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ARTICLE

Sacred moments in Guided Imagery and Music

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ABSTRACT

This theoretical article reviews a range of current views on spiritual experiences in Guided Imagery and Music (GIM) and includes my personal assessment of the theme with a range of case vignettes illustrating the concept of 'sacred moments'. Sacred moments occurring in psychotherapy have been described as specific life-changing moments of trust and boundlessness that can be remembered years after, and that positively influence health and the effectiveness of therapy. Deep listening to music in music therapy seems to provide an opportunity to create and embrace spirituality. This article explores the phenomenology of sacred moments as they appear in GIM seen in the light of case examples: how does the client experience a sacred moment, how can it be understood and integrated, and what impact does it have in the life of the client? It is also discussed whether practices of Music and Imagery can be applied in education and pedagogics.

KEYWORDS

music therapy,
Guided Imagery and
Music (GIM),
spirituality,
sacred moments

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INTRODUCTION

The call for papers for the conference *Exploring the Spiritual in Music: Interdisciplinary Dialogues in Music, Wellbeing, and Education* in London, December 2017 (Nordoff Robbins, 2017), resonated with my wish to discuss and share spiritual aspects of music therapy and musical experience with others in a wider research community, and this article is based on my conference presentation. As a preparation for the London conference, I came about the concept of 'sacred moments', which has been studied with a phenomenological approach as well as with more positivist methods by Pargament and colleagues (Pargament, Lomax, McGee, Jocelyn & Fang, 2014; Wilt, Pargament & Exline, 2019). Investigating the lived experience of spirituality was a key strategy of inquiry for many speakers at the London conference, and can be seen as a humble way to reflect on the manner in which spirituality is experienced by people instead of trying to produce definitions or categories. In this article, I will explore how the concept of sacred moments can add to the understanding of clients' spiritual experiences in the music therapy method of Guided Imagery and Music (GIM), with examples from four case vignettes. The focus will be on the perceived lived experience of the sacred moment and the possible meaning for each client's life world.

SACRED MOMENTS IN PSYCHOTHERAPY

The experience of the sacred in rituals, prayer, and faith traditions beyond organised religion is fundamental to the human experience (Eliade, 1961). The practice of religion and faith can be described as a unique form of coping, a unique form of motivation as well as a unique source of distress. A growing number of empirical studies show a connection between spiritual/religious practice and health (Pargament, Magyar-Russell & Murray-Swank, 2005).

The definitions of spiritual, transpersonal, existential and transcendental experiences in psychotherapy often appear unclear in the literature. In order to distinguish between these concepts in the present article, I find it useful to see spirituality as a generic term embracing many kinds of experiences, including existential, transpersonal, religious and transcendent experiences. In brief, the use of the term 'existential' can address the existential themes we are faced with as human beings: loneliness, absurdity, responsibility, choice, personal relationships, atheism and religion, anxiety, death and dying (Irvine, 1998; Yalom, 1980). Transpersonal experiences are often connected to states where one is transcending the ego, the physical boundary (the skin) or the personality (Rowan, 2015). Wilber's (2000) concept the 'pre/trans fallacy' addresses the problem of mixing transpersonal experiences with regressive or primordial experiences and states. According to Wilber (2013), a developmental process from pre-differentiated fusion to differentiation (ego/self) is a prerequisite to post-differentiated integration and transrational mystical experiences. Even though it can be interesting to try to categorise different types of experiences, I find it clinically important that the client that is having a deep and unusual experience has the power to define it according to his/her belief system and life situation. However, in my experience it is often difficult to transfer the depth of the moment into verbal language, and the concept 'the sacred moment' might help the therapist and client to honour an extraordinary experience occurring in the therapeutic process.

Ken Pargament, professor in psychology at Bowling Green State University, Ohio, has investigated the concept of sacred moments with several groups of colleagues and in different contexts since the end of the '90s. In Pargament's work spirituality is held open and is not connected to specific faith traditions or religions (Pargament, 2007). Pargament and Mahoney (2005) defined a sacred moment as one particular form of sacred experience involving perceived experiences of transcendence (being set apart from the ordinary), ultimacy (conveying a deep truth), and boundlessness (going beyond the typical experience of time and space) that resonate deeply at cognitive and emotional levels, and that typically involve a heightened sense of significance. The heightened sense of significance means that the experience is meaningful and essential. The concepts of transcendence and boundlessness both relate to an expanded state of mind, where a sense of endless possibilities and flow can be achieved; one could regard transcendence as the process of expanding, and boundlessness as the experience one has in the transcendent state. In a later publication, the characteristics of a sacred moment were expanded to include timelessness, transcendence, expansion, boundlessness, contact with something greater than ourselves, a sense of connectedness and spiritual feelings such as love, grace, and awe, and this is the definition that will be used in this article (Pargament, Lomax, McGee, Jocelyn & Fang, 2014). Mystical experiences could be defined as brief states of expanded consciousness that are perceived as direct encounters with the

transcendent. They share all the characteristics of a sacred moment and are seen as a subset of sacred moments (Pargament, 2007).¹

The prevalence, predictors, and consequences of sacred moments in psychotherapy from the perspective of both clients and health providers were studied with the use of the 'Work and Meaning Inventory' and the 'Spiritual Well-Being Scale', and it was found that sacred moments in therapy were correlated with better outcomes of therapy (Pargament et al., 2014). According to Pargament et al., sacred moments can emerge in verbal therapy when the listening and understanding between the therapist and client has a certain quality, and the occurrence of sacred moments is increasing well-being and therapeutic outcome. As an example, a therapist said to a client with drug addiction problems:

My client said I was different than all other therapists in the sense that I was genuinely caring about him and paying attention to what he was saying and also to what he was not saying. It was like time had stopped, and we were two vulnerable human beings connected at a very deep level – a 'sacred' moment. (Pargament et al., 2014, p. 252)

Thus, the emergence of sacred moments in psychotherapy seems to be connected to the quality of the empathy and therapeutic resonance between client and therapist. According to an interview with Pargament, "sacred moments emerge out of a stronger therapeutic alliance, marked by a sense of therapeutic acceptance, presence and receptiveness" ("Exploring the significance of 'sacred moments' in therapy", 2015). Benefits of spiritual resources for health practitioners were described, with a focus on having access to spiritual resources to facilitate hope by attending to the sacred character of mental health work and the sacred dimension of the clients' lives, and staying open for sacred moments in the healing relationship (Pargament, 2013).

The psychologist Roy Barsness described his experience with a client who had been working for a long time on his tendency to turn back and hurt others but had now come to a point of healing. In the therapy session Roy as the therapist felt strong feelings of love well up inside, and he described this as a sacred moment (shared with the client), where a sense of a higher presence was also felt:

His earlier, more hurtful way of being had been tempered with genuine love. I felt his expression of love and, because I felt its genuineness, I too was moved to love.... I loved the loved, and the Beloved was with us. And we were both changed. (Aoki, Barsness & Leong, 2001, pp. 82-83)

A predictor of sacred moments in therapy is the client being in a particularly vulnerable state (Pargament et al., 2014). A longitudinal study of 2,890 persons experiencing religious/spiritual crisis and life struggle revealed that sacred moments led to "transformative influences, potentially revealing fundamental truths that help to organise the ways that people view themselves, others, and the world in more coherent and adaptive ways" (Wilt, Pargament & Exline, 2019, p. 252). The authors found that

¹ For a further discussion of sacred moments related to other concepts or constructs of spiritual experiences, see Pargament (2007).

perceived communication with God, openness, religious-belief salience, secure attachment, and supernatural beliefs predicted sacred moments, and that sacred moments were related to beneficial adaptations to struggles and spiritual growth (Wilt, Pargament & Exline, 2019).

To sum up, these studies point to a sacred moment as something that frequently occurs in people's lives, that often occurs in periods of crisis, that might be a strengthening and helpful experience, that emerges in therapy when there is a good client-therapist alliance, and that increases the effectiveness of therapy and the quality of the therapist's awareness. In order to explore sacred moments in a music-therapeutic context, the next session describes the receptive music therapy method Guided Imagery and Music (GIM).

GUIDED IMAGERY AND MUSIC (GIM)

Guided Music and Imagery (GIM) was created to facilitate transformational and transpersonal experiences by listening to classical music and experiencing spontaneous imagery in an altered state of consciousness (Bonny, 1973, 2002). The founder of the method, Helen Bonny, combined personal growth and expanded states of consciousness with imagery and music-listening, but in her time it was difficult to speak about the spirituality that she considered an essential part of the GIM experience (Dimiceli-Mitran & Goldberg, 2010). Bonny herself had a personal life-changing experience inspiring her creation of the GIM method that might be described as a sacred moment. As a 27-year-old American housewife and mother with a degree in violin performance, she was asked to play at a church women's meeting. She played *The Swan* from *The Carnival of the Animals* by Saint-Saëns, and:

All went well until the repetition of the first theme. Then everything changed. It was as if the violin was not my own; bow arm and fingers were held in abeyance/obedience to a light and wonderful infusion that created an unbelievable sound I knew I had not ever produced before. The notes mellowed and soared with exquisite grace. Astonished, delighted, I almost stopped what I was doing to fully hear the beauty. Fortunately, I thought better of it and provided the bow and fingers, but without the vibrato or bow pressure to create a good sound. Nonetheless, the beautiful music continued to the end. I was trembling when I finished, and as I sat down I began to shake even more violently (Bonny, 2002, p. 6).

She interpreted this pivotal mystical experience as if God was playing through her, and this was confirmed by others attending the performance. It initiated a period of experimentation with healing and prayer practice, and it also led to a year-long therapeutic working-through of personal issues that surfaced in the aftermath. Bonny was educated a music therapist and researcher and, among other activities, provided music for Grof's Lysergic acid diethylamide (LSD) sessions in Maryland Psychiatric Hospital. She discovered that music-listening in itself led to deep inner transformation and she focused on music as a therapeutic agent and put together the five stages that constitute the Bonny method of GIM: Prelude conversation and choice of focus; Guiding the client into an altered state of consciousness with relaxation or imagery; 30-45 minutes of music-listening and spontaneous inner imagery with an ongoing dialogue between therapist and client; Guiding the client back to normal state

of consciousness and doing a mandala painting; Postlude: verbal communication with the focus on integrating the experience. Bonny also worked with a group format – without dialogue during the music-listening. GIM was inspired by humanistic psychology (Maslow, 1964), Leuner's Guided Affective Imagery (1969), Assagioli's psychosynthesis (1965), research on altered states of consciousness (Tart, 1969), and many others. Bonny aimed at helping people to connect to music and to access transformational experiences. In order to build up to a 'peak experience' during the music-listening, Bonny put together music programmes of between two and seven movements by different classical composers, with programmatic titles such as Positive Affect, Emotional Expression, and Peak Experience. Each GIM programme had a specific affective-intensity profile and combination of supportive and challenging music pieces, often with one or more 'working pieces' in the middle or end of the programme. The role of the GIM 'guide' was planned to assist the 'traveller' and help him/her to deepen the experience. Since the creation of the method in the '70s, the GIM method has spread worldwide, and many new music programmes and adaptations have been created (see, for example, Grocke & Moe, 2014).²

SACRED MOMENTS IN GIM

Bonny herself spoke of GIM and spirituality in an interview, where she stated that spiritual seeking always begins with dissatisfaction, for instance with materialism:

Spirituality is a means of transformation, a change of attitude, a search for answers for life and death; a deeper knowing of self which leads to relinquishing self in acceptance of others. A love of self and a love of others leads to regarding life as sacred. An acceptance of a power greater than self upon which to rely; a trust in the universe and in human capacities to care for each other and our world's ecosystems. (Bonny, 2001, p. 60)

This broad definition of spirituality fits well with the concept of sacred moments, as it encompasses love and the expansion, and the process of entering an experience characterised by increased acceptance, knowledge and trust. The GIM therapist Donna Beck described "epiphanous moments" of transcendence:

This discovery process or these epiphanous moments of light or truth are calls to transcendence. They speak of a care of the soul that engages persons in the process of stretching, reaching beyond their current way of being present to self and others in the world. In doing so, those involved arrive at a new way of understanding themselves. These moments may lead to a spiritual transformation of the heart and may be accompanied by a deepening desire to become more intimately connected with self, others, and the world. (Beck, 2001-2002, p. 76)

² See also and *Approaches'* special issue *Guided Imagery and Music: Contemporary European Perspectives and Developments'* (Papanikolaou & Beck, 2017).

This quote includes the feeling of love and connectedness as core elements of spiritual development.

Grocke-Erdonmez, in her dissertation (1999), researched pivotal moments in GIM as moments of importance where a shift in therapy took place. A pivotal moment was defined as “an intense and memorable experience, that stands out as distinctive and unique within a GIM session” (Grocke-Erdonmez, 1999, p. 234). It might be an embodied experience, and it

occurs as something is transformed or resolved [...] [and] is a shift of the person's perspective on their life, which may include how they relate to themselves or others; and this may lead to a change in the pattern of their life experience.
(Grocke-Erdonmez, 1999, p. 234)

Music can underpin or provide momentum for the moment, and the therapist's intervention and presence can support it, but silence or non-intervention is important while the moment happens. The pivotal moments can be ‘awful’, so the content of the imagery is not always experienced as ‘spiritual’, but they are referred to as moments where the real change took place. I think that sacred moments could be seen as a kind of pivotal moment; that feel supportive but sometimes also challenging, and that have a transitional and lasting effect.

Some GIM researches have investigated the occurrence and characteristics of transpersonal experiences in GIM sessions. In a qualitative analysis of 128 GIM transcripts, Lewis (1998-1999) identified eight categories of transpersonal experiences based on Wilber's levels of consciousness (Wilber, 1993): 1) body change, 2) past lives/other psychic, 3) light/energy, 4) deep positive emotion, 5) archetypal/spiritual images, 6) wisdom, 7) unitive, and 8) space/time. Abrams (2000) analysed interviews with nine guides/travellers and found nine types of transpersonal experiences: 1) body and physicality, 2) healing and wholeness, 3) self, 4) relationship, 5) humanity, 6) life-meaning, 7) spirituality, 8) qualities of consciousness, and 9) ways of experiencing the music. All categories hold the possibility of a sacred moment; especially the category ‘spirituality’, described as “Transcendence of mortal boundaries, embracing sacredness or goodness, and encountering or identifying with souls, spiritual beings, or Spirit itself” (Abrams, 2000, p. 12). The “Ways of experiencing the music” are specific for GIM therapy as the traveller may experience: “apprehensions of the music's core depths (beyond its superficial qualities), instances of utterly embracing or merging with the music, and a sense of being expanded beyond conventional proportions through the music” (Abrams, 2000, p. 12).

The potential of music for eliciting a sacred experience in GIM has also been described by other authors. Beck (2005-2006) described how the client, through a deep listening attitude and process, can experience the music as a sacred space. Clark (1999, p. 60) described how “music is the fluid, unifying and energizing medium through which and in which the personality is transcended and unitive states are attained”. Lawes described the music as a container or matrix for the experience of the transcendent:

It is the finite, temporarily structured form-play of the music most especially that holds the traveler safely, his experience remaining bound-together and finite, even while opening to the radiance of the infinite with all the profound nurturance and healing that this may bring. (Lawes, 2016, p. 107)

Looking at the way of experiencing in GIM rather than the content of the imagery, Mårtenson-Blom (2014) described how the clients' relationship to the imagery and music could have different relational qualities, and ultimately can create an experience of letting go and surrendering into the music. Through a qualitative analysis informed by theories of intersubjectivity and phenomenology, she identified six relational modes in the GIM experience: 1) focus of attention (shared attention), 2) movement/direction (shared intention) 3) affectivity (shared vitality and affect attunement) 4) recognition and confirmation (shared and regulated coherence) 5) tension and non-confirmation (shared and regulated negative affect and difficulties) 6) surrender to something greater, letting go, transcendence (Mårtenson-Blom, 2014). The modes are not presenting in a linear process, but the relational mode of surrendering into the music and imagery experience (mode 6) was described to frequently occur after mode 5 (contact with conflict material). The experience of surrender in GIM could lead to a sacred moment. Looking at GIM in the light of intersubjective psychology adds to the understanding of the sacred moment as a moment of depth in a relationship, of giving oneself in to music and the inner worlds of one's psyche.

Even though GIM seems to open the door to transcendence and sacred moments, only a few GIM studies have investigated the outcome of GIM on spiritual well-being. In a survey study with 25 former GIM clients, Maack and Nolan (1999) found that 60% of the participants sought GIM for reasons of spiritual growth (other reasons were to get help with fear and anxiety, low self-esteem and self-understanding). When they were asked about different types of transpersonal gains, 68% reported spiritual growth, 60% discovered new parts of themselves, 40% felt less dependent, and 24% increased spirituality and intuition. In a mixed-methods study on GIM with cancer patients during active treatment, Bhana (2016) found a significant positive change of spiritual well-being after 3-4 sessions measured with the 'Spiritual Well-Being Scale'. In the qualitative part of the study, Experience of Spiritual Wellbeing was one of five categories found in an interview analysis, with the subcategories: 'experiencing the presence of god', 'soul/spirit healed', and 'feeling of gratitude'.

Below, I describe two case vignettes from my practice and two vignettes from other GIM colleagues. These vignettes aim to illustrate different types and aspects of sacred moments, some of which were discussed in the aforementioned literature.

Case vignette 1

Ann, a 49-year-old saleswoman on stress-related sick leave after a heart attack, received six sessions of GIM for recovery and reorientation in her life. The vignette is based on session transcripts from a research study (see Beck, 2012), and has not been published before. Ann's main issues were to increase her love of herself, let go of her former work and physical distress. From her very first GIM travel, and in almost all of her sessions, during the music-listening she experienced a group of angels, barely visible, that accompanied her to her grandmother's garden from childhood, acknowledged her,

and invited her to play. The client was not religious and had no previous experience of meetings with angels.

In her third session, when Ann was listening to the 12-minute long *Adagio* from *Symphony No. 2* by Rachmaninoff, she shared the following:

The angels take me to a place, it is on another level than I have been before... they take me to an "abyss" of love... I am part of something far greater than I can understand...and filled with so much love... it is as if (I realise that)... this path I have to go all by myself... like some kind of rebirth...

The verbalisations came with long pauses, as she was deeply immersed in her experience. As a guide, I felt that something special was taking place. I was filled with awe, and I breathed deeply with her. I felt swept up in the waves of the beautiful orchestral music, building up to the peak moment at 6:17 where the experience was strongest. I tried to join her; seeing my own imagery of the place of love and the confrontation with the unknown. I did not intervene verbally, but from time to time made small sounds of affirmation so that she would know that I was with her, and I also checked in with her whether she could stay with the intensity of the experience. The moment can be interpreted as a shared moment, in music, with bodily resonance, and a shared sense of altered consciousness; even though I, as a guide, was closer to ordinary consciousness than the client.

Ann appreciated the whole therapy course, and it contained many other beautiful (sacred) moments. However, this moment became the most important moment and a turning point in the therapy. She told that she felt a turn in her life situation, where she started to realise that she needed to listen to her own heart; not fear what the future would bring but trust that she would be 'guided' in a good direction. In one of the other GIM travels, she met her mother, with whom she had not had any contact for many years. She took her to the place of love and healed their relationship with the help of the angels.

All components of the sacred moment were present in this example: timelessness, transcendence, expansion, boundlessness, contact with something greater than herself, a sense of connectedness and spiritual feelings such as love, grace, and awe.

Case vignette 2³

Mohamed, a 52-year-old Gulf War veteran and refugee, had post-traumatic stress disorder (PTSD), back pain, headaches, sleeplessness, and depression. He frequently experienced involuntary outbursts of anger towards members of his close family, and afterwards he felt guilty and depressed and often isolated himself. He used to listen to classical music at home in order to cry and get some relief. He received 16 Music and Imagery⁴ sessions with short music-listening periods of five to ten minutes without verbal interaction. He was seated on a chair; most of the time with eyes open. The format was

³ This vignette is based on data from a research study which included video recordings, session notes and an interview (Beck et al., 2017).

⁴ Music and Imagery is a form of GIM with short music listening and no verbal interaction during the music.

termed 'Trauma-Focused Music and Imagery'. During his therapy, he worked with traumatic memories from war and torture in prison after he tried to escape from the army. He worked with his anger in relation to inhumane experiences, and how he could contain and control the anger in his everyday life with his family. Towards the end of therapy, he suffered from a severe physical illness. The illness made him think about religious issues, and a fear that God would reject him after his death because of his actions during the war. He decided to focus on this question while listening to music in his last session. The music I chose was more complex than usual, to give him a framework for this existential theme. Wagner's *Prelude to Lohengrin* is a very gentle piece with long passages with light, high notes played in the strings; but there are also two majestic orchestral peaks with drums for more dynamic imagery. Mohamed listened for the first time to a full piece with closed eyes. After listening, he drew a painting and explained:

I saw myself lying in my deathbed with my family gathering around. Then I saw myself being buried in the coffin. Then came a moment... where I was alone... but then the music came... and I saw something, maybe God, who said: "it is okay".

Mohammed was very touched afterwards and said that the experience was very intense and meaningful, and also nourishing. He felt that this 'something' that he sensed as God, finally accepted him as he was. Even though he did not know what to believe about life after death, he found some peace of mind. During the music, I sensed a peaceful feeling in the room. In the short Music and Imagery session, he transformed his anxiety of being alone and feeling rejected (so well-known from his everyday life) and reached a level of peace related to his existential question. I recognise that Mohamed's experience of meeting with God after his symbolic death has the characteristics of a sacred moment: it transcended time and space, he was in contact with something greater than himself, he had a sense of connectedness, and he had a feeling of awe. After terminating the therapy, an interview was carried out where he was asked if there was a specific experience that stood out to him. He said: "When I was feeling my anger, and you were beside me holding my hand and saying: it is OK". Maybe this experience of validation and acceptance from an earlier session was internalised so that he could now hear it from inside. During the interview, he also said:

We have been working with the music together, and I have felt like this: maybe a little hope of being able to go on. I have been working with verbal therapy [mentions two psychologists], but it is not enough for me. The music gives more peace for the soul; we have been working together the *three* of us – the music, and conversations.

This statement illustrates how he experienced the music as a third part in the therapy, enabling him to heal on a deeper level.

Case vignette 3

The GIM client for this vignette is a 31-year-old advanced music therapy student, Maria, whose GIM guide was Charlotte Lindvang, with me as a supervisor. The vignette is based on transcript notes, and the sacred moment in this case was identified as such by Maria. The focus of the session was to explore feelings of loneliness. During the first movements (Haydn's *Cello Concerto in C, Adagio*, and Sibelius' *Swan of Tuonela*), Maria experienced a deep connection with nature at the beach, flew with the seagulls and was walking in the streets of a city. While she listened to Boccherini's *Cello Concerto No. 9 in B-flat major (Adagio)*, she saw herself climbing in a tree with her brother. She said: "He is good at climbing in the trees... He is a good friend. An excellent friend, that makes me feel completely safe [sighs]". Maria felt touched, tears running down her cheeks, and told that when they were children, they felt much freer, whereas growing up and being an adult was difficult and associated with being hurt or injured in some way. Listening to a Russian chorus singing *The Joy of Those Who Mourn*, the two different feelings of being child and adult merged in her. The guide asked her to let this feeling sink into her. While listening to the Dvořák piece *Serenade in E major (Larghetto)*, Maria imagined herself and her brother sitting apart on each their branch in the tree; Maria feeling concern for her brother. The guide asked her if she could say something to her brother, and Maria said aloud, "I love you, it is going to be all right". While the music came to a minor peak at 5:30-6:00 minutes, they hugged each other for a long time, and she felt her brother's hands on her back.

Maria took a long time to get back to a normal consciousness state, and she was quite moved by this experience. She drew a mandala of herself and her brother as tiny figures in a huge tree. The moment of hugging was a sacred moment, where she felt expanded beyond herself, and immersed in a deep sense of love, awe, longing, and connection. The experience represented a polarity to her focus of loneliness, and gave her a new way of thinking about herself and her connectedness with her brother, and maybe also with other people in her life. A while before the sacred moment, a painful experience of non-confirmation (woundedness) surfaced, followed by the integration and the intense experience of love, possibly transforming her sense of loneliness. The case is an example of relational depth in a sacred moment, where the relationship with the guide as a present and emotionally attuned companion added to the trust and serenity of the moment.

Case vignette 4

This last vignette is based on a conversation with a GIM therapist, Christian, who described several experiences of sacred moments in GIM sessions. This experience occurred during GIM training in a group GIM travel to the programme *Mostly Bach*, a programme including several Bach movements arranged for symphonic orchestra by Stokowski. The programme is known for its spiritual qualities, its supportive strength and its breakthrough power. The first piece is the working piece, the 15-minute-long *Passacaglia and Fugue in C minor*, which upholds an ostinato in the bass of the organ throughout the piece, on top of which majestic melodies alternate between the strings and wind sections. The piece is characterised by increasing intensity and several great peaks where the deep brass instruments augment the ostinato figure. Christian's imagery to this music unfolded first as a

sensation of the music touching the body and making it increasingly lively. Later, the music was inside the body, and there was a sensation of powerful energy and expansion. Then, in his own words,

The great peaks were first experienced as thick and tall, almost vertical, beams of light in the room, each a distinct colour manifesting or dancing with the deep ostinato notes. At the next and even more powerful peak, it was as if I was dancing in the air, jumping from beam to beam, becoming one with the light and the sound, which at that time was as much vibration as music, and filling the whole room.

This sacred moment was closely connected to the experience of the music itself, and its energetic dimensions. It is characterised by expansion, boundlessness, contact with something greater than himself and, consequently, with transformation. There seems to be a transcendence of several boundaries in the experience of confluence with the powerful music. There is a sense of being able to move and dance freely in another level of existence, and ultimately an experience of identification with the energy, beauty, and strength of the music. Later in the programme, there are the more sweet and romantic pieces; and after the expansion and transformation of the first piece, there was, in the following movements, an experience of great release, more subtle beauty, and tears flowing freely.

One could speak of the meaning of the music that was sensed and integrated in an embodied way, creating a feeling of being connected with the subtle energies of Bach's music and, possibly, at the same time Christian was more connected with his own strengths and depths.

Sacred moments in GIM case studies

These case vignettes are examples of sacred moments in GIM. In the GIM literature, an abundance of case studies convey experiences of moments that might be called 'sacred moments'. As in the four case vignettes above, these moments often come about after a confrontation with conflict, grief, and trauma.

For example, Beck (2005-2006), wrote a GIM case study about a man, S, who was sexually abused as a child, and consequently experienced imagery that was dark and restricted. In his third session, he experienced a great light (the music was the Elgar and Mozart pieces from the Positive Affect programme). S's first affective response to "What are you experiencing?" was a very positive one. "It was wonderful! I have the freedom to move where I want to be," he said quietly. As the music continued, he found himself gradually walking his way upward on a staircase. At the top, he described a "Great Light". He smiled and commented, "This is very nurturing..." Following the session, S stated that he felt "wonderful." (Beck, 2006, p. 50).

Blake (1999) described her work (Directive Music and Imagery for trauma work (DIM)) with Vietnam veterans. While listening to Canteloube's *Songs of the Auvergne* ("Brezairola") in his second DIM session, a veteran imagined going to a monastery:

We're there....! I can hear the choir singing in the church. [Therapist: What is it like there?] There's a sense of peace... you can feel there's no anger, no hostility, no tension, no stress. Just seems to be a lot of love. There is a lot of hard work showing. People are doing their chores. They don't look very comfortable though, but they look very happy. It's an enviable thing, the serenity and holiness of it all. There seems to be a lot of wisdom. (Blake, 1994, p. 10)

Later the client worked with the integration of the wisdom of the monastery in his life:

Maybe I can take the things I've learned from the monastery and go back to humanity [...] understand that if you look the monster straight in the eye, you can beat him... not run and hide. That's the wisdom. (Blake, 1999, p. 11)

Hence, the moment of the GIM experience is integrated as a new source of strength in the life of the client.⁵

DISCUSSION

This article has focused on how sacred moments can be a way to conceptualise and describe spiritual experiences in GIM. Pargament et al. (2014) worked with sacred moments in verbal psychotherapy and found that clients and therapists could relate to the concept, that they seemed to take place frequently, and that they enhanced the outcome of therapy and the wellbeing of the client. As GIM is a psychotherapeutic method that is created to enhance 'peak experiences', it is not surprising that sacred moments seem to be recognisable and easy to find and describe. The four case vignettes and the examples from the literature illustrate that sacred moments do occur both in single sessions of the full Bonny method, and in modified GIM such as Music and Imagery, and Directive Music and Imagery (DIM).

The construct of a sacred moment might not cover all kinds of special moments in therapy. Other descriptions of moments in (music) therapy literature such as epiphanous moments (Beck, 2001-2002), pivotal moments (Grocke, 1999), significant moments (Trondalen, 2004) and the present moment (Stern, 2004) are not all concerned with the spiritual or transcendent experience, but might describe a moment of relational depth and positive emotions in a music-therapeutic meeting. When speaking about sacred moments, there is relational depth, and positive emotions, but also sometimes something very special and otherworldly.

In GIM, a sacred *moment* is not always a short experience of a few seconds but can unfold over a longer period of time, and in some cases the transcendent experience almost takes place over the whole GIM journey of 45 minutes. A moment might be a moment of expansion where a person can feel a sense of eternity. It constitutes a paradox that the moment is often not felt as a moment in time but rather as an experience of timelessness. Furthermore, the moment can be part of a process, a building up to a peak. Often the confrontation with conflict, trauma, and pain leads towards a breakthrough, release or healing experience. The emerging peak experience in the expanded state of consciousness

⁵ More examples of sacred moments can be found in case studies in Bruscia (2012) and Clarkson (2018).

is often characterised by intensity, high energetic load, and can be challenging to contain as it can go beyond the client's "window of tolerance" (Beck, 2015). That is one of the reasons why it is imperative that the GIM therapist has been trained well in the method. It is my experience as a GIM trainer, guide and traveller that moments of deeply transcending experiences frequently occur with healthy travellers as well as with clients in crisis, pain or illness.

Some GIM travels do not touch on any spiritual experiences, as they can go on in consciousness states closer to everyday consciousness and, often, inexperienced travellers will need some time to learn how to travel before they open themselves up for deeper states. Hence, not all GIM travels contain moments of meetings with extraordinary states, spiritual beings, or transcendental experiences; but there can be sacred moments of love or forgiveness when meeting with persons from one's life, beautiful experiences of being in nature, or experiences of listening and becoming one with music.

Spiritual experiences can be difficult to describe, as they occur in a state where words are not meaningful; or they transcend the reality that we use to describe with words. As these experiences seem to have a significant impact, it is essential to find ways for the therapist to recognise and validate them. Therefore, it can be useful for the therapist to have a concept, like 'sacred moments', where the word 'sacred' points to a dimension other than that of average daily life so that the client can feel seen and can integrate the experience as really exceptional, unique and valuable.

The occurrence of sacred moments in GIM seems to be supported by the altered state of consciousness, the structure of the music as a holding space, and the beauty of the music. The music in GIM can carry the listener and lift him or her into another dimension. In GIM, classical Western music is chosen because it contains specific musical qualities and constitutes a 'space' or matrix with a musical development that can mirror inner psychological development. Strong music pieces might carry the listener into a sacred moment, but only when the listener accepts the music and surrenders to the music. Bonny said:

The structure of music, the way music (especially great music) is put together, suggests a design in which a statement or theme is developed [...] often in an exploratory way [...] suggestive of working through conflict, and then the selection ends with a new understanding or new perspective on the theme. This can often suggest new understandings of old material, especially in the area of forgiveness, which leads to spirituality. (Bonny, 2001, p. 60)

Hence, it is essential to understand that a sacred moment can be a result of a process, and that the structure of the music can support the process. The sacred moments cannot be part of a manual or be planned for; they appear when the music is right, when the relational depth is built up, and when the client is ready for it. They appear as a gift. In case vignette 2, the client is alone after his symbolic death – and then the music comes and takes him to face God. The music is the helper. In case vignette 4 the music is the central carrier of energy and is central to the experience of beauty and oneness.

The altered states of consciousness come about as a response to the music, the relaxation, the imagery, and the contact with the guide, who upholds a supportive and empathic contact throughout the experience. The choice of music combined with the quality of the therapist's holding and presence

during the music experience are critical factors in the client's feelings of safety and ability to let go and open her/himself up for a sacred moment in GIM. In Music and Imagery, there is no guiding during the music (as in case vignette 2), compared to a full individual Bonny session with guiding. The sacred moment in a Music and Imagery session can only be narrated after the experience, although it can still be a shared experience between guide and traveller while the music is playing.

In all the case vignettes, the relationship with both the music and the therapist was central. Mårtensson-Blom (2014) described how the music and the relationship between therapist and client are merged in GIM; the feeling of safety and trust in the relationship is built up by the finetuning of the response to the client, both verbally, on a bodily level, and as a process of sharing intention, attention and affect. The sharing of a sacred moment takes place in a deep relational matrix of music, where the therapist contains and holds the client, breathes with the client, stays alert and present, witnesses and shares the client's depths with a meditative consciousness. The surrender becomes a shared surrender, and therefore a relational experience that has a reality and that can build up the therapeutic alliance. For clients with issues of distrust, a sacred moment can also serve as a corrective experience reminding of a safe way of experiencing closeness and trust with another person (the therapist).

To sum up, the sacred moment in GIM and in Music and Imagery sessions seem to occur:

- for all types of clients, independent of age, gender, state of health, faith or religion
- within a relationship
- as a response to vulnerability
- as a response to specific parameters/dynamics/elements in the music
- according to the context
- as part of a therapeutic process
- as a field of resonance between music, client and therapist
- in connection to/as an aesthetic experience
- in altered states of consciousness
- after an intense emotional/psychodynamic process
- spontaneously, as a gift

Referring to the case vignettes, the sacred moment seems to have an impact on the lived experience of the client, i.e., as a reference point that helps to keep one on track, or as a reminder of supportive powers.

Educational perspectives

As the London conference invited perspectives of music in wellbeing and educational settings, it is worth mentioning that GIM in the short form, called Music and Imagery, has been adapted to individual and group work in many areas, both clinical and educational.

For example, Powell (2008) described nine years of work experience in a primary school where she taught students to use short music and imagery exercises by themselves during the school day. She explained that one seven-year-old student was not feeling well at an orchestra rehearsal and she was asked to listen to Pachelbel's *Canon in D* in her headphones and follow these written directions: take three long breaths, press the play button and let the music bring you what you need. After the

music and imagery exercise, the student told her teacher that she had a spiritual experience where God came down and helped to heal her, and that she felt much better and was able to stay in school for the rest of the day. This kind of practice was also used to help children to find a safe place, deal with emotions, manage interpersonal relationships, focus attention, decrease performance anxiety, and allow creative expression.

In Danish music therapy education, self-experience is a significant part of the curriculum in order to teach students to develop competencies of empathy and mentalisation that seem to be connected to the practice of music-listening and -playing. Music-listening practices in many educational settings could be a way to balance intuition and rational thinking, increase creativity, support the development of values and understanding, and help students on all levels, including increased self-care, stress-reduction and self-regulation (Lindvang & Beck, 2015). Using music-listening in education opens up an experiential space where sacred moments might occur, providing a possibility for the discussion of existentially meaningful topics.

The use of music-listening and imagery in therapy could perhaps inspire the application of short music experiences as a part of health practice in schools, education, churches, and organisations.

The London conference – postlude

Being part of the conference in London in December 2017 was an exceptional experience, as the closeness and sense of community between the participants seemed to develop amazingly. Gary Ansdell, in the closing discussion, mentioned that using the “S” word openly was liberating, as we almost all had been carrying a need to share this kind of thoughts and experiences. The time may have come for further studies and communication around this important topic. A non-conceptual spirituality in music, education, and health services seems to be closely connected to psychophysical health and wellbeing for clients, patients and students, as well as for therapists, teachers and health practitioners. A possible next step from this article could be an interview-based study inquiring about sacred moments in GIM; or perhaps an outcome study with questionnaires investigating the spiritual health of clients. In Bonny’s own words from 2001 (p. 62): “In the future, I hope that there will be more attention to the music therapy field [...] researching the topic of music and spirituality”.

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Ελληνική περίληψη | Greek abstract

Ιερές στιγμές στη μέθοδο Guided Imagery and Music

Bolette Daniels Beck

ΠΕΡΙΛΗΨΗ

Αυτό το θεωρητικό άρθρο εξετάζει μια σειρά από τρέχουσες απόψεις σχετικά με τις πνευματικές εμπειρίες στη μέθοδο Guided Imagery and Music (GIM) και περιλαμβάνει την προσωπική μου εκτίμηση του θέματος μέσα από μια σειρά μελετών περίπτωσης που απεικονίζουν την έννοια των «ιερών στιγμών». Οι ιερές στιγμές που προκύπτουν κατά την ψυχοθεραπεία έχουν περιγραφεί ως συγκεκριμένες στιγμές εμπιστοσύνης και αίσθησης του απεριόριστου που αλλάζουν τη ζωή και οι οποίες αποτυπώνονται στη μνήμη χρόνια μετά επηρεάζοντας θετικά την υγεία και την αποτελεσματικότητα της θεραπείας. Η βαθιά ακρόαση [deep listening] της μουσικής στη μουσικοθεραπεία φαίνεται να δίνει την ευκαιρία να δημιουργηθεί και να συμπεριληφθεί σε αυτήν η πνευματικότητα. Αυτό το άρθρο διερευνά τη φαινομενολογία των ιερών στιγμών όπως αυτές παρουσιάζονται στη μέθοδο GIM μέσα από τα παραδείγματα των περιπτώσεων που μελετήθηκαν: Πώς βιώνει ο πελάτης μια ιερή στιγμή, πώς μπορεί αυτή η στιγμή να γίνει κατανοητή και να ολοκληρωθεί, και τι επίδραση έχει αυτή η ιερή στιγμή στη ζωή του πελάτη; Τέλος, στο άρθρο συζητιέται ο βαθμός στον οποίο οι πρακτικές της Μουσικής και της Απεικόνισης [Music and Imagery] μπορούν να εφαρμοστούν στην εκπαίδευση και στην παιδαγωγική.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, Guided Imagery and Music (GIM), πνευματικότητα, ιερές στιγμές