very low register, there is a building of intensity, gradually moving higher in register, until the statement of the first theme. The theme itself is romantic in style, with wide sweeping line, consonant harmonies and resolving chords. Modulations of the theme provide a richer tonal texture, and the very final statement is scored for full orchestra, with the strings playing in tremolo. There follows a coda which gradually brings the work to a quiet close. The client in an
altered state usually responds to the graded closure by bringing the imagery experience to a close. Bonny has graphed the climax in this final work at a lower point than the climax for the Gounod Sanctus. There is no explanation for the relativity of the amplitude height of the climaxes. These may have been subjective judgements by Bonny, or perhaps the height indicated in the Sanctus represents the stronger intensity of the sequences of modulations leading up to the climax.

The second program for which Bonny provides a graphical representation, is the Death-Rebirth program, followed by the Peak Experience program (Fig. 4). The selections for these two programs are:

**Death-Rebirth**

Wagner: *Gotterdammerung* (Siegfried’s Funeral March)
Rachmaninoff: *Isle of the Dead*
Bach: *Mass in B minor* (Crucifixus)
Mahler: *Songs of the Earth* (Der Abscheid)

**Peak Experience**

Beethoven: *5th Piano Concerto* (Adagio)
Vivaldi: *Gloria* (Et in Terra Pax)
Bach/Stokowski: Toccata, *Adagio & Fugue in C major* (Adagio) - orchestrated by Stokowski
Faure: *Requiem* (In Paradisium)
Wagner: *Lohengrin* (Prelude to Act 1)

Fig. 4. Profile of the Death-Rebirth and Peak Experience Program
(Bonny, 1978b, p. 48).
In this graph of the “profile” of the two programs, Bonny depicts the \textit{Death-Rebirth} program as descending, the lowest point being reached mid-way through the Rachmaninoff selection: \textit{The Isle of the Dead}. The \textit{Peak Experience} program however moves in the opposite direction, achieving the highest point of intensity during Wagner’s Overture to \textit{Siegfried}. This graphical depiction shows Death as “descending”, while the peak experience is depicted as “ascending.” In the Death-Rebirth program there are many examples of climax points throughout all four selections. Bonny shows these as deepening the experience, rather than as climax points, which one would expect to ascend, rather than descend. This graphical representation seems to indicate the therapeutic intention (see Introduction, p. 17) of the music programs, rather than emotional intensity.

While the graphical representation of emotional intensity is useful to illustrate the overall shape of the music programs, it is not an effective tool of analysis for research, because it relies on a subjective view of proportionate shape and therefore lacks specificity.

A second framework for discussion of Bonny’s music programs came from her interviews about the music programs, and the lecture notes she has used over the years.

\textbf{Characteristics of the Music chosen for the GIM programs.}

In order to analyse the characteristics of the GIM music it was necessary to gather information about each program. Over a period of 18 months I made three visits to Salina in Kansas, to interview Helen Bonny about how she devised these programs, the intention behind the choice of music and the inspirational source for the title of the program.

Bonny also made available to me the lecture notes she had used over the years. These notes varied in content and depth, presumably because they were prepared for different audiences (Appendices 6a and 6b). In discussing the characteristics of music chosen for the GIM programs, Bonny identified many elements. These are summarised here because they form a framework for developing a model of analysing the music which underpinned pivotal moments in GIM. Six distinctive characteristics stand out, these are:-

1) the music is a catalyst for tension and release
2) the music is a container for the GIM experience
3) the music stimulates the flow and movement of the imagery
4) the music offers variability in the stimulus
5) the music conveys mood
6) the music is of the Western tradition of classical music

1) Bonny comments that the music is a catalytic agent in that it creates tension and release (Appendix 6a). The music needs to create excitement and integration, inhibition and resolution. She draws on the theories of Leonard Meyer to substantiate this belief. Meyer’s theory rests on the dictum that “emotion is aroused when a tendency to respond is inhibited.” (Meyer, 1956, p 14). The GIM music has the element of expectation, in that suspense evokes the imagery responses. When the release or climax is heard in the music, there is a concomitant resolution in the imagery sequence. The degree of resolution Bonny believes is based on the degree of uncertainty, as Meyer explains “the greater the buildup of suspense, of tension, the greater the emotional release upon resolution” (Meyer, 1956, p 28).

2) Bonny believes that the music in GIM acts as a ‘container’ for the experience (Appendix 6a). This concept of ‘music as container’ seems to have emerged from the writings of Winnicott, who developed a theory of containment in relation to the developing child. Winnicott argued that the parents provide a containment for the emotional experiences of the young child. For example, when a young child feels enraged and is in the midst of a tantrum, the parent ‘contains’ the experience by not losing control. The child then learns to internalise the containment of feelings. Should the child in the midst of a tantrum experience a parental figure losing control, then there is no safe containment for the child’s feelings and s/he doesn’t learn to contain his/her own feelings. The theory of containment has been applied to improvisational music therapy by de Backer (1993). De Backer cites Cluckers (1989) definition of containment within a therapeutic relationship, in which the therapist creates a space whereby the client can project intolerable feelings. These feelings can be received by the therapist and held in the safe ‘contained’ space of the therapeutic relationship. De Backer uses an analogy of an ‘acoustic skin’ to explain how the therapist ‘binds and shapes the expression of chaos’ (1993, p 36). The therapist also provides ‘empathic accompaniment’ whereby the patient feels that his chaos and unresolved feelings are understood and accepted by the therapist.

The theory of containment has been applied to the practice of GIM (Bonny, 1989; Goldberg, 1992; Summer, 1992, 1995, 1998), however the boundaries of the music container are fluid, in that the music is ever changing and unfolding in time. The music which underpins a transpersonal experience for example, must allow a wide space for exploring the emotion of the transpersonal experience. In order for a client to express
angry feelings within a GIM experience, the music must provide a container with strong boundaries that allows for the expression of strong feelings.

3) The third element which Bonny lists as a characteristic of effective music for GIM, is that it stimulates the flow and movement of the imagery experience (Appendix 6a). Movement she says is related to tempo, and also to ornamentation within the orchestration of a work, for example the use of pizzicato in the lower strings creates movement in the music itself, and may influence movement in the client’s experience of imagery.

4) Variability is another feature of the GIM music (Appendix 6a). Bonny asserts that minimalist music and so-called ‘New Age” music is not used in GIM programs because there is not sufficient variability to stimulate the client’s imagery. The variability may be provided by changes in timbre, in melody, harmony and dynamics. Too much variability however may be perceived by the client as disorganised. A certain amount of redundancy is needed to provide a sense of musical stability, as evident in the above discussion on containment.

5) The mood conveyed by the music selection is a crucial characteristic in choosing a work for a program, and also in deciding its sequential place in the program. The mood may be determined by many factors: the melodic line, the harmonic progressions, modulation points and the timbral effects of certain instruments. Associations with particular instruments also influence the emotional substance of the music. Bonny believes the harp is usually associated with the higher aspects of self, the woodwinds with ‘the medium, the every-day experiences’ and the bass notes (instruments) are for aspects of sustaining and rhythmic security (Appendix 6a).

6) Classical music of the Western tradition as the preferred style of music in GIM

The music which Bonny selected for the GIM programs comes exclusively from the Western classical tradition. Bonny’s extensive experience as an orchestral musician gave her a wide knowledge of classical music of all genres, and this is clearly evident in the choice of music for the GIM programs. There are no ‘popular’ selections on the 18 GIM music programs which Bonny devised, although the music originally used for the LSD experience often incorporated popular pieces and songs (Bonny and Savary, 1973). During my interviews with Bonny I asked her why classical music was used solely for the GIM programs. She identified several features of classical music, which she believes are important to the desired effect in the GIM music programs (Appendix 6a).
a) classical music is multi-layered: several melodic and harmonic lines are moving along simultaneously, thereby influencing the flow of imagery sequences. “The multi-dimension of music is in the complexity of layering. Harmonically this is evident in chords, and melodically this is represented in the canon and fugue” (interview transcript, Appendix 6a). It seems that what Bonny is describing here is the “texture” of classical orchestral music. The notion of music being multi-layered does not apply solely to classical music however, and not all classical music is multi-layered. Certainly texture is an important component of the GIM music generally speaking, and classical music provides various types of textural experiences.

b) classical music has a predictable structure, but with appropriate variability. Bonny believes that there is simplicity in classical form: certain selections have a solo line with accompaniment, and this may evoke dialogue between the client and a significant person in the imagery. There is also variability in classical music, such as variability in timbre, provided by different instruments of the orchestra. The extent of this variability Bonny believes, is not found in music of other traditions. Many of the selections included on the GIM programs fit Bonny’s view of simplicity in form, but not all selections follow this dictum (eg. the selections of Nielson’s 5th Symphony) Likewise, variability is evident in the orchestral selections on the GIM programs, but other selections have little variability (eg. Brezairola from Canteloube (arr): Songs of the Auvergne)

c) Bonny believes that dynamic change in classical music raises the potential for emotional content in the GIM experience, in that classical music is descriptive of human emotion. Bonny states “Classical music is used because it is by great composers, our human geniuses...Their music lasts over centuries. It lives over time - like any great art” (interview transcript, Appendix 6a). Bonny is referring here to the archetypal qualities of classical music, which may explain why classical music stylistically is relevant to successive generations. Although some studies have explored the potential for classical music to evoke emotion (Sloboda, 1991) a comparative study of classical music versus other styles of music would be required to justify the comment that classical music raises the potential for emotional content.

d) ambiguity and suggestibility. Some of the selections on the GIM music programs create a sense of ambiguity, which provokes imagery. Bonny gives examples: The opening of Siegfried’s Funeral March, by Wagner (featured on the Death-Rebirth program) features a slow beating of the drums. The client hearing the slow beat may have an immediate sense of foreboding, the music ‘speaks to the funeral dirge’
(Bonny, interview transcript, Appendix 6a). The excerpt from Strauss’ *Ein Heldenleben* commences with a similar beating of the tympani, followed by a ‘hunting call motif’ played on the cor anglais. Such music creates expectation in the client, and may immediately evoke imagery of a journey.

Bonny comments that “when we are actively listening to music we are directly entering another person’s (the composer’s) creative imagination” (interview transcript, Appendix 6a). The client’s imagery therefore may reflect the intention or the emotions of the composer at the time of writing the musical work. This is borne out in a study of Hanks (1992). Her study explored transcultural experiences in GIM for subjects in the USA compared with subjects in Taiwan. She found that imagery associated with Brahms *Symphony no 1*, 3rd movement, *Un poco allegretto e grazioso*, was similar for both groups of subjects. Of further interest was that both groups experienced imagery of tall mountains. The ontological connection was that Brahms composed the symphony following a holiday in the Alps where he was inspired by the grandeur of the mountains. Not only was the ‘imagery’ evoked in the American subjects (where Western classical music is a part of the culture), but it was also evoked in the Taiwanese subjects (where the Western classical tradition is not so familiar).

e) familiarity. The extent to which classical music is “familiar” to GIM clients may differ according to the music preferences of the clients, their musical background and cultural background. Bonny however believes “we distort what we are receiving in order to make it more familiar, (and) this is why when we listen to those music programs, they are different every time” (interview transcript, Appendix 6a). This statement may be relevant to clients who have a preference for classical music, but it might not apply to all GIM clients. Also, the client’s perception of music will alter according to the nature of the concomitant imagery. Although the therapist chooses the music program to suit the therapeutic needs of the client on the day, often the same program may be used several times over a series of GIM sessions. The client’s perception of the music however may be different each time the music program is used, depending on the therapeutic issue being explored and the client’s mood on the day, so that even if the music is, or becomes familiar, the client’s perception of it will alter to fit the therapeutic need.

f) the quality of the performance is an important aspect in choosing a music selection for GIM. The differing timbral qualities of vocalists in particular, can create certain associations. As mentioned above, the preferred recording of the Mozart *Laudate Dominum* features Lucia Popp. Many other soprano soloists have recorded this work, but the quality of the voice may be dominated by vibrato, suggesting a more mature
voice - an older woman perhaps in the imagery experience. Lucia Popp's voice however is clear and lyrical, suggesting a purer sound, which in turn may suggest a younger female figure in the client's imagery.

The argument for the sole use of classical music on the GIM music programs bears further exploration. Bonny's assertions, while based on her extensive knowledge of classical music, may reflect a bias. Only by further studies comparing classical music with other traditions could there be consensus that classical music is more effectual than other music traditions. A further point is that the term "classical" music bears closer definition. A large number of the selections included on the Bonny music programs are orchestral and vocal selections from the late classical and early Romantic period of the history of Western music. There are few selections of the Baroque (excluding the Stokowski arrangements of Bach, which are orchestrated in the Romantic tradition); and few selections of 20th century music beyond the Impressionists. While it is evident that those selections Bonny has chosen are effective in evoking imagery experiences, further studies are need to provide a more specific rationale for the exclusivity of classical music in GIM therapy.

**Methods of Analysing the GIM Music.**

In order to approach a systematic study of the music, and in particular a study of the music which underpins pivotal moments in GIM, it was essential to develop a structure for analysis. I first undertook a review of phenomenological studies of music, in order to be consistent with the phenomenological approach used to investigate the pivotal experiences from the clients' and the therapists' perspectives. Second, I reviewed those methods of the structural analysis of music, which were applicable to the GIM music.

**Phenomenological studies of music**

Two GIM studies have adopted a phenomenological method of analysis which was first described by Ferrara (1984). Ferrara, a musicologist, identified five stages in analysing a contemporary piece of music, on first hearing.

1. Open Listening - subjective response. On the first hearing the listener writes down the subjective response, including any impressions which stand out.
2. Listening for syntactical meaning - describing the sound as it is heard. In this stage the listener writes down all the musical sounds which are heard - instruments, embellishments, dynamic changes, melodic, rhythmic and harmonic features.
3. Listening for semantic meaning. On the third hearing the listener describes what the meaning of the music is thought to be, what mood it suggests, and how the listener feels.

4. Listening for ontological meaning (the life world of the composer). In this fourth hearing the listener puts the music into the life world of the composer, and tries to understand what the composer is saying.

5. Open listening - the meaning dimension of all the hearings of the music. In the final stage of listening, all the impressions and perceptions from the previous four hearings are synthesised and integrated to create a final description of the work.

Kasayka (1988) adapted the Ferrara model to analyse each of the five pieces on the Peak Experience program, according to the five stages of analysis. Having undertaken the analysis of the five pieces on the Peak Experience program, Kasayka completed a meta-analysis, comparing the interrelationships of the music with the imagery sequences of a client’s GIM sessions. She argues that in GIM the client, therapist and music create a “contained field of power” (p. 3), and that the music “is both the catalyst for and the container of, the therapeutic process” (p. 4). In order to link the music with the imagery sequences of her client, Kasayka analysed each piece on the Peak Experience program according to sections in the music, and groupings of the bars (measures) within the sections. For example, the slow movement of Beethoven’s Piano Concerto, no 5, is divided into the three sections, indicating the ternary form of the movement, followed by a fourth section, the Coda. Kasayka matched the imagery sequences of the client alongside the descriptive accounts of the music, providing a grid of music description, imagery experiences by the client and comments about the interrelationship of the two. In the semantic analysis, Kasayka identified key elements in the music which may have triggered the sequences in imagery. For example, Kasayka noted that a sequence of imagery relating to a ritual began at the point in the Beethoven Piano Concerto where trills were featured, and in the Vivaldi Et in terra pax (from the Gloria), Kasayka noted that the client seemed to respond at the point where the female voices entered. In the ontological analysis, Kasayka described the meaning of the client’s imagery in relation to the client’s issues - her search for her cultural roots.

Kasayka’s study provides a thorough analysis of the music and a close comparison with the imagery sequences experienced by her client. Central to this study was the fact that the sessions were tape recorded, so that the precise timing of the emerging imagery could be placed alongside the dynamics of the music.

Irgens-Møller (1995) also tape recorded sessions with clients to enable her to study the effect of the music on emerging “helping” imagery. In her study, Irgens-Møller
analysed two of the GIM music programs: Positive Affect and Quiet Music. She used the Ferrara model to gain an understanding of the music using the five stages outlined in Ferrara’s seminal paper and relating the music descriptions to the clients’ imagery. In her analyses, Irgens-Møller illustrated changes in the music dynamics and the concomitant changes in the client’s imagery. The analysis of the first client’s imagery was interesting in that the client prefaced the change in imagery. For example, at the end of Elgar’s Enigma Variation #8, the client expressed that she “needed (an image of) a whale.” As the Variation #9 commenced, the structure of the music enabled the form of the whale to emerge in the imagery. Irgens-Møller concluded that the music’s relationship to the imagery was “programmatic” and that it seemed to affect the imagery directly (p. 89). In her study of the second client however, “changes in the imagery did not always correspond to a change in the music played” (p. 83). Irgens-Møller found that the music was a catalyst for the emerging imagery, and that the imagery followed changes in the general mood of the music.

Both the Kasayka and Irgens-Møller studies are important, in that these are the first GIM studies to draw a parallel between the elements of the music and the effects on imagery. For the purposes of my study however, this model was not useful because I had not tape recorded the clients’ sessions and could not place the imagery in time sequence with the music.

Phenomenological Description

When I interviewed Bonny about the music programs she developed, she used a phenomenological description in which a verbatim description of the music was made as the music was played (also known as a ‘voice-over’). I transcribed Bonny’s descriptions, but found that this method of investigation only had relevance when the music and voice-over were reproduced and heard together. The description itself cannot stand alone as a written document. A comment such as “the strings ascend here” has no relevance without the music being heard. While this approach is used frequently in the training of GIM students in order that they understand the dynamics of the music and possible moments in which imagery may change, it has limited applications as an appropriate model for research.

An extension to the phenomenological description method might be applicable however, if it were combined with reference to the music score, and aided by examples of the music elements referred to in the description. It was this adaptation that I developed for the present study.
Developing a model of analysis for the present study

The Phenomenological Analysis.

I was interested in the comparison of the two phenomenological approaches of Giorgi-Colaizzi and Ferrara. I had adopted the Giorgi-Colaizzi framework for analysing the interview material of both clients and therapists. This method was useful in distilling large amounts of verbatim descriptions. It was a method which progressively distilled the essence of the experience by a process of reduction. Ferrara on the other hand, analysed a piece of music. While the composition remained constant (i.e., unchanged), Ferrara developed five different perspectives to the experience of listening. While both approaches are phenomenological, the processes are different - the Giorgi-Colaizzi approach makes a reduction of verbatim material to distill the essence, and the Ferrara approach listens to the same piece of music (which is constant), while changing the focus of perception - first by describing the music, then consulting the score, then evaluating the mood of the work, then taking the stance of what the composer is trying to communicate, then providing a final description inclusive of the previous four perceptions.

In developing a model of analysis for the present study, I adopted features of both the Giorgi-Colaizzi and the Ferrara models. I took the first two stages of the Ferrara model - the subjective description, and consulting the score, to develop a phenomenological description of each piece of music. I then adopted stages 3 and 4 of the Giorgi-Colaizzi model, by creating units of meaning (meaning units) from the phenomenological description, and giving each unit a heading.

In order to learn the skill of phenomenological descriptions, I interviewed Helen Bonny about eleven of the music programs she had devised. Bonny provided a phenomenological description ("voice-over") of what she heard in the music. She refused the offer of looking at the score, which she found distracting. Instead, she preferred to describe the music as she heard it. The interviews were transcribed verbatim (the transcripts of the programs relevant to this study are found in Appendix 6c-e). These interview transcriptions were used as a model for my own descriptions of the music, and also to verify my descriptions. After I made my subjective descriptions of the music, I consulted the music score to determine changes in key and time; to reproduce certain rhythmic or melodic motifs, to determine the phrase lengths of melodies, and so on. The procedural steps are explained on page 165 below.
The Structural Model of Analysis

I also wanted to compare the music for each participant’s experience to determine if there were commonalities in structure or elements. I required a model that provided a list of musical elements, so that I could make a comparative analysis across several pieces of music.

In order to create a list of possible elements of music, which might form a model of analysis, I consulted Bonny’s lecture notes, (Appendix 6b). Bonny had developed two lists: Characteristics of Music on the GIM programs, and Considerations when Choosing Music for the GIM programs. The lists had some similar features, and some differing features. I combined the elements of these two lecture outlines and these are represented in Table 5.

Table 5. Bonny’s List of Music Elements

<table>
<thead>
<tr>
<th></th>
<th>TEXTURE</th>
<th>Harmonic and Melodic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>TENSION/RELEASE</td>
<td>Dynamics - crescendo/decrecendo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amplitude - loud/soft</td>
</tr>
<tr>
<td>3</td>
<td>MOVEMENT</td>
<td>Tempo - fast/slow</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Time - rhythm patters/syncopation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Directionality</td>
</tr>
<tr>
<td>4</td>
<td>MOOD/MODE</td>
<td>Happy/sad/exalted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consonance/dissonance</td>
</tr>
<tr>
<td>5</td>
<td>STRUCTURE</td>
<td>Style/form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Simple/complex</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Form, theory, movement (lines of progressions).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Structure/form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. sonata form, other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. internal organisation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1) intervals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Harmony, Melody</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3) Repetition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4) Dynamics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5) Density vs simplicity</td>
</tr>
<tr>
<td>6</td>
<td>TONAL</td>
<td>Resonance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Timbre: colour, instrument choice; solo or in combinations; vocal or instrumental</td>
</tr>
</tbody>
</table>
Table 5  
Bonny’s List of Music Elements (cont.)

<table>
<thead>
<tr>
<th></th>
<th>PITCH</th>
<th>High/low Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>TIME</td>
<td>Time variable: space, silence, time clusters/beat, density vs. light, multi vs single dimensionality</td>
</tr>
<tr>
<td>9</td>
<td>EMBELLISHMENTS</td>
<td>Rests/No sound Pizzicato/Legato Repetition/Diversity</td>
</tr>
</tbody>
</table>

While Bonny’s ten categories might be useful as a structure for the discussion of the GIM music programs, they do not provide a cohesive framework to analyse the music in this present study. For example, category 1 on Texture, lists harmonic and melodic, whereas I would have thought texture was better described as thick or thin. Category 4 lists mood and mode together which could be confusing: mood relates to feelings and emotions, whereas mode (as Bonny lists it here) relates to whether the harmonies are consonant or dissonant. These two aspects need to be separate, and Mode should include diatonic or pentatonic.

I therefore wanted to develop a more comprehensive and systematic list of music elements which would form a model to apply in the study of the music selections. It was necessary then, to group certain parameters into my own categories. In order to fill out the list of elements I consulted the works of music theorists. Ratner (1992), for example, discussed elements of music within the classical stylistic period from the syntactical point of view. I noted how he grouped the elements for discussion and the terms he used to describe the different features of each element. I also consulted Sloboda’s study (1991) of music structures and emotional responses, to insure that his structural features were included in my list.
I adopted my own model of musical elements for trial in analysing the music which underpinned the pivotal moment. It was anticipated that this model would provide structural information about the music, and that it would serve as a useful model to compare several pieces of music to determine if there were similarities in style and structure. In the following table (Table 6) sections 1-12 refer to music elements, structure and acoustical features. Sections 13-15 relate to the function and affective components of music.
Table 6. A Structural Model for Music Analysis (SMMA)  
(Erdonmez Grocke)

1. **Style and Form**
   1.1. Period of composition: Baroque, Classical, Romantic; Impressionist; 20th century (from 1910- )
   1.2. Form: Sonata form; ABA; Theme and variations; Rhapsodic form; Fugue; Tone Poem
   1.3. Structure: predominantly simple or complex

2. **Texture**
   2.1. Thick/thin texture
   2.2. Monophonic; homophonic; polyphonic

3. **Time**
   3.1. Meter - 2/4 or 4/4; 3/4 or 5/4, etc.
   3.2. Complexity and variability in meter.
   3.3. Silences; rests; pauses

4. **Rhythmic features**
   4.1. Underlying rhythm of the work - consistent/inconsistent
   4.2. Important rhythmic motifs
   4.3. Repetition in rhythmic motifs.
   4.4. Variability in rhythm - predictable/unpredictable
   4.5. Syncopation.

5. **Tempo**
   5.1. Fast; slow; moderato; allegro etc.
   5.2. Alterations in tempi: change of meter; use of accelerandi and ritardandi.

6. **Tonal features**
   6.1. Key structure; diatonic; modal.
   6.2. Major/minor alternations
   6.3. Chromaticism
   6.4. Modulation points
7 Melody
7.1 The main themes in the selection (1st theme, 2nd theme with
development or variations),
7.2 Significant melodic fragments.
7.3 The structure of the melody: propinquity; step-wise progressions; large
intervalic leaps.
7.4 Intervals: conventional/unconventional; significant (e.g. fall of an octave)
7.5 Shape - rounded, ascending, descending.
7.6 Length of phrases: symmetrical, short, long
7.7 Predominant pitch range of the melody: high, medium, low register.

8. Embellishments, ornamentation and articulation
8.1 Trills; appoggiaturas
8.2 Marcato; accents; detached bowing
8.3 Pizzicato
8.4 Legato
8.5 Use of mute

9. Harmony
9.1 Predominantly consonant, or dissonant
9.2 Consonance/dissonance alternation within the selection.
9.3 Significant harmonic progressions
9.4 Rich harmonies
9.5 Predictable harmonies (e.g. I; IV; V progression)
9.6 Unpredictable harmonies
9.7 Cadence points - perfect; imperfect; interrupted.

10. Timbre and quality of instrumentation
10.1 Vocal - male or female solo; SATB or other combination.
10.2 Instrumental - Solo.
10.3 Instrumental - Orchestral
10.4 Small group - e.g. quartet. Combinations of instruments
10.5 Instrument groups used in orchestration (strings, woodwinds, brass,
percussion, harp) creating timbral colour
10.6 Interplay between instruments and instrument groups.
10.7 Layering effects (adding and reducing instrument parts)
10.8 Resonance
Volume
11.1 Predominantly loud or soft - alternations between/gradation between.
11.2 Special effects of volume: pianissimo; fortissimo; Sforzandi

Intensity:
12.1 Tension/release
12.2 Crescendi, building to peak, and resolution
12.3 Tension in harmony, texture etc and resolution
12.4 Delayed resolution or absent resolution
12.5 Ambiguity resolved or unresolved

Mood
13.1 Predominant mood, as depicted by melody, harmony and predominant instrument
13.2 Feelings and emotions represented.

Symbolic/associational
14.1 Culturally specific associations - eg Vaughan-Williams English idioms
14.2 Metaphoric associations - Horn call
14.3 Symbolism in motifs (leitmotifs), and their imagery potential - visual, auditory or kinaesthetic.

Performance
15.1 The integrity/authenticity of the performers
15.2 Excellence of performance (technique of the performers).
15.3 Stylistic interpretation - artistic merit
15.4 Articulation of feeling and emotion
15.5 Authenticity with composer's intent

Having explored the various models for studying the GIM music, two models emerged as appropriate to this current study of pivotal moments in GIM:

1. The Phenomenological Analysis Model (PAM) comprising the subjective description and meaning units of the music, placed alongside the imagery experiences

2. The Structural Model for Music Analysis (SMMA) to examine the structural aspects of the music across several pieces of music
These two models were adopted to analyse the music which underpinned the client’s pivotal experiences.

Method

Limitations of the Music for Analysis

In keeping with the findings outlined in chapter 4, I excluded from the music analysis the sessions of Pamela, Ken and Timothy. I excluded Pamela’s session because it was a verbal session. I excluded Ken’s sessions, even though the music was highly significant for him, because there was no one moment nor one session which he could identify as being pivotal for him. In Timothy’s case, his experience was one of the image itself undergoing change, and he could not identify a moment in which he experienced change for himself. The remaining four pivotal sessions (for David, Sarah, Bernadette and Suzanne) were selected for music analysis.

The extent of the music analysis

For David, Sarah and Bernadette, the pivotal experience as they described it, spanned the full music program, that is, the imagery as they described it occurred from the first piece of music on the program and continued to the end. I decided therefore to analyse the full music program of the session along with the transcript of the imagery from the session, because of the cumulative effect of the music and imagery preceding the actual pivotal moment.

Suzanne however did not describe the entire session as pivotal, instead she identified only a section of the session. In her interview she did not describe the imagery leading up to the pivotal image, but rather gave a very full description of the pivotal moment. When I consulted the transcript of her pivotal GIM session I found that the music chosen for the session was the Positive Affect program. During most of the program her imagery related to memories of religious experiences. At the point where the Strauss Death and Transfiguration excerpt commenced, she was confronted with the imagery which she subsequently identified as the pivotal experience. The Strauss work is the final selection on the Positive Affect program. As mentioned earlier (in chapter 3, p. 91), the therapist (myself) decided to extend the music, and in light of the type of imagery she was experiencing, the Bach-Stokowski: Passacaglia and Fugue in C minor was selected. At the conclusion of the Passacaglia and Fugue Suzanne had engaged the imagery to a point where she felt it had resolved, and the music was stopped at that point. Therefore, the music analysed for Suzanne’s session included the Strauss Death and Transfiguration excerpt (the
last selection on the Positive Affect program), and the Bach-Stokowski: *Passacaglia and Fugue in C minor*.

**Analysis Procedure**

The two models of analysis (the Phenomenological Analysis Model), and the Structural Model of Music Analysis), were adopted for different purposes in the analysis:

The Phenomenological Analysis Model (PAM) was adopted to analyse the full music programs which underpinned the four clients’ pivotal experience.

The Structural Model of Music Analysis (SMMA) was adopted to analyse the music selection within which the client experienced the precise pivotal moment.

**The Procedure for the Phenomenological Analysis of the Full Music Program and the Imagery**

I wrote to the participants and requested their consent to access the transcript of the GIM session they had identified as pivotal (Appendix 2e). When they had given written informed consent I obtained copies of the four clients GIM session transcript (David’s from Anna, and the other three from my own files), to ascertain which music program had been used for the session in which the client had experienced the pivotal moment. I obtained the score of each selection of the music program for reference. I proceeded with the phenomenological description of the music before I transcribed the actual imagery of the session. This was an important methodological decision, as I was concerned that if I read the client’s transcript of imagery I may be influenced by the imagery in how I described the music.

1. I made a *phenomenological description* of the music “as heard.” I listened to the full music program and described the features which stood out as I listened (melodies, harmonies, rhythms, which instrument/s, dynamics, mood etc.). In order to *verify* this description, I compared my description with the transcripts of Helen Bonny’s “voice-over” descriptions of the particular music program. I added her comments to enrich my descriptions. This was the “Open Listening (subjective response)” in the Ferrara model.

2. I listened to the music again, while also reading the score of the work. I added further comments to the Open Listening descriptions to help clarify aspects of the music which were evident on the score - this was the “Syntactical meaning” in the Ferrara model.

3. With each piece of music I identified sections in the music according to a unit of meaning (*meaning unit*). For example, a unit of meaning might relate to the section of
music which introduced the first theme. Another meaning unit might be created when there was a change in tempo, or variation if the orchestration of the piece. The meaning units therefore related to thematic material or dynamics, orchestration, or other features. To be consistent with the analysis procedure undertaken in the two earlier parts of the study, I assigned each unit as a Music Meaning Unit (MMU) and gave each MMU a title, or heading.

4. The imagery of the session was transcribed. Particular care was taken to include any comments about the music (for example where each new selection of music began), and noting any specific mention of changes in the music structure which the therapist had made on the transcript. A new theme was often noted as “(Theme)” on the transcript, or important rhythmic motifs were indicated on the transcript to show at what exact spot in the music the imagery corresponded.

5. Taking the imagery for each piece of music I identified sections in the imagery sequence according to changes in the content of the imagery, feeling tone/mood of the imagery experience, dialogue, and other features. I assigned each section an Imagery Meaning Unit (IMU) and gave it a title, or heading.

6. I created a General Description of the music program by linking the meaning unit headings and key features of each selection of music.

7. I then created a General Description of the imagery sequence by linking the meaning unit headings and key features of the imagery sequence.

8. I placed the sectional descriptions of the music and imagery side-by-side to determine any comparative features between the music and the imagery. Since the sessions were not tape recorded it was often difficult to match the temporal sequence of events in the imagery with the progression of the music unless there were specific comments written in the sessions transcript. Nevertheless, the intention was to note the evolution of the different sections in the music, and the evolution of the sequence of images, and to note anything of interest.

In presenting the description of the music alongside the transcript of imagery (Appendix 7), the sections of imagery text were much shorter than the sections describing the music. Also, there was no indication of the pace at which the imagery was experienced - the imagery may have been consistently ‘spread’ throughout the music, but equally the imagery may have come in bursts, with long periods of silence between. The intention was not to guess the exact point at which the imagery occurred, but rather to look at elements in the
music, with elements in the imagery sequences, and to determine if there were any comparative features.

**The Procedure for the Structural Analysis of the Music which Underpinned the Precise Pivotal Moment.**

After completing the phenomenological descriptions and analysis of the music of the session, I then identified the four selections of music which underpinned the pivotal moment for the four participants. I used the Structural Model of Musical Analysis (SMMA) to analyse these selections of music.

1. I analysed each selection of music against the 15 elements of the model, noting which ‘elements’ did not apply.

2. I developed a table (Table 9) to compare the four selections of music.

3. My analysis was verified by my supervisor. Where his comments differed from mine, I included them on the table.

4. I compiled a list of comparative features: similarities and differences in the four selections of music.

5. I assessed the usefulness of the SMMA Model, identifying those elements which were inappropriate for analysis.

The outcome of the Phenomenological Analysis of Music, with the imagery of the four clients, is presented in chapter 7. The results of the Structural Analysis of the four music selections are presented in chapter 8.
CHAPTER 7

A Phenomenological Analysis of the Music program which underpinned the Clients’ Pivotal GIM session

The phenomenological analysis method was used to analyse the full music program of the GIM session in which the four clients experienced pivotal moments. First, the music programs chosen for the four clients sessions were determined. With the clients’ consent, I obtained copies of the transcript of the GIM session and identified the music programs chosen for the session. These are shown in Table 7. For David, Sarah and Bernadette, the pivotal experience as they described it spanned the full music program, whereas the music which underpinned the pivotal experience for Suzanne included the excerpt from Richard Strauss’ Death and Transfiguration, followed by the Stokowski orchestral arrangement of Bach’s Passacaglia and Fugue in c minor.

The questions which were posed for this part of the analysis of the music (and mentioned in chapter 2, p. 59) were:

- What are the features of the music which underpin pivotal moments?
- Are there similarities in the structure and/or elements of the music?
Table 7  The Music Selections of the pivotal GIM session, and date of composition

<table>
<thead>
<tr>
<th>Client</th>
<th>Music Program</th>
<th>No</th>
<th>Selections</th>
<th>Date Composed</th>
</tr>
</thead>
<tbody>
<tr>
<td>David</td>
<td>Inner Odyssey</td>
<td>1</td>
<td>Brahms: Sym #3. Allegro con brio</td>
<td>1883</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Nielsen: Sym #5. (1st movt-excerpt)</td>
<td>1921-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Beethoven: Violin Conc. Larghetto</td>
<td>1806</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>Corelli: Concerto Grosso #8. Adagio-Allegro-Adagio</td>
<td>1714 (first published)</td>
</tr>
<tr>
<td>Sarah</td>
<td>Transition</td>
<td>5</td>
<td>R. Strauss: Ein Heldenleben (excerpt)</td>
<td>1899</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6</td>
<td>Brahms: Sym #3. 3rd movt.</td>
<td>1833</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7</td>
<td>Beethoven: Sym #9. 3rd movt.</td>
<td>1826</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8</td>
<td>Brahms: Piano Concerto #2 - slow movt.</td>
<td>1881</td>
</tr>
<tr>
<td>Bernadette</td>
<td>Emotional Expression 1</td>
<td>9</td>
<td>Brahms: Piano Conc. #2 - 1st movt.</td>
<td>1881</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10</td>
<td>Brahms: German Requiem part 1</td>
<td>1866</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11</td>
<td>Brahms: German Requiem part 5</td>
<td>1886</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12</td>
<td>Brahms: Sym #4. 2nd movt</td>
<td>1885</td>
</tr>
<tr>
<td>Suzanne</td>
<td>Positive Affect Mostly Bach</td>
<td>13</td>
<td>Strauss: Death and Transfiguration (excerpt)</td>
<td>1889</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14</td>
<td>Bach-Stokowski: Passacaglia and Fugue in c minor.</td>
<td>1716 (Bach)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1951 (St’ski)</td>
</tr>
</tbody>
</table>

(Note: In referring to the 14 selections outlined above, I consider the two sections of the Brahms *Requiem* as to be two selections, whereas the Bach-Stokowski *Passacaglia and Fugue* I consider to be one work)

Common features of the music

The common features which emerge in reviewing these 14 pieces of music are:-
1) the period of music history in which they were written
2) the musical form in which the selection are written
3) the predominance of certain composers

1) eleven of the works come from the 19th century period of music development (late Classical and Romantic periods), spanning 1806-1899, with the exception of selections nos. 2, 4 and 14. The Bach-Stokowski selection, the *Passacaglia and Fugue*, was written
by Bach as a work for organ, which Stokowski arranged for orchestra in 1951. His orchestration is in the style of the Romantic tradition. In the author’s opinion, the general features of orchestral compositions of the Romantic period are:

- they are written for a large orchestra, and therefore the texture of sound became thicker (compared to works of the classical period)
- because of advancements in valved instruments, brass instruments assumed greater predominance, particularly the horn. Therefore compositions of this time featured a large brass section
- improvements to stringed instruments and woodwinds allowed a greater range in pitch and timbre
- compositions of this period therefore feature a wide range of dynamics, from exceptionally quiet (ppp) to extremely loud (fff).
- innovations brought about by chromatic harmonies encouraged rich harmonies, and unconventional harmonic progressions (compared with the classic tradition of composition).

These features are evident in most of the works listed above. The exceptions are: The Corelli Christmas Concerto selection, and the excerpt from Nielsen’s 5th symphony.

2) although there are different musical forms evident in the 14 works listed above, the common feature is that there is an identifiable form in most:

**Symphonic/tone poem**

R. Strauss: Ein Heldenleben (excerpt)
(although Kennedy, [1984] asserts that the whole work is a vast sonata movement, in which part 6 is the Recapitulation).
R. Strauss: Tod und Verklarung (excerpt)

**Theme and variations**

Beethoven’s 9th symphony (slow movt)
Beethoven: Violin concerto, slow movt.

**Symphonic form**

Brahms: Sym #3 - Allegro (1st movt)
Brahms: Sym #4 - 2nd movt.

**Ternary form**

Brahms Requiem part 1 - ABA
part 5 - ABA
Brahms PC #3 - Allegro
Corelli: Concerto Grosso #8: Adagio-Allegro-Adagio
Passacaglia and fugue  
Bach-Stokowski Passacaglia and fugue in c minor

Minuet and Trio  
Brahms: Sym #3 - 3rd movt.

Note: The one selection which does not have an identifiable, structured form is the excerpt from Nielsen’s 5th symphony. The excerpt is the Adagio section of the 1st movement of the symphony. Some writers describe it as the second section of the 1st movement, others describe it as the Recapitulation section of the 1st movement (Fanning, 1997); however no traditional form is evident.

In relation to the present research study, this aspect is an important finding. The music forms listed above are structured in different ways, however they have some features in common. Repetition is important to all forms. Repetition of melodic themes is a feature in a Theme and Variation; Symphonic; Ternary and Minuet and Trio form. In a Passacaglia and Fugue form, repetition is found in the ground bass (a 16-bar figure) which is repeated throughout, mainly in the bass line.

There is a formal structure too in the harmonic organisation of these structural forms. In the Symphonic form, there are three sections: the Exposition, Development and Recapitulation. Generally there are two major themes presented in the Exposition, and these are developed and extended in different keys and variations in the Development section. The Recapitulation re-states the themes but restructures them in the principle key of the work. In Ternary Form, and Minuet and Trio form the key structure has a predictable progression. Section A may contain two themes, section B contains different thematic material in a different key, and section A returns with a re-statement of the first themes in the original key. The Theme and Variations form, as its name suggests, presents one or more themes which are varied melodically, harmonically or rhythmically. The Passacaglia is similar, with a 8-bar or 16-bar phrase repeated in different forms. The Fugue is also repetitive, but there are several linear progressions which inter-relate, the two main themes being the fugue subject and counter-subject. The subject and counter-subject may be varied by augmentation, diminution and inversion, so that the themes are repeated many times over.

Repetition of melodic fragments or motifs commonly occur in the symphonic poem, or tone poem, where the composer introduces motifs to represent significant figures in a story (as in Strauss' *Ein Heldenleben*), or significant concepts (as in Strauss' *Death and Transfiguration*). Much more could be said about the structure of these different forms, but the important feature to be emphasised is that the form and structure are built on musical theories of harmonic relationship, repetition and variation. There are implications in
considering the effect of this music during GIM sessions, and in particular, it's influence on pivotal moments. It will be explored further in the later music analysis.

3) The music of Brahms is found in seven of the fourteen selections in Table 7. This raises two important questions. Is the high incidence of Brahms works an indication that Bonny preferred his music? Did Bonny include a higher proportion of Brahms music compared to any other composer? In order to answer the last question, I ranked the number of works for each composer across the 18 Bonny programs (Appendix 1g). Across the 18 programs, there are 81 different selections of music. Brahms' music is the most highly represented (9); followed by Bach-Stokowski (6) and Beethoven (4). It is interesting that Bonny included so many selections of Brahms, and this may be a potential area of future research. It would be interesting to know the attitude of GIM therapists to the dominance of certain composers in the GIM programs, and whether music of a particular composer is thought to be particularly suited to some aspect of GIM experience. For example, the Expanded Awareness program, devised by Linda Keiser Mardis (see Appendix 1a), comprises only music of Vaughan-Williams. Stylistically this music is thought to be best suited for evoking imagery of expansion. A research study would be very useful to test this belief.

Comparative analysis of the music and imagery sequences of the four participants.

The Phenomenological Analysis Model (PAM) was used to develop a description of the music of the GIM session, and to create Music Meaning Units (MMU's) and headings. The imagery sequences of the session were grouped into Imagery Meaning Units (IMU's) and these were placed alongside the MMU's, matching elements in the music where this connection was apparent. In order to illustrate the syntactical points in the music analysis, examples from the music score were put to the left of the MMU's. The Tables presenting each participant's session are included in Appendix 7. The MMU's appear in column 1, and the music examples on the left page. The published scores of each work were used to give syntactical details of the descriptions in column 1 and these scores had different methods of identifying sections in the music. Some use bar numbers (or measures); others identify sections by number, and others identify sections by letters. The phenomenological descriptions of the music were verified against Bonny's descriptions and additional comments printed in italics in column 1 are hers. Although I interviewed Bonny about 11 of her 18 programs, we did not include the Inner Odyssey program. The reason for this, was that the interviews took place before I had identified the specific music program for each participant. The phenomenological description of the Inner Odyssey program therefore is not verified.
The transcript of the imagery is reproduced in column 2 of the tables (Appendix 7), and is the text of the actual GIM session. In the session transcriptions the GIM therapists’ interventions are placed within brackets and with a question mark. When a question mark is placed at the end of a phrase, it indicates the participant asking a question as part of the imagery experience.

A comparative analysis of the MMU’s and IMU’s of the four participants was undertaken. The following structure is used sequentially in presenting this material

- details of the music program and general comments
- a depiction of the music derived from the phenomenological descriptions made by myself, and verified by the description made with Bonny.
- a depiction of the client’s imagery, derived from the imagery sequence of the session
- a discussion of the comparative features of the music and imagery sequences, with reference to the Music Meaning Units (MMU’s) and Imagery Meaning Units (IMU’s).
- A discussion of features which emerge from the analysis.

As discussed in chapter 6, the pivotal GIM sessions were not tape recorded, therefore exact correlations between the music and imagery could not be made. In the comparative analysis (Appendix 7) the IMU’s therefore are purposefully not aligned to the MMU’s. A further point is that the music description was far longer than the transcript of the imagery experience, therefore there are more MMU’s than IMU’s. There were points however where the temporal correlation of music and imagery could be made, for example, when a new selection of music began (this is marked by the therapist in the client’s transcript), and when the therapist makes note of a specific element of the music, for example, “harp enters”, or “theme.” In commenting on the comparative features of the music and the imagery, I sometimes make speculations, and these are indicated in the discussion.

David

David’s pivotal session was his eighth GIM session. The music program chosen for the session was *Inner Odyssey*, comprising the following selections:

- Brahms: 3rd sym. (Allegro con brio)
- Nielsen: 5th sym. (Adagio non troppo)
- Beethoven: Violin concerto (Larghetto)
- Corelli: Concerto Grosso in G minor (Adagio-Allegro-Adagio)
The parallel descriptions of the Inner Odyssey program and David’s imagery text, and the Meaning Units for both the music and imagery sequences are outlined in Appendix 7a. The music can be heard on the accompanying CD no. 1.

**Depiction of the music**

The music of the Inner Odyssey program is characterised by wide contrasts. The movement from Brahms' 3rd symphony is strong in character but there are contrasts in the pastoral theme, waltz movement and sections of playfulness. The movement of Nielsen’s 5th symphony is dissonant, and there are striking contrasts in the orchestration. In one section there are four competing elements which eventually resolve and climax. The ending however is tranquil. There is a sense of stability in the slow movement of Beethoven’s *Violin concerto* underpinned by consonant harmonies and repetitious themes. The solo violin often extends to high register, so that the texture is thin and ethereal. The second theme is quite beautiful with long held notes and a secure accompaniment. The Corelli movement by contrast is very structured and exact.

**Depiction of the Imagery**

Although the music selections are contrasting in mood and structure, David’s imagery was quite focussed. The image of himself as a three year old child appeared in the first piece of music and returned in the third and fourth. David explored his relationship with the child. During the Brahms’ movement, the three-year old was a happy child, content and chubby in appearance. David was delighted to be with him. He wanted to “be one with” this child, and to enter his world of play. He then started questioning “Where have you gone, how do I connect with you?” There is a sense of wanting to get closer and more involved. The three year old puts out his hand and David walks beside him, but the three year old is in his own world. During the excerpt from the Nielsen symphony, the imagery becomes embodied and David feels a gnawing emptiness in his abdomen. A distant wave appears; it is night-time on a beach; it is cold and windy. Compared to the little boy David feels hollow and empty. He is formless. During the slow movement of Beethoven’s violin concerto, the little boy returns. There is a warm welcome and a sense of feeling connected. There is physical contact as the little boy grasps his finger (this is the pivotal moment). During the Corelli movement from the Concerto Grosso, there is a bonding (like father and son) and David has a sense of his body filling out and expanding.
The comparative features of the music and David's imagery (refer to Appendix 7a)

**Brahms**: Sym #3, 1st movement. Allegro con brio

The music begins with some ambiguity - there is an alternation between major and minor chords (MMU 1). David has an image, but as soon as the music begins another image comes (IMU 1). Perhaps the ambiguity of the tonality, together with the strength of the opening theme is so strong as to change the initial image David. He says "as the music started another one (image) came", indicating that the music changed the image.

The tone of the music becomes warmer, and the second theme appears in 9/4 time. There is a pastorale quality and a waltz like movement (MMU 2 and 3). In the comparative imagery, the boy appears happy and content (IMU 2). The child is responsive and has no fear, and David wants to feel closer to him (IMU 3) The music provides a waltz rhythm at this point, and perhaps it is the movement of the waltz rhythm which influences the imagery and the happy and content mood of the child.

The music becomes playful through staccato passages, light texture, and descending passages (MMU 4). In the imagery (IMU 4) David wants to enter the child’s world and play.

There is increasing tension suggested by chromatic scale passages and the theme in the lower voice of the violas and cellos. The horns add a darker and haunting mood with their theme (MMU 5, 6 and 7). In the imagery, David starts to have dialogue with the little boy, questioning where he has gone and how can he connect more closely (IMU 5). The darker mood of the music, and perhaps the lower tones of the viola and cello seem to suggest some doubt ("I'm not sure he'll understand" [IMU 5]). Although the three year old puts out his hand and they walk side by side, the three year old is "in his own world" (IMU 6). This may have occurred at the recapitulation point (MMU 8) where the re-statement of the opening themes suggest a return to the principle imagery subject, namely, the three year old boy.

**Nielsen**: Sym no 5 Excerpt from the 1st movt. Adagio

The dissonance of the Nielsen selection is in stark contrast to the consonance of the Brahms 3rd symphony. The imagery changes noticeably. There is a feeling of loss, of innocence lost (IMU 1). Perhaps the dissonant sound and the low register of the theme (on bassoon and viola, (MMU 1) evokes a feeling of sadness. The description states that the
tone is warm and restful (MMU 1), but the imagery is moving in another direction. The substance of the imagery at this point relates more to the feelings of the traumatised four year old child (“innocence lost”, IMU 1), and the dissonance of the music may have contributed to the change in emotions.

As the dissonance increases (MMU 2 and 3), the imagery becomes more cold and stark. In IMU 2, there is an embodied feeling in the abdomen and chest. This may have been influenced by the low tones of the viola and bassoon, or it may have been suggested by the imagery experience itself. Certainly, the demi-semi-quaver motif (MMU 3) punctuates the melodic line in a striking manner, and may have been integrated into the imagery experience as a feeling of being threatened.

The imagery of the beach, at night-time, cold and windy suggests imagery of discomfort and fear (IMU 3). This has emerged from the embodied experience of the abdomen. It is highly likely that this imagery sequence relates to the abuse when David was four years old, which he had disclosed in his interview and which took place on a beach. The imagery sequence developed at the commencement of the Nielsen selection, and was probably exacerbated by the increasing dissonance, the dominance of the brass instruments (MMU 2) and threatening motifs played by the woodwinds (MMU 3).

MMU 4 and 5 describe the section of music that is highly dissonant and fragmented, with four separate elements, in four different sections of the orchestra, as if the orchestra is playing against itself. In the imagery, it is cold and windy (IMU 4). It is likely that the snare drum motif (MMU 4) adds to the developing sense of fear and apprehension. The imagery of hollowness and emptiness (IMU 5) is likely to have developed here, and it remains until the end of the Nielsen. IMU 6 indicates that David needed another scene and another place, but even with the light (IMU 7) he still feels empty.

Of particular significance is that Nielsen wrote the 5th symphony at a time when music composition was undergoing great change and struggle as the traditional forms started to collapse - would the symphonic form itself survive? (Fanning, 1997). The symphony expresses this war between good and evil. Nielsen said about the work “it’s something very primitive I wanted to express, the division of dark and light, the battle between evil and good” (cited in Fanning, 1997, p 13). The synchronicity for David was that he was becoming aware of himself as a small boy, prior to the abuse. The passage of imagery suggests his own conflict between good and evil, the dark and light, as he imagines the boy, and also the cold windy night on the beach where the abuse took place. In the imagery the little boy needed light to offset the darkness of the memories on the beach, but even with the light he still felt empty.
IMU 6 indicates that David wanted to be somewhere else “(I) need another scene, another place.” This can be a moment of choice for the therapist: should the music be changed, since the client is saying clearly he needs another space? In this instance the therapist does not change the music, and in fact the resolution of the discomfort does not occur until the next music selection. Although the music resolves (in MMU 6) becomes quite tranquil at the end of the movement (MMU 7), the imagery doesn’t follow the same progression. Instead David continues to feel empty.

**Beethoven: Violin Concerto, 2nd movt.**

The second movement of Beethoven’s violin concerto is exquisitely beautiful. The solo violin has many melismatic phrases, and the timbre of the solo violin in the high register gives an ethereal quality. The accompaniment of the strings at the beginning is characterised by short phrases and rests in the music, which might convey a lack of stability (MMU 1). It is not surprising therefore to note that David’s imagery remains hollow and empty (IMU 1). Although the music itself sounds very beautiful, the underlying structure of the music does not provide sufficient support initially for the imagery experience to change. However as the music progresses, the little boy returns in the imagery (IMU 2), and there is a warm greeting and the long-awaited sense of connection with the little boy (IMU 3). This seems to occur mid-way through the movement, and it may have occurred as the second theme is introduced (MMU 4). This theme is particularly beautiful, beginning with long minim-length notes in the solo violin and the string accompaniment holding semi-breve length chords. Perhaps the long held notes created a sense of spaciousness needed to engage the tender image of the little boy. The music is characterised by rests, which are musical spaces, during which time can stand still. And in that musical space, the boy emerged, and there was a warm greeting.

At some point towards the end of the Beethoven slow movement, there is a physical touch between the little boy and David, as the little boy grasps his finger (IMU 4). David indicated in his interview that this was the precise pivotal moment, because it was the moment of connection. In the imagery David felt a warm wind which expanded his body (IMU 4). This suggests an internalisation of the imagery - a profound shift in his sense of self. The music towards the end of the movement reasserts both the first theme and the beautiful second theme (MMU 5), and it is possible that the repeat of these melodies provided the security and comfort needed to internalise the imagery experience. The ‘light’ that David needed so much (during the Nielsen) was provided by the beauty and spaciousness of the Beethoven slow movement, during which he experienced the pivotal moment, touching the little boy’s hand and grasping his finger.

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This movement from the Corelli Christmas Concerto, has a steady, even rhythm provided by the repeated quaver line in the bass (MMU 1). As this music is heard, David’s imagery is embodied - he feels bigger “with the music” (IMU 1), which suggests he was aware of the music at this point. The melodic line is built on a broken chord motif, and one might speculate that this open chord influenced David’s imagery of his body feeling bigger. The Allegro section, although faster, is very predictable, and the intervals of the 1st violin part are close together (MMU 2). The imagery of connection returns and there is a feeling of belonging “like a father and son bond” (IMU 2). One might speculate here that the very regular beat and consistency of the music, and the close intervals may have contributed to the stronger image of bonding. The return of the Adagio section might have activated a sense of the familiar, and in so doing added to the sense of security (MMU 3).

Discussion.

Several features of David’s session stand out when comparing the music with the imagery sequences. The structure of the Brahms 3rd symphony, 1st movement, is strong, whereas the excerpt from Nielsen’s 5th symphony is dissonant and disconnected. There is a similar sequence in David’s imagery. During the Brahms he enters a dialogue with the 3-year old and wants to connect to him, but during the Nielsen he becomes more and more separated by his sense of innocence lost, and the hollow feeling in his abdomen. During the Beethoven slow movement, characterised by consonant harmonies, and the lyrical second theme, the pivotal moment occurs as David grasps the 3-year old’s finger. The measured structure of the Corelli movement from the Christmas Concerto evokes first a sense of the body getting bigger with the music, and then the strong sense of bonding between father and son. There seems to be a parallel progression of the music and the imagery sequence. One might speculate that the dissonance of the Nielsen was crucial to David’s feelings of great loss, and that the consonance of the Beethoven brought about the intimate connection. The Brahms provided the strength needed to commence this exploration, and the Corelli provided the “rounding-off” or the integration of the experience. But the sequence in the imagery was the initial connection, followed by the painful loss, followed by the intimate connection, further enhanced at the end of the imagery sequence. One could speculate further that the fragmentation which occurs in the middle section of the Nielsen contributed to the profound sense of loss, the loss of innocence. The consonant tonality and beauty of the Beethoven, it could be speculated, was the healing music.
From this discussion, I would suggest that the consonance-dissonance dichotomy was an important factor influencing David's imagery, and that there were parallels between the music structure and the content of the imagery.

Sarah

The music program chosen for Sarah's session was the Transitions program, comprising the following works:

- Strauss, Richard: Ein Heldenleben (excerpt part 6)
- Brahms: Symphony #3 (poco allegretto)
- Beethoven: Symphony #9 (Adagio molto)
- Brahms: Piano Concerto #2 (Andante)

The Transitions program lasts approximately 43 minutes. The parallel descriptions of the Transitions program and Sarah's imagery text, and the Meaning Units for both the music and imagery sequences are outlined in Appendix 7b. Bonny’s description of the Transitions program is reproduced in Appendix 6c). The music can be heard on the accompanying CD no 2.

General comments.

The music throughout this program is solely orchestral - there are no choral or vocal works. A feature of the Transitions program however, is the use of solo instruments. The horn for example plays a prominent role in Strauss’ Ein Heldenleben and in Brahms’ 3rd symphony. The solo violin has prominence in Ein Heldenleben, and the cello and piano feature as solo instruments in the Brahms piano concerto #2 slow movement. An extension to the use of solo instruments is the use of dialogue between them. This is clearly shown in the dialogue between the horn and violin at the end of Ein Heldenleben, and the cello and piano at the conclusion of the Brahms slow movement of the piano concerto #2.

Depiction of the music

The excerpt from Strauss’ Ein Heldenleben commences with a call (the hunting motif) on the cor anglais. The call is passed to the horn. There is anticipation of a journey suggested by the evenly spaced beats of the tympani. There is a change in mood as the violins play the first long sweeping romantic melody, however a darkness descends. Emerging from the darkness the solo violin plays a yearning melody with support from the horns. There follows a period of dialogue between
the solo violin and the horn. Initially the horn plays ascending phrases, as if asking a question, and the violin plays descending phrases as if to answer. Their roles are then reversed, as the solo violin ascends higher and higher, against the horn’s descending phrases. The Brahms movement (from symphony #3) provides a gentle rocking movement, shifting from major to minor repeatedly. There is repetition of the melodies so that there is a sense of security, familiarity, and expectations being met. The central Trio section adds a syncopated rhythm which suggests movement. There is a return to the familiar themes of the first part. During the Beethoven symphony (slow movement), several themes are introduced and embellished. Interrupted cadences at the end of sections keep the interest alive and focussed. The themes are interwoven between the instruments, so the movement is constant. At other times there is a pastoral feeling of freedom and relaxed mood. There is a rich tapestry of tone colour between the strings and woodwinds as each instrument threads into the next. A fanfare pierces the familiar territory and the themes are heard again. The ending is drawn out. The solo cello starts the Brahms’ 2nd Piano Concerto (slow movement) with an expressive melody of long phrases and undulating line. The piano creates an embellishment over the melody, initially in a delicate fabric, then in contrasting thick syncopated chords. There is a sense of expansiveness and intensity. In the middle section, time is suspended in a dreamy filigree of wide ranging intervals, supported by long tones. The cello solo returns, just as yearning as before. The piano joins and together they bring the music to a close - the cello descending, while the piano ascends.

Depiction of the Imagery.

Sarah feels it is like marching in an army. She is in a forest scene with tall trees. Squirrels play around her feet. A storm appears and she shelters under a tall supportive tree. She joins in playing with the squirrels, then notices a hollow in the tree. Exploring the hollow she is led into a cave. She walks through a dark tunnel to find a cave bathed in soft light. There is a presence, and a wise old man in a white robe emerges. He takes Sarah’s hand. She wants to ask him a question, but she feels he already knows what that question is, without her voicing it. In silence he provides an answer, and she feels affirmed. Animals enter the cave, and a lion ambles in. Sarah is not scared. Instead the old man puts the lion’s chin in Sarah’s hand and she looks into his eyes. Next the old man puts her on the lion’s back and walks to the door of the cave. The lion lopes off with Sarah on his back. He takes big strides but she feels safe as she holds his mane. They ascend a small hill and look at the forest from atop the hill, then they
descend on the other side. The lion goes into the earth to his den. He smooths
the floor of the den for Sarah and he lies down. She rests on his neck. There is a
piano in the den, and Sarah plays with confidence. She preens the lion, combing
his mane. The old man reappears and nods his approval. Sarah admires her
preened lion.

The comparative features of the music and Sarah’s imagery

Strauss: Ein Heldenleben - part 6 (excerpt)

The hunting call motif (MMU 1) which commences the program has an immediate influence
on Sarah’s imagery. She is describing the piece of bark in her hand, then says it is “like
marching in an army” (IMU 1). This image is likely to have been influenced by the horn
call and also the even steady beat of the drum.

A romantic mood is set in MMU 2 with a melody of long sweeping lines. The imagery can
be matched here since the transcript made note of the entry of the “Theme” (IMU 2). The
image is of a forest of tall trees. It is possible that the long sweeping melody (which also
ascends in pitch) has suggested the height of the trees.

The mood darkens (MMU 3) and the strings and tympani in tremolo suggest the storm
coming and the thunder in the distance (IMU 3). As the solo violin enters (MMU 4) Sarah
feels the support and love of the trees. This sense of security may have been inspired by
the even beats of the horns which accompany the violin solo. According to Kennedy
(1984), the theme depicts the Hero’s Companion. It is described as a loving theme, and
this affective connection may have been conveyed to Sarah in the form of a love for the
trees.

There is a dialogue between the solo violin and horn (MMU 5), a passing back and forth,
or a question-answer dialogue. In the imagery Sarah is playing with the squirrels (IMU 5),
although it is not clear where the playfulness of the imagery fits with the rather slow pace of
the music. However at MMU 6 the two solo instruments (violin and horn) move in
contrary motion. The imagery for Sarah is that she being drawn to a hollow in a tree (IMU
6). This is an interesting connection between the shape of the hollow and the relative shape
of the two instruments in contrary motion - an opening out shape. An interpretive comment
can be drawn from Kennedy’s analysis of Ein Heldenleben which indicates that the
Companion’s voice (the feminine) is ascending, against the Hero’s (masculine) voice “No,
I’m staying here” (Kennedy, 1984, p. 45). The significance of the masculine element in
Sarah’s imagery becomes more apparent in the emerging figure of the wise old man during the next selection of music.

**Brahms: Symphony #3, 3rd movement**

As the Brahms begins, Sarah finds the hollow has opened out to the shape of a cave. Corresponding to the imagery is the description of the theme as having a rounded shape, building to a high note then dropping away (MMU 1). The shape of the cave gives way to the shape of the tunnel - still a rounded shape, but suggesting a more narrow focus. It is not clear if this shift in imagery relates to the music, although there is a lot of thematic repetition in the music (MMU 2).

The Trio section of the music was indicated on Sarah’s transcript, so direct comparisons can be drawn at this point. The Trio features a two-note slur motif which falls across the bar line, creating a sense of gentle syncopation (MMU 3). The imagery by comparison suggests being in one spot - in the cave. There is a soft light in the cave and sunlight is getting through (IMU 3). The sense of light may have been suggested by the gentle movement of the music. My description of the music indicates that the gentle syncopation rhythm is re-assuring, like being patted on the back (MMU 3). Bonny’ description however suggests that the syncopated accents are leaning and pushing (see comments in italics, MMU 3).

A warm expressive melody (MMU 4) corresponds with the emerging imagery of a presence, initially a ghost figure (IMU 4), then the clearer figure of an old wise man in a white robe emerges, he is sitting on the other side of the cave (IMU 5). The melody is played by the strings in middle register, so that the overall timbre of sound is lower than previously. There is a return to the Minuet (MMU 5), and a repeat of the theme heard first on the horn (MMU 6), then repeated by the oboe. Perhaps the lower tones of the strings, the oboe and horn suggest the masculine entity in the imagery.

**Beethoven: Symphony #9, slow movement**

During the Beethoven Symphony #9, slow movement, Sarah enters into dialogue with the wise old man (IMU’s 1-4) and then later, meets the lion (IMU’s 5-7). The first theme is spacious, with slow drawn out notes, supported by a consonant, predictable chordal harmonic sequence (MMU 1). The old man takes Sarah’s hand. She wants to ask him a question, but she feels he already knows what that question is, without her voicing it (IMU 2 and 3). The description of the 2nd theme (MMU 2) is that it ‘turns in on itself’ and is repeated many times by different instruments. It is likely that the imagery sequence of
dialogue occurred during this part of the music, and the inward turning melody might have influenced Sarah dialogue with the old wise man. The dialogue continues: in silence the wise old man’s answer is “what you are doing is good - do it with confidence.” This is the pivotal moment, in which Sarah receives the answer to the question she brought to the session, and she feels affirmed (IMU 4). The therapeutic process inherent in this exchange is worthy of mention. The question is formed in Sarah’s mind - it was the issue she brought to the session, and so it is in her conscious mind. The answer comes in symbolic form via the wise old man, who is the archetypal father figure in her unconscious (psyche). Her own psyche therefore answers the question she poses herself. This interchange occurs when she is in an “altered state of consciousness.” Not only did she get the answer she unconsciously needed, but the message carried an instruction to her - to do what she is already doing with confidence. And this was the pivotal moment. Placing this sequence alongside the music, there are several corresponding developments. Bonny comments (MMU 3) that there is a “holding space that has a lot of room”, and later that “you’re moving within a space, but it’s a wide container.” Bonny is referring to the concept of music as a container for the experience. In this example, the holding space of the music, allowed Sarah to address a significant life question to herself and receive the answer she needed.

Having received the message, Sarah enjoys a respite of play with the animals arriving in the cave (IMU 5). Then the lion ‘ambles’ in (IMU 6), and she comments that she is not scared. The music has undergone some changes. There is a section which is described as pastoral (MMU 4) where the theme is heard in 3rds over a plucked bass. There follows a section where there is an interweaving line between the clarinet, bassoon and horns, and the strings provide a pizzicato bass (MMU 5). In the next section of the music (MMU 6) the 1st theme undergoes a long, protracted variation, played by the violins. This may have been the point at which Sarah became close to the lion. Initially the old man put the lion’s chin in her hand (IMU 6), and she looked directly into the lion’s eyes. Then the old man put her on the lion’s back (IMU 7). These are imagery sequences which show a close physical connection with a powerful masculine symbol, from which she draws her ‘confidence’ to do what she is doing well. Bonny suggests (MMU 6) that there is a tapestry of timbral sounds, and that the music “creates a rumination of what has gone, what has brought you to the place where you are. (The) next step is to look ahead.” This description matches Sarah’s imagery experience very well, and also matches the nature of the issue she had brought to the session: “what should she be doing”?

At the Coda (which is identified on the transcript, therefore the imagery can be placed alongside the music), the orchestra ‘heralds’ a strong rhythmic motif (MMU 7). Correspondingly the wise old man is walking with Sarah, (who is sitting on the lion’s
back), to the door of the cave to wave them off (IMU 8). During MMU 8 there is repetition and variation on the themes, and in the imagery the lion ‘lopes’ off taking great strides (IMU 9). As the music comes to an end, there are repeated phrases of the main themes. Bonny refers to this as “wrapping it up” (MMU 9). In the imagery the lion and Sarah have encountered a little hill, ascending it, pausing at the top of oversee the forest, then going down the other side (IMU 10).

**Brahms Piano Concerto #2, slow movement**

The solo cello begins the Brahms’ Piano Concerto #2, slow movement. Immediately Sarah’s imagery shifts into the earth, into the lion’s den (IMU 1). The cello melody is particularly beautiful, in mid register, perfectly balanced by two 4-bar phrases. The texture is close and full. Bonny comments that the “cello (is) very feminine in this” (MMU 1). Perhaps this refers to the shape of the melody and the yearning quality of the melody line. Correspondingly, the imagery shifts to a feminine symbolic form - a den, where the lion prepares the ground for her, and she rests, lying on his neck. The solo piano enters (MMU 2). Sarah’s imagery follows “there’s a piano in the den” (IMU 3). She is playing *with confidence*. Here again we see the internalising of the message of the old man. The piano part (MMU 2, 3 and 4) is quite extensive. The piano is both “gentle and supportive” and also “deeper and stronger” (Bonny’s description, MMU 2). The piano part “flurries”, but also pounds strong, syncopated chords (MMU 3). There follows a section of trills contrasting with descending arpeggios (MMU 4). Sarah during this time is content to ‘play the piano for quite a while’. At the Piu Adagio section (MMU 5) a new music feature is introduced. There is great spaciousness in this section, and time is suspended (MMU 5). The piano part comprises wide intervalic leaps, supported by the lower strings holding long legato chords. The dream like quality of this section allows Sarah to preen the lion, who is snoring! (IMU 4). At the recapitulation point (noted in the transcript as “solo cello”), the solo cello plays the yearning theme again. In the imagery the wise old man re-appears (IMU 5). It seems very clear that low tones of the cello evoke the imagery of the benevolent masculine figure. In this imagery sequence the wise old man is nurturing and benevolent. Perhaps the cello symbolises the balance of masculine and feminine principles - the masculinity of its low tones, but the femininity of its nurturing tone quality. At the very end of the work, the cello descends against the piano ascending phrase (MMU 8). Sarah is admiring her handiwork in preening the lion (IMU 6), and he minds the piece of bark, which was the initial object she took with her at the start of the imagery.
Discussion

The Transitions program highlights the use of solo instruments - the horn and violin in the Strauss Ein Heldenleben; the horn in the movement of the Brahms symphony, and the solo piano and solo cello in the Brahms piano concerto. These solo instruments are frequently in dialogue - in the Strauss the horn ascends while the violin descends, then the "roles" are reversed, the violin ascends at the end of the work, while the horn descends. Ein Heldenleben is thought to be an autobiographical work, and Strauss is describing his relationship with his "companion," his wife. Sarah’s imagery has a corresponding sequence. Her imagery illustrates her relationship with the wise old man and the dialogue which occurs between them. The predominant finding from this phenomenological analysis of the music of Sarah’s session, is that the solo instruments in dialogue with the orchestra, or with themselves, clearly influence her imagery. This suggests that the program Transitions may provide an opportunity for the client to give voice to their own "solo" part, and to dialogue with significant figures in the imagery. Further examples of client experiences would be required however to test whether the music influence evident in this case would apply to other cases.

A further point emerging from the phenomenological analysis of Sarah’s session, is whether certain instruments can be assigned characteristics within GIM experiences. For example, in Strauss’ autobiographical Ein Heldenleben, the horn depicts himself (masculine) and the violin depicts his wife (feminine). In the Brahms symphony, 3rd movement, the image of the old man emerged at about the time the horn played a significant part (Bonny comments it is the voice of authority - see MMU 6 of the Brahms selection). In the Brahms’ Piano Concerto selection, the old man re-appeared as the solo cello introduced the Recapitulation section of the movement. Perhaps the horn and also the cello may be associated with the masculine, whereas the violin may be associated with the feminine. This point requires further deliberation.

At the pivotal moment of the old man giving Sarah the message, Bonny comments (MMU 3 of the Beethoven) that there is a "holding space . . . it’s a wide container." As mentioned, Bonny is referring to the concept of music as a container for the experience. But the significant feature here, is that the music provided the container at the point of the pivotal moment. This is directly parallel to David’s experience of his pivotal moment, which occurred during the slow movement of the Beethoven Violin Concerto, slow movement, at a point where the solo violin introduced the second theme supported by long held notes in the string accompaniment. The word “spaciousness” was used to describe this music, suggesting that musical space might be a feature of the music.
which underpins pivotal experience. It is interesting that the pivotal moment for David and Sarah occurred during the music of Beethoven, in the middle of a slow movement when there was spaciousness in the music.

Bernadette

The session Bernadette identified as the pivotal one, was her 30th GIM session. The music program chosen for the session was Emotional Expression 1 (EE1), which comprises:

Brahms: Piano concerto #2 in B flat, 1st movement, Allegro non troppo
Brahms: German Requiem part 1
Brahms: German Requiem part 5
Brahms: 4th sym. (Andante moderato)

The parallel descriptions of EE1 and Bernadette’s imagery text and Meaning Units for both the music and imagery sequences are outlined in Appendix 7c. Bonny’s description of EE1 is reproduced in Appendix 6d. The music of EE1 can be heard on the accompanying CD no. 3.

General Comments.

The program comprises works solely of Johannes Brahms. The first work is written for solo piano and orchestra, the second selection is choral, the third written for soprano solo and choir, and the fourth selection is orchestral. Although all selections are by the one composer, there are different music genres represented. The duration of the program is 47:21 minutes, making it the longest of the GIM music programs.

Depiction of the Music

The first selection commences with the solo horn in dialogue with the piano. There is a lengthy solo part for the piano. The orchestra enters with a triumphant theme, and matches the power of the solo instrument. There are contrasting sections - a quiet and lyrical section is followed by a very rhythmic fast moving section. The piano re-emerges and plays loudly and bombastically. A rather sad melody is followed by a fast moving section in which various instruments dialogue with each other, interweaving, asking questions and giving answers. The piano re-enters in an energetic section. There are further contrasts - a shimmering part for the piano in high register is followed by a strong intense part for strings, and the next lyrical section is
followed by a dramatic passage of descending chords, as if being pulled down to earth. Further contrasts happen, with an ethereal impression given by the piano in high register contrasting with a repetition of a rhythmically insistent passage. The piano creates thick textures of sound across the full register of the instrument. There is a sense of anticipation and building to a climax point and a sense of re-assurance that the tension is relieved. The selection finishes loudly.

The choral work by contrast is mellow, quiet and slow. The choral voices are well balanced, singing in close harmony. There is a yearning melody in the oboe, and the voices then separate, following their own individual melodic lines, but also in dialogue with each other. In the middle section there is a sense of moving along as if the singers are gathering pace. There is repetition of previously heard melodies.

The third selection of music is gentle and quiet in mood. The solo female voice has a smooth unbroken line and is supported by the choir. There is an intoned phrase which seems to have special meaning. A brighter tone emerges, and the female voice seems to unfold a story in her singing. The voice ascends towards the end and the choir gives a counter-melody of support beneath her.

Horns feature prominently in the fourth selection. The martial quality of the music suggests moving forward. There is an insistence and intensity to this sense of moving on and the instruments dialogue with each other, developing the theme and adding rhythmic impetus. A yearning, sad theme is heard, and there is a repetition of the melodies heard earlier. There is further dialogue between the instruments as they develop the familiar themes. There is a brief rise in tension which dies away to a quiet finish.

**Depiction of Bernadette’s Imagery**

Bernadette’s first image is of herself in an orange dress. She hates this colour, but the dress itself is strong. She engages with the image of the piano and starts to play. She feels in control, and the orchestra plays with her and supports her and energises her. She feels a love for the strings and her head starts to spin with the sound. When the piano re-enters, she feels in partnership with the orchestra. The music and imagery experience become embodied so that every part of her body is loosened up. The stiffness in her body starts to go and her body tingles. The body feels strengthened and she has the urge to run out into open fields. There is a dam filled with water and she gazes into the water. It is a moment of truth. There is a feeling of the adult taking control. She wants to be true to herself and not rely on others. As the
choral selection begins she experiences a choking sensation in her throat. As the choking clears she starts to make soft sounds with her voice. She becomes tearful. She is standing with the choir but she hears her own voice. There is a long period of silence for the remainder of this selection and throughout the following selection of music (during the soprano solo). In the final selection, Bernadette notices a change in her whole body. She celebrates at a victory ball, dancing with her partner, then ascending a stage. A beautiful old man affirms her and gives her a special message. She is aware of her husband’s eyes and a wish to thank him.

The comparative features of the music and Bernadette’s imagery

**Brahms: Piano Concerto # 2 in Bb, 1st movement, Allegro non troppo**

The concerto opens with an introductory played by solo horn, to which the piano responds softly (MMU 1). The horn plays another phrase, and the piano responds again. Bernadette’s imagery commences with an image of herself in an orange dress - a colour she ‘hates’ (IMU 1). As soon as the piano is introduced in earnest (MMU 2), she incorporates the sound of the instrument into her imagery - she is playing the piano with the orchestra (IMU 2). Bonny comments that the piano makes ‘strong statements’ (MMU 2), and this intensity is reflected in Bernadette’s expression of “belting out on the piano” (IMU 2). At MMU 3 the orchestra enters with a triumphant sound. Bernadette’s transcript indicates the point at which the orchestra enters so that her imagery can be matched. She feels she is in control, the orchestra is playing with her, and while she is waiting for her turn she is energised by “their energy” (IMU 3 and 4). MMU 4 describes the lyrical section played on strings, and Bernadette’s imagery is parallel - “how I love the strings - my head is spinning with the sound of the strings” (IMU 5). She is closely connected with the music as it unfolds. MMU 6 and IMU 6 are also paired (the transcript indicating the re-entry of the piano), and Bernadette feels a wonderful partnership (she plays the piano in partnership with the orchestra). Up until this point, Bernadette’s imagery has been in clear parallel with the major features of the music: the solo instrument, the supportive strings, and the strength of the orchestra and partnership with the solo instrument.

A period of silence follows, the length of which cannot be determined, but emerging from this period of time is Bernadette’s embodiment of the music experience. Her imagery reveals changes within her body. It is during this time then that her attention is drawn to kinaesthetic imagery. The music loosens every part of her body, the piano loosens her limbs, the stiffness leaves her body and her body is tingling (IMU 7). It is difficult to know what section of the music has evoked this imagery, however it occurs sometime between MMU 7, 8 and 9, because there is a match of MMU 10 and IMU 8 (as indicated
on the transcript). During MMU 7, 8 and 9, there is a period of respite, followed by a section of dialogue between several instruments: horn, violins, flute, oboe, clarinet and piano. This level of dialogue in the music seems to be reflected in Bernadette's dialogue with her own body. She identifies specific parts of her body (heart, limbs, face and hands) loosening up (IMU 7), and the stiffness starting to go, and that her body was tingling. During MMU 9, there is more urgency in the music. Bonny comments "changes happen very fast... pounding... loosening up the soil." It is fascinating that Bernadette uses the same descriptive word "loosening" to describe what is happening in her body.

MMU 10 describes the re-statement of the first theme with the horn. The entry of the horn is marked on Bernadette's transcript, and her corresponding imagery is that her body feels different, it is so much stronger (IMU 8). Perhaps the re-statement of the familiar theme, allows her to re-assess the before and after effects of her body, to take stock of what has happened for her. In MMU 11 the strings play with insistence and there is a repetition of the surging-stopping motif in the piano. Bonny comments it is like "waves of the ocean, slapping against the boat's sides." Bernadette's imagery also suggests movement. She felt like running out into open fields (IMU 9). She comes across a dam filled with water, and gazes into it to see the mirror reflection of herself. This is a powerful moment for her. It can also be a very challenging moment for GIM clients to engage an image of their own reflection. What will they see? How will their 'self' by mirrored back to them? In my experience as GIM therapist, there have been many times when clients avoid looking in the mirror, or avoid looking in the water to see the reflection of their face. It is a particularly confronting image. Bernadette however experiences it differently. She associates the symbol of looking in the mirror as similar to the story of Pinnochio (IMU 10). She declares that it is a moment of truth, as the "child" becomes a mature person. She further unfolds the significance of this imagery in IMU 11, as she works out for herself, that it was easier as a child to have someone else take control. The moment of truth for her, is to mature as an adult and take control for her decisions, "(to) see clearly, think clearly, know what I want to do - do what I want to do" (IMU 11). This sequence of imagery (IMU 8-11) is quite intense. It is a sequence of imagery involving the visual modality, an association with Pinnochio, symbolic experiences about the mirror and the moment of truth, and moments of insight (in IMU 11) as she reflects on taking control of her life. What role the music plays here is not clear. It is certain that the strength of the music to this point, incorporating the strength of the solo instrument, has given her the strength necessary to confront herself in the imagery. In MMU 13, the descriptions refer to descending passages akin to 'being pulled down', or as Bonny puts it "we're really down at the bottom now." There is repetition in this section. It might be that the sense of being pulled down in the music is reflected in the insight Bernadette gains as she sees the difference between the child and the mature adult.
MMU 14 introduces the Recapitulation point in the music. There is repetition of the same themes, but with different harmonic structure, and a return to the tonic key of Bb. Bonny describes the piano in MMU 15 as being at the centre of the music, and MMU 16-18 describes the various repetitions and increase in anticipation to the climax point in the music. Somewhere within this music, Bernadette feels a sense of being true to herself (IMU 12), and not having to be a child anymore.

**Brahms: German Requiem, part 1**

[The text of part 1 of the German Requiem is: “Blessed are they that mourn, for they shall have comfort. They that sow in tears shall reap in joy. Who goeth forth and weepeth, and beareth precious seed, shall doubtless return with rejoicing, and bring his sheaves with him”. [Reference: Peters edition, translation Traquair, revised Benson n/d].

The pivotal moment for Bernadette occurred in the Brahms Requiem part 1. The music commences with the cellos and basses playing a repeated low F (MMU1), followed by a melodic phrase in the violas. Bernadette has a sensation of choking (IMU 1). The transcript records that her hand was across her throat as her voice started making guttural sounds, as if she were about to choke. As the choral voices enter quietly (MMU 2) the choking sensation clears, and Bernadette begins to find her own voice (IMU 2). The transcript indicates that at first the sounds were very soft high pitches, a feeble sound, but as she sang “with the choir” her voice became stronger. As mentioned in chapter 4, my recollection as therapist, was that she was singing her own song, she wasn’t singing the same notes as the choir, rather she was exploring her voice. Having found her voice, the transcript indicates that she became tearful as she was “taking the music in.” It is synchronous that further on in part 1 of the Requiem, the text is (in part): “they that sow in tears shall reap in joy.”

IMU 4 describes Bernadette singing with the choir, but also hearing her own voice, as if she stood out from the choir. She maintained her identity. At bar 47, there is a change in the music. Up until this point, the four choral parts (SATB) were in close harmony, as in a hymn-like chorale. But at bar 47 the choral parts separate, each part taking their own line and interweaving. There is a brief moment of dissonance over 2 beats, as described in MMU 5.

The music begins to increase in pace (MMU 6) supporting the text “Who goeth forth and weepeth, and beareth precious seed, shall doubtless return with rejoicing . . . “ Bernadette is silent throughout the remainder of this selection of music. At the Recapitulation the first
theme of six phrases is repeated (MMU 7), followed by a brief Coda and the movement finishes quietly. Bonny comments that this section is reassuring.

**Brahms: German Requiem, part 5**

During the Brahms *Requiem* part 5, Bernadette was completely silent. As explained in chapter 5, the therapist (myself) was aware that this was a precious moment for Bernadette and was reluctant to intervene. The music description indicates that the solo female voice is nurturing and gentle in quality, and the melodic line is smooth and unbroken (MMU 2). The choir enters and affirms the solo voice (MMU 3), or as Bonny describes it “murmuring assent” (MMU 4). The soprano soloist continues as if she is “telling a story” (MMU 6), each phrase of the solo voice being quite expressive and lyrical. There is no repetition in these phrases, each phrase suggesting something different (“this happened, then that happened”, MMU 6). Perhaps the lack of repetition leads to a sense that each phrase says something new and that a series of ‘new’ phrases suggests an unfolding of a story line. Eventually there is a repetition of section A (MMU 7), and soprano and choir alternates phrases, with the soloist bringing the movement to a close. Bonny validates this movement as nurturing by mentioning an image “(I) can see her rocking the baby” (MMU 7).

**Brahms Symphony #4, 2nd movement**

As soon as this music commences, there is an immediate response from Bernadette. The horn (MMU 1) make a strong first statement, joined by the woodwinds. The predominant musical feature is the rhythm of the phrase - as if being summoned by a call or a heralding. Bernadette notices the changes in the way her body feels. Her throat is now moist (IMU 1), and her whole body is clear and light. An image of a victory ball appears (IMU 2), and this seems to be evoked by the rhythm of the horn call (MMU 1). Clarinets and bassoons play the theme accompanied by strings playing pizzicato. This suggests movement, or “walking, even marching” (MMU 2). This adds to the imagery of the ball being a victorious one (IMU 4).

There seems to be corresponding material in IMU 3 and MMU 3. There is an interweaving of lines between the clarinet, bassoon and horn. These three instruments provide different timbres. The imagery is of a ball gown of “all colours - when different lights come down it takes on another colour...” (IMU 3).

There is an increase in the music’s intensity and insistence (MMU 4). Bonny comments that “new vistas may be opened up.” The corresponding imagery here is the victory dance.
Bernadette is dancing with her male partner, her husband. He’s “got the feeling right and that’s all the matters” (IMU 4). He also encourages her to go up on the stage (IMU 5). It is difficult to match at what point in the music this imagery emerges, but it may have been inspired by the rhythmic features described in MMU 6. The horn features during MMU 6 and 7, and it is possible that the “beautiful old man” (IMU 6) emerges at this point. MMU 7 indicates dialogue between the instruments, and within the imagery experience the old man is giving Bernadette a message “go out and do more of what you’ve done” (IMU 6). As the music moves to it’s conclusion (MMU 8, 9 and 10), the imagery seems to deepen for Bernadette, so that immediately after the music has finished she has a sequence of closing imagery in which she feels the eyes of the old man are in fact the eyes of her husband, and she feels his love and support. She thanks him.

Discussion.

The EE1 program comprises only works composed by Brahms. As mentioned above, it is not clear whether Bonny programmed so many works of Brahms because of personal preference, or whether there were features of Brahms’ music which she found effective in GIM therapy. A review of the EE1 program might be useful here, to see if there are features of Brahms music which make it particularly effective.

Each movement of each work is written in structured form - either symphonic/concerto form, or ternary form. In the symphonic/concerto form (Piano concerto #2 1st movement, and Symphony #4, 2nd movement), there is an Exposition, Development and Recapitulation. Themes introduced in the Exposition, are developed and embellished in the Developmental section, and then repeated in the Recapitulation. This means that themes are heard several times within the one movement of the work. Likewise in the Requiem parts 1 and 5, both written in ternary form, the themes introduced in section A are repeated. This degree of repetition offers a framework of familiarity upon which Bernadette could explore imagery which was embodied. In this sense the music provided a ‘safe container’ for the experience (as discussed in chapter 6).

The second re-occurring feature of Brahms music selected for this program, is the consistency in instrumentation. In the first selection, the predominant instruments are piano (solo instrument) and horn. The second selection is a chorus of four parts, and a small role for the oboe. In the third selection the soprano solo is supported by the choir. The final selection features the horn, and smaller parts for clarinet and bassoon. It could be argued that the piano and horn represent masculine features in this program, and that the timbre of the instruments suggests authority and dominance. Feminine qualities are represented in the supportive and nurturing choral work and in the solo female voice. There are instances
also when there is a balance of masculine and feminine, particularly in part 1 of the Requiem, where the choir sings in close harmony. The descriptions of the music (MMU 2) allude to the balance of the voices. This is consistent with the comments made by the participant Ken, who was “moved by the cooperation of the singers.” Bonny, in referring to the effects of vocal music in GIM (1978b) comments that “vocal music touches areas of deep relationships and tends to encourage feelings of closeness and humanness” (p. 32).

It is interesting that both Sarah and Bernadette have similar experiences in incorporating the piano part in their imagery. During the slow movement of Brahms piano concerto #2, Sarah was playing the piano in the lion’s den. She was playing with confidence, this having been the significant message from the wise old man. Similarly, Bernadette on hearing the entry of the solo piano immediately brings this into her imagery. She is playing the piano in her orange dress. She is in control and the orchestra is playing with her. There is a similar strength of imagery for both women, suggesting that the piano as a solo instrument, in these two movements of larger works of Brahms, may hold special significance for female clients. In Ken’s imagery he also mentions that the pianist is ‘having a ball’ suggesting that the dominating role of the piano (in the Piano concerto #2, first movement) was enjoyable for him. The experiences of Sarah, Bernadette and Ken, suggest that the piano is associated with masculine features for female clients (the animus), and is a reinforcement of the masculine for male clients. Examples from a wider range of case material may further substantiate this.

A further interesting collaboration of Sarah and Bernadette’s imagery, is that in both cases the masculine archetype was present: the wise old man for Sarah, and the beautiful old man for Bernadette. In both cases the male archetype gave them a message, and the message was remarkably similar. Sarah’s message was “what you are doing is good work, do it with confidence.” She took this message into the piano playing in the lion’s den, which she did “with confidence.” The message from the beautiful old man for Bernadette was “your performance was brilliant - go out and do more of what you’ve done.” In both cases the messages were affirming, and in both cases the message encouraged the two women to “do more.” This may suggest that both women were looking for approval, or that both women were looking for an internalised masculine element of strength.

Bernadette’s imagery indicates that, although in an altered state of consciousness, she heard aspects of the music and integrated those aspects into her imagery. In the Brahms Piano Concerto, she was playing the piano with the orchestra (IMU 2), her head was spinning with the sound of the strings (IMU 5), and she felt a partnership with herself playing the piano with the orchestra. She feels the piano is “loosening up” her body (IMU 7). In the Brahms Requiem part 1 she is standing with the choir and can hear her own voice. This
affirms that in the altered state of consciousness clients may have a strong transference to the music, to the point of taking part as a soloist or part of an ensemble. Summer (1998) describes this phenomenon as the “pure music transference.”

**Suzanne**

Suzanne’s pivotal experience differed from David, Sarah and Bernadette, in that she identified a pivotal moment within a session, whereas the other three had described the entire session as a pivotal session. The session Suzanne identified as pivotal was her 11th session. As explained previously, the music program *Positive Affect* was chosen for the session. During the first five selections on this program, Suzanne’s imagery related to memories of religious experiences. She expressed many angry feelings, and these statements were repeated over several selections of music. But it was not until the Strauss *Death and Transfiguration* excerpt that the pivotal image of God as a rock became manifest, and this was the image that began the sequence which Suzanne described as pivotal. At the conclusion of the Strauss *Death and Transfiguration* excerpt, the imagery was not resolved, and the therapist (myself) chose a further piece of music to help Suzanne resolve the feelings associated with the image. The choice of music was the first selection from the Mostly Bach program: The Bach-Stokowski *Passacaglia and Fugue in c minor*. The music for analysis of Suzanne’s pivotal moment therefore comprises:

Strauss, R. *Death and Transfiguration* (excerpt)

Bach-Stokowski: *Passacaglia and fugue in c minor*.

The duration of the music is approximately 22 minutes. The parallel descriptions of the music and Sarah’s imagery text, and the Meaning Units for both the music and imagery sequences are outlined in Appendix 7d. Bonny’s description of the music is reproduced in Appendix 6e). The music can be heard on the accompanying CD no 2.

**Depiction of the Music.**

The two music selections are contrasting in style and structure. The Strauss piece is a Romantic work, with romantic themes, whereas the Bach-Stokowski work is highly structured in form.

The Strauss work commences in a threatening dark mood. The first theme is yearning and builds to the main theme, which is slow and regal. The orchestra develops the theme - it expands and becomes more passionate and intense, building to a climax. There is a quietening towards the close.
The Bach-Stokowski work commences with an 8-bar theme, which is repeated throughout the Passacaglia in nineteen different variations. The first phrase of the fugue theme is identical to the Passacaglia theme, but the second phrase has a more contrapuntal line.

The theme starts quietly. The variations explore different elements of the music: quaver passages bring movement, a more urgent rhythm propels the music forward, the woodwinds bring a lighter texture to the music, whereas the full orchestra makes for a full texture. There is a change in harmonic structure - sometimes the harmonic lines are close and contrapuntal, at other times the different sections of the orchestra are developing different harmonic ideas. Descending scale passages create a sense of being pulled down. Some instruments create emphasis when played marcato, or when chords are arpeggiated. Rhythmic motifs suggest stop and go, or push and pull. Fast passages may suggest running or fast movement. The intensity of the work builds through the strings in high register playing an insistent motif which turns in on itself. The brass play the theme, and the music builds to a climax, but there is no relief, instead it moves into the Fugue subject. The fugue theme is similar to the Passacaglia theme and is repeated a further nineteen times. The variations of the fugue theme are more contrapuntal in line, and there are two distinct counter subjects. The movement of the fugue is more steady and relentless. The theme is heard on different instruments, and there is dialogue between the instrument groups. The intensity of the music builds in a layered effect, with different sections of the orchestra taking the theme, and the two counter themes. There is a sense of building and expanding towards the climax. The strings are in high register, answered by brass - there is a sense of great spaciousness, stopped by an interrupted cadence. The Coda adds a last climactic point and the work comes to a sustained loud ending.

Depiction of Suzanne's Imagery

[Imagery leading up to the pivotal image of God as a rock]
Suzanne recalls memories of being in a convent. She recalls how youthful and lively she was, how excited and full of expectations she was as she entered the convent. Her family disowned her, so that making the decision to go into the convent was a very significant one. It was a big mission to go to foreign lands and to save the world and she felt welcomed into the bosom of the community. She remembers being shown into her room, a cell. She was ready to make big sacrifices, giving up all the worldly goods of a young person: her youth, her sexuality, her laughter and joy and her family. She sacrificed these things on God's altar. She felt heroic giving up her life, her youth, relationships and
having a family. She gave it up to God so he could be almighty. It was an ongoing death and she felt angry. She expresses anger directly to God for being a tyrant and insensitive; for squashing her youth and sexuality. She hates God. He looked down without compassion, and Suzanne feels he sucked her life blood, until people didn’t matter and she knocked back another person’s love. God was deaf and silent. God was to blame. He was not a kind God and he was never a father, just like her own father who never cared. The postulates collar limited her vision - she could not see to the left nor to the right. The black cape hid her breasts and her femininity. The food was awful. In the imagery the Mother Superior says the Sanctus, and Suzanne wants to shut her up. The voice is forced and she can’t get close to it. A cry for help goes up - begging for life, asking for humanity.

**Depiction of the Pivotal Imagery Sequence**

An image of God appears. He is grey and doesn’t want to reveal himself. Suzanne makes him into a shape - the shape of a rock. She starts to chisel away at the rock to find something beneath. The rock is rough and she must chisel carefully so that she won’t damage what is underneath. She crumbles the rock away in her hands, then she uses her body more to get underneath. She rubs herself against the rock and uses her weight to squash it and crumble it into the ground. A gold nugget is underneath and she must be careful not to destroy it as she tramples. She wants the rubble to fall down the mountain, all God’s rubble might all go. It is difficult - she feels she still needs God but she doesn’t want him in her life. There is a chemical change and the rock turns to lava. The heat destroys the rock and it flows down the mountain. Suzanne’s sacrifices flow with it. She wants it all to go, and for God to go with it too. All the rock disappears and she has a sense that the gold nugget is in her chest - tiny but precious.

**The comparative features of the music and Suzanne’s imagery**

The imagery which precedes the pivotal sequence expresses Suzanne’s anger for the sacrifices she made to God when she entered the convent. The years in the convent were an on-going death, and she blamed God. She was angry with God.

**Strauss: Death and Transfiguration.**

As the dark drum roll commences (MMU 1), God’s presence emerges (IMU 1). Initially the presence is grey (IMU 2). This parallels the colour of the music which is dark and foreboding. Strauss intended this section to depict the sick room, and in many respects Suzanne’s memories of the convent have a similar connection to being lifeless. The
yea

In the beginning was the Word, and the Word was with God, and the Word was God. He was in the beginning with God. All things were made through Him, and without Him was not anything made that was made. In Him was life, and the life was the light of men. And the light shineth in darkness, and the darkness comprehended it not. Whoever believeth in Him shall not perish but have eternal life. For God so loved the world that He gave His only begotten Son, that whoever believeth in Him should not perish but have eternal life. For God so loved the world that He gave His only begotten Son, that whoever believeth in Him should not perish but have eternal life.

For God so loved the world that He gave His only begotten Son, that whoever believeth in Him should not perish but have eternal life.

For God so loved the world that He gave His only begotten Son, that whoever believeth in Him should not perish but have eternal life.

For God so loved the world that He gave His only begotten Son, that whoever believeth in Him should not perish but have eternal life.
she starts digging with her hands (IMU 4), she experiments with her body by getting
underneath, and she finds a way to erode the outside of the rock by rubbing against it (IMU
5). The sequence of imagery suggests a bodily connection with the rock itself, as if she
wanted to embody the experience of destroying the rock. Given that her associations with
the convent life had to do with sacrificing her body (hiding her breasts, her femininity and
her sexuality) this sensual imagery or rubbing herself against the rock, is particularly
significant.

The image of her spiky shoes (IMU 5) is also of interest. It is difficult to match the precise
moment that this image emerges with the music, but it is likely the music suggested it.
Spiky shoes do not necessarily flow with the image of destroying the rock. The spiky
shoes may have been inspired by the chattering woodwinds (MMU 8) or the punctuated
notes of the brass (MMU 9).

In the fifteenth variation the strings play arpeggiated chords marcato (MMU 12), and then
broken chords, creating a jabbing sound (MMU 13). As the climax of the music builds
(MMU 15), the imagery corresponds. During this time Suzanne has been pushing the rock
off and squashing it into the ground. She uses her weight, and there is a sense of this
action being hard work. To match the energy of the imagery, the music is providing a very
strong impetus. The strings (MMU 15) create the punctuated marcato sound by
emphasising the anacrusis, and as the strings soar to high register, the horns and then tubas
blare out the theme. This climax is sustained, and although there is a sense that the work
will close (there is a perfect cadence), the strings make a surprising upward turn in the
theme, which indicates that there is more to come. The second violins carry the note
"e" over into the Fugue subject.

As the Fugue begins, the intensity has not diminished. The second phrase of the fugue
subject introduces a semi-quaver motif, which forms the development of the contrapuntal
line (MMU 1). Bonny comments that the violins are insisting “you must do this, you must
do this” (MMU 1). The unrelenting intensity of the music allows Suzanne to keep focussed
on the imagery. She is aware that there is a gold nugget underneath the rubble of the rock,
and she is concerned not to destroy the nugget in her anger (IMU 1). It is difficult to
speculate if the gold nugget has been inspired by the music, or by the psyche healing itself.
The only suggestion in the music could be the strong support given by the fabric of the
interweaving contrapuntal lines, which provide a stronger “container” allowing Suzanne to
explore her own healing at greater depth. Certainly the music is unrelenting. Throughout
MMU 2 and MMU 3 there is a strong and steady insistence conveyed through the
interweaving lines. Suzanne wants to get rid of God’s rubble (IMU 2), although there is a
moment of ambivalence as Suzanne reflects on what it would be like to be rid of God.
Initially she says “I need you God”, but it is quickly followed by “I want to get rid of you God - I don’t want you in my life.” This may equate with MMU 6, where there is dialogue between the strings and woodwinds. The pivotal moment however is when the rock turns to lava and Suzanne’s sacrifices, and also God, flow with it. The pivotal moment of change is the rock turning to lava, and Suzanne says it is a chemical change, that heat destroys it (IMU 5). The climax point is noted in the transcript (IMU 6), and correlates with the climax in the music (MMU 9), so it is likely that the chemical change occurs during MMU 8. The theme is heard in the brass, and the upper strings are interweaving with semi-quaver passages. Then the trill is introduced on strings and woodwinds and horn. Perhaps the trill signifies the chemical change, the shaking up of the image so that it becomes fluid. Certainly the strong descending line (MMU 9) is matched with the lava flowing down the mountain.

As the impact of the music begins to fade, Suzanne says “it has all melted away - all the rock’s gone.” She has a sense that the nugget lies within her body, in her chest. She reflects that a big weight has been lifted from her and that the weight carried expectations of what she was supposed to give up and sacrifice.

Discussion.

Although Suzanne identified only the latter part of the GIM session as being pivotal, it is clear that the imagery leading into the pivotal moment set the scene. As she recalled the bitter memories from life in the convent, her feelings of resentment and anger towards God were increasing. Interestingly, she accused God of never being a father, just as her father was never there for her. This confrontation with the malevolent masculine is in stark contrast to the benevolent wise old man in both Sarah and Bernadette’s imagery. One might cautiously comment that pivotal moments for these three woman related to an aspect of the masculine archetype - whether it be benevolent (nurturing and affirming), or malevolent (destructive and abusive). It both contexts the outcome for the three woman is the same - they are empowered.

In Suzanne’s interview, she had identified the moment of change as the rock turning to lava. It was only after reading the transcript of the session that I noted her words where she said that the change was a chemical change, and that heat destroyed it. This description relates to the notion of alchemical change in therapy. Edinger (1985) stated that in order for a substance to change, it first had to be reduced to prima materia and that in psychotherapy transformation occurs when aspects of the person’s sense of self must be dissolved, thus there is a death to a part of the psyche. Alchemical change is
also alike to the darkening descent and the fire mentioned in Assagioli’s symbols of
transpersonal change, and in Suzanne’s description it was heat that destroyed the rock.

Of further interest is that Suzanne’s pivotal moment occurred in the very last minute of
the Fugue. She needed the protracted intensity of the Passacaglia and Fugue
(approximately 12 minutes long) to destroy the negative image of God. It was Suzanne
who remarked in her interview, that as she was leaving this GIM session she felt that
now she could “get somewhere.” She also provided the distinctive definition of a
significant GIM session and a pivotal one, where after the significant session, old
behaviours returned, whereas in the pivotal session she felt “now I can get
somewhere.” It seems clear that pivotal sessions involve periods of time in distressing
or awful imagery. For David it was the hollow stomach and the cold, windy beach.
For Sarah, she briefly mentions feeling scared as the lion appeared, however, she is not
distressed by it. For Bernadette, her imagery of choking was distressing, as was the
image of herself in her hated colour of orange. For Suzanne, most of the session was
spent with awful imagery. The point of resolution came at the very end.

Summary and Discussion

The purpose of the phenomenological analysis of the music and imagery, was to
answer the questions:

- What are the features of the music which underpin pivotal moments?
- Are there similarities in the structure and/or elements of the music?

From the analysis of each person’s pivotal session, there are several features of the
music which underpinned the pivotal experience.

1) music as a container for the experience. This applied to all four participants. For
David and Sarah, the point of the pivotal moment occurred during the slow movement
of Beethoven works (the violin concerto in David’s case, and the 9th symphony in
Sarah’s case). In both cases the music was slow, but there was strong support in the
accompaniment, created by long legato notes. In both cases the music was described as
“spacious.” For Bernadette, the containment was provided by the slow, measured
tones of the four-part choral harmony of the Brahms German Requiem part 1. Initially
she experienced a choking sensation, but this cleared as the steady hymn-like chorale
was sung. For Suzanne, the container was provided by very strong, very loud
orchestral music, in which brass instruments predominated. The containment was
provided through the repetitive fugue subject and counter-subjects. The energy and intensity of the music enabled her to resolve the rock solid image.

2) the characteristics of certain instruments stand out as important aspects of the music which underpinned the pivotal session. The horn featured in David, Sarah and Bernadette’s experience. It seemed to represent the masculine principle for Sarah and Bernadette. The piano was important to both Sarah and Bernadette. In both cases they integrated the instrument into their imagery, and both played the piano with confidence and success. The violin was important in the music which underpinned David and Sarah’s session, and there was a sense that it represented the feminine principle. Bernadette expressed her love of the strings. The choral and soprano voices were integral to Bernadette’s experience. She became the lead singer, and was also part of the choir. No instruments stand out in Suzanne’s experience, however the brass feature very prominently in the Passacaglia and Fugue.

3) a feature of the music underpinning David’s experience, was the dichotomy of consonance and dissonance. The little boy appeared during the consonant Brahms 1st symphony, but during the dissonance of the Nielsen 5th symphony, he was cold, and frightened, with an overwhelming sense of loss, and hollowness in his abdomen. The consonance of the Beethoven violin concerto, slow movement, was healing for him, so that the image of the little boy appeared again, and David had a sense of his body expanding.

These findings lend credibility to the theory of musical containment in GIM, and builds on previous literature (Bonny, 1978b, Goldberg, 1992 and Summer, 1995) to show strong evidence of containment during the pivotal moment for the four participants.

In order to explore the elements of music in more detail, a Structural Analysis of the music which underpinned the precise pivotal moment for the four participants, was undertaken. This part of the study is reported in chapter 8.
CHAPTER 8.

A Structural Analysis of the Music at the Precise Pivotal Moment, within the Pivotal Session

In order to answer the questions raised in chapter 2, I analysed the music which underpinned the clients' precise pivotal moment. In doing a structural analysis of the music I expected to identify what features if any were common to the four selections of music. I was interested in the structure and form of the music selection as well as the elements of the music. I expected that through the structural analysis I would be able to answer the questions posed about the music:-

- What are the features of the music which underpin pivotal moments?
- Are there similarities in the structure and/or elements of the music?

Three of the participants, David, Sarah and Bernadette had described the whole session as being pivotal, and they had also indicated the precise moment of the pivotal insight, or change. Suzanne identified a section of the session, but then also identified the precise moment of change. The precise moments and the selection of music were:

Table 8  Precise Pivotal Moment and Selection of Music

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>David</td>
<td>Grasping the little boy's finger</td>
<td>Beethoven: <em>Violin concerto</em>, slow movt.</td>
</tr>
<tr>
<td>Sarah</td>
<td>Being affirmed by the wise old man</td>
<td>Beethoven: <em>Symphony #9</em>, slow movt.</td>
</tr>
<tr>
<td>Bernadette</td>
<td>Finding her voice</td>
<td>Brahms: <em>German Requiem</em>, part 1</td>
</tr>
<tr>
<td>Suzanne</td>
<td>The chemical change when the rock turned to lava.</td>
<td>Bach-Stokowski: Fugue (from the <em>Passacaglia and Fugue in c minor</em>)</td>
</tr>
</tbody>
</table>

The Structural Model of Music Analysis (SMMA) was used to analyse the four selections. It comprises 15 categories of music elements, and 63 components (see Table 6, chapter 6, p. 161).
The analysis procedure incorporated several steps:

1) I listened to the selection of music, referring to the score when necessary, and assessed its features on each of the 63 components.

2) I developed a table indicating the features of the four selections within the categories and components of music elements (Table 9). I also noted which of the components were either not applicable, or difficult to assess.

3) My assessment was verified by my supervisor. Where his response was different to mine, I indicated his comments in italics (Table 9).

4) I developed a summary of the main features of the four selections

5) I determined which of the 15 categories and 63 components were either not applicable or difficult to assess.

6) I revised the SMMA deleting those components which could not be assessed. The revised SMMA is an outcome of this study, and may have applicability in future studies of the analysis of pre-recorded music.
Table 9. Analysis of the Four Music Selections using the SMMA
(Comments printed in italics are the supervisor's verification comments)

<table>
<thead>
<tr>
<th>Element</th>
<th>Beethoven: Violin concerto - slow movement</th>
<th>Beethoven: Symphony no. 9 - slow movement</th>
<th>Brahms: German Requiem - Part 1</th>
<th>Bach-Stokowski: Fugue in C minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Style and Form</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Period of composition</td>
<td>Classical Late classical, early Romantic</td>
<td>Classical Late classical, early Romantic</td>
<td>Romantic</td>
<td>Baroque-Romantic Romantic orchestration</td>
</tr>
<tr>
<td>1.2 Form</td>
<td>Theme &amp; variations</td>
<td>Theme &amp; variations</td>
<td>Ternary</td>
<td>Fugue</td>
</tr>
<tr>
<td>1.3 Structure</td>
<td>Predominantly simple</td>
<td>Complex</td>
<td>Predominantly simple</td>
<td>Predominantly simple</td>
</tr>
<tr>
<td>2. Texture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Texture: Thick/thin</td>
<td>Thin. Mostly thin</td>
<td>Thick</td>
<td>Thick</td>
<td>Thick-polyphonic</td>
</tr>
<tr>
<td>2.2 Mono/homo/polyphonic</td>
<td>Homophonic</td>
<td>Homophonic</td>
<td>Homophonic</td>
<td>Polyphonic</td>
</tr>
<tr>
<td>3. Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Complexity/variability</td>
<td>No variability</td>
<td>Much variability</td>
<td>No variability</td>
<td>No variability</td>
</tr>
<tr>
<td>3.3 Silences/rests/pauses</td>
<td>Features in 1st theme Features in the orchestral part thereby exposing solo part</td>
<td>not a feature</td>
<td>not a feature</td>
<td>not a feature</td>
</tr>
</tbody>
</table>

(Table 9 continues overleaf)
4 Rhythmic features

<table>
<thead>
<tr>
<th>Element</th>
<th>Beethoven: Violin concerto - slow movement</th>
<th>Beethoven: Symphony no. 9 - slow movement</th>
<th>Brahms: German Requiem - Part 1</th>
<th>Bach-Stokowski: Fugue in C minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Underlying rhythm</td>
<td>Consistent. <em>Except during solo violin cadenza passages</em></td>
<td>Varies. <em>Slight variations in tempi</em></td>
<td>consistent</td>
<td>consistent</td>
</tr>
<tr>
<td>Underlying pulse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2 Important rhythmic motifs</td>
<td>Feature in 1st theme</td>
<td>Feature in Coda &amp; 2nd theme</td>
<td>Feature in middle section</td>
<td>Feature throughout</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Feature of 1st phrase of middle section</em></td>
<td></td>
</tr>
<tr>
<td>4.3 Repetition in motifs</td>
<td>When 1st theme repeated</td>
<td>In repeats of coda &amp; 2nd theme</td>
<td>not so evident</td>
<td>many repetitions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Evident in the repeat in orchestra and voices</em></td>
<td></td>
</tr>
<tr>
<td>4.4 Variability in rhythm</td>
<td>Predictable</td>
<td>Coda rhythm unpredictable</td>
<td>Predictable</td>
<td>Predictable</td>
</tr>
<tr>
<td>- predictable/unpredictable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5 Syncopation</td>
<td>Not evident</td>
<td>Syncopation in 2nd theme and in vocal line at 50</td>
<td>In oboe part <em>and soprano line</em></td>
<td>Features throughout</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Syncopation in 2nd theme (not in vocal line at 50)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5 Tempo

<table>
<thead>
<tr>
<th>Element</th>
<th>Larghetto throughout</th>
<th>Alternates: adagio-andante in melodic line</th>
<th>Ziemlich langsam</th>
<th>Piu animato (means faster than the Passacaglia). The pulse is Andante, non troppo</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Fast/slow/moderato</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2 Alterations in tempo</td>
<td>None</td>
<td>Several. <em>Slight changes in tempi</em></td>
<td>None</td>
<td>None. Some rubato</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Table 9 continues overleaf)
### 6. Tonal features

<table>
<thead>
<tr>
<th>Element</th>
<th>Beethoven: Violin concerto - slow movement</th>
<th>Beethoven: Symphony no. 9 - slow movement</th>
<th>Brahms: German Requiem - Part 1</th>
<th>Bach-Stokowski: Fugue in c minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Tonal structure</td>
<td>Diatonic</td>
<td>Diatonic</td>
<td>Diatonic</td>
<td>Diatonic</td>
</tr>
<tr>
<td>6.2 Major/min alternations</td>
<td>Evident in both themes</td>
<td>Mostly major</td>
<td>Alternates throughout</td>
<td>Mostly minor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Predominantly major</td>
<td></td>
</tr>
<tr>
<td>6.3 Chromaticism</td>
<td>Not evident</td>
<td>Evident in strings, in variations</td>
<td>Evident at modulation points</td>
<td>A key feature of the polyphonic line</td>
</tr>
<tr>
<td>6.4 Modulation points</td>
<td>Predictable</td>
<td>Interrupted cadence <em>a feature at ends of sections</em></td>
<td>One particularly rich modulation point at 100-102</td>
<td>Not so evident, partly because the fugal theme ends with perfect cadence.</td>
</tr>
</tbody>
</table>

### 7. Melody

| 7.1 Main themes              | Two themes are the main feature            | 1st theme repeated. *Theme with complex variations* | 1st theme of six phrases fit the text. *Very melodic* | Three themes repeated-subject and two counter-subjects. |
| 7.2 Significant melodic fragment | Melodic rhythm of opening                   | No fragment is significant                  | No fragment is significant        | No fragment is significant        |
| 7.3 Structure of the melody | 1st theme-two 4-bar phrases, with 2-bar addition 2nd theme - 4 bar phrase followed by melismatic line | 1st theme - an uneven 13 bars, *or 16 including rests.* 2nd theme - an even 8 bars | 1st theme - 6 phrases | The three subjects based on repeated 4-bar phrases. |
| 7.4 Intervals                | Conventional                               | Conventional                               | Conventional                    | Conventional                    |

*(Table 9 continues overleaf)*
<table>
<thead>
<tr>
<th>Element</th>
<th>Beethoven: Violin concerto - slow movement</th>
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</tr>
</thead>
<tbody>
<tr>
<td>7.5 Shape of melody</td>
<td>1st theme - rounded 2nd theme - rounded</td>
<td>1st theme - rounded 2nd theme - turns in on itself</td>
<td>Rounded</td>
<td>Subject - rounded 1st c’subject-descends 2nd c’subject - no direction</td>
</tr>
<tr>
<td>7.6 Length of phrases</td>
<td>Irregular length</td>
<td>Irregular length</td>
<td>Follows text - irregular phrase lengths</td>
<td>Consistent 4-bar length</td>
</tr>
<tr>
<td>7.7 Pitch range of melody</td>
<td>Middle register in orch. Solo violin-midlle to top register</td>
<td>Middle register</td>
<td>Middle register</td>
<td>Varies</td>
</tr>
</tbody>
</table>

8 Embellishments, ornamentation and articulation

<table>
<thead>
<tr>
<th>8.1 Embellishments</th>
<th>Solo violin embellishes the themes throughout</th>
<th>Themes embellished in variations</th>
<th>Not evident</th>
<th>Embellished polyphonic lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trills/appoggiaturas</td>
<td>Trills evident in solo violin line</td>
<td>Not evident</td>
<td>Not evident</td>
<td>Trill has major role in the final climax Trills feature once towards the end</td>
</tr>
<tr>
<td>8.2 Marcato &amp; accents &amp; detached bowing Accentuation</td>
<td>Not evident</td>
<td>Arpeggiated chords. Sforzandi in Coda</td>
<td>Not evident</td>
<td>A major role in the final six bars of the work</td>
</tr>
<tr>
<td>8.3 Pizzicato</td>
<td>Support in accompanying strings</td>
<td>Key feature in variations. Predominantly in bass - features throughout</td>
<td>Evident in last seven bars</td>
<td>Not evident</td>
</tr>
</tbody>
</table>

(Table 9 continues overleaf)
<table>
<thead>
<tr>
<th>Element</th>
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<th>Bach-Stokowski: Fugue in C minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.4 Legato</td>
<td>Main feature of the themes and in the tutti</td>
<td>Main feature of the variations of the melodic line and wind</td>
<td>Main feature. Variability - the melody is legato and phrased, the c' subject is detached</td>
<td></td>
</tr>
<tr>
<td>8.5 Use of mute</td>
<td>In opening</td>
<td>In opening. Not used</td>
<td>Voices muted (ppp) ppp in places</td>
<td>Not used</td>
</tr>
</tbody>
</table>

9 Harmony

<table>
<thead>
<tr>
<th>9.1 Consonant/dissonant</th>
<th>Consonant</th>
<th>Consonant</th>
<th>Consonant, except for one bar of dissonance</th>
<th>Consonant</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.2 Consonance/dissonance alternating</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>9.3 Significant harmonic progressions</td>
<td>Accompaniment to 2nd theme</td>
<td>Opening three bars</td>
<td>Significant modulation points</td>
<td></td>
</tr>
<tr>
<td>9.4 Rich harmonies</td>
<td>Evident throughout</td>
<td>Evident at modulation points</td>
<td>Evident at modulation points</td>
<td>Not evident</td>
</tr>
<tr>
<td>9.5 Predictable harmonies</td>
<td>Predictable</td>
<td>Varied, but not unsettling</td>
<td>Predictable. One particularly rich progression</td>
<td>Predictable</td>
</tr>
<tr>
<td>9.6 Unpredictable harmonies</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>9.7 Cadence points</td>
<td>Mostly perfect cadences bridging between variations</td>
<td>Mostly interrupted cadences</td>
<td>Mostly perfect cadences</td>
<td>Mostly perfect cadences.</td>
</tr>
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<th>Bach-Stokowski: Fugue in c minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1 Vocal/SATB</td>
<td>none</td>
<td>none</td>
<td>SATB</td>
<td>none</td>
</tr>
<tr>
<td>10.2 Instrumental solo</td>
<td>Solo violin - some role for clarinet, bassoon and horn</td>
<td>no solo instrumentation -small solo part for oboe</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>10.3 Instrumental - orch.</td>
<td>Mostly strings</td>
<td>Strings, horn and wws</td>
<td>Full orchestra</td>
<td>Full orchestra, large brass section</td>
</tr>
<tr>
<td>10.4 Small group</td>
<td>Clarinet and bassoon combine as accompaniment</td>
<td>None</td>
<td>SATB unaccompanied</td>
<td>Some variations feature groups - e.g. wws only</td>
</tr>
<tr>
<td>10.5 Instrument groups</td>
<td>Mostly strings - clarinet, bassoon and horn also play important role</td>
<td>Strings predominantly, woodwinds and horn. Trumpets prominent in Coda</td>
<td>Four-part choral work with orchestra.</td>
<td>Full orchestra. Brass feature prominently in statements of the theme</td>
</tr>
<tr>
<td>10.6 Interplay</td>
<td>Dialogue between solo vln and orch, and solo vln and clarinet, bassoon and horn</td>
<td>Dialogue between strings and woodwind</td>
<td>Dialogue between choir and orchestra, and between each of the vocal parts</td>
<td>Dialogue between sections of the orchestra. Strings and woodwinds and brass.</td>
</tr>
<tr>
<td>10.7 Layering</td>
<td>Solo violin creates ethereal layer. Large gaps in the layers between solo violin and string accompaniment</td>
<td>Layering evident when strings have embellished line and woodwinds carry the melody</td>
<td>Layering through the four part vocal line</td>
<td>Layering created through use of the three fugal subjects.</td>
</tr>
<tr>
<td>10.8 Resonance - high/low</td>
<td>High in solo violin</td>
<td>High in strings</td>
<td>High in choir</td>
<td>High in all sections of orch</td>
</tr>
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<tbody>
<tr>
<td>11 Volume</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.1 Predominantly loud or soft</td>
<td>Mostly quiet</td>
<td>Varies - quiet, but fortissimo at Coda</td>
<td>Mostly quiet. Middle section has forte sections</td>
<td>Mostly very loud. Some respite with moderately loud woodwinds. Very loud finish.</td>
</tr>
<tr>
<td>11.2 Special effects in volume</td>
<td>None</td>
<td>Trumpet fanfare ff at Coda</td>
<td>Some sections pp</td>
<td>Many fff sections in brass, which are strident and loud</td>
</tr>
<tr>
<td>12 Intensity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.1 Tension/Release</td>
<td>Low intensity Low tension</td>
<td>Low intensity Low tension</td>
<td>Apprehension created in low tones. Tension is maintained but resolved</td>
<td>Highly tension, without resolution until the end.</td>
</tr>
<tr>
<td>12.2 Crescendi building to peak, and resolution</td>
<td>Small crescendi</td>
<td>Not a main feature</td>
<td>In choral sections, building to high note, then dropping away</td>
<td>A main feature of this work</td>
</tr>
<tr>
<td>12.3 Tension in harmony, texture and resolution</td>
<td>Not evident</td>
<td>To a small degree at interrupted cadence points</td>
<td>Tension in the pp unaccompanied sections</td>
<td>Tension throughout in textures</td>
</tr>
<tr>
<td>12.4 Delayed resolution</td>
<td>Not evident</td>
<td>Briefly at interrupted cadence points</td>
<td>Briefly at pp unaccompanied sections</td>
<td>Resolution not achieved until the end of the work</td>
</tr>
<tr>
<td>12.5 Ambiguity resolved</td>
<td>Not evident. None apparent</td>
<td>Not evident. None apparent</td>
<td>Not evident. None apparent</td>
<td>Not evident. None apparent</td>
</tr>
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<tr>
<td>13 Mood</td>
<td><strong>13.1 Predominant mood, depicted by melody, harmony and predominant instrument</strong></td>
<td>Quiet, peaceful throughout. The solo violin soars, could be experienced as freeing. <em>Expansive</em></td>
<td>Initially quiet and restful, then steady, solemn, almost laboured. Brighter at the Coda entry. <em>It is wandering</em></td>
<td>Quiet, peaceful, dignified and sacred. Middle section has more joyous mood.</td>
</tr>
<tr>
<td>13.2 Feelings represented</td>
<td>Calm, tender feeling in 2nd theme</td>
<td>Calm</td>
<td>Sacred feeling. Calm</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14 Symbolic/associational</th>
<th>None</th>
<th>None</th>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.1 Cultural associations</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>14.2 Metaphoric associations</td>
<td>Horn introduces violin solo. <em>Horns act as heralds for the violin solo</em></td>
<td>Call of the brass at Coda point stands out</td>
<td>Intoned voice suggests a symbolic message. Symbolism with death</td>
<td>No symbolism stands out</td>
</tr>
<tr>
<td>14.3 Symbolism in motifs</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
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<tbody>
<tr>
<td>15.1 Integrity &amp; authenticity of the performers</td>
<td>Evident in the solo violinist. <em>This performance is delicate, sweet, smooth and sonorous</em></td>
<td>Evident in the quality of the orchestra and direction of the conductor. <em>Other recordings are much faster</em></td>
<td>Evident in the quality of the choir - their quality ensemble. <em>This recording is quite fast compared with others</em></td>
<td>Evident in sustained energy of the orchestra</td>
</tr>
<tr>
<td>15.2 Excellence of performance</td>
<td>In quiet and sustained passage for solo violin</td>
<td>In ensemble of the orchestra</td>
<td>Evident in the pp choral unaccompanied sections</td>
<td>Evident in the strings, brass and wws sections playing intensely</td>
</tr>
<tr>
<td>15.3 Stylistic interpretation</td>
<td>Evident in the melismatic passages for solo violin</td>
<td>Evident in direction of conductor - the dynamics and style of the orchestra’s playing</td>
<td>Evident in the control of dynamics in choral sections</td>
<td>Evident in the precision of the contrapuntal lines</td>
</tr>
<tr>
<td>15.4 Articulation of feelings and emotion</td>
<td>Evident in the 2nd theme</td>
<td>Evident at the opening</td>
<td>Evident at intoned phrase</td>
<td>Evident in constancy of high energy and intensity</td>
</tr>
<tr>
<td>15.5. Authenticity with composer’s intent</td>
<td>Authentic performance -</td>
<td>Authentic performance of recognised great work of Beethoven</td>
<td>Requiem perhaps written for mother <em>Religious symbolism about death</em></td>
<td>Bach wrote the work for organ. Stokowski arranged it for orchestra. It is authentic to Stokowski’s style of orchestration, but is not authentic to Bach’s style of writing.</td>
</tr>
</tbody>
</table>
A phenomenological description of the main features of each selection

The following descriptions condense the information gained from the SMMA analysis of each music selection.

**Beethoven: Violin concerto, 2nd movement**

[The music may be heard on CD no. 1].

The music is written for solo violin with orchestra, and is in a major key. Its structure is simple, comprising two themes with variations. There is dialogue between the violin and orchestra, and between the violin and clarinet, bassoon and horn. The solo violin part often transcends the orchestra, with embellishments in high register. The mood is quiet and peaceful, but also expansive. The harmonic structure of the work is consonant, and the melodic line and harmonic sequences are predictable. There are no unexpected progressions, and the accompaniment is supportive throughout. The strings provide a section of pizzicato in the accompaniment which contrasts with the legato line of the solo. The violin solo drifts away at the end.

**Beethoven: Sym #9, slow movt.**

[The music may be heard on CD no. 2].

The movement is in a major key, and its structure is theme and variations form. The first theme is pensive and spacious, and initially played mezza voce. The first variation creates a holding space, and the staccato creates a sense of movement. The second theme is an inward turning melody, and its variation creates a relaxed mood, over pizzicato strings. The next variation creates a colour tapestry as the lines interweave. The lower strings play pizzicato, creating a steady pulse. The middle line is played legato and there is an unceasing movement of semi-quavers. The woodwinds then play the melody against chromaticism in the strings. There is a Coda section, heralded by the horns, which features a strong rhythm contrasting with the legato line of the variations. The movement has complex modulation points, each heralding a new section or new variation. Interrupted cadences mark the end of each section, so that there is a sense of anticipating the next. The harmonic structure of the work is consonant. The melodic lines and harmonic sequences are predictable. Pizzicato plays an important role in maintaining a steady pulse, and this contrasts with the legato line of the themes.
Brahms: Requiem, part 1
[The music may be heard on CD no. 3].

This is a choral work for four parts, accompanied by orchestra. It is written in a major key and in ternary form. The mood of the work is quiet and mournful (suggested by the text on which the music is based). There is dialogue between the choral part (in close four part harmony) and the orchestra. Later the vocal lines separate and there is a more contrapunatal line as the voices enter progressively, creating a layered effect. The pace quickens during the middle section, followed by a bridge section to return to the home key. There is repetition of section A

Bach-Stokowski: Fugue (in c minor)
[The music may be heard on CD no. 2].

Written in c minor, the 8-bar phrase is repeated 19 times (a theme and variations form). The main theme is supported by two subsidiary counter themes, so that the texture is contrapunatal. The texture is mostly thick, although the woodwinds are used to contrast with a lighter texture. The strings and woodwinds often alternate, creating a sense of dialogue. There is a long, slow and intense build up to the climax point, and it is loud and shrill. The strings play in upper register, and trills add to the intensity. The loud dynamics continue to the end.

Features common to all four selections

To simplify the text and avoid unnecessary repetition, the following titles will be used to refer to the selections:

- concerto (referring to the Beethoven: Violin concerto, 2nd movement)
- symphony (referring to the Beethoven: Symphony #9, slow movement)
- Requiem (referring to the Brahms German Requiem, part 1 only)
- fugue (referring to the Bach-Stokowski: Passacaglia and Fugue in c minor - fugue only)

The following features are common to all four selections:

1. Each selection has a formal structure (either theme and variations, ternary form or fugue). Inherent in these formal structures is the principle of repetition of themes and of rhythmic motifs.
2. There is consistency in the rhythmic structure of all four works, although the time signature alters in the slow movement of the symphony. The alternation between 4/4 and 3/4 and 12/8 however does not radically change the underlying pulse, so that consistency is maintained.

3. Rhythmic motifs feature in all four selections: in the first theme of the concerto; in the Coda section of the symphony; in the B section of the Requiem, and throughout the entire fugue.

4. The tempo of the four selections seems to be consistent. All indicate a slow tempo.

5. The tonal structure is diatonic in all four selections, and harmonic progressions are predictable. The four selections are all consonant in harmonic structure, suggesting that perhaps the pivotal moment can occur when the basic structure of the music is secure and predictable.

6. The legato line is a consistent feature of all four selections, although pizzicato is evident in the accompaniment line, in three of the works.

7. In all selections dialogue between instruments is clearly evident. Dialogue occurs between the solo instrument and the orchestra (concerto), between the strings and woodwind (symphony); strings, woodwind and horn in the fugue, and between male voices and female voices (in the Requiem).

8. The quality of performance is a key factor in each selection, but for different reasons. The speed of performance is a crucial factor of interpretation in both Beethoven works and the Requiem. The excellence of performance however is a key factor in all four selections.

Features common to three of the selections:

1. In three of the works perfect cadence points are a feature. But in one selection (the symphony), there are interrupted cadences at the end of sections, suggesting a transition to the next section of the music.

2. Three selections are written in major keys, but the fugue is in minor key. Chromaticism played a role in three of the selections to varying degree. In the Requiem
chromaticism was linked to a particularly rich modulation point, but it was a key feature of the fugue.

3. The shape of the themes in three of the selections is curved. One of the countersubject themes of the fugue however is strongly downward directed.

4. Embellishment of the theme is a features of three of the works: the solo violin in the concerto embellishes both themes in melismatic passages. The 1st violins in the symphony, create variations on the theme through long passages of semi-quavers. In the fugue, all parts of the orchestra embellish the fugue subject and counter-subjects.

5. The use of pizzicato is evident in both works of Beethoven and the closing bars of the Requiem. Pizzicato is not used in the fugue.

6. The mood in three of the selections (both Beethoven selections and the Requiem) is quiet, peaceful and restful. The fugue is, in stark contrast, energetic, intense and at times overwhelming.

7. Metaphorical associations are evident in three of the selections. In the concerto the horn heralds the entry of the solo violin with a rhythmic motif: a dotted rhythm and rising melodic line. In the symphony the brass fanfare (again featuring dotted rhythm) heralds the lengthy Coda section, and in the Requiem there is a strong association with the death of Brahms mother.

Features which differ between the selections are:

1. The volume of the four works differs. The concerto is quiet throughout, however the symphony has loud sections. The Requiem is mostly quiet throughout, but there is a louder and faster part in the middle section, section B. The fugue, in contrast to the other three works, is very loud from beginning to end, with some respite from the woodwind variations.

2. Levels of tension/release differ between the works. In the concerto and symphony there are no passages which build tension and then resolve. The Requiem features sections where apprehension is created through low tones, but other sections are free of tension. The fugue has high tension which is maintained for the duration of the work, the release (climax) only occurring in the last few bars.
3. The predominance of instruments is varied across the four selections. Strings feature predominantly in both works of Beethoven, with a lesser role for woodwind instruments and the horn. The Requiem features four part choir - SATB. In the fugue, the brass dominate.

The questions posed by this study were: what are the features and similarities in the structure or elements of the music which underpin pivotal moments? The following depiction summarises the elements common to all selections:

The music is written in a structured form. The rhythmic features remain constant, and repetition of rhythmic motifs is evident. The tonal structure is diatonic and consonant and harmonic progressions are predictable. The melodic line is an important feature, although the shape of the melodies differ. The predominant instrumental timbre differs: strings, woodwind, brass and human voices all play major roles but in different selections. However, there is dialogue between the instrumental parts, and this is a significant feature. The mood of the music is predominantly calm, although one selection is very energetic and loud.

To condense this depiction further, we can say that the music which is found to underpin pivotal moments in the GIM experience of four participants:
- has a formal structure in which there is repetition,
- is predominantly slow in speed, and tempos are consistent
- is predictable in melodic, harmonic and rhythmic elements
- features dialogue between instruments.

Discussion of the Structural Model of Music Analysis

Having identified the significance of the various elements across the four selections, there are further points which require discussion in order to understand why certain elements were found to underpin the pivotal moment in the GIM session. In addition, the SMMA is assessed and evaluated as a potential tool for any further studies where the therapeutic medium involves pre-recorded music. A number of the components were not easy to evaluate, and could be deleted. The discussion which follows combines these two objectives: to discuss the elements of music which underpin pivotal moments, and to determine which components were difficult to assess.
1 Style and Form

Elements of style and form were important features to explore. Stylistically, the four works belong to the classic period (Beethoven), the Romantic period (Brahms) and a curious mix of Baroque-Romantic-contemporary in the Bach-Stokowski, where the fugal form belongs stylistically to the Baroque tradition, and the arrangement scored for large orchestra is in the Romantic tradition, but written in 1952.

The concept of simple versus complex structure however, seemed difficult to assess. The slow movement of the concerto appears to be simple in structure: a solo instrument with orchestral accompaniment. However Tovey (1935/1981) describes the movement as a complex set of variations. The notion of simple versus complex therefore is dependent upon which component or element is being perceived.

The four selections of music were written in different musical form, however what was significant was that each of the forms embodied repetition. The two Beethoven movements were written as Theme and Variations, the Requiem part 1 is in ternary form, and the Fugue embodies the contrapuntal interweaving of repeated themes (subject and counter-subjects).

A point of discovery was made however when I extended the concept of form in music, to the exploration of form in the client’s imagery sequences. For the four participants in this study, the sequence of their imagery flow also exhibits form. David’s session commenced with the image of the little boy, then he was drawn to imagery of the beach and to the embodied experience of the hollow abdomen and into the vacuum the little boy reappeared. The final imagery was a strengthening and development of the imagery of the little boy. David’s imagery then was in ternary form.

Sarah commenced in the forest of trees, then to the cave, and to the old man. She had a dialogue with the old man and then the lion appeared and took her to the den where she played the piano. The old man returned to commend her on her performance and her preening of the lion. In this sequence the re-appearance of the old man suggests a ternary form to the imagery, however, he only returned briefly and at the very end. Perhaps his appearance was more a Coda than a true ternary form.

Bernadette’s imagery commenced with her sitting in an orange dress playing the piano. She was strengthened by this experience of playing with the orchestra. She then felt a choking sensation in her throat. She found her own voice and in the imagery sang with
the choir, then as the soloist. Later she was at a victory ball. An old man appeared and said she was doing well. Bernadette’s imagery sequence is similar to a Theme and Variations form. She is the central figure, or “main theme” throughout, but her experiences vary.

Suzanne’s imagery commenced with memories of being in the convent, and her anger towards God. Eventually God was represented by a rock which turned to lava, and the lava flowed away taking all her images of the negative God. The gold nugget appeared. In Suzanne’s imagery sequence there is no repetition, and there is no central image which undergoes variation, but rather flows from one set of images to the next. There is not a sense of structured form as in the other three client’s experience.

2 Texture

The element of texture was difficult to define for the four selections, primarily because the texture changes within the selection. Moments of thin or thick texture can be identified, but textural features change throughout the selections making it impossible to assign “thin” or “thick” to describe the selection in its entirety. An example of the complexity of texture is the fugue. Most of the fugue would be described as texturally thick, however, several variations features woodwind sextet where the texture is thin in contrast to the previous section of the work. Thus the texture is changeable. Similarly in the Requiem, the texture might be described as predominantly thick because of the close harmonies of the four-part choral sections. However at the point where the voices separate out, the texture becomes more polyphonic with the vocal lines interweaving. Overall, then it was difficult to describe an entire selection as one type of texture. In all four selections the texture was changeable.

3. Time

Consistency in tempo and meter emerged as a significant feature of the four selections. The meter, or time signature was consistent for three out of the four selections; the concerto, and the Requiem both written in 4/4 time, and the fugue in 3/4 time. As mentioned above, the symphony has changeable time signatures from 3/4 to 4/4 to 12/8, however the 12/8 meter is a multiple of the 3/4 underlying pulse.

The elements of silences, pauses and rests, while important features of ‘time’, also carry a dual role in indicating ‘space’. The rests in the 1st theme of the concerto for example are described by Tovey (cited in Hopkins) as ‘sublime inaction’.
It is clear that the meter of the music selection and silences, pauses and rests are useful components to assess. All of these components were important in understanding the music which underpinned the pivotal moment, and all components were easily assessed within a selection.

4. **Rhythmic features**

All the parameters listed under rhythmic features seemed to be important in the four selections of music. The underlying rhythm of the work was found to be consistent. There were important rhythmic motifs, not only in the themes, but in other parts of the music work - for example, the Coda of the symphony. Because rhythmic motifs were important in the themes, they were repeated whenever the theme was developed or repeated.

Syncopation featured in three of the four selections, in specific places in the symphony and Requiem, but as a main feature of the fugue. The components listed under rhythmic features therefore are important to retain in the SMMA.

5. **Tempo**

Tempo was found to be consistent in the four selections. All four were written in slow tempo. The use of accelerandi was not evident, however the *allargando* at the end of the fugue is used with dramatic intent. Bonny (1978b) comments that a slower tempo “allows for a more contemplative pace, an opportunity for insights to emerge, for interrelationships to evolve” (p 36). The contemplative and interrelationship aspects did emerge for all four participants - David’s interrelationship with his Inner Child, Sarah’s dialogue with the old man, Bernadette’s finding of her own voice and Suzanne’s relationship to God to change from a rock to a flowing substance.

Both aspects of Tempo (the marking for performance and alterations) are important components to retain in the SMMA.

6. **Tonal features**

Consistency in tonal features was found across the four selections. The tonal structure was diatonic and although three of the four selections are written in major keys, there was alternation between major and minor tonal structures (chords) in three selections.
Chromaticism was also evident in three of the four selections, and at one modulation point in the Requiem.

7 Melody

The themes of all four selections were particularly important, but in various ways. The two Beethoven selections were composed as theme and variation, thus the theme plays a major role in that it is repeated, embellished, augmented, played in different instruments and reinforced many times over. Thus the theme becomes very familiar. The structure of the theme was influential. Most of the themes were found to have a rounded shape, that is, an ascending line to the highest note and a descending line back down. Two exceptions to this are the 2nd theme of the symphony, where the melody turns in on itself, and the second counter-subject of the fugue, which has a distinctive descending line. Bonny (1978b) comments that a "melody going up may suggest a sense of rising...likewise a descending melody may evoke a feeling of descent into a cavern, the sea, Hell or one's body" (p. 35). In Suzanne's case the descending line of the fugue provided the alchemical moment of change as the rock turned to lava flowing down the mountainside.

The length of the themes and symmetry proved interesting. The concerto features a 1st theme of two 4-bar phrases with a 2-bar addition, and the 2nd theme which is a 4-bar theme followed by a melismatic embellishment. In the symphony the theme comprises 13 phrases, but interspersed with rests to make 16 bars. The Requiem theme comprises 6 phrases, which follow the text. The theme of the fugue is very structured and symmetrical.

The element "predominant pitch range of the melody: high, medium, low register" was impossible to analyse, since the pitch is constantly changing, and high-medium-low is relative to the instrument playing at the time. The commencement of the Requiem however is noticeable for the low pitched note F in the basses of the choir. Bonny has said of low tones that they can be associated with the ground, with death or sadness. With appropriate warmth of timbre the low tones may also be supportive (Bonny, 1978b, p. 28). In the case of Bernadette's imagery, the low tones were associated initially with a choking sensation which soon gave way to her finding her own voice.

Likewise the components relating to intervals (7.4) were difficult to assess because there are so many intervals, it is impossible to make a general assessment. The component may be of use however if a specific interval was thought to be important to a theme (e.g., a drop of a 10th within a melody would be a significant feature).
8. **Embellishments, ornamentation and articulation**

The feature of embellishments, ornamentation and articulation proved very important in discussing the four selections. The embellished line in both Beethoven selections was evident in the variations within pieces; marcato and detached notes for emphasis were particularly important in the fugue, providing dramatic effects in the music.

Pizzicato featured in three of the selections, in varying degrees of importance. The pizzicato bass is a key feature of the symphony, but it features only in the closing bars of the Requiem. The pizzicato line seems to have a function in creating an accompaniment and for suggesting movement. This was borne out in Sarah’s imagery during the symphony. The legato line featured in all four selections and is an important finding of this research into the music which underpinned the pivotal moments.

The use of staccato, marcato, high register trills and detached bowing was particularly pronounced in the fugue indicating that articulation is an important feature of the strength of that music.

9. **Harmony**

In keeping with the consistency of tonal structure, the harmonic structure of the four works was consonant, predictable and unchanging. Most of the listed elements therefore could be addressed, whether the music was largely consonant or largely dissonant and whether there was alternation between consonance and dissonance. Less applicable were the elements of significant harmonic progressions or rich harmonies, other than to say they featured.

Harmonic progressions were found to be predictable across all four selections. I was surprised that cadence points emerged as being a point of interest. The cadences in the concerto are mostly perfect cadences. But in the slow movement of the symphony, Beethoven uses interrupted cadences to hold the interest of the listener as he moves into a new variation. The cadence points in the Requiem are mostly perfect cadences, and there are two points of modulation that stand out as having rich harmonic progressions at the cadence. The fugue is highly structured towards perfect cadences, because the theme itself finishes with an intervalic leap from the dominant to the tonic. This structurally assures that perfect cadences will be a main feature of the work.
10. Timbre and quality of instrumentation

The use of different instruments and the timbral effects of specific instrumental colour were found to be important. Across the four selections solo instruments varied, there was variation between vocal instruments and played instruments, and the solo instrument with orchestral accompaniment featured as well as orchestral pieces. Combinations of instruments were used to create colour. This is particularly evident in the fugue variations featuring woodwind sextets and octets.

Of further interest was the interplay between instruments. Dialogue between instruments and between instrument and vocal parts (Requiem), featured predominantly in the MMU’s describing each work. In addition, the layering of different sections of the orchestra was also evident. The element of ‘resonance’ was interesting, although it needed further definition - what is resonant with what? The slow movement of the concerto sounds resonant in that there is a resonance of the violin with string orchestra background, blending in with the solo horn, clarinet and bassoon. Likewise one could describe the symphony as resonant, the predominant instruments being strings, woodwinds and the horn - the combinations of which resonate well. The Requiem is resonant in as much as the four-part harmonies of the choral section are well balanced. By contrast the ‘resonance’ factor in the fugue is mostly absent. Instead, Stokowski has orchestrated contrasts between the instruments, so there is little resonance between the instruments. However, the overall effect is that the work resonates by loud volume and incessant repetition of the fugue subject and counter-subject. Perhaps the component “resonance” needs to be defined as resonance of the instruments or voices.

11 Volume

Volume was difficult to generalise within one selection - there are variations throughout one selection and therefore multiple variations across all four selections. The concerto and Requiem are however predominantly quiet, whereas the symphony varies with loud sections, particularly in the Coda. The fugue on the other hand is predominantly loud, with some soft sections. Little is gained by trying to generalise this element across the four selections, and conclusions cannot be drawn because of the variability.
12 **Intensity**

The findings in relation to ‘intensity’ in the music were surprising to me. I assumed that the music which would underpin pivotal moments would be music that was intense. Instead I found that the level of intensity during both Beethoven works is very low - there is little tension in the music because of the predictable structure, the consonant harmonies and consistent rhythms. The notion of tension-resolution therefore does not feature markedly in either Beethoven work, or indeed in the Requiem. The fugue on the other hand is highly intense. Despite the cadence points at the end of each variation, there is a persistent increase in tension from the start to the finish. As the texture becomes full and as more and more brass instruments are added, the sound becomes overwhelming. There is a cumulative effect in this intensity. The resolution point is extended and amplified by the brass, strings and woodwinds heightening the tension with the use of the trill in high register. The full effect is one of being blasted into a resolution rather than a satisfying resolution of tension. The tension therefore is created by many of the element listed in this sub-section:

- by crescendo, building to peak, and resolution
- by tension in harmony, texture etc and resolution
- by delayed resolution or absent resolution

The element of ambiguity was difficult to assess across all four pieces of music. Ambiguity often appeared in the sense of major-minor alternations, but these incidences occurred within several bars, rather than throughout one piece. Ambiguity might also be more apparent in musical works where dissonance is featured. In these four particular works, ambiguity in tonal structure was not apparent.

13 **Mood**

Table 9 lists a number of adjectives to describe the mood of three of the four works. These were: quiet, peaceful, restful and sacred. Another group of adjectives comprised: laboured, dignified, steady and solemn. A further group comprised: freedom, brightness and joyous. The fugue stood out as energetic, intense and overwhelming. Thus a range of moods and emotions were expressed in the music across all four selections.
The instruments which depicted these moods also varied: the opening theme of the concerto is characterised by the rests, which create the initial mood, and the solo violin develops the mood further. In the Requiem, the low tones of the celli and basses intone the opening bars, creating intensity and anticipation. But it is the choral section that creates the sense of peace and tranquillity. The solo oboe also plays a role in creating a mournful mood in the middle section. In the fugue, the mood has been carried through from the end of the Passacaglia, but is set again with the opening phrase. Throughout the work the texture and intensity of sound create an energetic and intense mood. The brass instruments play an integral role in creating the energy, intensity and sheer loudness of the work.

14 Symbolic/associational

Symbolism and metaphoric motifs stood out as being important. The horn is used to introduce the solo instrument in the concerto, and in that sense may have the role of heralding the violin. The trumpets at the Coda section of the symphony certainly herald a significant moment in the music. There is an associational connection in the Requiem work, in that it is generally accepted that Brahms wrote this work within 12 months of his mother’s death, and that there is symbolism with death and grief.

As for “Symbolism in motifs, and their imagery potential - visual, auditory, kinaesthetic”, this element was impossible to assess, because the imagery potential is different for each recipient.

15 Performance

The integrity of performance was a key feature of the concerto and in the Requiem. Here the quality of performance and the speed at which the work was played were of paramount importance.

The performance of the fugue used in the GIM music programs, is from a recording made by Stokowski. There are other recordings available, but often there is a gap between the end of the Passacaglia and the commencement of the Fugue. The score however clearly indicates that one flows into the other. The second violins carry the leading note, the “c”. The performances which create a gap between the two sections of the work lose the intensity, whereas other more authentic performances retain Stokowski’s exact orchestration, thereby maintaining the intensity from the end of the Passacaglia through to the Fugue. This is the authenticity of the arranger’s intent.
An assessment/evaluation of the SMMA

Four components of the SMMA which I identified as difficult to use were elements of music which were constantly changing throughout the music selection. These components could be deleted from the SMMA:

1:3 Structure: predominantly simple or complex
7.4 Intervals: conventional/unconventional. Identifying intervals which are significant to the melodic line (e.g., a fall of an octave) could be retained
7.7 Pitch range of instruments
10.8 Resonance

Two components require a changes to terminology, as suggested by my supervisor in verifying the analysis: these are

4.1 Underlying rhythm, is better termed Underlying Pulse
8.2 Marcato; accents; detached bowing, is better termed Accentuation

Two important elements were omitted from the SMMA :-
  • the key of the composition - this should be included under category 6 - Tonal features
  • embellishment of the melodic line - this should be added to category 8, as the first component

Two components listed under 10. Timbre and Quality of Instrumentation may be more effectively expressed. Rather than separate the components of vocal; instrumental solo and instrumental orchestral, it may be easier to group them as:-
10.1 Solo instrument: instrument or voice
10.2 Accompaniment to solo instrument: choral, orchestral, other instrument

Several components were difficult to assess because they required interpretation:

14.3 Symbolism in motifs (leitmotifs) and their imagery potential - visual, auditory or kinaesthetic, is dependent on the imagery of the client experiencing the music. It is not a component which could be compared usefully across several clients. Since 14.2 identifies any metaphoric associations the motifs may have, the relation to imagery component could be deleted.
15.1 Integrity/authenticity of performance is a subjective measurement, and relates to how convincing the performance was to the listener/evaluator. This requires that the person knows the work intimately, and has heard it performed by many artists, in order to ‘evaluate’ whether the performance has integrity and authenticity. Likewise 15.5 Authenticity with composer’s intention, is difficult to assess unless the listener is well acquainted with the work. These two components could be deleted from the SMMA.

A revised SMMA therefore is:

**Table 10. A Structural Model for Music Analysis (SMMA) Revised Version**

(Erdonmez Grocke)

1. **Style and Form**
   1.1. Period of composition: e.g., Baroque, Classical, Romantic; Impressionist; 20th century (from 1910- )
   1.2. Form: e.g., Sonata form; ABA; Theme and variations; Rhapsodic form; Fugue; Tone Poem.

2. **Texture**
   2.1. Consistently thick/thin, or variable
   2.2. Monophonic; homophonic; polyphonic

3. **Time**
   3.1. Meter - 2/4 or 4/4; 3/4 or 5/4, etc.
   3.2. Complexity and variability in meter.
   3.3. Silences; rests; pauses

4. **Rhythmic features**
   4.1. Underlying pulse of the work - consistent/inconsistent
   4.2. Important rhythmic motifs
   4.3. Repetition in rhythmic motifs.
   4.4. Variability in rhythm - predictable/unpredictable
   4.5. Syncopation.
5. **Tempo**
   5.1 Fast; slow; moderato; allegro etc.
   5.2 Alterations in tempi: change of meter; use of accelerandi and ritardandi.

6. **Tonal features**
   6.1 Key in which the work is written
   6.2 Key structure; diatonic; modal.
   6.3 Major/minor alternations
   6.4 Chromaticism
   6.5 Modulation points

7. **Melody**
   7.1 The main themes in the selection (1st theme, 2nd theme with development or variations),
   7.2 Significant melodic fragments.
   7.3 The structure of the melody: propinquity; step-wise progressions; large intervalic leaps.
   7.4 Significant intervals (e.g., fall of an octave in a melody)
   7.5 Shape - rounded, ascending, descending.
   7.6 Length of phrases: symmetrical, short, long

8. **Embellishments, ornamentation and articulation**
   8.1 Embellishments to the melodic line
   8.2 Trills; appoggiaturas
   8.3 Accentuation: marcato; accents; detached bowing
   8.4 Pizzicato/Legato
   8.6 Use of mute

9. **Harmony**
   9.1 Predominantly consonant, or dissonant
   9.2 Consonance/dissonance alternation within the selection.
   9.3 Significant harmonic progressions
   9.4 Rich harmonies
   9.5 Predictable harmonies (e.g., I; IV; V progression)
   9.6 Unpredictable harmonies
   9.7 Cadence points - perfect; imperfect; interrupted.
10. **Timbre and quality of instrumentation**
   10.1 Solo instrument: instrumental; vocal
   10.2 Accompaniment to solo instrument/voice: orchestral; choral; other instrument
   10.3 Small group - e.g., quartet. Combinations of instruments
   10.4 Instrument groups used in orchestration (strings; woodwinds, brass, percussion, harp) creating timbral colour
   10.5 Interplay between instruments and instrument groups.
   10.6 Layering effects (adding and reducing instrument parts)

11. **Volume**
   11.1 Predominantly loud or soft - alternations between/gradation between.
   11.2 Special effects of volume: pianissimo; fortissimo; Sforzandi

12. **Intensity:**
   12.1 Tension/release
   12.2 Crescendi, building to peak, and resolution
   12.3 Tension in harmony, texture etc and resolution
   12.4 Delayed resolution or absent resolution
   12.5 Ambiguity resolved or unresolved

13. **Mood**
   13.1 Predominant mood, as depicted by melody, harmony and predominant instrument
   13.2 Feelings and emotions represented.

14. **Symbolic/associational**
   14.1 Culturally specific associations - e.g., Vaughan-Williams English idioms
   14.2 Metaphoric associations - Horn call

15. **Performance**
   15.1 Quality of performance (including technique of the performers).
   15.2 Stylistic interpretation - artistic merit
   15.3 Articulation of feeling and emotion
The SMMA in its revised form, may be an important assessment tool for analysing the elements or effects of the pre-recorded music in future GIM studies. In addition, it may also be useful in Music Therapy studies, where recorded music is the medium used in the therapeutic process. By methodically assessing the various elements of the music selection, research in GIM and in receptive music therapy might be more accurately replicated. Furthermore, some categories and components (particularly categories 2-13) may be useful in analysing improvised music in music therapy research.
CHAPTER 9

A Discussion of the Study

The purpose of the study was to understand pivotal moments in GIM therapy. The study was in three parts:
1) a study of the clients' experience of GIM sessions (and moments within them) that they identified as pivotal
2) a study of therapists perceptions of those sessions (and moments within them) identified by the clients as being pivotal
3) a study of the music program chosen for the pivotal sessions (and the piece of music playing at the time of the precise pivotal moment).

The research questions posed in the Method chapter were:
1.1 How does a client experience a moment that is pivotal in GIM?
1.2 How are these moments described?
1.3 Are there features of a pivotal moment that are similar across the clients' experiences?
2.1 How does the therapist of the client experience the moment identified by the client as being pivotal?
2.2 Are there features in the therapists' experience that are similar?
3.1 What are the features of the music which underpin pivotal moments?
3.2 Are there similarities in the structure and/or elements of the music?

The Clients' Experience

In response to the first three questions above, it was found that clients experiences of pivotal moments in GIM therapy could be described, and from those descriptions 20 themes emerged from the data. This study therefore demonstrates that pivotal moments do exist in GIM therapy and that clients can recognise those moments as pivotal, and can describe them in detail. In answer to the third question as to the features that are similar across the clients' experiences, themes were distilled from the interview data. Of the 20 themes which emerged, four were experiences common to all participants. These were:-

1) Pivotal moments are remembered and described in vivid detail
2) Pivotal moments are emotional experiences
3) The pivotal experience is embodied
4) The pivotal experience impacts on the person’s life.

Other themes of importance impacted on gaining an understanding of the clients’ experiences of pivotal moments, in particular that pivotal moments may be experienced as distressing. These findings are particularly relevant to GIM practice, because they articulate the differences between peak experiences, transpersonal experiences and pivotal experiences. Peak experiences in GIM are those where the client has positive imagery and positive feelings. Transpersonal experiences are those where there is a change felt through the body, and where transformations may occur. Pivotal moments are also embodied experiences, but they often come from dark, distressing imagery, which was experienced by the clients in this study, as awful and horrid. The precise moment of change however, was the point of resolution. The essential feature of pivotal experiences therefore is that they are life changing. These findings are important to GIM practice in that GIM practitioners should recognise the subtle differences between peak, transpersonal and pivotal experiences in their clients’ imagery. In addition, this study has shown that the GIM therapists’ timing of interventions, and non-intervention at the pivotal moment, were important factors in the clients’ experience.

The Therapists’ Experience

In the second part of the study, the therapists’ perceptions of the moments their clients identified as pivotal were investigated. Of the 14 four themes which emerged from the therapists experiences, six were common to both therapists:-

1) The therapists remember the session identified by their client as pivotal
2) Therapists may identify another session as being pivotal for the client, but agree with the client’s choice
3) The client’s pivotal experience may be an emotional experience for the therapist
4) The therapist may anticipate pivotal moments
5. The therapist may rely on observable changes in the client’s body language during a pivotal moment
6. The therapist may choose not to intervene during a moment which is pivotal

The immediate finding was that therapists do indeed remember the session the client describes, indicating that therapists hold these significant sessions in memory. Furthermore, therapists may also identify other sessions as pivotal to the client, indicating that therapists have a level of understanding and memory for the client’s series of GIM sessions. The therapists could “overview” all of the clients’ GIM
sessions and talk about those which they felt were pivotal to the client. This aspect of the therapists' skill requires further research, particularly with regard to what is being recalled: is it the significant imagery, or the effect of GIM in the client's life? The therapists interviewed in this study were able to anticipate that pivotal moments would occur for their clients, and further research in this area would be fruitful. It would appear that many of the skills inherent in the GIM practitioner are evident at an intuitive level: an overall understanding of the clients' sessions; an ability to recognise several pivotal sessions in the clients' series as possibly being pivotal, and anticipation that a session may be a pivotal one. A further interesting finding was that the therapist may intentionally intervene to facilitate a moment which may be pivotal, but then chose not to intervene during the precise pivotal moment. Therapists also observed changes in the client's physical state during pivotal moments.

The Music which underpinned the Pivotal Moment

In the third part of the study, the music chosen for the pivotal session was identified and analysed. There were four programs comprising 14 selections of music. The features common to the 14 music selections were distilled and it was shown that:-

1) Eleven of the 14 music selections were written during the 19th century and are stylistically typical of the late Classical or Romantic period of music development
2) An identifiable structured form was evident in 13 of the 14 selections, although the form differed across the selections
3) the music of Brahms featured in 7 of the 14 selections

An analysis of the music selection which underpinned the precise pivotal moment was made and the features of the music common to four selections identified. The features of the music were:-

- there was a formal structure in which there was repetition of themes
- they were of predominantly slow speed, and the tempos were consistent
- there was predictability in melodic, harmonic and rhythmic elements
- there was dialogue between instruments (including vocal parts).

These findings are important to GIM practice in that there have been very few studies of the GIM music, and no replicable method by which to study the music. The SMMA devised for this study can be used for future studies of pre-recorded music in GIM and in music therapy generally.

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With respect to the questions posed for this study however, the interesting features of the music analysis, was that the music program chosen for the session which contained the pivotal experience for the client, comprised music that started with selections that were strong in character, yet the pivotal moment occurred during music that was slow and spacious, so that an important finding from this research is that 'containment' theory as it applies to the music in GIM is valid. Whereas Bonny (1989), Goldberg (1995) and Summer (1995) have explained the role of the music in GIM within containment theory, this study has provided evidence for it.

The Revised Definition of Pivotal Moments in GIM Therapy.

At the commencement of the study a working definition of pivotal moments was devised. As a result of incorporating the characteristics of the clients and therapists experiences, and the features of the music which underpinned the pivotal experience, a further revision to the definition of the pivotal moment in GIM can be made. The revised definition and final results of this study are:

A pivotal moment in GIM is an intense and memorable GIM experience which stands out as distinctive or unique. The pivotal moment may be an embodied experience and may come from feelings or images which are uncomfortable and distressing. The moment of the pivotal change occurs as something is transformed or resolved, so that there is a feeling of freedom, or a resolution of a struggle. The therapist’s intervention or presence may facilitate this process, but the therapist’s silence, or non-intervention may be helpful to the client at the precise pivotal moment. The music which underpins the pivotal moment may prolong the moment or provide momentum for it. Typically the music is composed in a structured form within which there is repetition of themes. It is predominantly slow in speed, predictable in melodic, harmonic and rhythmic elements, and features dialogue between instruments.

The pivotal moment may be experienced at different points in the GIM session, and the imagery of the pivotal moment is rich in meaning. The mandala may depict the feelings of the pivotal moment. The essential component of the pivotal moment is that it is one of change. It stands out from other GIM sessions or GIM experiences. It is a shift in the person’s perspective on their life which may include how they relate to themselves or others, and this may lead to a permanent change in the pattern of their life experience.
The key features can be summarised as:

A pivotal experience in GIM occurs when embodied, distressful imagery or feelings are confronted and resolved, and this resolution brings about radical change in the person’s life.

Pivotal moments are different from peak experiences, which are moments of “only good”, and transformational experiences which are moments of transformation within the GIM experience. The essential feature of pivotal moments, is that they come from distressing imagery, they are embodied, and they bring about radical change in the person’s life.

An appraisal of Phenomenology as the research paradigm for the study

Phenomenology was chosen as the research paradigm for this study. The questions posed by the study required a research methodology which would focus on the experience of the clients and their therapists, and remain authentic to their experience.

Several aspects of using phenomenology stood out as effective:
1) the phenomenological interview
2) the process of distilling the essence of the experience, and the emergence of new insights

The Interview

First, the phenomenological interview allowed the participants to describe their experience in an open-ended time-frame, and with open-ended questions. This allowed the participants to find their own words, and to relay as much information as they wanted. Because the questions lead on from what the participant had said, there was no abrupt delineation of different aspects of the experience. Instead, the participants prose was free flowing, and descriptive. Even when the participant repeated himself/herself, the repetitions include more detail, or a slightly different aspect of the experience. In terms of researching the quality of the pivotal moment in GIM, the phenomenological interview provided space and freedom to answer in the participants’ own way. Although there were questions which needed to be asked in order to answer the research questions, the order and pacing of asking the questions remained open. This enabled the participants to describe their pivotal moments in their own way, and in vivid detail.
The Process of Distilling

Second, the process of the distilling the essence of the participants’ experiences was an interesting research process. The skill required to distill the interview data was to sustain the authenticity of the participant’s experience. Not only was it necessary to return to the interview transcript repeatedly to check the authenticity of the process, but with each re-reading new aspects of the experience emerged - something different stood out, or an aspect previously identified as one thing had a different shade of meaning on repeated readings.

The process of distilling each participant’s interview data ended with a synthesis of the experience as described. A point was reached when, with each successive re-immersion in the data, the final distilled essence seemed right - there was a feeling of being satiated with the material - nothing more could be drawn out of it. Moustakas (1994) however, comments that “the essences of any experience are never totally exhausted” (p. 100). The definitive essence therefore is true only for a point in time.

In each of the three aspects of the study - the interviewing of the clients, the interviewing of the therapists and the analysis of the music - it was the very act of “distilling the essence” which provided the in-depth understanding of each aspect of the study. Initially I expected that there would be obvious outcomes and themes, but I was genuinely surprised at the richness and depth of what I found out through the distillation process. I needed to return to the original interview transcript repeatedly in order to feel satisfied that I had grasped the units of meaning in an authentic manner.

The process of distilling the essence of the clients’ experiences, the therapist’s experiences and the music which underpinned the moment, had similarities in pin-pointing the precise moment of the pivotal experience. In the first part of the study, the participants first of all identified the pivotal session. As the interview unfolded, there was a process of paring down to the actual point in the session at which the pivotal moment happened. This same process occurred in the therapists’ interviews - first there was a discussion about their perceptions of the session and whether it was a pivotal one or not in their recollection, followed by a process of paring down to the precise moment, and what the therapist’s memory of that precise moment was. A parallel process occurred in studying the music. First I identified the music program which underpinned the session, and a number of key factors emerged about the characteristics of that music. I then isolated the piece of music which underpinned the precise pivotal moment and looked at the characteristics of that music. Interestingly, different features stood out about the full music program compared to the characteristics of the four
selections which underpinned the precise moment. This process of paring back, of reducing and distilling to get to the core of the experience is, I believe, the real essence of the phenomenological research process itself. It was a step-by-step act of uncovering the truth of the experience, as if a secret was gradually being revealed. It was an enriching experience for me. I was reminded of Suzanne’s image of the gold nugget hidden under the layers of lava, and her efforts to remove the lava to reveal the small but precious gold nugget. Similarly in the phenomenological research process there is a pure essence of the experience, which is the core or kernel of the discovery.

New Insights

When I moved into the third stage of this study of pivotal moments in GIM, and had access to the actual session transcript, new connections began to emerge. Having made a synthesis of each participant’s experience from the interview transcripts, the participant’s imagery transcript of the GIM session afforded new insights. Two examples illustrate these points. David described the precise pivotal moment as touching the little boy’s hand. In the interview he says “finger on finger.” An image had come to my mind of Michaelangelo’s painting of the hand of God. The fingers don’t meet, but the space between is qualitatively the focus of the painting. When David described the meeting and touching of the little boy’s hand as ‘finger on finger’ I had a sense of how precious this moment must have been. Yet in the session transcript, the imagery is described by David as “I can feel his hand. Feel it physically - chubby, warm, sweaty, soft, grasps my finger.” The session transcript description sounds more embodied - the little boy’s hand is sweaty and warm and chubby, and he grasps David’s finger. The quality of this description gives a different picture to the sense of finger on finger, which set up for me an image of a tentative, precious moment. The two descriptions then are qualitatively different, yet both come from the man who experienced it. Perhaps the actual moment was filled with many emotions, so that each description was true and valid, but each was expressed at a different time and in different words.

The second example came from Suzanne’s interview transcript in which she described the pivotal moment as when the rock turned to lava. In her interview she described the rock “moving into a lava” and that the rock “turned into lava.” But in the actual session transcript she says “(it is) a chemical change - it changes the rock into a lava flow.” When I read the session transcript of the pivotal moment I became very excited by her description because of the immediate connection to Jung’s writing an alchemy, and the significance of alchemical changes in relation to therapy. Edinger (1995), a contemporary Jungian author, explains the alchemical principle in therapy from the
point of view of colour. First is the red, followed by the black followed by the purification into white. Edinger talks of the red being the heat (the anger) and the energy amassed in the psyche as the patient deals with the repressed anger of life’s situations. The black that follows represents the death of that part of the self which is undergoing change, and the white represents the transformed self, the phoenix rising. What is remarkable in Suzanne’s experience is that the chemical change brings about the melting of the rock into lava, but she also says “the heat destroys it.” Here is the red, the fire represented by the heat making the change happen which in essence creates the pivotal experience which Suzanne says has changed her life. “I walked out of the session knowing now I could get somewhere.” What a powerful moment it must have been.

Another interesting feature in placing the session transcript alongside the music, was to determine at what point in the session the pivotal moment occurred. For David, the pivotal moment - touching the little boy’s hand - came during the Beethoven violin concerto slow movement. This is the 3rd piece on the Inner Odyssey program, approximately 25 minutes into the program (of 34 minutes). Sarah’s pivotal moment of being affirmed by the wise old man came during the Beethoven symphony #9 slow movement, the 3rd piece on the program, approximately 21 minutes into the program (of 45 minutes). Bernadette’s pivotal moment occurred as she found her voice, during the Brahms Requiem part 1, the 2nd piece on the program, approximately 18 minutes into the program (of 47 minutes). For Suzanne the pivotal moment occurred during the Bach-Stokowski Fugue, which was used to extend the Positive Affect program. The Fugue was the 8th piece of music, approximately 45 minutes into the program (of 48 minutes).

David’s occurred 2/3rds of the way through the program, Sarah and Bernadette’s experiences were approximately half way through the program, and Suzanne experiences was at the very end of the program. Pivotal moments therefore seem to occur towards the end of the music program.

The phenomenological approach in studying the music.

The combination of the Ferrara and Giorgi phenomenological models worked well in devising a method of analysis for the music. Other researchers (Kasayka, 1988; Irgens-Moller, 1995) had used the five-step process of Ferrara, and I could also have adopted that model. However, I chose to use aspects of both Ferrara and Giorgi’s phenomenological design by creating meaning units and a final description, and this method generated a useful structure on which to place the imagery meaning units. Also,
by using aspects of the Giorgi model with the music analysis, a consistency was maintained throughout the study, so that the interview transcripts; music analysis and imagery sequences in the session transcripts, were treated in the same manner.

The use of the Ferrara- Giorgi model for music analysis may also prove useful as a model for researching aspects of improvisational music therapy, where descriptions of the interplay between instruments may be grouped within units of perceived meaning. This may be a fruitful area for future research.

Participant responses about the music.

Initially I was concerned that the participants had said so little about the music. In fact I was frustrated that they could not articulate what they remembered of it. The rational explanation was that in an altered state, engrossed in the imagery experience, a GIM client is not able to describe the music, nor has the vocabulary to do so. I was relieved when Ken articulated so beautifully what the music meant to him, but then I was faced with the problem that he could not identify a session that was pivotal, nor describe an experience in which he changed. To decide then to not include him in the music analysis part of the study was a very difficult decision. When I then analysed the experience of the four participants by developing parallel meaning units of the music and the imagery experience, I was surprised by the number of references to the music which were evident in the transcript of the GIM session. Both Bernadette and Sarah made direct comments about the music playing at the time - there was a piano in the lion’s den and Sarah was playing it with confidence, and Bernadette was singing in the choir, then became the lead singer (during the playing of the Brahms Requiem). Apart from these direct connections to the music, the seven participants generally found it difficult to describe the music. By comparison the participants were able to describe the role of the therapist and to give examples of when the therapist had been particularly sensitive. It is not surprising that the effect of the music cannot be put into words easily. Not only is a certain knowledge of musical terminology required in order to discuss it, but the experience of music is temporal - it is constantly changing - and it can be an emotional experience, for which words are hard to find. When describing the effect of the therapist on the pivotal moment, participants could rely on their verbal language skills to describe how they felt and what happened. However, the language needed to describe the effect of the music has a different vocabulary and it is not a well known language. In addition, the experience of music is auditory, it is not “present” in the same way the human form of the therapist is. For these reasons it is very difficult for the client to describe in great detail how they experienced the music during the GIM session.
Limiting the extent of the study

At several points I needed to make decisions about the extent of the study. For example, when interviewing the clients about their pivotal experience, it was evident that they gained insight about the experience and the importance of it in their lives while they spoke. They gained therapeutic insights therefore from the research process. I was tempted to return to the participants a second (and possibly third time) to ask if any further insights had emerged since the first interview. I chose not to extend this study in this way partly because there were two further areas (the therapists perceptions and the music) to be explored, and also because during the verification process several of the participants chose to add new meanings and insights they had gained over the time span between the interview and receiving the transcript and distilled essence. So in a sense I had captured the ‘second’ round of insights in the verification procedures. A further study of pivotal moments in GIM however could be useful in order to understand how therapeutic insight develops over time. In Amir’s study (1992) of meaningful moments in music therapy, she returned to six of her eight participants to conduct a second interview, so that she gathered “five hundred transcribed pages” (p. 46) of data. Phenomenological interviews create extensive data and the researcher therefore must make decisions to limit the extent of the study to make completion feasible. In this present study there were seven participant interviews, and interviews with two therapists about the seven client sessions, so that fourteen interviews were transcribed in order to gather the data on pivotal moments in GIM.

Limitations of Phenomenology

Phenomenology seemed to be the best of the qualitative approaches to use for this study, but it does have a number of limitations when compared to other forms of research design. First, phenomenological studies are conducted on a small number of participants. Creswell (1998) suggests “up to 10 people” (p. 113). The findings of a phenomenological study therefore cannot be generalised, and the distilled essence can only be true for the particular group of people interviewed or observed, at that particular point in time. The advantage of the phenomenological approach however, is that in gathering rich descriptions of an experience from a small number of people in great depth, a further study may survey the extent of that experience in a larger sample. In this present study I have explored and defined pivotal moments in GIM. Based on the findings of this study I could now launch a larger study, perhaps using a questionnaire to ascertain the extent of these experiences in a larger group of GIM clients (and/or therapists). But I needed to understand what pivotal moments were first of all, and the phenomenological study enabled me to find that out.
Second, phenomenological research participants need to be articulate in order to describe the experience. This meant that the sample group needed to be intelligent, articulate adults who were willing to disclose what their experience of the phenomenon had been. People who are inarticulate, perhaps because of depression or a severe mental illness, or those who are not willing to share and disclose their experiences, may not be suitable for a phenomenological study. There are some phenomenological studies however of clients who are non-verbal (Aigen, 1998), or in advanced stage of illness (Forinash, 1990). In Aigen’s study, a process of ‘inferred monologue’ was used, whereby the researcher “stands in the shoes” of the participant, enters his/her world of experience, and describes the experience of the phenomenon from the client’s point of view. Inferred monologues are therefore creative reconstructions of the client’s experience as perceived by the researcher, and written by them. While this approach enables phenomenology to be used in studies of non-verbal clients, it relies heavily on the researcher re-framing the experience in his or her own words.

One of the major challenges in using a phenomenological research design, is to maintain focus. Phenomenology requires that the researcher immerse himself/herself in the data. Whilst the act of immersion is not difficult, keeping the intention of the immersion clear can be difficult. This is particularly true in that large amounts of data are collected and need to be processed. The process of verification was a useful yardstick during the distilling and immersion procedures, in that sending out the material for verification was a goal to be reached. Without verification, the immersion could go on for long periods of time.

Although I believe phenomenology to be an effective tool for qualitative research, my experience would suggest that consistent supervision and verification is needed to develop the appropriate skills of analysis, and to remain focussed on the purpose of the study.

Methodological Issues

Therapist-Researcher boundaries

In the early days of designing the study, my intention was that I would interview my own clients about their pivotal moments in GIM and I would write my own ‘diary’ accounts of those sessions at which I had been therapist. The Experiential Phenomenology peer group strongly advised me not to undertake the interviewing of my own clients. The concerns were that first, the client would feel under duress to please me in their responses at interview, and second, the research process would
contaminate the therapeutic process. My research design subsequently changed so that I canvassed clients of another therapist, which enabled me to interview them, and I engaged a Research Assistant to canvass my clients and to interview them. This, I thought, would provide the necessary distance so that clients would not feel pressured to say what they thought would please me, and second, that there would not be an entanglement of therapeutic process with research process. This distance was only partially achieved. The Research Assistant interviewed Bernadette, Suzanne and Timothy. They were aware that the interview would be transcribed and analysed by myself. Thus anonymity was not possible. At the end of Timothy’s interview he said (almost inaudibly) “I hope this is what you wanted Denise”, and Bernadette said “Thank you Denise.” These comments indicate that both clients were conscious that they were responding to me. All three of my clients knew that I was doing the study, and at some level would have been conscious of the fact. Timothy and Bernadette however, were clearly thinking consciously of it at the end of the interview. Their interviews then were not impartial. The question which would indicate impartiality, was whether they were aware of the therapist’s presence or interventions. Timothy made it quite clear in the interview that he remembered nothing of my interventions, but Bernadette made several complimentary comments about myself as her therapist, and these comments may have been influenced by her awareness that I would transcribe the interview.

To circumvent this problem in future studies it would be necessary to have a larger group of potential research participants and GIM therapists, so that the need to interview one’s own clients would be averted. If I had interviewed clients of several other GIM therapists, and also those other therapists, the research design would be more rigorous. The restriction for me was that this study took place in the early days of the development of GIM in Australia, and therefore a very small ‘pool’ of potential participants was available, and only two qualified GIM therapists - myself and Anna.

There were some inconsistencies in the interview with Sarah. Sarah was a client of another GIM therapist, but I had given her the GIM session which she later identified as pivotal. When I interviewed her, I asked the opening questions about the pivotal session and what she recalled about it. I asked her whether she remembered anything at all about the music, but I did not ask the question “were you aware of anything about the therapist?” This was an unconscious omission - I didn’t realise that I hadn’t put this question until I was transcribing the transcript of the interview. I believe I avoided asking the question because I felt uncomfortable asking Sarah about my own role in her pivotal session. Again, a wider pool of potential participants would obviate the need to draw on participants for whom I had been their therapist.
With regard to the confusing of therapist-researcher roles, there was an impact on my clients GIM sessions subsequent to the interview with the Research Assistant. Bernadette and Timothy both wanted to talk about the research interview in their next GIM session. I was caught for a moment in a conflict of my own mind: should I (as researcher) divert them away from a discussion of the interview, so that the research process was not contaminated by my knowing what they had said, or should I (as therapist) allow their descriptions of the process as it related to their therapeutic process. Having decided on the second course of action, both then spoke about the therapeutic insight they had gained from the interview with the Research Assistant. Suzanne’s interview was immediately prior to a GIM session with me, and she indicated that her focus for that day’s GIM session was to follow on from what she had uncovered in the research interview. I believe that the interface of the research interview with therapeutic process worked smoothly for these three participants, although potentially it could have been confusing.

There were further moments of blurring the boundaries of therapy and research when the participants were asked to verify the distilled accounts of their experiences. I had sent out the material for verification by post, allowing several weeks for them to review the material and return it to me. Inevitably the participants had GIM sessions in the intervening weeks and I recall Bernadette commenting in the session that she would be putting the material in the mail soon, as if to report back to me on her progress. It is clearly evident that the inclusion of one’s own clients as research participants, even with the proviso of a Research Assistant, is problematical. Whilst the manner in which I conducted the study was ethical, it was muddied by the over-lapping roles. In future studies this factor would not be present given the more developed state of GIM practice in Australia and the availability of many more potential participants and GIM therapists.

**Researcher-colleague boundaries**

The second part of the study focussed on the GIM therapists perceptions of the sessions and moments which their clients identified as pivotal. This section of the study posed further difficulties in writing, because it drew on my own experiences as therapist, and those of my colleague Anna. It was difficult to be objective about my own role and perceptions of the moments my clients described. I remembered my own feelings quite readily in Bernadette’s experience, but it was difficult to reduce my own experiences into meaning units because I was so close to the experience. Likewise when I came to reduce Anna’s interview material, I was conscious that she was a friend and a colleague, and I found myself blocking as I tried to draw out the units of meaning. The
final hurdle was to put our two experiences together and gain a sense of a global
description of the therapists’ experiences. I wasn’t able to immerse myself in this part
of the study as easily as I did with the participants experiences, and the music analysis.
I believe this was due to the closeness of my relationship to Anna, and also to the fact
that I was reducing my own data.

As mentioned above, this problem would be averted in future studies by having a larger
pool of therapist from which to choose. In Amir’s study (1992) for example, she drew
up a list of ten possible music therapists who met certain requirements - she wanted
music therapists with at least five years experience in the field, and who held “at least
Master’s degrees.” Although she needed only four therapists for her study, she had a
wide choice of people to choose from. This degree of choice was not feasible for me at
the time of undertaking my study, but the difficulties I have experienced in the study
have convinced me of the need for careful choice of both participants and therapists.

Interviewing style

Two people were involved in conducting the interviews: I interviewed Anna’s clients,
and the Research Assistant interviewed my clients. The question of interview style
became apparent, in that the Research Assistant, although skilled in phenomenological
interviewing, was not a GIM therapist. I needed to train her in the lead-on questions she
would need to ask so that the clients would disclose more detail about their GIM
experiences. The Research Assistant attended a one-day seminar on GIM, and met with
Helen Bonny (who was visiting Australia) to talk with her about the GIM music. Had
the Research Assistant not acquainted herself with the GIM method, her interviewing
may not have been as effective. Conversely, to have asked a GIM therapist to
undertake the interviewing would have necessitated the GIM therapist becoming
acquainted with phenomenological interviewing, enabling the flow of ideas from the
client rather than adhering strictly to a particular list of questions.

Despite the efforts to match the Research Assistant’s expertise with the method, there
were identifiable differences in the way she and I conducted our interviews. Her
interviews tended to be short (about 20 minutes) and focussed very much on the
questions which need to be covered. By comparison my interviews of the clients of the
other GIM therapist were lengthy - the longest of 90 minutes duration. As mentioned in
chapter 3, (page 75), I tended to become interested in the therapeutic process of their
GIM sessions, and was not diligent enough in keeping the client focussed on the pivotal
session alone. By the same token, when the Research Assistant interviewed Timothy,
and he initially struggled to find a pivotal session to identify, she quietly insisted he
chose one image, and then kept to that one image for the remainder of the interview. Since Timothy had mentioned several sessions and was trying to choose between them, had I been interviewing I think I would have gone back to check if he wanted to discuss the other ‘options’. Perhaps this indicates a therapist bias, or perhaps the Research Assistant was correct in gently insisting he chose only one image for discussion. Kvale (1983) comments that when the statements of the interviewee are ambiguous it is the role of the interviewer to seek clarification, so that the descriptions become richer and clearer. In retrospect I believe Timothy’s interview may have been richer if he had been encouraged to describe the various sessions he thought of as being pivotal, and to perhaps compare the qualities of each.

This situation raises an important point about using multiple interviewers and how well their style and expertise is matched. Appropriate training of interviewers would offer one solution. A further thought would be to designate some interviews as practice interviews, so that the two (or more) interviewers develop consistency in interviewing style by using practice interviews as sample training sessions. Thus, ambiguities which emerge might be discussed between interviewers and a consensus reached about interview style.

**Triangulation**

A key element of phenomenological research is triangulation: that is, the collection of data from different sources and media. In this study I explored pivotal moments in GIM from the clients’ perspective, and the therapists’ perspective, and then analysed the music which underpinned the experience. The source of my data came from the participants’ interviews, the therapists’ interviews and the session transcript. A potentially rich source of data was neglected however in that I had not incorporated into my study an exploration of the mandala drawn at the end of the GIM session. Five of the participants (David, Sarah, Bernadette, Suzanne and Timothy) spoke about their mandala in detail, recalling the colours and the feelings associated with drawing it. Four of these participants had brought the mandala with them to the interview. Because I had not included the mandala as part of the study questions, this fourth source of data was not explored in the same depth as the other material. An interesting extension to this study would be to gather the mandalas of the pivotal sessions and look at the use of colour, shape and form in the mandalas of the pivotal sessions.

It is interesting that in examining my own biases about pivotal moments in GIM (chapter 2) I had not thought about my own mandala drawings of those sessions, and so my omission of this potentially useful source of data seemed to bear directly on my
own bias that the mandala was not particularly important. Usually one associates the examination of bias (or bracketing) as a process for making explicit the biases which influence the study. But in this case my biases unconsciously omitted a fourth source of data.

Verification

A strength of this study was that the participants were adult clients, in fundamentally good health, who could articulate their experience. Because of these factors I felt that the reduction of descriptions should stay as much as possible in the participants’ own words. I felt uncomfortable with the step in phenomenological analysis where the participants experiences are put in the words of the researcher. By retaining the words of the participants I feel that the authenticity of this study was strengthened. This was further borne out by the verification procedure. Having sent the interview transcript, meaning units and distilled essence to the participants, most responded that the essence was a true distillation of their experience. This may have been partly due to skill in reduction, by equally may have been the outcome of diligently keeping the participants’ own words. Ken, for example, commented that he was touched by how responsive I had been to his experience, thereby affirming that I maintained the authenticity of his experience. It is also interesting the Ken chose to verify the distilled essence of his experience by telephoning me, rather than committing it to writing as the others had done. I’m not sure what that says, other than it stood out as different. From my perspective however, a written verification would have been better.

There is considerable variation in the way verification is carried out in other music therapy research studies. Racette (1989) in her phenomenological study of listening to music when upset, involved her advisor to verify the first two steps (reducing the data and developing meaning units). She commented that the remaining analysis was then verified in ‘dialogal’ review by her advisor, but there is no explanation of what this entailed. Amir (1992) incorporated extensive verification in her study of meaning moments in music therapy. She involved a peer support group to help in developing and checking categories. She sent the profiles of the participants and the therapists to two music therapy colleagues “to get their opinions” (p 53), and she sent six participants their personal profiles and asked them to check the categories against their own experience. A few of the participants made corrections and these were included in the final analysis. Amir makes no mention of verification of the global descriptions of the participants experience - whether this was done, or by whom.
In this present study I asked the participants to verify the reductions I had made of their interviews into meaning units, and the distilled essence of their experience. I too, did not incorporate verification of the global descriptions. In order to verify this material a phenomenologist would need to be employed to read all the material (interviews, meaning units and distilled essence of each participant, and the horizontal processes of drawing the composite themes) in order to verify the global descriptions. Whilst it would be very useful as a process of verification, it would require lengthy immersion in the data.

Creswell (1998) identified eight criteria of rigour in phenomenological research, and seven of these were incorporated into my study:-

1) prolonged engagement with the participants material - this was carried out in the present study during the distilling process, and continued, as more connections became evident even in the last stages of analysis.

2) triangulation - I gathered material from several sources: from participants, therapists and the music itself, and from two interviewers, the transcripts of interviews and transcripts of the GIM sessions

3) peer review - this criterion was met through regular meetings of a group of post-graduate researchers involved in Experiential Phenomenology

4) negative case analysis, a process whereby the researcher refines working hypotheses as the inquiry advances in light of disconfirming evidence. In this study I chose to exclude Ken and Timothy’s accounts of pivotal moments, on the grounds that they did not describe a moment of change for themselves.

5) clarifying researcher bias - I met this by writing an epoche of my own experiences of pivotal moments in GIM from my perspective as a client, and as a therapist.

6) member checks, where the researcher takes the data, analyses and conclusions back to the participants to judge for accuracy. I met this criteria by sending the material to the participants, and Anna, for verification.

7) rich, thick descriptions, which incorporate the range of experiences of the group of participants. The present study provided rich descriptions from the clients’ perspective and the therapists’ perspectives.
The one procedure which was not incorporated into this study was the “external audit”, which Creswell describes as bringing in an external auditor who has no connection to the study to assess the “product” (p. 202). In assessing the product, the auditor examines whether or not the findings, interpretations and conclusions are supported by the data. Creswell comments that the external audit is similar to a fiscal audit, and to the interrater reliability test in quantitative studies.

The recommendation Creswell makes (p. 203) is that qualitative researchers engage in at least two of the eight procedures he lists. This study meets these rigorous standards by undertaking seven of Creswell’s eight recommended procedures, thereby giving further credibility to the conclusions of this study. However, an external audit of my global descriptions would have contributed further strength to the findings.

**Contribution of this study to the field of GIM and recommendations for further studies**

The most prominent feature of the clients experiences of pivotal moments in GIM, was that the pivotal moments were often preceded by imagery that was uncomfortable in feeling, or in colour or in situation. At the start of the study I wanted to differentiate pivotal moments from peak experiences, because my observations as a GIM therapist had shown that they were different. In pivotal moments clients often struggle with distressing imagery and then “break through”, whereas in peak experiences the client is often in a state of bliss. In this study of pivotal moments, GIM seems to have offered a strong and dynamic connection to the feelings and emotions of those distressing experiences, and the resolution that followed. Thus, pivotal moments were defined as different from peak experiences in that they are not “only good and desirable”, as Maslow asserts (chapter 1, p 22). A further study needs to be done to assess whether this differentiation matches other GIM therapists experiences and perceptions.

The major finding from the study of the therapists’ experiences, was that the therapist’s interventions may facilitate the client’s pivotal moment, by choosing a particular music program and by making interventions which support the client getting closer to the pivotal experience. But the outstanding finding of the precise pivotal moment was that the therapist may remain silent, and make no interventions during the moment of change. This was true for David, Ken and Bernadette in particular. These two aspects need to be studied further, because there may be ramifications for the education and training of GIM therapists, as well
as a greater understanding of the therapeutic skill involved in guiding clients through pivotal moments and their resolution.

In the third part of the study, the major finding was that the music which matched the distressing imagery paralleled the strength of the feeling and image. The music programs featured music of Brahms, Beethoven, Richard Strauss, Bach-Stokowski, Nielsen and Corelli. An analysis of these music selections showed that they were mostly written in the late Classical or Romantic period, and in a structured form in which repetition was evident. A further analysis of the selection of music which underpinned the pivotal moment, indicated that the music selections were predominantly calm and slow, with predictable harmonies, melodies and regular rhythmic pulse. I was frustrated in this study to not be able to match the music precisely with the timing of the imagery. Only by tape recording a GIM session would it be possible to write in the imagery sequence on to the music score, to see if there were any direct parallels with the structure of the music. This type of study needs to be done.

These findings contribute substantially to our knowledge of GIM practice. To date, little research has been done on the clients’ experience of GIM from their perspective, although a recent publication (Hibben, 1999) includes several narratives written by GIM clients. No research to date has explored and compared the therapists’ and clients’ perceptions of GIM sessions, and little research has been done on the music programs and the effect of the music on imagery. This study has captured the clients’ experiences in their own words, and explored the therapists’ experience of those moments identified by the clients. Neither client nor therapist knows that a GIM session is going to be a pivotal one, although the therapist may anticipate the session might be pivotal, based on what the client talks about during the discussion segment. If the client indicates a readiness to work with a major issue in their life, the therapist is likely to choose a music program which has sufficient strength in the music to support them in an emotional way. Therefore it’s the therapist’s choice of the music which contributes to the pivotal moment. This interface of client and therapist in a GIM sessions bears further research. Interviewing a therapist immediately after a client has experienced a pivotal session may provide fruitful insights as to the therapist’s choice of music; choice of induction and focus; and choices in making interventions. This sequence of decision making could be productively placed alongside the client’s experience of the same session in order to understand how client and therapist work together to achieve a therapeutic alliance.
Closure

The Bonny method of GIM stands at its own pivotal moment in development. Recently there has been discussion of developing a "spiritual track" in GIM. Clark expressed it as "we know the valleys and it is time to re-visit the peaks" (1998). Having been created on humanistic principles, and practiced within Jungian, Gestalt and transpersonal paradigms, the Bonny method of GIM is revisiting its roots. The field of GIM however needs further research of its fundamental ground. We need to study the exact nature of the "valleys" as well as the "peaks", and a greater emphasis needs to be placed on the interrelationship of the music with the imagery. In this way we can better delineate what lies at the root of the theory of GIM as a therapeutic modality.

Throughout the process of conceptualising and implementing this research, and during the writing-up process, many inspirational writings have supported and helped me. The one I chose to complete this work represents something of the process of gaining knowledge. I started out wanting to know how clients experienced pivotal moments. At times I felt so immersed in gathering data that I could not see what was being learned from the process. There were times when I felt at last I could make sense of what was emerging, only to find that the right words eluded me, or that the very essence could never truly be depicted. The more I came to know, the less I seemed to know. This enigmatic process is best described in a work of poetry, one of the poems of St John of the Cross, written during the 17th century. While it speaks of a knowing in the sense of God, it also speaks of a phenomenological knowledge, a tacit knowledge, one which is elusive because it is always transcending.
St John of the Cross:
Stanzas concerning an ecstasy experienced in high contemplation.

I entered into unknowing,
And there I remained unknowing
Transcending all knowledge

1. I entered into unknowing
   Yet when I saw myself there
   Without knowing where I was
   I understood great things;
   I shall not say what I felt
   For I remained in unknowing
   Transcending all knowledge.

2. That perfect knowledge
   Was of peace and holiness
   Held at no remove
   In profound solitude;
   It was something so secret
   That I was left stammering
   Transcending all knowledge

3. I was sowhelmed,
   So absorbed and withdrawn,
   That my senses were left
   Deprived of all their sensing,
   And my spirit was given
   An understanding while not understanding
   Transcending all knowledge

4. He who truly arrives there
   Cuts free from himself;
   All that he knew before
   Now seems worthless,
   And his knowledge so soars
   That he is left in unknowing
   Transcending all knowledge

5. The higher he ascends
   The less he understands
   Because the cloud is dark
   Which lit up the night;
   Whoever knows this
   Remains always in unknowing
   Transcending all knowledge

6. This knowledge in unknowing
   Is so overwhelming
   That wise men disputing
   Can never overthrow it,
   For their knowledge does not reach
   To the understanding of not understanding
   Transcending all knowledge.

7. And this supreme knowledge
   Is so exalted
   That no power of man or learning
   Can grasp it;
   He who masters himself
   Will, with knowledge in unknowing,
   Always be transcending

8. And if you should want to hear;
   This highest knowledge lies
   In the loftiest sense
   Of the essence of God;
   This is a work of His mercy,
   To leave one without understanding,
   Transcending all knowledge.

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Grocke, Denise Erdonmez

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