Group Music and Imagery with Psychiatric Outpatients

*Accompanying the return to society?*

Lars Ole Bonde

Vadstena 22. September 2012

*Music is a gift for our integration (Helen Bonny)*
Outline + Tranströmer

• Background: Clinical & theoretical perspectives
• The project: Questions and methods
• Music and imagery for assessment
• Group Music and Imagery as psychotherapy
  – One session as example
  – Reflections on the music
• Reflections on how this keynote may be related to the conference theme

Allegro
After a black day, I play Haydn, and feel a little warmth in my hands. The keys are ready. Kind hammers fall. The sound is spirited, green, and full of silence. The sound says that freedom exists and someone pays no tax to Caesar. I shove my hands in my haydn pockets and act like a man who is calm about it all. I raise my haydn flag. The signal is: “We do not surrender. But want peace.” The music is a house of glass standing on a slope; rocks are flying, rocks are rolling. The rocks roll straight through the house but every pane of glass is still whole.

Tomas Tranströmer
Clinical perspectives: Music and Imagery as ’health musicking’

• Music imagery is a natural phenomenon
• Music & imagery is used in therapy (e.g. the Bonny Method and M&I), but also in everyday life as ’a technology of the self’ (DeNora)
• Music & imagery can be organized in multiple ways:
  – individual or group therapy (Grocke & Wigram 2007),
  – listening self-care or self-therapy (Batt-Rawden & DeNora 2007),
  – musical self-medication (regulation of physical, psychological and spiritual wellbeing) (Ruud 2008)
• Imagery is both a mode of thinking (introjection) and a mode of expression (projection). Metaphor is its lexical mode.
• Sharing music and imagery can be powerful group process – also outside therapy (-> ”New Music Education”)

Theoretical perspectives

• Affordance and appropriation of music
• Layers of meaning in music (incl. images & metaphors)
• The role(s) of music in GIM
• Intensity profiles and their clinical relevance

Participant’s drawing to Bach’s Double Concerto, 2nd movement
Affordance and appropriation

Afforded layers of meaning

Multimodal imagery
Acoustic (sound) impressions
Moods and emotions
Tension and intensity
Aesthetic-structural experiences
Existential-spiritual experiences
Bodily reactions and impressions
Vitality dynamics

In a context.....

Inspired by Frede V. Nielsen and Tia DeNora
Affordance and appropriation (2)

Appropriations: Meaning as experienced

Affordances partially appropriated

Listener / client

Music not appropriated
Private thoughts

Music partially appropriated: Break-off

Affordances: Potentials fully appropriated

Inspired by: Frede V. Nielsen and Tia DeNora
<table>
<thead>
<tr>
<th>LEVEL</th>
<th>MUSIC</th>
<th>FOCUS</th>
<th>EFFECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PHYSIOLOGY</td>
<td>Music is sound</td>
<td>The physical and psycho-acoustic properties of music</td>
<td>..as vibrations/ on the body: resonance, movement, vitality forms</td>
</tr>
<tr>
<td>2. SYNTAX</td>
<td>Music is language/ Structure</td>
<td>Music and syntax: rules and generative principles</td>
<td>..as aesthetic phenomenon: experience of stylistic coherence and beauty</td>
</tr>
<tr>
<td>3. SEMANTICS</td>
<td>Music is language/ Meaning</td>
<td>Music and meaning: sources and types of meaning</td>
<td>..as existential and spiritual phenomenon: experience of mood, relevance, meaning</td>
</tr>
<tr>
<td>4. PRAGMATICS</td>
<td>Music is interaction</td>
<td>Musicking: music as process, an activity</td>
<td>.. as social &amp; cultural phenomenon: play, ritual, community</td>
</tr>
</tbody>
</table>
Helen Bonny developed the ‘affective contour’ model to represent the changing levels of intensity in a GIM music program in a graphic form. The ‘intensity profile’ is used to give an easily understood graphic representation of the course of experienced intensity in one music selection. It is obvious that supportive, mixed and challenging music have very different profiles. The build-up and release of tension in challenging and mixed music, or the absence of tension-building in supporting music, is the main feature of a profile. The intensity of a given music selection influences the imagery in many ways, and increasing or decreasing intensity of the music is immediately reflected in the imagery. The music parameters with the greatest influence on intensity, and thus on the imagery, are mood, form, intensity(profile) and melodic conciseness.

Helen: “Expectations, suspense and fulfilment bring out responses”
Intensity profiles:
Graphic representations of experiential intensity

Type 1: Supportive music
(almost) No tension, even intensity

Type 2: Mixed supportive-challenging music
Some tension (in the middle), ABA intensity

Type 3: Challenging music
Rich in tension, high intensity, unpredictable
# 3 Categories (Lisa Summer 2010)

<table>
<thead>
<tr>
<th>Supportive</th>
<th>Re-educative</th>
<th>Reconstructive</th>
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</thead>
</table>
| - Faure *Pavane*  
- Mozart *Vesperae Solemnes, Laudate Dominum*  
- Canteloube *Songs of the Auvergne, Brezairola*  
- Beethoven *Piano Concerto #5, mvt 2*  
- Schumann *Fünf Stücke im Volkston, Langsam*  | - Debussy *String Quartet, Andantino*  
- Copland *Rodeo, Corral Nocturne*  
- Bach (orchestrated) *Prelude in Eb minor*  
- Mascagni *Cavalleria Rusticana, Regina Coeli*  
- Strauss *Death&Transf, Transfiguration*  
- Brahms *Symphony #3, mvt 3*  | - Rodrigo *Concierto de Aranjuez, mvt 2*  
- Wagner *Siegfried Idyll*  
- Beethoven *Violin Concerto, mvt 2*  
- Respighi *Pines of Rome, Giancoco*  
- Debussy *Danses Sacred and Profane*  |
The project

Music creates imbalance for the purpose of balance, and GIM is a radar to ferret and search out psychic imbalances of experience and to resolve them with the full support of the conscious mind. (Helen Bonny)

Participant’s drawing to Bach’s Double Concerto, 2nd movement
Types of receptive group music therapy with psychiatric patients in DK

1. Music selected by therapist or/and patients + verbal processing
2. Music selected by patients only + verbal processing
3. Music selected by therapist or/and patients + relaxation + drawing + verbal processing
4. Music selected by therapist + relaxation + imagery + drawing + verbal processing
5. Music selected by + relaxation + imagery + drawing + improvisation + verbal processing

Ref. Lund & Dammeyer (2011)
Research Questions

• Can a selected piece of classical music with a mixed supportive-challenging intensity profile be used in assessment of potential participants in Group Music and Imagery for psychiatric outpatients?

• Is classical music with a mixed supportive-challenging intensity profile effective in evoking imagery of therapeutic relevance for psychiatric outpatients in a group?
Music and Imagery for assessment

• Intro experiential: Listen to a short piece of music
• Choose any listening modality/attitude
• You may focus on
  – bodily and emotional reactions
  – imagery (in any modality)
  – associations or memories
• or you may follow the graph on the next slide...
Tveitt: O be ye most heartily welcome

Section A1
Waves and pluckings
Theme in strings /flute
Coda
Clarinet brings
them to end

DRAMATIC INCREASE
IN TENSION
WHAT WILL HAPPEN?
RETURN TO TRAQUILITY?
SOFTER, MORE DELICATE
FRAGILE?

Section A
Pluckings
Bassoon theme

Section B
Flute continues
melody

Section C1
Dynamics raising
Bassoon returns

Section B1
Flute plays B
theme again

Section C2
Bassoon takes over
Dynamics raise to climax
Declining base line

Mood: 3 or 4?

TIME (MIN:SEC)
Aksnes & Ruud (2008)
"In the analysis the well-balanced and "floating" character of the music was understood in terms of amodal, body-based schemata that are operative within music cognition. (Furthermore, the slightly darker turn towards the end of the piece is also reflected in several of the narratives).

In the comparison with the reported travels, it was concluded that the schemata evoked by the music afforded a sensation of being held and carried by the music.”

A psych. patient (HL, f 54)
In the beginning a positive mood and beautiful nature imagery. However, the darkness and tension in the middle section spoiled the good mood, and even if she could hear the mood of the beginning returning towards the end, she couldn’t reenter it.

She accepted the suggested interpretation that the music experience repeated one of her ‘scripts’: the music didn’t hold its promise, and she couldn’t get out of the negative response this evoked in her.
<table>
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<tr>
<th>Patient</th>
<th>Patient’s imagery</th>
<th>Incl.</th>
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<tr>
<td>CK m 49</td>
<td>Positive nature imagery (spring, light, fresh air, leaves and trees). Going into a forest and out again. Mood: like Mozart’s Elvira Madigan.</td>
<td>Yes</td>
</tr>
<tr>
<td>EB m 65</td>
<td>Gave a precise characterization of the music as a flow in time with changing moods. Liked the music, but had no imagery or emotions.</td>
<td>No</td>
</tr>
<tr>
<td>RB f 27</td>
<td>The music was sad and even a bit scary twice, before it went back to the first mood. Associations to ‘someone dying in hospital’.</td>
<td>Yes</td>
</tr>
<tr>
<td>LL f 49</td>
<td>Darkness – through a tunnel – flash of light, darkness again – an eye -&gt; eyes behind sunglasses. Strange but not scary, imagery makes sense.</td>
<td>Yes</td>
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</table>
## Tveitt #1 Patient assessments (2)

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<tr>
<td><strong>FJ</strong> m 42</td>
<td>Gave a precise description of the music and also a title (“The road of life”). Reflections on the music affording representation of dynamic states.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>HH</strong> m 42</td>
<td>Nature imagery (meadow, forest, water). Did not want to draw or discuss the imagery.</td>
<td>No</td>
</tr>
<tr>
<td><strong>VM</strong> f 44</td>
<td>A fairy tale of a person visiting a forest with light and darkness. A ’troll’ was hiding in the shadows, but it came forward and took what it needed before it went away and light returned. Not scary. Liked the music</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>LO</strong> m 41</td>
<td>No visual imagery, but strong body sensations of the music and its development. The shift to a darker mood made him relax and feel calm. Not scary – he liked the music.</td>
<td>Yes</td>
</tr>
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</table>
Conclusions

• This piece of music – with a mixed profile - is an excellent diagnostic tool (-> inclusion or exclusion)
• Patients reacted to the music in a variety of modalities; their readiness to report was easily assessed
• The mixed profile was reflected in clear and marked changes in the imagery: 1. part light and tension-free, 2. part darker and some times dramatic, 3. return to light
• Patients had more reactions to the darker sections of the music than non-patients (Aksnes & Ruud), and their reactions showed if they were ready to work with the metaphoric imagery in a constructive way.
Group Music and Imagery with psychiatric outpatients 2008-2010

• **Participants**: psychiatric outpatients with a GAF score of 41 or more. Referral from ”Almen Ambulatoriet” APS (Psychotherapeutic unit)

• **Diagnoses**: Paranoid schizophrenia, anxiety disorders, personality disorders, PTSD, OCD.....

• **Music**: Classical music music presenting different moods and with a mixed supportive-challenging intensity profile is used when nothing speaks against it.

• **7 groups** with 2-4 participants in 9-15 sessions (median 12) over two years.
Session structure (90 minutes)

1. Verbal dialogue (45-60 minutes)
2. Choosing a focus (2-5 minutes) -> therapist chooses the music
3. Induction (relaxation and the focus) (3-5 minutes)
4. Music listening (4-12 minutes)
5. Return and drawing (5-7 minutes)
6. Reflection and processing (5-15 minutes)
Focus on one session: Group 5, session #9

3 participants: Ole, Terrie, Vanessa. - Themes in Prelude:

_Ole_ (OCD) told about his family life with the newborn baby, and about new leisure time ideas. Vacations are no longer only about safety but also about joy. He made a clear distinction between ‘the joy of having finished something’ (relief) and ”the joy of experiencing something new/nice”.

_Terrie_ told about her problems with the counsellor in charge of her education plan. She was still angry, but more in control than in previous sessions. It became clear that she and Vanessa had opposite patterns related to ”getting going”. T is dependent on friends to take her out - while V likes to stay in her own company. T has a negative self image (’I am an idiot’) and it is difficult for her to be ’negative’ (=critical). V told her how important it is to be able to ”close to door”, not allowing or accepting unwanted persons or questions.
Focus on one session: Group 5, session #9

*Vanessa* reported from her slow progress: She can stay in her present job the next six months. This gives her situation some stability. She is working on ”getting going” and few days ago she managed for the first time to take a long bus ride on her own. It was a positive experience! But persuading herself to go was hard.

*Focus:* How can you talk to yourself and to others in many different ways?

*Music:* Mozart Concerto for 2 pianos, 2. movement (ca 8’20) - Metaphoric qualities in the music: The pianos take turns and dialogues in more than one mood, yet always in a balanced way.
Mandalas and comments

• **Terrie**: Comedy and tragedy (masks). She knows there must be room for both, but needs to find a way to accept and respect the tragic, aggressive and powerful side of herself. After hearing V dedicate her drawing to T she added a quote: ”I can never go back to what I’ve been; can’t even go back to in-between”.

• **Vanessa**: ”Meditation” – a visual representation of a guided meditation, with a dedication to T. The core of the experience is to build a personal safe space and allow others to guide or lead you there. Plus allowing yourself to place the bag of disturbing and unwanted elements outside the door!
...continued

*Ole*: "**Balance**": There is and must be a place for everything. The drawing was almost like a 'color thermometer': all colours were represented in the scale, including black. Ole heard it all in the music.

The group reflected together and realized that balance requires acceptance and also expression of lightness/joy as well as darkness/adversity. This can take time to achieve.

**Postlude:**

*Ole* realized that he still has a lot to learn when it comes to accepting and embracing support and care from other people. *Venassa* said that things are changing slowly but surely for her – in a positive direction. *Terrie* felt that she had improved in expressing her feelings.
Goals + “mid/post score” (1)

Participants marks 3 themes

INTERPERSONAL/SOCIAL
- Attending and sharing
- Reducing social anxiety
- Enhancing interpersonal contact

INTRAPERSONAL
- Enhancing self awareness and self worth
- Improving the ability to express feelings
- Improving the ability to accept support and care
- Improving the ability to give thoughts and feelings a structure

PHYSIOLOGICAL/PSYCHOLOGICAL
- Experiencing phys./psych. Reactions when listening
- Experiencing calmness and focused awareness
- Taking initiatives and being engaged

MUSICAL
- Experiencing joy in music
- Experiencing meaningful imagery in music listening
Goals + “Pre score” O/T/V

Participants marks 3 themes

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<td>Enhancing interpersonal contact</td>
<td>Taking initiatives and being engaged</td>
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<td></td>
</tr>
<tr>
<td>Improving the ability to give thoughts and feelings a structure</td>
<td></td>
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Goals + “mid/post score” (2)

Participant scores 1-5 on 11 items

INTERPERSONAL/SOCIAL
- I attend and share
- I experience social anxiety
- I participate in the group dialogue

INTRAPERSONAL
- I express my experience of self
- I express my feelings
- I accept support and care in the group
- I am able to give thoughts and feelings a structure

PHYSIOLOGICAL/PSYCHOLOGICAL
- I experience phys./psych. reactions when listening
- I experience calmness and focused awareness
- I take initiatives and I am engaged

MUSICAL
- I experience joy in music
- I experience meaningful imagery in music listening
Goals + “Post score” (3)

Participants scores 1-5 on 11 items

INTERPERSONAL/SOCIAL
I attend and share
I experience social anxiety 1-1-1
I participate in the group dialogue

INTRAPERSONAL
I express my experience of self 4-4-3
I express my feelings
I accept support and care in the group
I am able to give thoughts and feelings a structure

PHYSIOLOGICAL/PSYCHOLOGICAL
I experience phys./psych. reactions when listening
I experience calmness and focused awareness 4-4-2
I take initiatives and I am engaged

MUSICAL
I experience joy in music
I experience meaningful imagery in music listening
One participant’s outcome (Ole, 40 år, OCD)

Goals: 1) enhancing self-esteem and sense of identity, 2) experiencing focused attention and serenity, 3) increasing the capacity to accept support and care.

“There is a new freedom and lightness in my everyday life (without anxiety or compulsive drives and acts), something I have never experienced before. I can enjoy life with my family and other loved ones without neglecting disasters and threats in the world around me. “I know the world I sing is the world I live in.”
Conclusions

• Yes, classical music with a mixed supportive-challenging intensity profile was effective in evoking imagery of therapeutic relevance for psychiatric outpatients in a group.

• The music evoked meaningful imagery in many modalities and served as a ‘common third’ to investigate.

• Music, drawing (mandala) and verbal dialogue and processing were equally important elements.

• Music with a mixed intensity profile was chosen as a metaphor for the session focus. It served as a projection screen for experiences of tension and conflict.

• The M&I group format was effective in reducing social anxiety.

• Recruitment/referral was difficult - and maybe to greatest obstacle for the method to work on a broad basis.
Intensity profiles in KMR: 3 Types

• Margareta Wärja’s three types of music in KMR (Short music journeys)
  – *The secure and holding field.* This is music that is as reliable as possible. It will take you by the hand and lead you gently. It does not ask so much of you. As a traveller you just need the ability to follow and give in a little. Music that conveys security and simplicity in the structure, perhaps a solo instrument or a composition that does not “ask too much” of the listener. *Ex Puccini: Humming Chorus*
  – *The opening field.* Here is music that is a bit more opening up. Here the client is open to the possibility to face something that is a bit unknown. It can be a wish to check something out, maybe look at something that is uncomfortable and involves different parts of the personality. Music with different themes and more than one instrument. Voices dialoguing. *Ex Beethoven: Piano Concerto #5, 2nd movement*
  – *The exploratory field.* Music that opens up and gives more space, more possibility for dynamics and travels in different directions. Music with more dynamic tension. Crescendos and diminuendos. Some harmonic tension. Different voices. More complexity. *Ex Vaughan Williams: Rhosymedre*
Definition of the mixed profile

*Mixed supportive and challenging music* is used to assess and facilitate the client’s readiness to explore problem areas and new realms.

Mixed music has a supportive beginning and ending, however some episodes may present the participant with a challenge, typically by changes in mood (also including categories 2 or 7 in the Mood Wheel), tempo and volume, a higher level of tension, which also means an increase in intensity. The form types are often more elaborate ternary forms with contrasting middle sections, or more rhapsodic forms.

The images evoked and sustained by mixed music include core images/metaphors and self images pointing at problem areas or developmental potentials.

(Bonde 2005/10)
Music used in the sessions of one group

1: Rachmaninov: *Vocalise* (cello+ orchestra) MIXED

2: Copland: *Appalachian Spring* MIXED

3: Sjostakovitj: *Piano Concerto # 2, Andante* MIXED

4: Brahms: *Piano Concerto # 2, Andante* MIXED

5: Bach: *Double concerto for two violins, 2. movement* SUPPORTIVE

6: Russian chant (anonymous): *The joy of those who mourn* MIXED

7: Bach: *Little fugue in g minor* (arr. Stokowski) MIXED

8: Boccherini: *Cello concerto, 2. movement* MIXED

9: Liadov: *The enchanted lake* MIXED

10: Geir Tveitt: *O be ye most heartily welcome* MIXED

11: Elgar: *Enigma Variations #8+9* MIXED

12: No music (The participants needed the full time to talk and were not motivated for listening)

13: Alwyn: *Symphony #5, 4* CHALLENGING

14: Rodrigo: *Concierto de Aranjuez, 2* CHALLENGING

15: Bach: *Pastorale (x2)* SUPPORTIVE
LOBs types

• *The exploratory and surprising/contrasting field.* Music that opens up an unusual soundspace (melody, harmony, timbre..). Music with at least on major ‘surprise’. Moderate harmonic and dynamic tension. **Ex: Copland, Liadov**

• *The exploratory and deepening field.* Music that invites the listener into an emotional space and holds him/her there, even if it can be difficult. Often music in predominantly minor mode, or modal, with intense melody. **Ex: Rachmaninov, Sjostakovich, Boccherini**

• *The exploratory and challenging field.* Music with certain surprises as well as emotional stability in a darker mood category. Balance is achieved by calm/supportive opening and ending. **Ex.: Brahms 2nd Piano Concerto, Andante**
Reflections (1) What did the participants experience?

Strong music experiences?

Moments of

- Intersubjective exchange
- Confirmation and (shared) non-confirmation
- Relief
- Being
- Relational knowing
- Beauty
- Unconditional accept

Birgitta av Vadstena:
Show me the way and give me the strength to follow it

Helen Bonny:
As the generating force, music must provide movement.

So: HOW do we walk the road may be more important than WHERE it takes us and WHAT it brings.
Reflections (2) somebody/nobody

Jack Engler 1981
“You have to be somebody before you can be nobody”

Wilber’s Fulcrums

Andrew Cohen’s questions in interview with Engler
Is it true that one needs, as the transpersonal therapists say, to have a strong ego, a strong sense of self, before one would have the kind of confidence necessary to take that mysterious leap into the unknown?

Is it true that "personal issues" need to be addressed in a more personal, therapeutic framework, whereas the deeper and more profound dimensions of letting go occur on the meditation cushion?

Is it true that enlightenment experiences usually do not liberate the self from the effects of childhood trauma or attachment to the personal and fundamental narcissistic tendencies?

In therapy and in life, PROCESSES/DYNAMICS may be more relevant than STATES
May the road rise up to meet you
May the wind always be at your back
May the sun shine warm upon your face
And rains fall soft upon your fields
And until we meet again
May God hold you in the palm of His hand

Music leading the way
Embarking on a journey for life
Being the boat but also the river
Being the wave but also the sea
Crystallizing, transforming into a grain of sand in an endless universe of questions