

Beyond Therapy: Music, Spirituality, and Health in Human Experience: A Review of Literature

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In the current healthcare environment, there is a growing interest in the relationship between spirituality and health. The connections between music and both medicine and religious experience are well-established, but little is known about how the musical and spiritual aspects of human experience work together to influence well-being. A review of the healthcare literature from 1973–2000 identified 52 published reports on the topic of music, spirituality, and health. The majority of the papers were narrative descriptions or case studies, and appear within a variety of clinical contexts. Fifty-two percent of the authors were credentialed music therapists. Examination of the literature indicated that many papers used terms and concepts associated with both spirituality and health interchangeably, which might lend support to the basic interconnectedness of these two aspects of being. The function of music across the literature was explored, and a transformational model of music experience derived from the literature is proposed. Based on the findings of the review, several conclusions about the future role of music in spirituality and health are drawn, and recommendations for further research are offered.

Introduction

A recent article in a national news magazine (Sheler, 2001) reported the growing openness among many healthcare practition-

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ers to the importance of spirituality in the lives of their clients. The article indicated that a number of hospitals and clinics nationwide are offering spirituality-based programs which include music therapy. This represents an aspect of complementary and alternative medicine (CAM) which has a growing constituency among the US population. In contrast to allopathic medicine which focuses primarily on the treatment and cure of disease, CAM tends to have a holistic focus which emphasizes wellness and disease prevention (Micozzi, 1995). Holistic models of care emphasize the integration of physical, mental and spiritual aspects of being. Health is understood in terms of internal and external harmony or balance, and therapy is likely to focus on strengthening health-promoting forces (Furnham, 1997). Both "spiritual healing" and music therapy often are included within the CAM family (Astin, 1998; Buckner, 1999; Sanoshy, 1998), but little is known about how these aspects of human experience work together to influence well-being. In order to provide a context for the focus of this paper, some brief background material on music and religion and religion/spirituality and health will be offered.

The role that music plays in religion and spiritual life is evident throughout history and across cultures. For example, the singing of liturgy in both Jewish and Christian traditions dates to antiquity (Grout, 1960). Music remains an essential part of worship practices in both of these traditions today. Singing and recitation of sacred texts can be found in some of the Sufi traditions of Islam. One's desire for God is the central focus of the music listening experience in this tradition, and appropriate ethical and spiritual preparation is necessary for such listening (Ernst, 1997).¹ Characteristic of the Fuke sect of Buddhism is a Zen approach to playing the *shakuhachi* (bamboo flute) which emphasizes the journey to enlightenment through proper attention to breathing patterns (Titon et al., 1992). Ceremonial chants recall Navajo creation myths, and help to bring the people into harmony with the powers of the natural world (Titon et al., 1992). Music also is a vital part of African American traditions. It is through music that the deepest sorrows and hopes of the black experience are expressed, despair is transcended, and life is celebrated (Cone, 1991).

¹ See Ernst (1997) Chapter 1 for a discussion of the term "Sufi" and "Sufism" and their relationship to Islam.

While these examples provide illustrations of the uses of music in religious traditions, a large body of literature is devoted to the theological and spiritual foundations which ground these practices. From the ancient Greeks came the belief that the order inherent in musical sound represented the order bequeathed to the universe by its Creator. By the Middle Ages, it was believed that because of its mathematical connection to the laws of nature, the act of composing music had the potential to imitate this work of divine creation (Söhngen, 1983). The result was that through music, divine order could be realized in the hearts and minds of the listener. The twelfth century German abbess and composer Hildegard of Bingen echoes this belief in her statement that “God is music, God is life that nurtures every creature in its kind” (Newman, 1988). There is a dynamism inherent both in music and in human life which can mirror and shape each other in a reciprocal manner. Theologian Karl Barth was deeply influenced by the music of Mozart, and observed that in listening to Mozart’s music, one experiences all of the paradoxes of life and can truly live (Barth, 1986). Rudolf Otto coined the term “numinous” to describe the nonrational, mysterious aspects of the Divine. Otto (1958) compares one’s experience with this “numinosity” of God to aesthetic experiences, particularly music. Theologian Karl Rahner (1982) notes that the transcendent aspect of human nature orients us to the fullness of all reality, and out of that transcendence come both art and theology.

The topic of religion/spirituality and health has captured the interest of healthcare practitioners and researchers. A growing body of literature is documenting the relationship between religious or spiritual practices (such as church attendance, prayer and meditation) and a number of variables related to physical and mental health (George, Larson, Koenig, & McCullough, 2000). In most of this literature, clear distinctions between religion and spirituality are not drawn; however, a definition of spirituality has been developed which focuses on “feelings, thoughts, experiences and behaviors that arise from a search for the sacred” (Larson et al., 1997, p. 21 as quoted in George et al., 2000). Evidence supporting the health benefits of religious or spiritual practices remains inconclusive, primarily because much of the research is correlational, contains methodological limitations and inconsistencies, and fails to control for confounding variables (Sloan, Bagiella, & Powell, 1999). Despite the difficulties surrounding definition and opera-

tionalization of the construct, the growing popularity of holistic models of health and medicine is inviting healthcare practitioners to consider the importance of the spiritual dimension of care. In the literature, a search is underway to identify or develop theoretical frameworks which might provide a foundation for the role of spirituality in holistic models of health. Weber (1995) draws on Eastern and Western, ancient and contemporary, philosophical writings to identify themes related to an underlying organic unity, order and purpose to all of reality which have the potential to inform and guide modern holistic practice. Martsolf and Mickley (1998) identify five attributes of spirituality (meaning, value, transcendence, connecting, & becoming) which have appeared with varying degrees of emphasis in 13 models or theories of nursing. Based on their review, they conclude that there is a sufficient foundation on which to develop nursing practice and research in this area. Goldberg (1998) uses a concept synthesis approach to explore the construct of spirituality in the nursing literature, and has distilled the phenomena which emerged into the term "connectedness."

As can be seen from the examples provided, the domains of music and religion and religion/spirituality and health have significant histories, and extensive writings exist which describe and explain these relationships. What is of interest in this paper are the interrelationships between these three aspects of human experience; specifically, how does music influence health through spirituality? George et al. (2000) indicate that one of the most neglected areas in the literature is the nature of spiritual experience itself. For example, how do health care practitioners as well as clients define, understand, and experience it? What facilitates it and how is it expressed in one's lived experience? Given the strong links between music and both medicine and religion, there is reason to believe that music may be an important avenue for the expression of one's spirituality and of realizing any associated health benefits. However, we know little about how this dynamic operates. The purpose of this paper is to review and evaluate the literature on music, spirituality, and health, and to offer some possible directions for the development or refinement of theory, research, and practice in this area. Specifically, several questions will guide the examination of the literature:

- What is the content of the literature?
- What types of articles exist?
- What are the credentials of authors?
- How does this literature define or describe spirituality?
- How does this literature define or describe health or healing?
- How does music function in relation to spirituality and health?

Method

In order to identify relevant resources, a number of search techniques were used. Electronic searches were conducted using *Med-Line*, *CINAHL*, *PsycInfo*, and *CAM Citation Index*. Key search terms were *music and spirituality*; *music and healing*; *music and health*; *music, spirituality and health*. The inclusion of all three terms in the search process generated the most relevant articles. Hand searches were done of the music therapy literature including *The Journal of Music Therapy*, *Music Therapy Perspectives*, *Music Therapy* and *Journal of the Association for Music and Imagery*. A search also was done of the column "Reference Review" in *Music Therapy Perspectives*. This column identifies published literature related to music therapy which appears outside of music therapy journals. Because of the health-related focus of this review, the search was restricted to medical and psychological sources. The major criterion for inclusion in the review was that papers had to deal explicitly with all three variables: music, spirituality, and health. A second criterion was that the papers had to appear in a professional journal or other published source such as a chapter in an edited book. Conference presentations or unpublished materials were excluded from the review. The publication date (1973) of the book *Music and Your Mind* by Helen Bonny and Louis Savary was chosen as a starting point from which to search, because it represents the first attempt to define religious experience within the context of modern music therapy practice:²

Religious experience . . . designates a continuum of transpersonal experiences, allowing each [individual] to bring to the lis-

² As early as 1968, Gaston noted that "music and religion are integrally related" (42-23), but his emphasis is on the communal aspects of music-making rather than intrinsic religious experience. No articles could be located which specifically drew on Gaston's assumptions, however, the Bonny and Savary text (1973) has provided a foundation for much theory and practice in music therapy. (Gaston, E. T. (Ed.). (1968). *Music in Therapy*. NY: Macmillan Publishing Co., Inc.)

tening experience his [or her] own ideas about [humanity], nature, God, religion and the transcendent. (Bonny and Savary, 1973, p. 128).

The search includes articles published through the year 2000.

Results

A total of 52 articles which conformed to the criteria for inclusion were identified for the review. The discussion of the literature will be presented in two ways. First, a discussion of content and format will be presented (Questions 1–3). This will be followed by a discussion of the general themes of spirituality, healing, and music as represented across the literature (Questions 4–6).

Table 1 addresses the questions regarding content and format of the literature. The first striking feature of this literature is its diversity, which makes meaningful classification difficult. Because the bulk of this literature derives from clinical practice, a population or context-specific approach to categorization seemed most appropriate. Within each area of clinical practice, a variety of formats are represented. A detailed, content-based discussion of the papers is presented below, and is followed by analysis and critique.

Most of the papers are narrative/descriptive, and represent attempts to describe the phenomenon of music, spirituality, and health in general terms. Some of these papers use case study material to illustrate their points; others describe specific programs or populations, but all are basically of a philosophical or descriptive nature. This is the most diverse category, and includes articles ranging from brief reports (Richards, 1990) to extensive treatments of subject material (Cohen, 1998). Some articles in this category highlight specific music therapy techniques used in conjunction with spiritually-oriented goals (Bailey, 1984; Trauger-Querry & Haghghi, 1999; Walker, 1995). Case studies and program descriptions represent the second and third largest types of papers identified. The category “toward theory” includes articles which develop ideas which may eventually become the foundations for theory in relation to music, spirituality and health. However, the ideas presented are not extensive enough to be considered fully-developed “theories” in the traditional sense of the term. The review paper (Toomey, 1996–97) is of the literature related to the practice of the Bonny Method of Guided Imagery and Music (GIM).

TABLE 1
General Content of the Literature by Type of Publication

Category	Narrative/ descriptive	Case study	Program description	Toward theory	Research	Book chapter	Literature review	Total	GIM referenced
General	9			2			1	12	3
End of life care	5	3		1	1	1		11	1
Personal/spiritual growth	2	6	1		1			10	10
Cultural/ethnic issues	4		2					6	2
Older adults	1							4	0
Medical conditions	2 ^a	2						4	2
Psychotherapy	2	1						3	2
Church ministries	2							2	0
Total	27 ^b	12	6	3	2	1	1	52	20

^a Includes information about music therapy techniques.

^b Case study material was included in ten papers for purposes of illustration.

The Bonny Method of GIM is defined as “a music [centered], 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” (quoted in Toomey, 1996–97, p. 75).³ It originally was developed in the mid 1970s by Helen Bonny specifically for the purposes of personal and spiritual growth (Bonny, 1986). Because of the frequency with which this technique is represented in the literature (20 out of 52, or 38% of the sources), a separate column in Table 1 illustrates the number of articles in each category which relate specifically to it. All further discussion of the technique in this paper will refer to it simply as “GIM.”

Table 2 addresses the question “what are the credentials of authors?” The work of 58 authors with diverse clinical and professional experience is represented in this literature. Of these, 30 (52%) of the authors are credentialed music therapists.⁴ This illustrates that music therapists are addressing issues of spirituality within the framework of clinical practice. The major difference between papers authored by music therapists and those authored by other professionals was in the degree of detail provided. Papers authored by other professionals tend to be more global in their descriptions, while music therapists frequently include detailed case study material which illustrates how the music-health-spirituality dynamic manifests itself in the lives of individual clients (see especially Munro & Mount, 1978; Salas, 1990; Trauger-Querry & Haghighi, 1999; Walker, 1995; and Wärja (1994).

Detailed discussion of papers

General

Of the 12 papers dealing with general content, six were authored by music therapists. These emphasize the power of music to

³ For a more detailed description of the GIM process, see Bonny (1994).

⁴ Credentials of music therapists vary by country of origin and by date of article. For example, in the USA, the credentials “RMT” (registered music therapist) and “CMT” (certified music therapist) have been phased out since board certification (“MT-BC”) became the recognized professional credential. Other countries still use these credentials. The credential “FAMI”—Fellow of the Association for Music and Imagery—is granted to those who complete Level III GIM training. This credential can be obtained by individuals who are educated in disciplines other than music therapy (i.e., counselors, clergy, educators).

TABLE 2
Credentials of Authors

Credentialed music therapist	30
Psychotherapist/counselor (FAMI ^{a,b})	9 (3)
Other musician (music thanatologist, sound healer, music teacher, musician)	4
Clergy	3
Other professional (social worker, occupational therapist, Native American healer, art therapist, physician, researcher/professor)	6
No credentials listed	3
Total number of authors	58

^a Fellow, Association for Music and Imagery (credentialed GIM practitioner).

^b Three psychotherapists/counselors were also GIM practitioners.

strengthen intrinsic capacities for growth and healing despite physical, emotional, or psychological infirmity (Bonny, 1986; Salas, 1990). Salas (1990) asserts that the healing energy of music lies primarily in its capacity to embody meaning and to provide a mirror of our inner world. The ability of music to bring form and order out of inner chaos is emphasized by both Beck (1996–97) and Salas (1990). Beck draws on the theology of Adrian van Kaam to propose a model in which music, particularly within the context of GIM, can open up more complex ways of listening to ourselves and our lives. This deeper listening has the potential to involve us in transpersonal experiences which can help us to integrate our inner “dissonance” (p. 27) into fuller ways of authentic living. The two articles in the “toward theory” category (Aigen, 1991; Broucek, 1987) offer models of music therapy which attempt to push the boundaries of practice outside of traditional, institutional settings. Aigen (1991) asserts that in order to develop a worldview appropriate to music therapy, one must consider the nature of music itself. He argues that the central function of music is personal transformation, and explores ritual and shamanistic healing practices as ways in which we can connect deeply with the transformative aspects of music. Broucek (1987) proposes a model for music therapy based on Maslow’s hierarchy of needs which can bring music therapy out of the clinic and into a general population. Her model understands music therapy as a means toward reviving, sustaining, and nurturing the life spirit.

Toomey's review (1996–97) identified 142 GIM-related papers in the literature. Of these, 54 were from unpublished sources, and 36 were published in one source: the *Journal of the Association for Music and Imagery*. Nine papers in Toomey's review dealt specifically with spiritual, transpersonal or transformational issues. Of these, seven were unpublished manuscripts, one of which was published in a subsequent issue of *Journal of the Association for Music and Imagery* and is included in the present review (Lewis, 1998–99). Of the two published papers identified by Toomey, one met the criteria for the current review (Holligan, 1994). Thirty-nine papers in Toomey's review focus on GIM as related to personal growth and healing. Of these, 22 are in published sources, and three fit the criteria for inclusion in the present review (Clark, 1991; McKinney, 1993; Merritt and Schulberg, 1995). Toomey concludes that the literature substantiates the original purpose of GIM as a means of personal and spiritual growth, but highlights the need for quantitative research and for a broader framework for self-definition than that provided by humanistic psychology.

The six general papers authored by professionals other than music therapists touch on similar themes. Arts processes keep imagination alive, bring order, make the truths of life real, meet emotional and spiritual needs and allow for expression of feelings (Bailey, 1997). Aldridge (1998) focuses on the importance of maintaining hope in the face of life-threatening illness. Through active engagement with music, hope ceases to be an abstract construct, and is realized in our lived experiences. Creative music-making also allows us to improvise ourselves, as it were, into wholeness and new identities. (Aldridge, 1998). Music affects the body, mind and spirit, can induce different states of consciousness, can enhance or alter emotional and mental responses, and ultimately can transform global consciousness toward unity and wholeness. (Goldman, 1988). Updike (1994, 1998) takes a metaphorical approach, and highlights the similarities between composing a work of art and composing a life. Like Aldridge (1998), she ascribes to music the power to open up our capacity for improvisation, and for developing new solutions to the challenges posed by chronic illness. Examples of programs which have integrated arts and spirituality into aspects of care are provided by Bailey (1997) along with specific guidelines for those wishing to develop similar programs. Also emphasized is the power of music to unite us with spiritual forces

(Goldman, 1988), and to open up psychophysiological states which invite the spiritual aspect of experience to be present as a source of strength and healing (Updike, 1994, p. 299). Another connecting point between music and the divine is advocated by Nikles (1992) who proposes prayer as a possible meeting place between music therapists and clergy within the framework of clinical practice.

End-of-Life Care

The major goals of end-of-life care include provision of comfort and relief of pain and anxiety. The literature reveals a number of ways in which music is used in connection with these goals. An emphasis on the spiritual needs of the dying person has been a central feature of hospice care since its inception. Two early papers (Gilbert, 1977; Munro & Mount, 1978) articulate the importance of dealing with spiritual issues within the context of music therapy intervention. For individuals in end-of-life care, music serves as a source of comfort, a vehicle for reassurance and as a means of drawing closer to God (Gilbert, 1977). Munro and Mount (1978) concur, and present case examples which illustrate the role of music in helping end-of-life care clients to express feelings of doubt, anger, and fear, and to come to terms with the meaning of their lives. West (1994) advises music therapy professionals to be aware of the associations that people in end-of-life care frequently make between music and spirituality. She also cautions therapists to be aware that, for a dying person, music needs to serve as a container or support for the expression of feelings rather than as a stimulant for working through psychological issues. Several writers emphasize the role of music in sustaining hope (Aldridge, 1995; Chandler, 1999; Gilbert, 1977). Aldridge (1995) focuses on the potential of music to help the individual to transcend or find meaning in suffering. Chandler (1999) asserts that images, symbols, rituals, and stories carry hope, and that through creative acts, a dying individual can activate hope and find ways of expressing spiritual yearnings. Ways in which arts processes can help a dying individual to find meaning in suffering also is discussed by Trauger-Querry and Haghghi (1999). They suggest a model whereby art and music therapy experiences shift energy away from pain or pain perception. As the individual engages creatively with arts processes, "meanings" emerge, become concrete and open the person to alternate ways of thinking or being, to transcendence or a sense of

inner peacefulness. An adapted version of the GIM protocol was used by Marr (1998–99) to assist two clients to deal with spiritual issues which surfaced during the course of terminal illness. The techniques of song choice and music-based life review were used by Martin (1991) to provide spiritual support and to facilitate meaningful interaction between a dying patient and members of her family. As an individual draws closer to death, there may be little energy left to actively participate in music experiences. Music thanatology was developed by Therese Schroeder-Sheker (1993) for the purpose of freeing the dying individual from engagement with life. With a foundation in Cluniac spirituality, music thanatology draws largely on the repertory of Gregorian chant, and may be embellished with harp and bells. Music is individually designed, and “anoints” the dying person as s/he crosses the threshold between life and death. A qualitative research study analyzed themes in songs composed by individuals in palliative care (O’Callaghan, 1996). Eight themes emerged from the analysis and included messages, self-reflections, compliments, memories, reflections upon significant others, expressions of adversity, imagery, and prayers. These data seem to support the contention that for people with terminal illness, music can provide a means of self-expression and of dealing with issues of meaning and purpose. An extensive treatment of music and music therapy in palliative care is provided by Krout (2000). With respect to spirituality, Krout identifies spiritual support as a specific goal of music therapy intervention in 14 out of 88 clinical reports which he reviews. He cites the availability of transpersonal/spiritual and wellness models as possible theoretical foundations for music therapy within a palliative care context, but doesn’t elaborate on what these models are or how they might be developed. He also identifies 10 spiritual issues with which a patient in terminal care might be dealing, and indicates that the therapist working in this setting needs to be prepared to assist clients with them.

Personal and Spiritual Growth

It is noteworthy that all of these papers reference the GIM technique. In fact Volume 6 (7 papers) of the *Journal of the Association for Music and Imagery* was dedicated to the role of music in personal and spiritual growth. Case studies highlight experiences of spiritual deepening in a young man preparing for ordination (Holligan, 1994); multidimensional growth including spiritual deepening in a

young professional woman (McKinney, 1993); and healing of transgenerational trauma experienced by the children of Holocaust victims and perpetrators (Merritt & Schulberg, 1995; Schulberg, 1997). These last two papers are included in this category rather than in the category of "psychotherapy" because of the broader implications contained therein. The authors indicate that, because of their expansiveness, the archetypal symbols and images evoked by "great music" (Merritt & Schulberg, 1995, p. 118) have the potential to sow the seeds of interpersonal and cultural as well as personal healing. Three papers develop GIM practice in relation to both transpersonal and Jungian depth psychology. Lewis (1998–99) draws on Wilber's Spectrum of Consciousness to illustrate the capacity of GIM to stimulate transpersonal experiences. Data taken from 128 GIM sessions of 30 individuals revealed both the nature and frequency of a variety of transpersonal experiences reported by GIM clients. Clark (1998–99) uses a transpersonal framework and James Fowler's Stages of Faith model to describe the potential of GIM to foster spiritual growth. Within the paradigm of Jungian depth psychology, individuation has been described as a process of growing, becoming, expanding, and moving towards wholeness (Wärja, 1994). The role that music plays in this journey is described in two papers. Wärja (1994) uses both GIM and improvisational music-making to assist a client in connecting with archetypal images and figures which help her to develop insight into her life experiences, and to move toward a place of redemption and healing. Wesley (1998–99) uses case study material to illustrate how the GIM process helped a client to access the experience of the Hero's Journey of departure, initiation and return.⁵ One paper (Booth, 1998–99) describes the development of a new GIM music program designed to lead people toward a clearer sense of meaning and purpose in their life journeys. The only quantitative-based research study which could be located for this review focused on perceived changes reported by adult clients as a result of GIM therapy. Through questionnaire data received from 25 former GIM clients, Maack and Nolan (1999) found that clients were highly satisfied with their GIM experiences. The strongest gains reported by more than 50% of former clients were in the areas of getting more in touch

⁵ For a fuller discussion of the "Hero's Journey," see Campbell, J. (1968). *The hero with a Thousand faces* (2nd ed.). Princeton: Princeton University Press.

with emotions, gaining insight into problems, spiritual growth, increased relaxation, and discovering new aspects of the self.

Cultural/Ethnic Issues

The category of “cultural/ethnic issues” contains papers dealing with the relationship between shamanistic practices and modern music therapy (Kovach, 1985; McIvor, 1998–99; Winn, Crowe & Moreno, 1989). Similarities between the shaman in traditional cultures and the GIM facilitator are addressed by Kovach (1985). Both practices use music to enter altered states of consciousness and to access intrapersonal or transpersonal healing energies. A major difference is that in shamanistic practice, the shaman is the one who experiences the altered state of consciousness, whereas in GIM, the client or traveler enters this state. The role of the drum and songs in shamanistic practice is described by Winn, Crowe, & Moreno (1989), and some suggestions are offered regarding specific brain functions involved in altered states of consciousness. This paper also indicates that in traditional cultures, music is embedded within social and ritual contexts which also might account for healing effects. Several comparisons between modern music therapy and shamanistic practice are presented. McIvor (1998–99) illustrates the use of GIM techniques in eliciting images and symbols significant to members of the Maori, the indigenous people of New Zealand. Reported results of the GIM sessions were increased self-knowledge, spiritual refreshment and increased comfort and strength from ancestors. Two papers illustrate the role of music and spirituality in providing a bridge between the process of psychotherapy and clients from diverse ethnic and cultural backgrounds (Frame & Williams, 1996; Williams, Frame, & Green, 1999). These papers indicate that in many African American traditions, spirituality is woven deeply into the fabric of everyday life, is embodied, communal, and emphasizes themes of survival and liberation. Music and dance are vital means of expression of African American spirituality. A case illustration is provided (Frame & Williams, 1996) to show how metaphor, storytelling, and symbols can be accessed through music and spiritual traditions to assist a 19 year-old African American boy in dealing with issues of identity and purpose in his life. Another paper (Williams, Frame, & Green, 1999) reports the experiences of a spirituality group developed for

African American women. The group used African American ritual, music, and tradition to foster a positive identity and to support group members' spiritual experiences. Group members reported that the experience provided a safe place in which to allow lines of communication and connection to open, and for personal growth to take place. In Native American medicine, health involves restoration of physical, mental, and spiritual balance within the person, the community, and nature (Cohen, 1998). The source of wholeness is God, and this divine life force is manifested in living beings through the breath itself. Disease tends to be understood in spiritual rather than materialistic terms. Prayer is a vital part of the healing process, and chants, drums, and rattles may be used to focus the mind of the patient, to entrain the consciousness of the healer and helpers, and to accompany ritual. In some cases, songs and rhythm instruments are the healing powers, since the sounds themselves are able to enter into the patient and disrupt or remove alien forces or spirits. (Cohen, 1998, p. 52).

Older Adults

Two papers in this category describe programs for people with dementia. A program in which familiar hymns are used to access memories, provide spiritual comfort and assist connections with religious rituals is described by Coombes (1997). Kirkland and McIlveen (1999) present a program which addresses spiritual needs of the cognitively impaired. Music and other sensory-based experiences are important components of this program, and tap into parts of the person that have not been affected by the disease. Richards (1990) also emphasizes the importance of attending to the spiritual needs of cognitively impaired older adults, and suggests that the ability of music to evoke feelings, images, and symbols may help them to reestablish meaningful connections with themselves, others, and their faith traditions. In another report, Gospel music is used in conjunction with an exercise program developed for nursing home residents (Fielo & Crowe, 1997). No reason is given for the choice of this music other than it worked well in a mobility program in the group leader's church. Participation in the group was voluntary, and staff evaluation of the three sessions suggested that spiritual feelings accessed through the music may have contributed to physical, social and general well-being.

Medical Conditions

Positive mood, open-mindedness, and a willingness to grow are characteristics associated with spiritual growth. Walker (1995) describes several ways in which music therapy techniques involving relaxation, lyric analysis, and songwriting can be used to develop or enhance these characteristics among people in treatment for chemical dependency. Singing and composing songs provide opportunities for intimate contact between individuals with cancer and their families, enabling them to communicate needs and to receive comfort and support (Bailey, 1984). She offers case material which illustrates the ability of music to unlock feelings and untapped creative potential, to facilitate communication, and to actualize hope and peace. A facilitated communication (FC) technique and art media were used by Clarkson (1998–99) to access feelings and images generated by an adapted form of GIM in a young man with autism. These techniques allowed the client to share about his spiritual journey. Reports of more than 50 sessions over a 2-year period revealed the client's ability to transcend his disabilities and to inspire and guide the therapist. Eleven sessions of GIM assisted a young man with AIDS to deal with a sense of isolation and to come to terms with traumatic past events. Three sessions in which the client experienced intense imagery related to the death and resurrection of Christ seemed to facilitate a breakthrough in the client's experience, bringing a sense of healing and forgiveness, and providing the impetus to live more fully the life still left to him (Bruscia, 1991).

Psychotherapy

A modified form of the GIM technique is used by Houts (1981) in pastoral psychotherapy. Material is presented on three clients, and it is suggested that for these individuals, deep music listening opened paths into feelings and imagination. This facilitated discussion of both spiritual and psychological issues in a natural, uncontrived manner, and led to deeper insight and working through of therapeutic issues. In a case study within a Jungian framework (Clark, 1991), integration of the inner child, mother and father into an adult self is facilitated by a series of experiences with GIM. Several spiritual issues arose within the context of this GIM process, including issues of death and rebirth, learning to trust, and en-

countering and integrating images of Father God. According to Nelson and Weathers (1998), the goal of psychotherapy is healthful individuation, and music can assist this process by opening up and actualizing the inner world of feelings and perceptions.

Church Ministries

The two articles in the category of “church ministries” were found in journals directed toward professional church musicians, but were included in this review because of their health-related focus. One paper (Froehlich, 1987) illustrates ways in which music therapy can integrate pastoral care and church music ministry. For example, Orff-Schulwerk⁶ can be used to encourage children to discuss their relationship with God. Music also can be used within the context of holistic ministries to persons with disabilities. Cooney (1987) asserts that the arts are a perfect expression of the relationship of human beings to God, because they have the capacity to express our deepest longings and to touch the core of our humanity. Part of the church’s ministry to the sick, the lost, and those who grieve is to affirm the healing presence of God in the midst of suffering and death. In Cooney’s view, music is especially suited for this task because of its capacity to convey convictions about the great issues of universal experience such as love, death, meaning, and faithfulness, and because sound enlivens the heart with the very spirit of God.

Analysis and Critique

One strength of this literature is in the breadth of its coverage. The issue of music as it relates to spirituality and health appears in a variety of clinical contexts, ranging from end-of-life care, which contains the most sources, to psychotherapy and church ministries which contain the fewest number of sources. Evidence-based support for the effectiveness of music as it relates to spirituality and health is documented primarily through case study material, which is found in 22 (42%) of the papers in this review. The literature has a strong clinical practice emphasis, and reasonable albeit intuitive conclusions are drawn from the breadth of this experience. However, the review highlights a number of limitations in the literature.

⁶ For a discussion of Orff-Schulwerk, see page 110 of Boxill E. (1985). *Music Therapy for the developmentally disabled*. Austin, TX: ProEd.

The first limitation is the number of sources which could be identified. Given the 27 year time frame allotted to the review, 52 seems a small number of articles to have been identified. Admittedly, information may be contained in unpublished sources, in conference proceedings, in theses, or dissertations—sources which were excluded from the present review. In order to address this issue and to examine specific trends in the literature, a brief chronological exploration of the papers will be offered. However, it must be emphasized that any conclusions regarding possible trends are tentative given the limited number of papers in the review.

The two earliest papers included in this review deal with the role of music and music therapy in terminal care. Given that spiritual support has been a major goal of this type of care since its modern inception (Krout, 2000), it is not surprising that this would be reflected in the literature related to music. Both of these articles appeared in professional music therapy journals. Nine articles from the years 1980–1989 are included in this review, six of which were published in music therapy journals. Of these, four appeared in *Music Therapy*. Published by the American Association for Music Therapy (AAMT), from 1981–1996, this journal contains many papers which emphasize humanistic approaches to music therapy practice. Forty-one (79%) of the papers in this review were published in 1990 or after. This seems to reflect the increased interest in the topic of spirituality and healing which has been seen both in the general population and in the medical literature. Aside from this, the only clear trend in the literature is the increased visibility of the GIM technique in relation to spirituality and health.

Bonny's definition of religious experience (cited above) served as the starting point for the present literature search. The emphasis on religious and spiritual experience which is a hallmark of GIM practice has been evident throughout its literature. However, prior to the late 1980s, the technique itself was not considered part of "mainstream" music therapy practice which tended to emphasize behavioral approaches. In general, the GIM literature reflects a solid foundation in transpersonal and psychodynamic theory, a rigorous training protocol, and solid clinical practice. One major limitation is that this literature is published in sources that are not likely to have wide circulation. For example, further examination of Toomey's review (1996–97) shows that of the 88 published papers or articles she identified, 36 were in the *Journal of the Association for Music and Imagery* and 20 papers appeared in one of the

three music therapy journals. This work needs to be disseminated among more widely circulated, mainstream publications. Another major limitation in the GIM literature is the lack of quantitative research. Appropriate research designs and methods need to be identified and applied to GIM practice in order to further substantiate the effectiveness of its techniques.

Regarding content of the papers, the dearth of literature in the areas of music, spirituality, and health among older adults, in psychotherapy and medical practice deserves comment. The gerontological literature indicates that the developmental tasks of old age include finding meaning in one's life experience and coming to terms with the life one has lived in a unified, integrated manner (Erikson, Erikson, & Kivnick, 1986). Spiritually, mid-life, and aging often initiate a turning-inward toward the deeper dimensions of life in order to find the resources to face the mysteries of life and death (Bianchi, 1985). A survey of music therapists working in gerontology settings (Smith & Lipe, 1991) revealed that spiritual affirmation—the use of spiritual resources to enhance well-being—ranked least among nine treatment goals typically addressed by music therapists with this population. It is not clear whether this represents inadequate assessment of spiritual needs or a lack of understanding, comfort or training on the part of music therapy professionals in addressing them. The degree to which this situation might have changed in the last 10 years also is unknown. In the context of psychotherapy practice, it is likely that spiritual issues are present and are part of the psychotherapeutic process in many published sources, but are implied or described in psychological terms rather than being explicitly identified as spiritual issues. There is an impressive history of the use of music among people receiving medical care. However, Standley's (2000) review and analysis of the music therapy literature in medical settings reveals that in this setting, major functions of music are to decrease pain and alleviate anxiety. Clinicians and researchers have yet to explore how music paired with spiritual support might further contribute to well-being among hospitalized individuals.

The lack of empirical research could be seen as another limitation in this literature. However, this is a nascent literature, and rather than being seen as a limitation, it may be that these papers represent a first step in identifying a phenomenon: the use of music and/or music therapy in addressing spiritual issues as they relate to health or well-being. The next step is to test the assumptions

TABLE 3
Terms and Concepts Associated with Spirituality

Terms and concepts associated with Deity
<ul style="list-style-type: none"> • longing for God • connection or communication with the Divine • holy, blessed, dedication to deity (Updike, 1998) • maintenance of relationship with God or life-force • mystery of experiencing the holy (Chandler, 1999)
Terms and concepts associated with human feelings, attitudes or attributes
<ul style="list-style-type: none"> • hope • faith, values, insight • development of meta-needs (beauty, love, meaning) (Clark, 1998–99) • sense of peace • open-mindedness
Transpersonal experiences ^a
<ul style="list-style-type: none"> • peak experiences • transcendence of self, of the moment • mystical experience • sense of oneness with God, others, universe
Sense of community, survival, liberation (Williams, Frame, & Green, 1999)
Spiritual dynamics
<ul style="list-style-type: none"> • attending to one's personal mystery of unfolding (Beck, 1996–97) • inner search or journey • Hero's journey (Wesley, 1998–99; McIver, 1998–99) • search for meaning or purpose in life • willingness to grow • individuation • transformation • resolution
Synonyms for spirituality
<ul style="list-style-type: none"> • life-spirit • sense of beingness

^a See Lewis (1998–99) for an extended definition of transpersonal psychology.

related to how music actualizes hope, embodies meaning, brings form out of inner chaos, assists spiritual deepening, supports the dying process, enhances ethnic cohesiveness, reestablishes meaningful connections for those with dementia, or promotes other clinically-oriented goals identified in the literature. The “how” question also involves the need to clarify constructs and to identify appropriate research questions and methodology. In order to further explore the construct issue, Questions 4 and 5 were designed to examine how the terms “spirituality” and “health/healing” seem to be used in the literature. Question 6 was designed to identify any

TABLE 4

Terms and Concepts Associated with Health/Healing

Terms and concepts associated with wholeness

- harmony and balance
- maintenance or enhancement of well-being
- restoring wholeness
- self-actualization
- optimal physical health
- integration

Qualities associated with health/healing

- opportunities for self-expression
- learning to live with ambiguity and paradox
- vital imaginative and creative processes
- self-understanding

Life dynamics

- life enhancement
- transcending dissonance
- moving toward authenticity
- living a fulfilling life
- growth and change

Qualities associated with relinquishment

- removing blocks to meaning or awareness
- letting go into death (Schroeder-Sheker, 1993)
- letting go of attachments
- dis-identification from personality (Lewis, 1998–99)

recurring trends or patterns related to the functions of music in relation to spirituality and well-being.

Terms/Concepts in the Literature Associated with Spirituality and Health/Healing

Table 3 answers the question “How does the literature describe or define spirituality?” and Table 4 answers the question “How does the literature describe or define health/healing?” For the purpose of this review, the terms and concepts associated with each construct have been categorized into several domains. This categorization was done for the purpose of convenience and ease of reading and comprehension, and is not intended to represent any definitive, theory-based classification system. Citations are provided for terms or concepts that appear to be unique to an author. Other terms or concepts are more general, and appear across the literature. In Table 4, the phrase “life dynamics” was chosen to illustrate

the fact that the terms in this category represent the ebb and flow of life—that life has movement and direction. The literature also suggests that one aspect of health/healing involves letting go of patterns that are no longer working, of attachments to things or situations that lack ultimate value or, in the case of the palliative care literature, of life itself. These are represented by the category “qualities associated with relinquishment.”

In constructing these tables, it became evident that there was much crossover in these terms/concepts. For example, it was often difficult to determine whether an author was using a term like “transcendence” in a spiritual or health/healing context (Aldridge, 1998; Merritt & Schulberg, 1995; Schulberg, 1997). Likewise, learning to live with ambiguity and paradox might be part of a spiritual journey, but is part of adult psychological development as well (Clark, 1998–99). Within a holistic health paradigm, spirituality and health/healing appear to share a number of common terms and concepts. This observation might further substantiate the relationship between them, especially as they are reflected in the lived experiences of health care professionals and their clients.

The Transformational Model of Music Experience

Table 5 addresses the question “How does music function in relation to spirituality and health/healing?” The choice of the term “function” here is consistent with Aigen (1991). He draws a distinction between the function and uses of music, and asserts that music’s essential function is personal transformation (p. 83). In his view, the power that music has to shape and change our lives is a result of this basic function, although there are a variety of uses to which music may be put (i.e., to assist in relaxation, as a behavioral reinforcer, or mnemonic device). Before exploring specific ways in which this literature suggests that music may serve as a vehicle for personal transformation, a brief explanation of this concept will be offered.

Theologian Robert Barron (1998) indicates that in the New Testament, the word frequently translated as *repent* comes from the Greek *metanoiete*, which literally means “‘go beyond the mind that you have’ ” (p. 5). In the New Testament sense, then, what is suggested is a radical reshaping of the way one views the world—a radical reshaping of vision. By extension, this also can refer to a radical reshaping of our customary way of *hearing*, as suggested by Beck

TABLE 5

Functions of Music in Relation to Spirituality and Health/Healing

Central function: Personal transformation

- make concrete what is abstract
- actualize experiences of death and rebirth
- bring order or form out of chaos

Secondary function I: Evoke and support transpersonal experiences^a

- support connection/relationship to God or life-force
- facilitate self-transcendence
- alter states of consciousness
- evoke images, ideas, feelings
- serve as a bridge between matter and spirit
- give expressions to urges toward spiritual yearning

Secondary function II: Promote individuation

- stimulate symbolic representation
- access archetypal material
- access and integrate dimensions of being
- tap into spiritual core of being
- mirror internal psychic operations

Secondary function III: Invoke and transmit healing power (Cohen, 1998)

- intrapersonal
 - enhance conditions for life
 - evoke/alter physiological and emotional responses
 - strengthen inner processes of growth and healing
 - refocus energy away from pain and towards healing
 - provide a source of comfort, safety, support and reassurance
 - interpersonal
 - open up new ways to communicate
 - foster sense of community
 - communal/global
 - serve as a container for moving through trauma towards healing (Merritt & Schulberg, 1995; Schulberg, 1997)
-

^a Uses which are specifically mentioned in the literature.

(1996–97) in this review. Barron further suggests that what is involved in this process of transformation is a movement from the *pusilla anima*, the small, ego-dominated soul, to the *magna anima*, the great soul. It involves a willingness to move away from fear into trust, and into the *imago Dei*, or image of God. Barron cites a number of Christian writers who have understood this *imago Dei* in terms of the human desires for beauty and wholeness. In particular, the writings of Hans Urs von Balthasar, who was trained in music and literature, are relevant here. According to Balthasar, the beau-

tiful offers itself to us and draws us to the Source and Fullness of Beauty which is Godself (Barron, 1998). When we encounter beauty, we are drawn to its source in such a way that we are not only enraptured, but changed. Such a transformative experience cannot be kept to itself, but must spill over into our everyday world of work, play, and relationships.

In Table 6, an attempt has been made to synthesize the findings from the literature along the lines of Aigen's proposed distinctions (see Aigen, 1991). Elaborating on Aigen's basic belief, the idea of both central and secondary functions of music is proposed. The central functions are those directly related to transformation. Since this is an abstract concept, the ability of music to actualize it is of central importance. This ability is strongly emphasized in the literature (see especially Aldridge, 1995, 1998). Experiences of death and rebirth and bringing form or order out of chaos are other ways of expressing the concept of transformation (Bruscia, 1991; Merritt & Schulberg, 1998–99). It is proposed that music in the service of transpersonal experience and individuation, and as a transmitter of healing power represent secondary functions. These functions might be proven to have transformative elements or be regarded as significant steps along the journey toward "transformation" in some ultimate sense. Following each secondary function is a list of uses which the literature suggests might serve that particular function.

Further development of this model suggests that the secondary functions of music in relation to transformation may be arranged in hierarchical fashion. For example, the ability of music to evoke and support transpersonal experiences is clearly evident in the literature (see especially Toomey, 1996–97; Lewis, 1998–99). These experiences have the potential to open up awareness of deeper aspects of being, and mobilize energy for further self-exploration. However, Clark (1998–99) emphasizes that transpersonal experiences represent a beginning stage in a longer journey, and must be integrated at the level of conscious life experience. This view is consistent with that of mystics such as Teresa of Avila who believed that ecstatic experiences are not essential for spiritual growth (Welch, 1991). The fruits of such experiences must be evident in a transformed life of generosity and caring. Transpersonal experiences might serve as a springboard to the process of individuation. At this level, symbols, archetypes, and other psychic material are brought to conscious awareness. Through the music, this uncon-

scious material loses its abstraction, and becomes actual, concrete, and available for intellectual processing and integration into life change. Concomitant with the transpersonal and individuation functions, music also is evoking and transmitting healing powers by the way in which it affects physiological, emotional, and mental processes. Working together, these three secondary functions of music have the potential to transform not only on a personal level, but at the level of community (Frame & Williams, 1996; Williams, Frame, & Green, 1999) and between peoples whose communities have suffered the devastating effects of war (Merritt & Schulberg, 1995).

Discussion

Review of 52 articles from 1973–2000 dealing with music, spirituality and health indicates that a number of practitioners are finding in music a way to access clients' spiritual resources for the purposes of optimizing wellness and moving toward wholeness. Seven predominant patterns emerged from this exploration of the literature:

1. As individuals engage with music, abstract concepts such as hope, meaning, and purpose are made concrete in the person's lived experience, opening up paths to growth and healing.
2. Engagement with music provides a way to access and energize the imagination, leading to new, creative ways of listening, thinking, and being.
3. Experiences with music enables one to risk the experience of openness within a safe, structured environment.
4. Music experiences provide access into the deeper, inner nature of being (including feelings, beliefs, and unconscious processes), and enable intentional integration of this dimension into one's conscious experience in the world.
5. Music facilitates entry into altered states of consciousness and transpersonal experiences which may lead to insight or open avenues of healing energy. The literature in this area, particularly in GIM, addresses some of the questions about spiritual experience raised by George et al. (2000).
6. Music opens avenues of communication not only between people but also between people and the divine.
7. The structure and familiarity of music provide comfort, reassurance, peace, and release.

Despite the limited number of sources identified for this review, the literature contains much breadth, and appears in a wide variety of clinical contexts. Attempts are made to understand “spirituality” as it relates to the needs of particular clients, and to the goals of specific clinical settings. In 42% of the papers, case material is offered to substantiate the effectiveness of music as it relates to clients’ spirituality and health. However, this literature suggests some directions for solid, empirical research. For example:

1. More information is needed about personal variables which might influence the way music affects spirituality and health. Specifically, how are the effects of music mediated by gender, age, personality, or by cultural and religious history/practice factors? To what degree are these variables influential, and what are the implications of this for clinical practice?

2. The role of musical variables needs further exploration. Among music therapists, it is well known that musical variables such as tempo, rhythm, melody, harmony, timbre, presence or absence of text, and so on, have specific physiological and psychological effects. In GIM practice, Bonny’s extensive research and clinical experience have resulted in the development of 24 specially-chosen music programs designed to achieve certain effects such as “emotional expression,” “affect release” and “peak experience” (Bonny, 1994). More research is needed to further substantiate the relationships between the elements of music and subsequent responses, especially as they relate to spirituality. Are there certain types of music which seem to help people access and engage the spiritual dimension of their lives? Are there differences in effects between listening and active engagement with music? How can these be effectively measured?

3. In collaboration with biomedical professionals, examine chemical changes which may occur in the body in conjunction with musical and spiritual experiences.

4. There is a need for research that looks at the interrelationships between music, spirituality, and health in nonclinical settings. For example, community wellness centers, religious organizations, and solo practitioners may offer music-based programs which engage the spiritual dimension in order to optimize well-being. Systematic documentation of such programs would be useful in understanding what works and where refinements need to be made. What are appropriate outcome measures in these settings?

5. The majority of the papers in this review were authored by music therapists. Beyond what is revealed in case study material, little is known about the spiritual/religious involvement of music therapists and other professionals who use music to address spiritual issues in the lives of clients. What draws them to use music in this way? Is there something intrinsic to music which affects these practitioners on a spiritual level? How do these dynamics become part of the therapeutic process?

In order to provide a foundation for the use of music in spirituality and health, the literature references a number of theoretical models. For example, the GIM literature relies strongly on transpersonal psychology (see especially Lewis, 1998–99) and on Jungian depth psychology (see especially Wärja, 1994). Humanistic psychology also appears as an important framework for clinical experience (Broucek, 1987; Nelson & Weathers, 1998). However, these theoretical foundations need to be developed more thoroughly, and related more strongly to research and practice.

One way to add depth to this literature is through collaboration with theologians, chaplains and spiritual directors. From a clinical practice perspective, it was surprising that nowhere did this literature mention collaboration with a spiritual director—on the part of clients or providers—even when spiritual issues were paramount. Spiritual direction or guidance involves helping another “. . . to see and respond to spiritual truth” (May, 1992, p. 1). It differs from psychotherapy in that it focuses primarily on paying attention to mystery and to the whispers of the Holy in one’s life, and not on finding solutions to life’s problems. It is an ancient practice, is found in a number of religious traditions, and is built on theological foundations which expand our understanding of the human situation beyond the frameworks offered by psychology. What practical guidance can spiritual directors offer to music therapists and other health care professionals as they assist clients towards wholeness? In what ways can music be integrated into the practice of spiritual direction to achieve a similar goal? From the perspective of theory development, more engagement with the literature in spiritual/theological aesthetics has the potential to add depth to our understanding of constructs such as “spirituality,” “well-being,” and “transformation.” Engagement with this literature also may help to further develop the transformational model of music experience proposed in this paper. Some questions to be asked include:

Does the model have validity from a theological perspective? Can a hierarchical model and its elements be substantiated? How can "transformation" and the role of music therein be measured and examined empirically? Since the place of music in spirituality and healing is a phenomenon that appears across both time and culture, the wisdom of a variety of faith traditions needs to be included in the discussion so that a solid foundation for practice, research and training can be built.

A recent news report (Buckley, 2001) told the story of Candear Pequeno, a small neighborhood in Brazil which was transformed by the rich cultural and musical tradition of Bahia. Spearheaded by Brazilian musician Carlinhos Brown, a Timbalada band was formed, providing a creative outlet for young people from this impoverished community. The success of the band led to the establishment of the Pracatum School, and opened the door for major funding to renovate and improve the community's housing and infrastructure. For this small community, the formation of the band provided the energy which transformed despair into hope.

As the year 1999 became the year 2000, the entire world celebrated. From the islands of the Orient, to the tombs of Egyptian Pharaohs, the Parthenon in Greece, and the rainforests of South America, the turn of that century was greeted with music and dance of the world's peoples. The power of music to uplift, to inspire hope and to bring healing was undoubtedly felt by many. The celebration was evidence of the power that music has to change not only our individual lives, but our communities and our world. Perhaps the collective wisdom of the writers represented in this paper will provide inspiration for further realization of this vision.

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