

## **The Effects of Guided Imagery and Music Therapy on Reported Change in Normal Adults**

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*This study explores the main changes gained from Guided Imagery and Music (GIM) therapy as described by former clients. It also explores whether gains are integrated into the clients' lives and if those changes stabilize over periods of time after finishing GIM therapy. Questionnaires were sent to GIM therapists who forwarded them to former GIM clients. Twenty-five former GIM clients returned questionnaires directly to the researcher. Results show that the main gains reported by former clients of GIM therapy are (a) getting more in touch with one's emotions, (b) gaining insights into some problems, (c) spiritual growth, (d) increased relaxation, and (e) discovering new parts of oneself. Results also show that GIM therapy might be helpful for clients with symptoms of anxiety and/or fear, and for clients who want to increase their self-esteem. Changes gained during GIM therapy appear to stabilize over a period of time after finishing GIM therapy. They improved after termination of therapy, especially in the mental and transpersonal areas.*

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Guided Imagery and Music (GIM) is a music therapy method. As described by Bonny, it

is a technique which involves listening in a relaxed state to selected music . . . in order to elicit mental imagery, symbols, and deep feelings arising from the deeper conscious self. The GIM process refers to a process which uses the GIM technique in conjunction with other ASC [altered state of consciousness] facilitating agents in a series of sessions to foster creativity, therapeutic intervention, self-understanding, aesthetic imprint, religious and transpersonal experience, holistic healing and personal growth. (1978b, p. 5)

In case studies, change in the areas of cognition, sense of self, mood, relationships, and somatic conditions has been reported (Belland, 1994; Bonny & Savary, 1973; Goldberg, 1989; Goldberg, Hoss, & Chesna, 1988; Holligan, 1994; Summer 1981, 1988). GIM therapy can help during changes in life (Bonny, 1989; Goldberg et al., 1988; Holligan, 1994; Summer, 1981), clients can get insights into problems and behaviors (Bonny, 1978a, 1978b; Holligan, 1994; Nolan, 1983; Summer, 1988), explore and relieve physical tension (Summer, 1988), find solutions for problems (Bonny, 1978a, 1978b; Goldberg et al., 1988; Summer, 1988), and integrate different parts of the personality into a more complete self (Bonny, 1978a, 1978b; Bonny & Savary, 1973; Holligan, 1994; Pickett & Sonnen, 1993; Summer, 1988; Weiss, 1994). There have been no documented studies which examine the long-term effects of GIM therapy, so it is not known what the long-term changes are.

The rationale for this study was to describe the effects of GIM therapy as perceived by former GIM clients. In the above mentioned case studies change was reported as perceived by the GIM therapists or reported by clients either during or immediately following treatment. In only 5 of the 26 case studies reviewed by Belland (1994) a follow-up after a period of 3 to 18 months was reported by the former therapist. More information about perceived long-term effects by former GIM clients is needed to further develop the method and to see where GIM therapy is most helpful.

The study focuses on areas of change reported by former GIM clients. High-functioning normal adults who have been successful GIM clients were selected as subjects because their reported out-

come would be more general. Areas of change investigated were: trust oneself versus rely on others, heightening of self-esteem, gaining insight into old problems, and integrate these insights into one's life, developing new skills, finding new talents, self-understanding (Bonny, 1978a, 1978b), healing and exploring physical tension (Summer, 1988), levels of self-actualization (Maslow, 1962) and transpersonal development (Wilber, 1980).

The investigation attempted to show some long-term effects of GIM therapy and to provide answers to the following questions:

1. Are gains acquired during GIM therapy integrated into the client's life as reported by the client?
2. What areas of change can be attributed in part or whole to the GIM process?
3. Are all observed/reported changes during GIM therapy stable for a period of time following GIM therapy?
4. What does GIM therapy address?

The study may help to further develop the GIM therapy method. It addressed the client's experience from the perspective of the client as the source of information.

Limitations of the study include: (a) Some possible areas of change may have been left out. (b) As the questionnaires were distributed through the GIM therapists, most probably only successful clients received them. (c) The answers were self-report and subjective. (d) Factors other than GIM therapy could be the reason for change.

Stokes defines GIM as "an uncovering process used as an experiential therapy for individuals and groups" (1992, p. 188). The imagery evoked reflects aspects of the self and is used by the client to cause growth towards self-actualization. Vaux (1993) writes that GIM can produce beneficial effects upon the body, deepen the spiritual connection, and penetrate to deeper layers of emotions and buried memories, in contrast to the more limited focus upon thought and verbalized feelings of traditional verbal therapy.

Jarvis (1988) gives three reasons why GIM therapy is effective: (a) music seems to resonate with that part of the brain associated with emotions and memory; (b) music seems to allow, or encourage, greater affective response from clients, and (c) music is capable of prolonging the attention span or focus, sustaining mood,

creating and relieving internal tension, and facilitating self-expression and catharsis.

The types of outcome of GIM therapy described by Belland (1994) in her review of published GIM case studies are change in the sense of self, change in mood, improved relationships, improved self-esteem, becoming more aware of feelings, overcoming an addiction, gaining insights into problems, feeling more energized, discovering new parts of the self, spiritual growth, increased independence, and acceptance and/or cure of somatic conditions.

Wrangsjö and Kōrlin (1995) describe a significant decrease in the following psychiatric symptoms as measured right after finishing a series of GIM sessions: obsessive-compulsive symptoms, depression, anxiety, hostility, paranoid ideations, and psychoticism. Patients showed an increase in interpersonal competence and they found their lives more manageable and meaningful. This outcome was measured using standardized tests.

Blake (1994) and Blake and Bishop (1994) describe GIM therapy in the treatment of post-traumatic stress disorder (PTSD). "GIM has been effective in addressing PTSD symptoms of hyperarousal, intrusion and constriction, and the core experiences of disempowerment and disconnection. . . . The GIM process allows access to subconscious feelings, images, and memories and fosters empowerment and reconnection through self-understanding" (Blake & Bishop, 1994, p. 125). In addition, Blake (1994) reports that GIM therapy helps PTSD patients reconnect with emotions associated with the trauma, and to expand the patients' capacity to relax, feel emotions and increase self-understanding.

Bonny (1978a, 1978b) mentions developing new skills and finding new talents as possible areas of change. As religious experiences are possible during GIM therapy (Bonny & Savary, 1973), a change in religious belief would be a possible outcome. The development of psychic abilities as an outcome of GIM therapy was only reported orally by GIM therapists. Gerber (1988) states that a shift in brain wave frequencies toward the delta/theta range along with increased hemispheric synchronization was observed during human psychic functioning. In GIM therapy the client is in an altered state of consciousness with brain waves being in the alpha and theta range. As music is processed in both hemispheres of the brain (Hodges, 1980), it can enhance hemispheric synchronization. So, GIM therapy can set the stage for psychic functioning.

The former client of GIM therapy gives a subjective statement of therapeutic outcome, which is influenced by a variety of factors. Garfield, Prager, and Bergin (1971) report that the client's judgment may be influenced by factors "such as not displeasing the therapist, . . . suggestion, and the need to rationalize his investment of time and money." (p. 307). It is a myth, however, that there are criteria for assessing outcome that are truly objective (Gurman & Kniskern, 1981), and the client as the recipient of the treatment should be in a favored position to evaluate outcome (Garfield et al., 1971). Many researchers demonstrate that different sources, such as client, therapist, independent judge, and the client's environment (spouse, employer, etc.), do not agree on a client's therapy outcome (Bond, Bloch, & Yalom, 1979; Fiske, 1975; Greenberg & Pinsof, 1986; Gurman & Kinskern, 1981). Gurman & Kinskern (1981) write that the best source to obtain information about individually or interactionally focused behavior, interpersonal change, and about the self in relationship to others is the client. The therapist is the best source for obtaining information on psychodynamics and personality structure. For simple behavior counts, performance on clinically relevant objective criteria (school grades, hospitalization, police arrest history, etc.) and for perceived interaction patterns, a trained objective observer would be the best source. This study focuses only on the clients' perspective of the outcome. Therefore it is limited and may best describe individually or interactionally focused behavior, interpersonal change, and the self in relationship to others.

### Method

For this study, GIM therapy is defined as a form of psychotherapy using (a) a relaxation and induction of an altered state of consciousness, (b) classical music, (c) the practice of guiding during the music, (d) spontaneous imagery from the client, and (e) integration/processing after the music experience.

Change here is defined as improvement or worsening in the mental, physical, and transpersonal area as reported by former GIM clients. The change should last 2 months or longer. The mental area includes mood, emotions, sense of self and others, and interpersonal issues. The physical area is related to physical health and the body. The transpersonal area includes spiritual experi-

ences and development, discovering new parts of the self, intuition, and psychic abilities.

A questionnaire was developed to measure areas of change as experienced by clients in the GIM process. The questionnaire uses categories of response (areas of change) as reported in published case studies (Belland, 1994; Bruscia, 1991; Clark, 1991; Goldberg et al., 1988; Holligan, 1994; Pickett, 1991; Pickett & Sonnen, 1993; Weiss, 1994), theoretical GIM literature, and from oral reports from experienced GIM therapists. The questionnaire was designed to describe the subjects as former clients and their view of GIM therapy. For the areas "Reasons for Entering GIM Therapy" and "Outcome," Belland's (1994) review of case reports was consulted as a source.

GIM therapists were chosen from the 1994 *Association for Music and Imagery (AMI) Fellows Directory*. Letters were sent to these therapists explaining the study and asking them if they would be willing to participate in the study. One to two weeks later, they were contacted over the phone by the researcher and asked if they could send questionnaires to former clients.

Questionnaires were sent to the GIM therapists who then filled out a one-page therapist questionnaire, returned this directly to the researcher, and forwarded the client questionnaires to former clients. Clients filled out the questionnaire and sent it directly back to the researcher.

Subjects were former GIM clients. They had attended at least 6 GIM sessions. The GIM therapy had been terminated and the last GIM session had occurred least 2 months before filling out the questionnaire. Their therapists have been AMI Fellows for at least 4 years. An AMI Fellow is a GIM therapist who has completed all 3 levels of GIM training according to the standards of the AMI. Seventeen GIM therapists agreed to take part in the study. They sent questionnaires to 82 former clients.

### Results

Of the 17 therapists, 10 returned their questionnaire. Twenty-nine clients returned questionnaires, 4 of those questionnaires could not be used for the study, as the clients did not fulfill the above mentioned requirements. Of the 25 clients who qualified, 6 were male and 19 were female. The clients were between 16 and 83 years old with a mean and median age of 48.

TABLE 1  
*Reasons for Entering Psychotherapy*

Reason*	Number of Clients	Percentage of Clients ( <i>n</i> = 18)
Depression	8	44.4
Past psychological trauma	5	27
Increase self-esteem	4	22.2
Anxiety, fear	3	16.7
Stress	4	22.2
Improve relationships	10	55.6
Increase energy	2	11.1
Spiritual growth	8	44.4
Self-understanding	8	44.4
Therapist in training	3	16.7
Grieving, loss	4	22.2
Family pushed	1	5.6

\* All clients listed more than one reason for going into psychotherapy. Most clients who later came into GIM therapy, had entered psychotherapy for reasons of depression, to improve relationships, spiritual growth, and self-understanding.

Eighteen clients (72%) had been in psychotherapy before entering GIM therapy (see Table 1). These clients had been in psychotherapy for 1 month to 20 years with a mean of 46 months and a median of 16 months. They had been in therapy 0–99 months directly before entering GIM therapy ( $M = 14$  months). Seven clients (28%) had not been in psychotherapy directly before entering GIM therapy. Twelve clients saw another therapist directly before entering GIM therapy, 4 of them continued with this therapist during the time they were in GIM therapy. They were with this therapist for 1–99 months with a mean of 29 and a median of 24 months (see Table 2 for reasons for entering GIM therapy).

The clients had their last GIM session 2–78 months before filling out the questionnaire with a mean of 24 and a median of 15 months.

The 25 clients were seen by 9 different GIM therapists. The therapists were between 40 and 68 years old ( $M = 52$ ;  $Mdn = 50$ ). Eight therapists were female, 1 was male.

Four therapists have masters' degrees, 4 have doctoral degrees. One therapist does not have an undergraduate degree. Five therapists were Primary Trainers in GIM. Before filling out the questionnaire they had had 22–350 GIM clients with a mean of 56 and

TABLE 2  
*Reasons for Entering GIM Therapy*

Reason*	Number of Clients	Percentage of Clients (n = 25)
Depression	7	28
Past psychological trauma	5	20
Increase self-esteem	5	20
Anxiety, fear	4	16
Stress	5	20
Improve relationships	6	24
Medical problems	1	4
Increase energy	5	20
Addiction	1	4
Spiritual growth	15	60
Self-understanding	17	68
Learn about GIM	8	32
GIM therapist in training	7	28
Grieving, loss	2	8
Become better psychotherapist	3	12

\* All clients listed more than one reason for going into GIM therapy. Most clients entered GIM therapy for reasons of spiritual growth and self-understanding.

a median of 50. All clients were seen in a private practice or group private practice. One client was seen at her home in addition and 1 at a GIM training center in addition.

The clients had 6–125 GIM sessions with a mean of 13 and a median of 15 sessions. The two outliers of 125 and 50 sessions were taken out to calculate the mean. (Note: Both clients had sessions from the same therapist and had attended far more sessions than had the other clients creating a very large gap.) The sessions occurred over a period of 2–38 months with a mean of 15 and a median of 12 months. The clients had an average of 1 session per 3.5 weeks. Most GIM clients were referred to their GIM therapist by a friend (see Table 3).

Clients were comfortable with the GIM process initially. On a scale from 10–50 with 10 being very uncomfortable, 30 neither comfortable nor uncomfortable, and 50 very comfortable, the initial mean and median level of comfortability were both 40. For 18 clients (72%) the level of comfort changed during therapy. During therapy, the mean level of comfort was 44, the median 50. At the end clients were very comfortable with the process with a mean of

TABLE 3  
*Referral Sources*

Referral Source	Number of Clients	Percentage ( $n = 23$ )
Magazine	1	4.3
GIM trainer	3	13
Family	3	13
Friend	9	39.1
Self-referred	1	4.3
Therapist	2	8.7
Met GIM therapist	2	8.7
Teacher	2	8.7

49.2 and a median of 50. Three clients reported feeling uncomfortable at times because of the intensity of the images. Two clients reported having been afraid in the beginning but becoming more comfortable as the process continued. One client reported difficulties imaging.

Twenty clients (83.3%,  $n = 24$ ) used a variety of GIM techniques by themselves. Many GIM clients used GIM techniques by themselves once they became acquainted with them during their therapy. The techniques most frequently used by clients alone were relaxation techniques, imaging and deep music listening (see Table 4).

Nine clients returned for additional sessions after having finished therapy. Six (24%) plan to return for GIM sessions within 3 months, 2 (8%) plan to return within a year, 14 (56%) may return, and 3 (12%) will not return for GIM sessions.

The clients were very satisfied with the GIM therapy during the process. On a scale from 10–50 with 10 being very unsatisfied, 30 neither satisfied nor unsatisfied, and 50 very satisfied, the mean level of satisfaction during the process was 48, while the median was 50. Right at the end of therapy the mean level of satisfaction was 49 and the median 50. At the time the clients were filling out the questionnaires they were still very satisfied with the therapy ( $M = 48$ ,  $Mdn = 50$ ).

Fifty or more percent of the clients reported “getting more in touch with emotions,” “insights into problems,” “increased relaxation,” “discovered new parts of self,” and “spiritual growth” as one of their outcomes of GIM therapy. Twenty-five or more percent of

TABLE 4  
*Techniques from GIM Therapy Used by Clients*

Technique Used	Number of Clients	Percentage ( $n = 20$ )
Relaxation techniques	12	60
Meditation	4	20
Drawing	4	20
Imaging	9	45
Deep music listening	10	50

the clients reported “discovered new parts of the self” and “spiritual growth” as one of their most important outcomes of GIM therapy.

One of the 25 subjects did not answer questions regarding mental, physical, and transpersonal gains. Clients ( $n = 24$ ) described the change in the area of mental gains from GIM therapy between termination of GIM therapy and the time they were filling out the questionnaire as follows: 5 wrote that they stayed the same, 16 wrote they improved, for 2 they worsened, and for 1 they were not important anymore. Seven clients reported that they got a deeper self-understanding. Eleven clients reported that GIM “opened doors” for them.

The change in the area of physical gains is described as follows ( $n = 24$ ): 7 clients stated that they stayed the same, 11 stated that they improved, 3 stated that they worsened, and 2 stated that they are less important. Three clients reported to be better able to relax, 2 clients wrote that they did not use the insights gained in GIM therapy about this area in their daily lives.

With regard to transpersonal gains 3 clients wrote that they stayed the same, and 21 clients wrote that they had improved. There were no reports for this issue worsening or becoming less important ( $n = 24$ ). Three clients reported to be more spiritually centered while 7 wrote that they rely more on their true self. Four clients said that they deepened some relationships in a more spiritual way.

A Fisher’s Exact Test between the reason for entering psychotherapy and the reason for entering GIM therapy was computed to see if clients went into GIM therapy for the same reasons as they went into traditional psychotherapy. Table 6 shows that the number of clients who went into psychotherapy for past psychological trauma, anxiety and/or fear, to increase energy and for spiri-

TABLE 5

*Outcome of GIM Therapy as Reported by the Clients*

Outcome	Clients (n = 24)	Percentage of Clients	Clients*	Percentage of Clients*
<b>Mental gains:</b>				
Change in mood	10	40	3	12
Change in self-esteem	10	40	4	16
Getting more in touch with emotions	17	68	5	20
More comfortable with one's body	10	40		
Improved relationships	12	48	1	4
Insight into problems	18	72	4	16
Increased spontaneity	7	28		
Sense of direction in life <sup>°</sup>	6	24		
Help with grieving <sup>°</sup>	5	20		
<b>Physical gains:</b>				
Increased relaxation	17	68	4	16
More energy	10	40	1	4
Accepted medical illness	2	8	1	4
Increased physical health	4	16	1	4
<b>Transpersonal gains:</b>				
Discovered new parts of the self	15	60	7	28
Less dependent	10	40	1	4
Discovered new talents	4	16		
Spiritual growth	17	68	10	40
Developed psychic abilities	5	20	1	4
Change in religion	3	12	1	4
Increased intuition <sup>°</sup>	6	24		
Deepened spirituality <sup>°</sup>	6	24		
<b>Other:</b>				
Deeper understanding of music <sup>°</sup>	3	12	1	4

*Note.* "Clients" indicates the number of clients for whom this was an outcome of therapy. Each client could select as many outcomes as s/he wished. "Clients\*" indicates the number of clients for whom this was one of the most important outcomes. Each client could select up to three most important outcomes. "Percentage of clients\*" indicates the percentage of clients for whom this was one of the most important outcomes. ° indicates that this category was not listed in the questionnaire by the researcher, but became a category as a result of clients' comments.

tual growth, and came into GIM therapy for the same reason, is significant. The number of clients who went into psychotherapy for depression and to increase self-esteem and came into GIM therapy for the same reason is approaching significance. It is believed that actual significance would have occurred, given this trend, with a greater *n*.

TABLE 6  
*Similarity of Reasons for Entering Therapy*

Reason	Fisher's Exact Test (one-tail)	Fisher's Exact Test (two-tail)
Depression	0.08824	0.14480
Past psychological trauma	<0.005	<0.005
Increase self-esteem	0.19706	0.19706
Stress	0.29902	0.53268
Anxiety, fear	<0.005	<0.005
Improve relationships	0.38235	0.60784
Increase energy	0.06536	<0.1
Spiritual growth	<0.05	<0.05
Self understanding	0.22549	0.31373

\*  $n = 18$ .

To see if GIM therapy helped for the reasons clients came into GIM therapy, Fisher's Exact Tests were computed between the reasons for entering GIM therapy and the therapy outcome. A percentage of how many clients got the outcome corresponding to the

TABLE 7  
*Reason for Entering GIM Therapy and Outcome*

Reason for entering GIM therapy	Outcome	Fisher's Exact Test (one-tail)	Fisher's Exact Test (two-tail)	Percentage
Depression	Change in mood	0.26062	0.37813	57
Past psychological trauma	More in touch with emotions	0.47484	1.00000	80
Past psychological trauma	More comfortable with one's body	0.69881	1.00000	40
Past psychological trauma	Increased self-esteem	0.69881	1.00000	40
Increase self-esteem	Increased self-esteem	0.06403	0.12055	80
Stress	More relaxed	0.16680	0.28327	40
Anxiety, fear	Change in mood	<0.05	<0.05	100
Improve relationships	Improved relationships	0.63665	1.00000	50
Medical illness	Accept medical illness	0.92000	1.00000	
Medical illness	Improved physical health	0.20000	0.20000	
Medical illness	Increased energy	0.86667	1.00000	
Spiritual growth	Spiritual growth	0.12810	0.19355	80
Self understanding	Discovered new parts of oneself	0.39314	0.66682	64
Self understanding	Insight into some problems	0.11587	0.15633	82
Self understanding	Found new talents	0.38182	0.56996	12

reason for entering GIM therapy is also given. The number of clients who entered GIM therapy to increase self-esteem, for symptoms of anxiety and/or fear, and who experienced some relief of their symptoms is significant. The number of clients who came into GIM therapy to increase self-esteem, for spiritual growth, and for self-understanding and who got the desired outcome is approaching significance. Again, given the direction of the trend, significance seems to be probable with an increase in the  $n$ . The percentage of clients who came into GIM therapy to increase self-esteem, for symptoms of anxiety and/or fear, for spiritual growth, and for self understanding, and who reported gains in these areas, is 80% or higher. Also, for clients who came into GIM therapy for past psychological trauma and who reported "getting more in touch with one's emotions," the treatment outcome was 80%.

### Discussion

Results show that the main gains reported by clients of GIM therapy are: (a) getting more in touch with one's emotions, (b) gaining insights into some problems, (c) spiritual growth, (d) discovering new parts of oneself, and (e) increased relaxation. These results were also found by Belland (1994) in her review of GIM case studies. Blake (1994) found that PTSD patients are more able to feel emotions with the help of GIM therapy.

Clients who went into psychotherapy because of fear and/or anxiety were likely to enter GIM therapy because of the same reason ( $p < .005$ ). Also, the number of clients who came into GIM therapy because of anxiety and/or fear and who experienced a change in mood from GIM therapy is significant ( $p < .05$ ). The latter is confirming Wrangsjö and Körlin's (1995) results of significant decrease in anxiety from GIM therapy ( $p < .01$ ) as measured with the subscale for anxiety of the Hopkins Symptom Check List (HSCL-90). Results also show that GIM therapy may be more useful for clients with certain symptoms of anxiety and fear than are other kinds of psychotherapy. The inclusion of music, which in GIM therapy is frequently referred to as functioning as a cotherapist, might be able to support, relax, and comfort the client with symptoms of anxiety and/or fear better than words alone. Further research in this area is needed to confirm this statement. The number of clients who experienced increased self-esteem from GIM therapy among those who went into GIM therapy for that reason

approaches significance. It should be mentioned that the number of subjects was very small for looking at these significance levels in the Fisher's Exact Test. Studies with larger numbers of subjects are recommended to see if subjects get the outcome they desired at the beginning of therapy.

Only two clients reported that they did not use some insights gained during GIM therapy regarding their physical health in their daily lives. Comments as "GIM opened doors for me," "I rely more on my true self," and "I deepened relationships in a more spiritual way" were frequent. Also the fact that most of the gains from GIM therapy improved after terminating GIM therapy shows that clients are able to integrate them into their lives. Many clients used procedures that they had acquired from GIM techniques by themselves, such as relaxation techniques, deep music listening (listening to music such that it becomes more meaningful, and/or that more senses are involved in music listening than before GIM sessions), and imaging. Using these techniques may foster additional change or maintain the positive effects of the GIM treatment. Clients reported that they were very satisfied with GIM therapy. This assessment might be biased because the GIM therapists forwarded questionnaires to clients of their choice. It is likely that only "successful" clients got a questionnaire. It still shows, however, that clients who had been satisfied at the end of the GIM therapy were still satisfied when they were filling out the questionnaire.

Only 3 clients reported that changes in the mental or physical areas worsened again or became less important, and this was not reported at all for the transpersonal area. This indicates that changes appear to be stable for a period of time after finishing GIM therapy according to the clients' perception.

For most of the clients, changes gained during GIM therapy improved after the completion of GIM therapy. This is true for all three areas of change (mental, physical, and transpersonal), but especially for the transpersonal area in which 84% of the clients reported improvement. The high rate of improvement in the transpersonal area corresponds with the literature on spiritual development (Kornfield, 1989). It describes the spiritual path as one a person can choose to follow or not to follow, but one can never go back once it is started. The high rate of improvement after finishing GIM therapy in all three areas suggests that GIM therapy may be a starting point for change, but the change is not complete at

the end of therapy. GIM therapy gives a direction and a possibility for change that the clients complete by themselves. This statement would have to be reconfirmed by follow-up studies looking at assessments by therapists, independent judges, and clients' significant others. On the other hand, as mentioned earlier, clients usually see the outcome of therapy as more positive than do independent judges.

Further research with a larger number of subjects is needed to confirm the above mentioned results. Further research is also needed to see if these results are also true for clinical populations. For clinical populations, a combination of GIM therapy and verbal psychotherapy might be recommended. GIM therapy could help the patient gain new insights. Verbal psychotherapy can help the patient integrate these insights into his life. If possible, GIM therapy and verbal psychotherapy should be administered by the same therapist.

Additionally, one might try to determine if subjects who come into psychotherapy and GIM therapy for reasons of fear and/or anxiety, low self-esteem, and self-understanding (these were the three main reasons these subjects came into therapy in the present study), get help in these areas from GIM therapy.

The authors encourage (a) the use of GIM by therapists who have been trained and supervised in the method and (b) the selection of appropriate clients for GIM as described by Bonny (1978a) and found in most of the GIM literature.

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