

Full Length Article

Music as Co-Therapist: Towards a Taxonomy of Music in Therapeutic Music and Imagery Work

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Abstract

In receptive music therapy, music listening is used as a therapeutic medium in many different ways. The Bonny Method of Guided Imagery and Music (GIM) is a specific receptive music therapy model where the client or patient listens to selected classical music in an expanded state of consciousness in an ongoing dialogue with the therapist, facilitating symbolic and metaphorical imagery in many modalities. In this model, music is often considered a “co-therapist”, and more than 100 music programs are used to address specific issues and problems. However, no classification of the music used in GIM exists. This article presents a matrix with 3 major categories: 1) Supportive music – 2) Mixed supportive and challenging music – 3) Challenging music, with three subcategories within each category. Based on a review of literature related to music listening in music and medicine the taxonomy is introduced and its relevance for the Bonny Method discussed, with special focus on two adaptations: KMR-Brief Music Journeys and Group Music and Imagery (GrpMI). Vignettes from KMR with one individual cancer patient and from GrpMI sessions with psychiatric patients are presented and related to the taxonomy.

Keywords: *Guided Imagery; Therapeutic music; Psychotherapy; Music classification*

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Introduction

The intent of this article is to address the field of receptive music therapy, and more specifically Guided Imagery and Music (GIM), with the particular focus on criteria for selecting music in sessions. GIM “refers to all forms of music imaging in an expanded state of consciousness, including not only the specific individual and group forms that Helen Bonny developed, but also all variations and modifications in these forms created by her followers” [1]. (See also Grocke’s introduction in this volume). In GIM, as in receptive music therapy in general, the selection of music for a client is a significant, but also a difficult, and even controversial issue. What music is appropriate for which clients, and how is the choice of music related to the pathology or physical/psychological/existential problems of the client? The literature contains many examples of playlists, music

programs and recommended single pieces (for an overview, see [2]). However, there is no general consensus on how the music can be classified according to the therapeutic needs and stamina of the client/patient. The authors have independently worked with the classification issue as related to the musical repertoire of GIM and to various client groups. A synthesis of this work in the form of a matrix with 3 major categories: 1) Supportive music – 2) Mixed supportive and challenging music – 3) Challenging music, will be presented and developed into a simple taxonomy of two layers. The first part of the article will review literature related to music listening in music and medicine, introduce the Bonny Method, and lay out the structure of the taxonomy formulated by the authors. In the second part of the article two adaptations: KMR-Brief Music Journeys developed by Margareta Wärja [3,4], and Group Music and Imagery (GrpMI) [2] as used by Bonde and Pedersen [5-7] are presented to illustrate the background and clinical uses of the taxonomy. Vignettes from one individual cancer patient and group sessions with psychiatric patients will be provided.

PRODUCTION NOTES: Address correspondence to:

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Background

Literature on therapeutic music listening

In Music Medicine the use of playlists is a growing and promising trend [8,9]. In a pilot study ($n=15$) conducted at a noisy emergency department Short and Ahern [8] developed and tested a music tool to provide relaxation in the waiting

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room of a large hospital. Using mp3 players, patients could select their preferred music from a series of playlists in 4 different genres. Findings suggest that most patients reported feeling better and that music matching their personal preferences was helpful. Further research is recommended. The research team at Aalborg University has tested a number of playlists (played through a sound pillow) for and with both coronary patients [10] and psychiatric inpatients, including the following genres: Easy listening, Classical, Jazz, MusiCure (specially composed music for hospitals), Nature sounds and Rock/pop [11]. Results are promising, and playlists enable patients to have a choice. Various approaches of music listening have been used in medical care: Depth Relaxation [12], Anthroposophic Music Therapy [13], Regulatory Music Therapy [14]. An early pioneering example of Music Medicine based on playlists in different genres was “Music Rx”, developed by Helen Bonny [15,16] and based on her own experiences as a coronary patient. Bonny invented a number of taped music programs (from 25 – 35 minutes in length) to be used at different stages of medical treatment at coronary care units. The selected music was generally described as “sedative” and “not stimulating”, and with the intent to evoke a positive mood [17]. Results from a pilot study testing the Music Rx format with 26 patients at two different hospitals suggested “significant findings in direction of decreased heart rate, greater tolerance of pain and suffering, and lessened anxiety and depression in patients listening to music” [18].

The Bonny Method

The Bonny Method of Guided Imagery and Music (GIM) (here referred to as the Bonny Method) is an individual receptive music psychotherapy approach developed by Helen L. Bonny and based on humanistic and transpersonal psychology. Today, the Bonny Method (with adaptations) is one of the major models of music therapy in the world and it is practiced in four continents [19,20]. The individual session lasts 90-120 minutes starting with a verbal dialogue identifying current life themes and finding a pertinent focus. This is followed by an induction/relaxation phase that moves into the music. Already in the induction the client enters a slightly altered state of consciousness (ASC) [1,16,21,22] that will expand during the music. A dialogue about the ongoing experience takes place in the music listening phase. The client’s imagery can be clothed in various kinds of bodily felt senses (visual, bodily, auditory, gustatory, olfactory etc.). Dialoguing in this manner requires acquired therapeutic skills and in-depth knowledge about the music in the Bonny Method. The music is acknowledged as a “co-therapist” and as the primary mover and energizer of the both intra- and interpersonal experience where the therapist supports the client in a continuous deepening and surrendering to the musical space [23-25]. After the music journey there is a bridge back into ordinary consciousness. Drawing and/or using other multimodal art is suggested and applied along with the concluding verbal reflection to explore the imagery as

well as psychological themes and evolving insights. Sequenced classical music is used to develop and support an unfolding imagery experience. Bonny generated 18 music programs for therapeutic purposes [16,26,27]. Since then, more than 100 music programs have been documented [27]. The term *program* refers to selected pieces of music designed to work in a precise sequence lasting between about 30 – 40 minutes. After experimenting with different music genres Bonny settled on classical Western art music for reasons of variability, complexity, aesthetics, and the necessity to provide some degree of tension and release to support and match internal states in order to facilitate exploration of unconscious material [16]. The concept of the “affective contour” [16,28] was fundamental to Bonny’s programming and was used to graphically depict and represent the dynamic changes and intensity in a given music when selecting music for a program. Bonny considered musical elements such as: pitch, dynamic range, rhythm and tempo, melodic contour, harmonic structure and instrumentation [5,28]. She was meticulous in finding a performance of a selected piece of an aesthetic quality that would fit into the intent and character of the program [26].

The original individual format of the Bonny Method is suited for clients with ego-strength and enough stamina to tolerate the intensity also of challenging music and the duration of about 30 – 40 minutes of music. It became evident that adaptations of the original format were demanded to meet specific needs and problems for clinical areas such as: crises and trauma, oncology, palliative care, cardiac diseases, neurological disabilities, and psychiatry. This has led to the development of discrete methods to be used both individually and with groups such as: Music Breathing [29], Music and Imagery (MI) [30], Supportive Music and Imagery Method (SMI) [31,32], Group music and imagery (GrpMI) [2], KMR-Brief Music Journeys [3,4] (the last 2 are introduced below).

Selecting music for music and imagery

The literature on receptive music therapy contains few examples of clear steps and/or procedures for selecting music for clients/participants. Grocke and Wigram [2] present guidelines for using pre-recorded music and selecting appropriate music based on its potential in specific clinical contexts. Thus, selecting music requires both thorough clinical and musical skills. A common approach is to use the *iso-principle*, referring to attuning and matching music to the mood and general energy level of the client [33,34]. In the Bonny Method the “affective contour” of the entire program is considered and assessed for a particular client. Summer [35] introduced two basic notions to be used in selecting music for a music and imagery session: *music as holding*, and *music as stimulating*. Applying concepts from developmental psychology formulated by Winnicott [36] she also suggested finding music that is “good-enough” to address states of “me-ness” and “not-me-ness” to work on forming an identity (a sense of a true self), which separates the person from others

and makes him/her recognizable and special. The true self relates to an individual’s experience of “me-ness”. In addition, Summer [37] has applied three concepts based on the work of Wheeler *supportive, re-educative* and *re-constructive* [38]. The therapist assesses current functioning level and needs of the patient and this will determine where on this psychotherapeutic continuum the work can be done. Thus the music (such as musical structure, predictability, complexity, dynamics) is attuned and adjusted accordingly. Summer provides examples of music corresponding to the 3 levels.

The development of the taxonomy

The authors have independently worked on developing procedures for selecting music for clients in therapeutic music and imagery work. Based on an analysis of the relationship between different types of music in GIM and the music-assisted imagery in 6 cancer survivors’ individual Bonny Methods sessions Bonde [39] developed (a) 3 music categories Supportive, Mixed and Challenging, and (b) a grounded theory on this music-imagery relationship. This theory is briefly unfolded in Table 3. In forming the approach called KMR-Brief Music Journeys [3,4] Wärja outlined a method for selecting a piece of short music based on levels of intensity and musical complexity to be used in individual therapy and in working with groups (therapy and supervision) [40]. Music used in KMR includes only the supportive level of the taxonomy (Figure 3 and 4a).



Figure 1. Hevner’s Mood Wheel (redesigned graphics by the authors).

Supportive music is used to create a safe framework around the music-listening experience. It is used throughout the therapy, predominantly in the first five sessions. Supportive music is stable, fairly predictable and stays within the mood spectrum of categories 3-4-5-6 (i.e. light moods) in Hevner’s mood wheel (Figure 1)¹. The form types are simple, namely typically strophic (song form or variations), ostinato-based, dual or ternary. The imagery evoked and sustained by supportive music is easy and safe and has a static quality or develops slowly, be it memories, nature imagery or metaphoric fantasies. Emotional imagery is often comforting and reassuring.

Mixed supportive and challenging music is used to assess and facilitate the client’s readiness to explore problem areas and new realms. Mixed music has a supportive beginning and ending, however some episodes may present the participant with a challenge, typically by changes in mood (also including categories 2 or 7), tempo and volume, a higher level of tension, which also means an increase in intensity. The form types are often more elaborate ternary forms with contrasting middle sections, or more rhapsodic forms. The images evoked and sustained by mixed music include core images and self-images pointing at problem areas or developmental potentials. Mixed music can be used throughout the session series. All GIM music programs include one or more selections of this type that may lead to more difficult emotional realms.

Challenging music is introduced when the participant is comfortable with the individual Bonny Method session format and has proved resonant to different musical styles and is able to work with therapeutic challenges. Challenging music serves as a musical container for therapeutic work with problem issues and difficult emotions. Challenging music is highly intense. It can be powerful, dramatic, but also sustained in a certain mood, typically categories 7, 8, 1 and 2 of Hevner’s mood wheel, inviting the participant to confront problems or explore emotional dilemmas or losses. The forms of music here are often developmental (sonata form, metamorphosis) and include contrasts in many musical parameters.

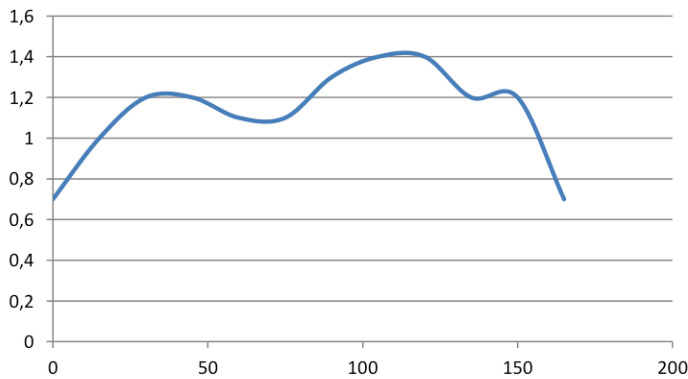
The three types or categories are independent of musical style and client preferences.

Table 1. A grounded theory model of how different categories or types of music influence the imagery (adapted from Bonde [39]).

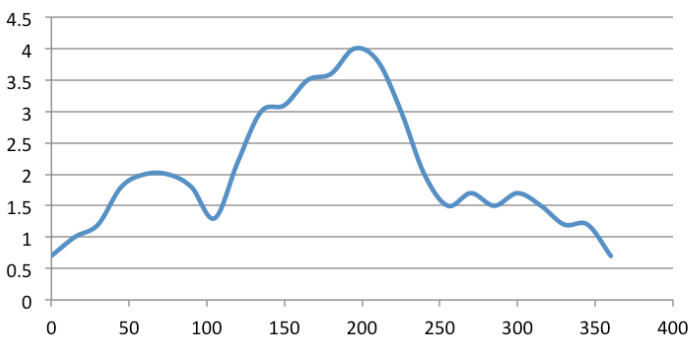
¹The American psychologist Kate Hevner (1936) was a pioneer in developing instruments to study listeners’ perception of mood in music. The ‘mood wheel’ is still used in GIM research.

The matrix of 3 prototypes of music is illustrated graphically in *Figure 2*. The x-axis indicates duration. Supportive music last only few minutes, while Mixed and Challenging music can be much longer. The y-axis indicates intensity on a scale from 0-5. Supportive music fluctuates typically around 1-2 in few minutes. Mixed music has a few episodes of high intensity (up to 4+), while challenging music can have many episodes with high intensity (up to maximum).

Intensity – Supportive prototype profile



Intensity – Mixed supportive-challenging prototype profile



Intensity – Challenging prototype profile

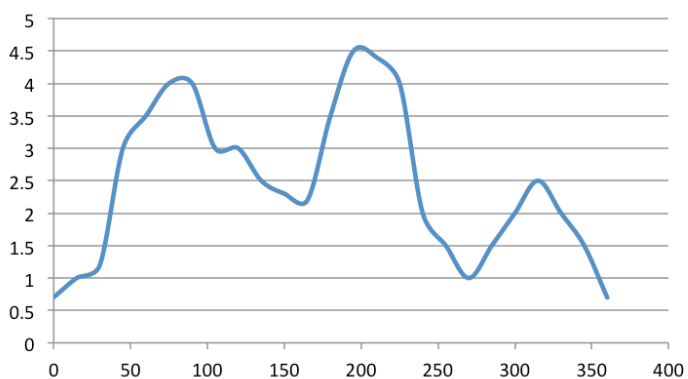


Figure 2. a-b-c. The prototypes of intensity profiles: Supportive – Mixed – Challenging. The x-axis indicates levels of tension on a scale from 0-5. The y-axis indicates duration in seconds.

In the taxonomy developed by the authors the 3 prototypes have been separated into three discrete sub-categories each (1-3, 4-6, 7-9). The level of intensity is gradually increasing from left to right (*Figure 3*). We will now unfold the taxonomy by presenting the types (or ‘fields’) at level 2 with summarized descriptions of the music qualities in each field, and with examples of music classified in the different fields (*Figure 4*).

Fields of supportive music

3 fields of varying musical complexity, all within the secure end of the matrix/taxonomy have been developed:

1. The secure and holding field	<ul style="list-style-type: none"> •Reliable and predictable music with no surprises. Simplicity in musical elements, perhaps only one solo instrument, or together with one or two supporting instruments. •Examples: Stefan Nilsson: Wilma’s Theme. Jan Johansson: Bandura.
2. The secure and opening field	<ul style="list-style-type: none"> •Music with dialoguing instruments, possible two different themes and more than one instrument, and a “tiny musical surprise”. •Examples: Steve Dobrogosz: Mass and Chamber Music, no 13, Resting Place. Benny Andersson Orchestra: Songs From the Second Floor.
3. The secure and exploratory field	<ul style="list-style-type: none"> •Music with some dynamic tension. Gives further support for surrender and a possibility of exploring differences. Crescendos and diminuendos. Some harmonic tension. At times a full orchestra. More elements of complexity. •Examples: Secret Garden: Song From a Secret Garden. Stefan Nilsson: Aaron’s Dream. Beethoven: Piano Concerto no 5, Adagio.

Figure 4a. The 3 fields of supportive music.

In these 3 fields the intent of the music is to provide security and holding. The fields are called: *Secure and holding* (Example: Stefan Nilsson: *Wilmas Tema* ((*Wilma’s Theme*)), Jan Johansson: *Bandura*), *Secure and opening* (Example: Steve Dobrogosz: *Mass and Chamber Music*, No 13, Benny Anderssons orkester: *Sånger från andra våningen* (*Songs from the Second Floor*)), and *Secure and exploratory* (Example: Song from a Secret Garden, Benny Andersson’s Orchestra). There are no major musical surprises. The rhythm is steady and the melody and harmonic progression is clear and predictable. The pieces are mostly instrumental with some possibilities of using vocal music without words, or a ‘foreign language’ most likely not understood (lyrics will influence the images). The purpose of the fields is to provide music that allows for surrender and metaphorically speaking; “to give in to the musical embrace”. The compositions are selected for their aesthetic quality, and for belonging to the “lighter moods” of the spectrum of Hevners’s mood wheel [17].

Fields of mixed supportive-challenging music

In these 3 fields the intent of the music is to invite the listener to explore new vistas and experience emotions that may be somewhat challenging. They are called: *The explorative field with surprises and contrasts* (Bach: *Shepherd Song*, Respighi: *Gianicola*),

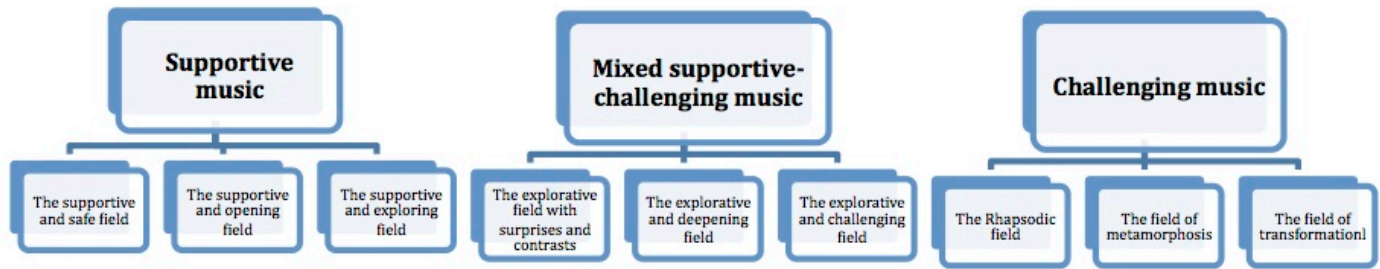


Figure 3. The Taxonomy of Music for Therapeutic Music and Imagery work.

<p>4. The explorative field with surprises and contrasts</p>	<ul style="list-style-type: none"> • Music often presents a non familiar soundscape, with surprising shifts in melody, harmony and specific instrumental texture. The musical course of events contains at least one major surprise, and there is moderate harmonic tension. • Examples: Bach: Shepherd Song. Respighi: Gianicola. 	<p>7. The rhapsodic field</p>	<ul style="list-style-type: none"> • Music is a sequence of often unrelated (or loosely related) musical ideas, presenting many different moods, tempi and timbres. Ideas/elements can be quite elaborated or even improvisatory. • Examples: Bach: Toccata and fugue in d. Wagner: Siegfried's Funeral March. Copland: Appalachian Spring (excerpt)
<p>5. The explorative and deepening field</p>	<ul style="list-style-type: none"> • This is music that invites the listener into an emotional field, a certain mood or emotion, and holds the listener there, even though this can be challenging. The music is often in a minor or modal key, expressing a "dark" atmosphere, typically through intense and expressive melody. • Examples: Bach: Mein Jesu. Elgar: Sospiri. Mendelssohn: 5th symphony, Andante 	<p>8. The field of metamorphosis</p>	<ul style="list-style-type: none"> • Music is characterised by one or more significant ideas that are elaborated in many different ways (shape, timbre, dynamics, tempo) and even transformed into something very different from the first form. • Examples: Bach/Stokowski: Passacaglia and fugue in d. Ives: The Unanswered Question. Shostakovich: 5th symphony (excerpt)
<p>6. The explorative and challenging field</p>	<ul style="list-style-type: none"> • Music in this category offers some surprises and contrasts, often with a rather high degree of melodic or harmonic tension. The balance is often obtained by letting the piece begin and end in a calm and supportive character/quality. • Examples: Bach: Little fugue in G. Debussy: Sirenes. Brahms: Violin Concerto, 2nd movement. Rordrigo: Concierto de Aranjuez, 2nd movement 	<p>9. The field of mystery and transformation</p>	<ul style="list-style-type: none"> • Music in this category cannot be generalized. However, it is often music that is intended to describe, express or facilitate transformative or mystic states of consciousness. The tempo is often slow, the mood dark, sombre or solemn. • Examples: Bach: Crucifixus. Rachmaninov: Isle of the Dead. Gorecki: 3rd symphony, 2nd movement. Mahler: Der Abschied

Figure 4b. The 3 fields of mixed supportive-challenging music.

The explorative and deepening field (Bach: *Mein Jesu*, Elgar: *Sospiri*, Mendelssohn: *5th symphony*, *Andante*), and The explorative and challenging field (Bach: *Little fugue in g*, Debussy: *Sirenes*, Brahms: *Violin Concerto*, 2nd movement, Tveitt: *O be ye most heartly welcome*). The music is no longer predictable, and it can present several types of musical surprises. The rhythm and tempo may change, and the melody and harmonic progression can be elaborate and somewhat surprising. The pieces are mostly instrumental, but voices can also be used (however text will be in 'foreign languages' such as Latin, French or German). Metaphorically speaking, this music introduces "not-me"-states and shorter episodes of high intensity and tension, including the darker categories of Hevners's mood wheel [17].

Fields of challenging music

In these 3 fields, the intent of the music is to invite the listener to explore new, enigmatic-mystic and even frightening areas of consciousness. They are called: *The rhapsodic field* (Bach: *Toccata and fugue in d*, Wagner: *Siegfried's Funeral March*, Copland: *Appalachian Spring*, excerpt), *The field of metamorphosis* (Bach/Stokowski: *Passacaglia and fugue in d*, Ives: *The Unanswered Question*, Shostakovich: *5th symphony*, excerpt), and *The field of mystery and transformation* (Bach:

Figure 4c. The 3 fields of challenging music.

Crucifixus, Rachmaninov: *Isle of the Dead*, Gorecki: *3rd symphony*, 2nd movement, Mahler: *Das Liede von der Erde*. *Der Abscheid*, excerpt). The music is unpredictable, and it presents a lot of challenges: changing rhythms and tempos, sudden shifts in timbre or mood, high degrees of harmonic and melodic tension. The pieces are mostly instrumental, but voices can also be used (however text will be in 'foreign languages' (for most Anglo-Americans) such as Latin, French or German). Metaphorically speaking, this music introduces and elaborates "not-me"-states and it includes episodes of high intensity and tension, including the darker and in principle all categories in Hevners's mood wheel [17].

Applying the taxonomy in clinical work

To illustrate how the taxonomy was developed, and how it can be applied in clinical work we will introduce 2 adaptations of the original Bonny Method: KMR-Brief Music Journeys [3,4] and Group Music and Imagery (GrpMI) [2] and give examples of choices of music. The experiences of working extensively with these approaches have contributed to the development of the taxonomy. The work in KMR provides examples of choosing supportive and least challenging music. A condensed case study of selecting supportive music to meet specific clinical needs will be provided. In selecting music

within the mixed supportive-challenging fields illustrations from GrpMI are used. Our experiences of choosing music from the challenging fields of the taxonomy are based on applying the original one-to one format of the Bonny Method. In this approach the verbal dialogue between client and therapist during the listening experience is of utmost importance in using challenging music for therapeutic purposes. Procedures and rationales for choosing music within the Bonny Method frame have been discussed previously in the literature [16,22,28].

KMR-Brief Music Journeys - the use of supportive music

The music used in KMR-Brief Music Journeys lasts 2-6 minutes. The timeframe of a typical session is 60 minutes. KMR has been developed over time and is embedded in theoretical frames of the Bonny Method [22], the phenomenological approach of expressive arts therapy [41], and existential psychotherapy [42]. A contained focus is established in a verbal dialogue and the client is encouraged to use music as support and, as the work progresses, a step-wise exploration of current life-themes. The session is unguided with the client reclining in a comfortable chair having eyes open or closed. Thus it becomes a shared listening experience between client and therapist. A slightly altered state of consciousness is induced. After the music listening experience follows art-making (or expression through other art modalities) and verbal reflection and integration. The session format is basically analogous to the Bonny Method (Figure 5). The intent of music is to maintain *support, holding, and safety*. Metaphorically speaking the purpose of the music is to provide positive “mothering qualities” [43]. The music is quite predictable, with a steady pulse, a clear and noticeable tempo, one or a couple of melodies/themes, a predictable thematic harmonic progression with a beginning and solid ending. Most music selections come from the non-classical repertoire, such as film- and folk music, with a few supportive pieces from the Bonny Method repertoire. The metaphor of 3 different “musical fields” (presented above in the taxonomy) is applied in selecting music for a particular client: *the field of security and holding, the field of security and opening, and the field of security and exploration*.

Here follows an example where the individual KMR format is applied as a short-term music and art psychotherapy intervention in an ongoing RCT-study in oncological rehabilitation with women treated for gynecological cancer [44]. The study is a mixed methods design measuring specific outcomes and describing experiences in regards to quality of life. Music listening, spontaneous drawing, and verbal reflection are used together to address experiences after cancer treatment. Brief single pieces of music are applied to focus on existential questions, bodily and sexual dysfunctions, and fear of recurrence, as exemplified below.

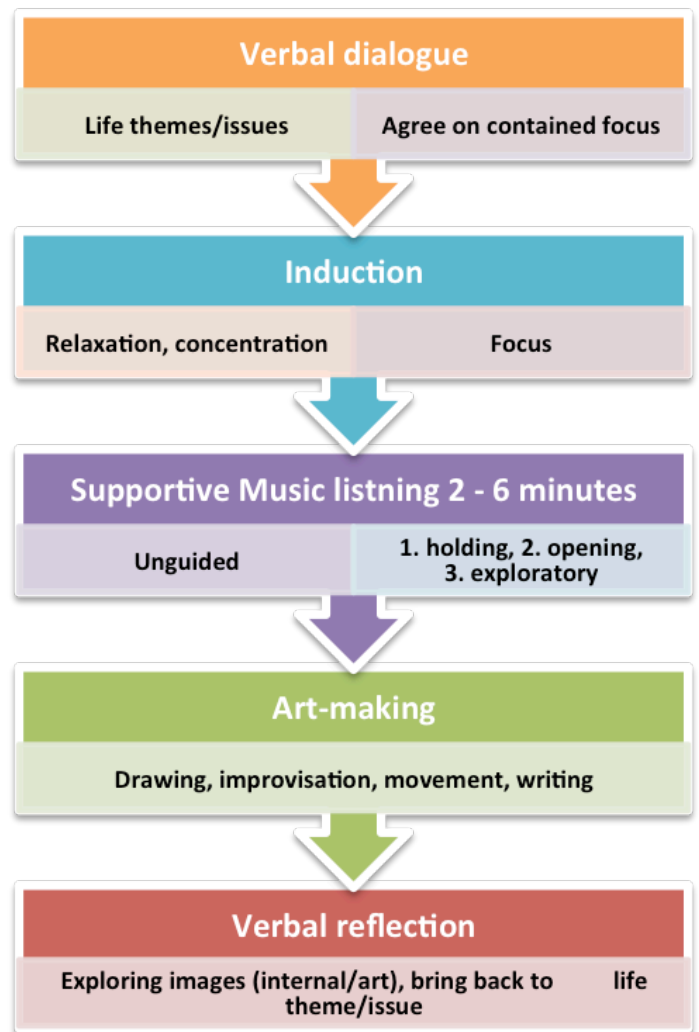


Figure 5. The structure of the KMR-Brief Music Journey session.

The act of choosing a piece of music is the responsibility of the therapist and involves interrelating parts such as: (A) relating the music repertoire to the 3 musical fields in the supportive end of the taxonomy, (B) assessing ego-strength and ability to regulate and tolerate affect, (C) listening for “the music” of the client during the verbal dialogue (i.e. how to match rhythm, tempo, pitch, timbre and dynamics of speech and semantic content), (D) evaluating how well a particular piece of music functions in the therapeutic process as a whole. The therapeutic process involves expressing and exploring difficulties, developing coping skills and finding resources.

In the preparatory pilot phase of the study a 47 years old woman whom we shall call Anna, treated for uterine cancer, participated in a series of 15 sessions. In between sessions she decided to write a diary. The main focus was to address loss of femininity, sexual distress and fear of dying. *Table 2* provides an overview of main themes, imagery and selected music, and shows that all 3 fields of supportive music in the taxonomy were explored. During the first phase Anna worked on facing fears, slowly building trust to her body, and mourning her losses. She asked if it was possible to find meaning again, and if her body ever could be trusted. Sex had been a strong bond between Anna and her husband, which now was broken. She wrote: *Everything was torn out of me. All the femininity that I so painfully had built up... now taken away from me. I was an empty body without the weight of my uterus, this magical body*

part, although it never gave me any children, it had initiated me into the mysteries of life. It was there, in my most vulnerable body part that the cancer grew. How destructive.

After medical treatment was completed Anna had experienced how people around meant she now should be grateful and have a positive outlook on the future. She on the other hand felt totally miserable, paralyzed and depressed. She wrote: *“I have disconnected the body and live in my inner world. The feeling is of being separated from my body. That is how it was during treatment. The hospital owned my body. At any time it can be taken away by the illness and by death.”* After having established a safe space with the help of *Sånger från andra våningen* (Songs from the Second Floor) the next necessary step was to move into suffering and fears of recurrence. Here the gentle and rich timbre of *Arons dröm*

Session	Title / Themes	Music / Field	Sophia's Images / Essences of Comments
1	Safe Secure place Red comforter.	B. Andersson: <i>Songs from the Second Etage. No 2</i>	<i>The world of the dead. Cancer, the expected catastrophe.</i>
2	Terror, death, aloneness, femininity Death of grandmother.		<i>There is nothing positive in being a woman. Afraid of men's anger.</i>
3	Boundaries	S. Löfman: <i>Mack Jchi. No 1</i>	<i>Mixed up pain of mother and grandmother.</i>
4	Losses: No children, sexuality My body and creativity	S. Nilsson: <i>The Dream of Aaron. No 3</i>	<i>The cliffs by the sea. Sunny at first. Rain, wind and thunder. There is nowhere to hide. Feeling all the losses.</i>
5	Darkness and cancer Fears of cancer. How to go on and find meaning?	J. Johansson: <i>Bandura (twice). No 1</i>	<i>Piece by piece I fall apart. I wish someone would hold me. All the pain and suffering in the world is around me.</i>
6	The sensitive artist Fate and destiny.	B. Andersson: <i>Songs from the Second Floor. No 2</i>	<i>Can I trust my body again? Being caught in a spell of destiny?</i>
7	Hope and comfort Maybe sensitivity is also something good? Being able to tune in. Crying and crying.	Tense release induction. Letting the music hold the body. Fläskkvartetten: <i>Innocent. No 3</i>	<i>The music is sad but brings comfort. There is a landscape of long paths. Walking there I can find hope and safety. It is just to endure this. To walk the paths and search for myself.</i>
8	Two opposing forces One part wants to die the other part wants to live.	S. Dobrogosz: <i>Resting Place. No 2</i>	<i>My therapist asks me about wanting to die. No, I don't. I know I want to live. I bring the box of crayons with me home. I will paint!</i>
9	Abundant art Sharing art work from drawing at home.	No music.	<i>Energy and life. Pictures of femininity and sexuality. Death is purple.</i>
10	Songs from the second floor Stories of sexual assault.	J. Svendsen (arr) <i>Everything under the Holding of the Sky. No 2</i>	<i>I am so angry! I paint a small child of shame behind a curtain.</i>
11	Sexuality and anger Bottomless loss. Fighting!	K. Jenkins: <i>Palladio, Allegretto. No 3</i>	<i>I liked the fighting. Wanting to laugh. Finally! I found a whole and capable woman in the family who is not a victim: my aunt's grandmother.</i>
12	Helpful mothers of the past Whole body painting.	J. Johansson: <i>Bandura</i> and S. Nilsson: <i>The New World. No 1</i>	<i>Yellow and orange of upper body, like burning. Blue is being stuck to the ground. Purple is like death. I will try to make contact to my mothers of the past.</i>
13	Secret Garden: Songs from a Secret Garden Purple in pelvis changes from death to wisdom. Meeting past mother figures.	Secret Garden: <i>Songs from a Secret Garden. No 3</i>	<i>I realize that purple is not death. I need the purple. It brings spirituality and wisdom. Connecting me to my female ancestors. I feel strength in my pelvis.</i>
14	Waking up Art installation. "Terror, Femininity, Death, Boundaries". And hope.	Pachelbel <i>Canon in D. No 2</i>	<i>I stay in daily contact with my female ancestors. I tell myself, and others that life will be ok again.</i>
15	Harvesting Ending, closure. Gratitude and separation.	Beethoven <i>Piano Concerto 5: 2. No 3</i>	<i>Tired, feeling a bit numb after ending therapy. Have confronted my mother with clinging to her diagnosis. No more secrets!</i>

Table 2. Overview of a KMR series of 15 sessions.

(Aaron’s Dream) gave strong support to give in and acknowledge her haunting terror of cancer. She was taken by how the music lifted and comforted her (this piece moves to a soft, yet determined and holding crescendo). She dared to face fears of falling apart and expressed a need to be held. The slow and tender rocking of a folk-tune called *Bandura* (played twice) gave a reliable space for surrender. Giving in to feelings was a turning point. In the seventh session the piece *Innocent* was selected to provide movement and further emotional support. Here a clear and nurturing cello voice floats gently through a rolling and slightly syncopated rhythmic landscape. It brought tears, comfort and rays of hope. After this session Anna began to draw at home. Images gushed out like a cleansing river and gave her renewed energy and direction. In session ten and eleven she worked on releasing anger related to earlier sexual assault that surfaced during cancer treatment. Here the sturdy rhythmic container of *Palladio* provided a space for fighting and empowerment.

The emotional bodily release opened up a to reaching out and explore a new sexual relationship with her husband. The final phase of the process focused on building strength, finding resources, and discovering wisdom. In the thirteenth session *Song from a Secret Garden* was used. Here a graceful melody played by solo violin that is picked up by a sonorous cello and supportive strings, led her to encounter what she experienced as “feminine wisdom”. This was a welcomed surprise. In the closing session Beethoven’s compassionate *Adagio* from the 5th *Piano Concerto* offered an aesthetic embrace for harvesting the work. In the collaborative interview (a structured dialogue between interviewer, therapist, and client) [45] a few weeks after therapy had ended, one question specifically addressed what had been most helpful during the therapy process. Anna stated:

Most important was to have a space and a time to connect with my feelings. Without that my drawings and writings would have no deeper meaning. The music journeys were very helpful. They supported me to move into a kind of other state where it was easier and safer to begin to feel. But if I had not trusted you, (the therapist) I would never have dared to fully feel my feelings.”

Group Music and Imagery (GrpMI) study – the use of music with a mixed profile

In an exploratory study, Bonde and Pedersen [6] documented processes and outcomes of Group Music and Imagery (GrpMI) [6] therapy with relatively well functioning psychiatric outpatients. Functioning was defined as a score of min. 41 (of 100) on the Global Assessment of Functioning (GAF) Scale. The participating patients (*n*=17) had different diagnoses, but all had social anxiety as an important problem area. GrpMI was offered in small groups (2-4 participants) in sequences of 8-10 weekly 90 minutes sessions (participants could continue participation in a new group, if they wished – and they often did). The format of the session was close to the standard format: 1.) A quite long (45-60 minutes) initial verbal dialogue focusing on participant’s needs and concerns here and now led to 2.) A short relaxation induction and the therapist’s choice of a piece of classical music (duration 4’-12’) with a mixed supportive-challenging intensity profile. 3.) After an unguided music listening participants made 4.) An individual (mandala) drawing in silence. 5.) The session was concluded with a short discussion of the meaning and relevance of the music listening experience and the drawings.

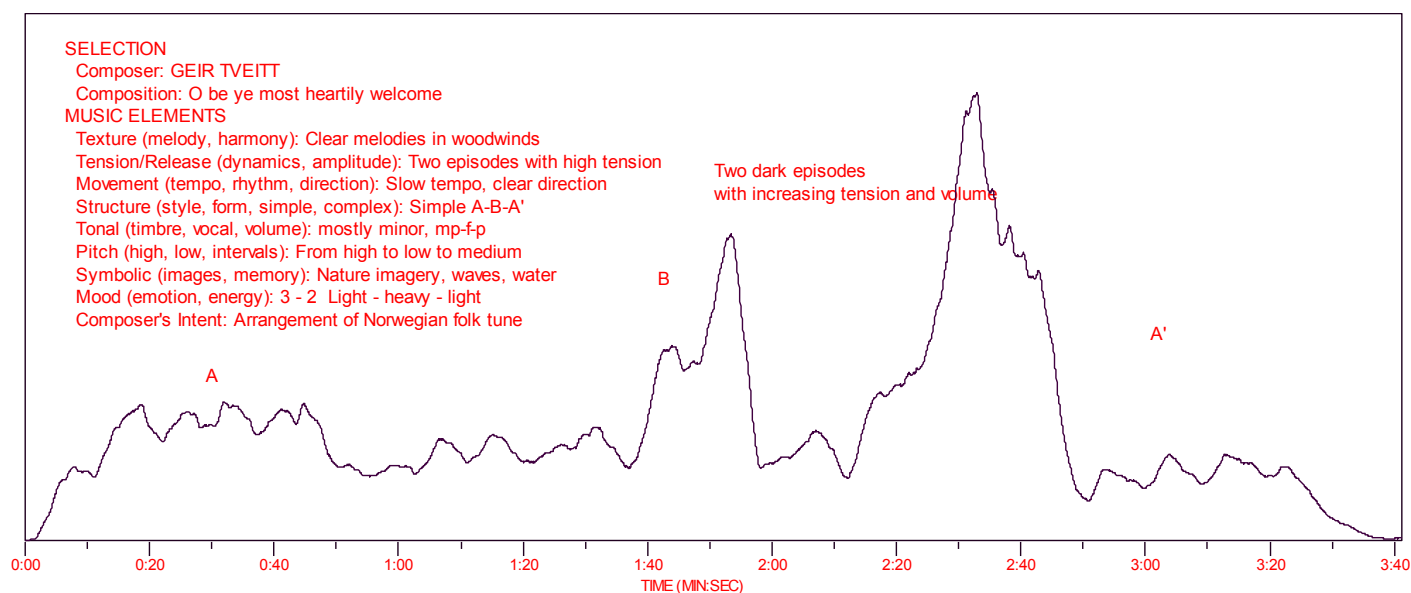


Figure 6. Annotated intensity profile (Mia) of Geir Tveitt: O be ye most heartily welcome. The x-axis indicates levels of tension on a scale from minimum to maximum. The y-axis indicates duration in minutes and seconds.

The processes and outcomes of the study have been reported elsewhere [5-7] so in this context focus will be on the music used in the sessions. The taxonomy presented in this article was not developed, when the study was designed, however, it was an explicit premise that the music should have a mixed intensity profile and the experiences gained from this study have been valuable in developing the taxonomy. This decision was based on the following rationale: The participants in the groups are persons in recovery. They need not only support, but also some grade of challenge in their process of returning to everyday life, with a need to see themselves and their life strategies with fresh eyes. As metaphor and analogy music can offer a non-threatening presentational symbol of emotional states and relational modes of being [46], and it has been documented that clients in GIM very often report their imagery experiences during music listening as metaphors [47]. Music with a mixed profile has the potential to present the listener with a limited and controlled challenge within a supportive framework (musical as well as social). However, supportive and even challenging music could be used at the discretion of the music therapist, if the session prelude indicated such needs, e.g. if the participants were expressively exhausted (-> supportive music) or ready and courageous (-> challenging music)

The mixed profile can be exemplified by the music that was used for the individual assessment of all potential participants: The Norwegian composer Geir Tveitt's *O be ye most heartily welcome*, an elegant contemporary arrangement of a Norwegian folk tune. This piece is the opening of the GIM program *Soundscapes* with Norwegian music only [48]. *Figure 6* shows the intensity profile of the piece, made in the Mia software program [46].

Framed by a beautiful and tranquil beginning and a corresponding ending the short piece has 2 'dark', more or less challenging episodes during which the listener might react. In the assessment the patient was sitting up; there was no relaxation, but an invitation to close the eyes and 'let the music take you wherever you need to go'. A typical example of an experience was this tiny narrative from a 44 years old woman: It was like a fairy tale of a person visiting a forest where there was light and darkness. A 'troll' was hiding in the shadows, but later it came forward and took what it needed before returning to the shadows, as the light returned. The experience was not scary, and she thought it was fine music.

In a group of 3 participants the piece was played again in a late session. None of the participants recognized the music. However, their experience was close to what came up in the assessment. The division of the music in 3 sections was a common, salient feature: A peaceful beginning (nature imagery) – a darker, more dramatic tension building to a climax (a stone quarry with a funeral procession; a ditch; an intentional interruption of the music) – a return to the mood of the beginning (with a touch of sadness). More examples of music used in the GrpMI session can be seen in *Table 3*.

Bach: Adagio in C (Baroque/Romantic) 5.12
Beethoven: Violin Concerto No.2 (Romantic) 10.13
Boccherini: Cello Concerto No. 2 (Classical) 5.53
Brahms: Violin Concerto No. 2 (Romantic) 8.56
Brahms: Piano Concerto No.2, 2 nd movement (Romantic) 11.45
Brahms: Double Concerto No.2 (Romantic) 12.19
Britten: Sentimental Saraband (Romantic/20th century) 6.37
Copland: Corral Nocturne (20th century) 3.49
Elgar: Enigma Variations No.8+9 (Romantic) 5.38
Liadov: The Enchanted Lake (Impressionistic) 7.58
Picker: Old and Lost Rivers (20th century) 6.35
Ravel: Piano Concerto No.2 (20th century) 7.00
Ravel: Daphnis & Chloë (excerpt) (Impressionistic) 7.15
Respighi: Gianicola (Impressionistic) 6.20
Shostakovich: Piano Concerto No.2, 2 nd movement (20 th century) 6.37
Villa-Lobos: Bachianas Brasileiras #5 (20th century) 6.41

Table 3. Examples of music with a mixed profile used in the sessions. (All selections from GIM music programs, with durations taken from the 'Music for the Imagination' CD series or program lists).

The GrpMI study documented that classical music with a mixed supportive-challenging intensity profile was effective in evoking imagery of therapeutic relevance for relatively well-functioning psychiatric outpatients. A specific selected piece of classical music with a mixed intensity profile, Tveitt's *O be ye most heartily welcome*, was an effective and reliable tool in the assessment of potential participants in GrpMI therapy for such patients. There is no reason to believe that music with the mixed intensity profile could not be used in GrpMI therapy with e.g. somatic patients in rehabilitation, however, this demands further research.

A 40 years old man whom we call Ole was referred to GrpMI in relation to individual outpatient psychotherapy. He had a long history of Obsessive-Compulsive Disorder and experienced a fast and significant effect of medical treatment. Like most of the GrpMI participants he had no experience with group therapy, and social anxiety was an important focus. Ole participated in 2 groups over 5 months. His goals were: 1) enhancing self-esteem and sense of identity, 2) experiencing focused attention and serenity, 3) increasing the capacity to accept support and care. Social anxiety was quickly reduced to a minimum in the first group (with 4 participants), and over time he developed a deep insight in his now abandoned compulsive behaviour and how it was related to his life history. He used music therapy to explore new ways of living and relating in a world no longer dominated by anxiety and compulsive rituals. In the group and through music listening he explored his relationship with all sorts of emotions, also complex and difficult feelings. He developed an open and honest communication with the other group

members who appreciated his sharing of experiences and reflections. After the last session of the 2nd group he sent an e-mail:

I have decided to stop participating in music therapy. It has been very good for me to be in the group, and I am grateful for the treatment you have offered me. I will never forget your role in the process of shaping my present, fantastic life. My family and I live a very different life than we did before. I am deeply grateful for the options the psychiatric system has offered me, including music therapy. There is a new freedom and lightness in my everyday life (without anxiety or compulsive drives and acts), something I have never experienced before. I can enjoy life with my family and other loved ones without neglecting disasters and threats in the world around me. "I know the world I sing is the world I live in."

Discussion and conclusion

Selecting the music in MusicMedicine and in receptive music therapy requires expert clinical and musical skills. Playlists and lists of recommended recordings to be used in music interventions in hospitals have been developed together with protocols for specific techniques to be used with specific clinical populations [2]. In the Bonny Method of GIM highly specialized music programs have been developed, and GIM therapists learn to select programs as related to their clients' needs. However, the literature does not include a more systematic classification of the music used in MusicMedicine, receptive music therapy, GIM and its individual and group adaptations.

When working with more severe psychological and interpersonal difficulties, life-crises, traumatic experiences and dissociation it is necessary to have a thorough method for selecting music. We have found that the taxonomy can serve that function. The ability to attach and create trust is the prerequisite for growth and for reciprocal relationships. The field of attachment is essential in understanding the concept of dissociation and its effect on trauma [49]. When trust is established there is also a sense of surrender to the other and a readiness to give and receive the experiences that will come with the mutual connection, such as communication of various affect states. In addressing experiences of crises and trauma the initial step is to establish a phase of stabilization and building of resources. It is essential to evaluate the ability of the client to regulate and tolerate affects [50,51]. Thus in the act of selecting a piece of music, as illustrated by the clinical vignettes (KMR and GrpMI), the levels of trust, basic attachment patterns, and affect regulation are carefully assessed and considered. The taxonomy is based on both many years of clinical experience and on research in the relationship between imagery and music in GIM [39,46]. We think the taxonomy is inclusive of more music genres than the music used in the Bonny Method (e.g. Easy listening, Jazz, Film Music and Folk Music). In developing the taxonomy, Hevner's Mood Wheel and Bonny's concept of affective contours are important frameworks. When making selections

for a music program, Bonny considered the specific mood(s) and emotional potential of that particular composition. We propose that the 1st step in selecting a piece of music for clinical purposes is evaluation of the mood(s) characteristic of that piece. The 2nd step is to determine where in the taxonomy the piece will fit in. In addition, the clinical conditions must be assessed and carefully considered. This refers to alliance, ego-strength, level of attachment, needs for stabilization, current affects, therapeutic timing, and not least the therapeutic relationship. The clinical assessment and the matrix of the taxonomy creates the base on which the music selection rests. In psychotherapy the therapist is attentive on the quality of the connection with the client and aims to create a relationship that can carry and hold a range of affect states and needs. Being able to feel, sort out, and possibly also understand something of the origins of one's problems are fundamental to psychotherapy. Much of the communication in psychotherapy takes place in the implicit domain of relational knowing and is more or less an unconscious process [52]. In a meta-analysis on what factors have effect in psychotherapy there was extensive support for relational factors (alliance) rather than what kind of method or technique that is used [53]. Another finding regarding working alliance was the importance of the client's subjective experience that the therapist cares for the patient in a positive way [54-56]. In receptive music therapy the therapist may choose music of the client. The question of how and in what ways the therapeutic relationship may influence the therapist when selecting a piece of music is of interest here. A related question in turn is how that choice influences alliance. One assumption is that the quality of the alliance presents an "implicit fuel" that is vital for the selection process. In other words, the relational field between the therapist and client provides an intuitive antenna for the therapist in selecting a piece of music. However, the question whether this is actually what is taking place is a point for more research.

Returning to the case vignette above (KMR-Brief Music Journeys) Anna stated that the music had the capacity to move her to a space of safety where she could connect, and begin to express and work with her feelings. This in turn helped her understand some of the roots of her fears, and how the cancer illness had brought back earlier traumatic experiences. She pointed out the importance of feeling safe and held in the therapeutic relationship. In this case vignette of 15 sessions (Table 2) the therapist chose music from only the 3 supportive fields to meet, contain, move and gently stimulate the therapeutic process in a direction of release, acceptance and change. Here the concept of "music as a god-enough mother" [43] can be discussed. This refers to the ability attributed to music of providing experiences of being present, holding, and nurturing. It also refers to the encouragement to move forward and explore new terrains in a way that is bearable. The aim is to help the client tolerate affects and being able to experience different affect states while staying connected to one's body. Choosing music with this in mind means turning to the supportive end of the taxonomy. In an interview study

of 5 psychotherapists' perspective of the function of the music used in KMR-Brief Music Journeys [57] it was stated that the music was experienced as providing supportive and nurturing qualities which in turn strengthened alliance and trust building. The 3 different musical fields (*secure and holding, secure and opening, secure and exploratory*) provided helpful metaphors in selecting a piece for specific therapeutic issues. Another point to consider is to be aware of precisely how the music begins (tempo, instruments, dynamics), and which mood [17] is conveyed in the first half minute. Awareness of how the music ends, and an awareness of the aesthetic qualities of the music is also of importance. Prior to moving into the shared listening experience it is essential to build and develop "good-enough" trust. The therapeutic alliance creates the fundament for the client's ability to fully open up to receive the music. One finding from the study [57] was the importance experienced by the therapists to communicate both verbally and non-verbally their belief in the power of the music to bring about holding and provide a potential space for change to occur. This finding needs to be investigated further.

In conclusion, this article presents a fairly simple taxonomy in 2 levels - a main level of 3 specific 'generic' types of music with therapeutic potential, and a sub-level of 9 subtypes or 'fields'. Application of the taxonomy with greater awareness of the Mood Wheel needs more investigation and discussion. In summary: the mood of the music, its placement in the taxonomy, and clinical evaluations contribute to the therapist's choice of music. We think the taxonomy has the potential to facilitate a focused selection of music to address levels of emotional tolerance and to work with affect tolerance and regulation. So far, our clinical experiences are more or less limited to the fields of oncology and psychiatry. We know that the taxonomy makes sense and can be used in practice within these fields, but it will need further research to establish the taxonomy as a generic classification and clinical tool. More systematic clinical studies focusing on the uses of non-classical music and its relationships with the taxonomy are necessary. Developing a deeper understanding of the uses of more music genres is also of importance. It is especially relevant to study and describe music fitting into the mixed supportive-challenging and challenging subcategories as the music presented here is mainly from the classical Bonny repertoire.

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