THE BONNY METHOD OF GUIDED IMAGERY AND MUSIC (BMGIM) WITH CANCER SURVIVORS.
A PSYCHOSOCIAL STUDY WITH FOCUS ON THE INFLUENCE OF BMGIM ON MOOD AND QUALITY OF LIFE

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CD-ROM Contents

Databases (Endnote software)
GIM literature
GIM music programs
GIM selections
Music Therapy and Cancer Literature

Introduction to databases

Software: Endnote Readers for PC/Mac
(Latest version can be downloaded from www.endnote.com)

Bibliographies
Annotated literature on GIM and related topics (PDF. file)
Annotated discography of BMGIM music programs (PDF. file)

Music analyzed (mp3 files)
Brahms: Violin Concerto, 2nd Movement
Bach: Concerto for Two Violins, 2nd Movement
Bach (arr. Stokowski): Komm, süßer Tod
Bach (arr. Stokowski): Mein Jesu!

Questionnaires
HADS
QLQ-C30
Antonovsky’s SOC
O ear whose creatures cannot wish to fall,
O calm of spaces unafraid of weight,
Where sorrow is herself, forgetting all
The gaucheness of her adolescent state,
Where hope within the altogether strange
From every outworn image is released,
And Dread born whole and normal like a beast
Into a world of truths that never change:
Restore our fallen day; O re-arrange.

_Blessed Cecilia, appear in visions_
_To all musicians, appear and inspire:_
_Translated Daughter, come down and startle_
_Composing mortals with immortal fire._

(W.H. Auden: _Hymn to St. Cecilia_, excerpts)
1. Introduction:

This study has two different sources of inspiration:

1. I have had a lifelong curiosity about how music is experienced and used by people of any age and culture – covering a vast spectrum from pure aesthetic pleasure to the use of “Music as a technology of the Self” (DeNora 2000). In my professional life this curiosity has led me from musicology to music production (radio, concert, opera) and music education, and finally – in the 1990ies – to music therapy. In other words: from an aesthetic and historical framework for my understanding of the musical experience to music reception studies and finally to the controversial and unjustly downgraded field of “applied music”. In my mind these “fields of music science” are not conflicting or even separated, on the contrary they are interrelated, and it is my hope that this study will show at least to some extent how e.g. aesthetic properties of music are connected with therapeutic potential of the same music.

2. I have acknowledged the need for research in psychosocial interventions for cancer patients – and the potential of music therapy, especially GIM, in this context. The current situation in DK is not very heartening from a music therapy point of view: unlike in the USA and some countries in Europe music therapy is not offered to cancer patients (with the exception of two or three hospices); music therapy is not even integrated in the national medical or health care system. In 2003 the Danish newsletter editor Erik Rasmussen published a book with a thorough description of his experience as a (throat) cancer patient from 1999-2002. It is a serious and balanced critique of how the Danish Health Care System, especially oncological treatment concentrates on the physical symptoms without establishing a more complete understanding of the patient’s situation, thus neglecting the enormous potential of the patient him/herself. Rasmussen also describes how cancer in a paradoxical way can be a positive and productive experience in a broader life perspective. In his specific case he developed five new life “values” that were directly connected to the confrontations and crises in the cancer treatment and rehabilitation process. These values are called: “Expanding the understanding of myself”, “Expanding the understanding of the human being”, “Making the world greater”, “Enhancing the joy of life”, and “Growing stronger as a human being”.
As you will see there are many common features between this personal journey of a man who describes himself as an “exceptional cancer patient” (referring to B. Siegel’s distinction) and the experiences of six women presented in this study. Rasmussen used several complementary therapies (acupuncture, diet, massage and healing) but not music therapy. I agree with Rasmussen when he writes that it may not be so important exactly what complementary therapy a cancer patient may choose – the important factor is to take responsibility for one’s own process, including the choice of complementary therapies that may suit the patient as a unique person confronted with a life-threatening disease. The six women in this study chose music therapy (among other modalities). The purpose of this study is not to argue that music therapy is superior to other therapeutic modalities, but to show how the six women used the BMGIM therapy to address issues of great personal importance: anxiety, depression, and quality of life. All six experienced a change in their life perspective, in many ways similar to the development of new “life values” described by Rasmussen. A Danish proverb describes a very important premise for change: “The will to change is evoked when the security of old pains is no longer enough”. This theme goes through the study as a red line.

**Overview of the thesis**

This Ph.D. research was originally planned as a combination of a smaller, original study – *BMGIM with cancer survivors* – and related, selected publications in peer reviewed articles and published books. During the writing process I increasingly felt that it was necessary to integrate the earlier publications, as well as new essays and book chapters written in relation to the study, in order to make the text more coherent and fluent. The decision of doing this has made the dissertation more comprehensive than planned, but I hope it will make it easier to read.

After a short chapter 1 introducing the background of the study, chapters 2 and 3 provide an overview of the literature. Chapter 2 introduces the specific literature on music therapy and BMGIM in oncology, while chapter 3 is a broader introduction to and discussion of literature on meaning in music, with specific focus on the role of
metaphor and narrative in music therapy. Chapter 4 introduces the methodological choices I have made, with special focus on multiple methods: The main research question is researched with both fixed and flexible designs. In chapter 5 the results of the fixed design investigation are reported, while the results of the flexible design investigations are reported in two separate chapters. Chapter 6 reports the results of the qualitative interview study, while chapter 7 presents two case studies, including both qualitative and quantitative data processing. Chapter 8 reports the results of the investigations of music and imagery. In chapter 9 follows a discussion of the findings and the methodology, followed by a short conclusion. Many appendices (some only in Danish) and a cd-rom accompany the dissertation.

**Music terminology and formatting:**

1. The dissertation follows the German and Danish tradition, where major keys are noted in capital letters (e.g. A major) while minor keys have a lower case letter (e.g. a minor).
2. Italian musical terminology will all be left in lower case, with abbreviations also in lower case (pp, f, mf, cresc.).

**Music therapy terminology**

According to the guidelines in Bruscia (2002, p. xxi-xxii) the following acronyms are used:

GIM = Guided Imagery and Music. GIM is the ‘umbrella term’ encompassing all types of music therapy based on music listening and imagery, including individual as well as group formats.

BMGIM = The Bonny Method of Guided Imagery and Music. BMGIM refers to the specific individual session format developed by Helen Bonny.

Group GIM or Music and Imagery are used to refer to the group format developed by Helen Bonny.

GMI = Group Music and Imagery. GMI refers to other group formats where the therapist guides a group through selected music (also non-classical) with the purpose of sharing and discussing the imagery.
The participants in this study use “Music therapy” as synonymous with BMGIM. They were not familiar with other music therapy models or formats. In some of the information material “Music therapy” was used in a similar way, i.e. as synonymous with BMGIM.
2. Literature review

Introduction

This literature review will focus on the role and potentials of music therapy, especially BMGIM, in oncology and related clinical areas. The review is based on two electronic databases (‘Endnote Libraries’; see Bonde 2002, 2003), which are topic specific databases developed during the last six years, one on BMGIM literature in general, and one on music therapy and cancer literature, including music therapy in palliative care. The databases and an introduction to their use are included on the cd-rom accompanying this dissertation.

However, the dissertation includes other literature reviews. Chapter 3 provides a comprehensive theoretical discussion framework for the qualitative investigations in chapters 6, 7, and 8, and presents an extensive literature review on theories of metaphor and narrative in semantics, psychotherapy and music therapy. Literature on methodology is reviewed in the appropriate sections of chapters 5, 6 and 8. A specific review of the literature on music analysis in music therapy research is given in section 8.1.

2.1 Music Medicine and Music Therapy in Medical Conditions

Music therapy is a relatively young profession internationally, and consequently a new treatment modality in Denmark. During the 20 years, in which an academically based and formalized training has existed in the further education system in Denmark, clinical practice and research has mainly focused on psychiatry, developmental disabilities (child and adult populations) and the elderly (Wigram, Pedersen and Bonde 2002). Neither music therapy nor music/music therapy in medicine have yet been established in somatic hospitals in Denmark. In other countries however, especially in the USA, in Great Britain and in Germany, music therapy is found as a complementary intervention form and as a research topic within the medical field, including cancer (Dileo 1999a, Standley 1995; Verres 1999). Music in medicine seems to be a growing field in the same countries.
Music in medicine

The terminology of using music experiences in medicine is not quite clear. Concepts used in the literature include Music Medicine, Music in Medicine, Music as Medicine, Medical music therapy, and Music therapy in medicine. For the purpose of this study ‘Music in medicine’ has been chosen to cover the use of music experiences in medicine without participation of a music therapist, while ‘Music therapy in medicine’ covers all uses of music experiences and a therapeutic relationship in medicine. BMGIM in oncology is thus a form of music therapy in medicine.

The use of music in medicine, and the practices in medical music therapy often direct the use of media to helping patients deal with physiological problems as well as psychologically based issues. The research and documentation of interventions in music and medicine have also included studies and clinical procedures applied by medical and other paramedical disciplines (Pratt and Grocke 1999; Pratt and Spintge, 1996; Spintge and Droh, 1992).

One of the most well established functions of music in medicine is related to the management of anxiety and pain. While controlled studies of the effect of relaxation procedures alone on hospitalized patients’ experience of anxiety and pain do not provide systematic enough research evidence (Seers & Carroll 1998), several studies have demonstrated that relaxation combined with music listening has a positive influence on hospitalized patients’ anxiety, mood, blood pressure, heart rate and pain tolerance (Bonde 2001; Bonny & Latteier 1983; Evans 2002; Hanser 1985; Standley 1986, 1992, 1995; Vollert et al. 1999). MacDonald et al. (1999) demonstrated that listening to music of the patients’ own choice following minor foot surgery was sufficient to reduce anxiety, as measured by the STAI in postoperative assessments, in the patients in the experimental group, while there were no differences pain perception between experimental and control group.

In Denmark, the psychologist Zachariae (1993) who later specialized in psycho-oncology developed a series of self-help tapes or cd’s for patients with immune deficiencies, including cancer patients. The tapes/cd’s combine relaxation exercises, guided imagery and new age music. The hospital research project Musica Humana (www.musicalhumana.com) has also developed special music programs (now...
commercially available as the MusiCure series) to decrease anxiety, pain and perceived side effects of patients in post operation recovery units.

There are very few studies reporting the effect of relaxation and/or music listening on anxiety, perceived side effects and quality of life in cancer patients undergoing chemotherapy in the literature. However, a small number of investigations all indicate that relaxation (including guided imagery) combined with music listening may be an effective psychoemotional adjunct treatment to chemotherapy (Frank 1985; Standley 1992; Weber et al. 1997; Xie et al. 2001).

In the area of pain management Zimmerman et al (1989) designed a study to determine the effects of listening to relaxing music with the purpose of facilitating pain reduction in patients with cancer who were receiving scheduled pain medication. Participants chose between ten different instrumental music programs and were asked to select a type of music by which they would normally be relaxed. Results indicated that 30 minutes of preferred music listening may be effective in the reduction of cancer pain. Reilly (1996) studied the effect of relaxation, imagery and music as adjuncts for pain control in male clients with lower limb injuries (n=17). She found a decrease in in frequency of oral postoperative medications plus an unexpected decrease in the sense of anxiety in the preoperative holding area in the experimental group. Abel et al. (1996) studied the effects of selected music (Bach’s Nun komm der Heiden Heiland and Stockhausen’s Klavierstück I on cardiovascular-respiratory parameters og chronic back pain patients (n=29). The musical stimuli did not induce trophotropic or ergothropic states of CNS functions; however, vascular-respiratory changes were noted during the Bach-listening, namely as an increase in variability of both the plethysmogram amplitude and the resporatory cycle time (airflow), while a decrease in the same parameters were noted during the Stockhausen-listening.

Bailey (1983) compared the effect of live music singing and guitar playing to the effects of tape-recorded presentations of the same material on tension-anxiety and vigour as experienced by hospitalized cancer patients (n=50). Participants were randomly placed into the live or taped music categories and listened to 25 min of music. Results indicate that music performed live has particular efficacy to assist in relieving tension and promoting vigour as compared to recordings of the same music.
Music in medicine vs. Music therapy in medical conditions (Medical music therapy)

Dileo (1999) lists the following medical specialty areas in which musical interventions are used: Neonatology, General medicine, Surgery, Intensive care, Gynaecology, Endocrinology, Paediatrics, Radiology, Anaesthesiology, Cardiology, Dentistry, Prevention, Physical rehabilitation, Pulmonology, Pain management, Obstetrics, and Oncology (p. 4). She makes the following distinction between ‘Music medicine’ and ‘Music therapy in medical conditions’: In Music medicine medical personnel use music as an adjunct to medical treatment, providing a nonpharmacological intervention for stress, anxiety and/or pain. Music experiences are receptive and based on recorded and preselected music. In music therapy a therapeutic relationship is developed between a professional music therapist, a patient and music through many types of musical experience, e.g. improvisation, song writing, and music imaging. Music therapy may not only be a supportive adjunct to medical treatment, it may serve as a primary mode of intervention in equal partnership with medical treatment. Examples of medical music therapy are reviewed in section 2.3.

The studies reviewed earlier in this section document the positive influence of relaxation and/or music listening on several physiological and psychological variables in hospitalized patients. Before the review of the specific literature on music therapy and cancer the next section takes a broader view on the field of psychooncology.

2.2 Music therapy and psycho-oncology

This section gives a short overview of issues and results from the vast field of psycho-oncological research, and music therapy’s place within the field is outlined.

2.2.1 Psycho-oncology and psychosocial interventions in oncology

Zachariae (1996, 2002) presents an overview of psychosocial cancer research, its foundations and present state of knowledge. What follows is a summary of this overview. According to Zachariae, the Cartesian mind-body dualism dominated the medical sciences for centuries, leaving the mind (or soul) for the church to take care
of, while the body was studied and examined by medical science. This perspective has changed dramatically during the last 20 years, and today psyche and soma are considered equally important in the research and treatment of life-threatening diseases like cancer. Even if the majority of all cancer research is biomedical the field as a whole operates within a holistic biopsychosocial understanding of the disease and the factors influencing it: biological, psychological, behavioural and social factors are considered equally important. Thus, cancer is understood as a multifactorial disease influenced not only by biological heritage, but also by stress, infections, food intake and environment. The last four factors are especially relevant in prophylactic work, as the majority of cancer cases may be prevented, because they are related to changeable behavioural and environmental factors. Psycho-oncological cancer research has studied the influence of factors mediating between the independent variables of cancer disease and treatment on the one hand, and outcomes like quality of life (physiological, psychological, social), survival and recurrence on the other hand. These mediating, individual psychosocial factors include emotional and cognitive coping, social support (e.g. networking), patient attitudes (‘fighting spirit’ vs. helplessness) and the patient-physician relationship (Achterberg et al 1976 in Zachariae 2002). According to Zachariae (2002) state of the art can be summarized as follows:

(1) The influence of stress on the immune system has been researched for decades. Uncontrolled stress is known to influence the immune system negatively, including advance in the growth of tumors (Visintainer and Volpicelli 1982 in Zachariae 2002). However, it is not likely that stress can be considered a cause of cancer, since stress as related to negative life events may be modified by many other variables, such as personality traits and social relationships traits (Zachariae 2002).

(2) Personal factors, especially coping styles are known to influence cancer prognosis. Some factors enhancing the risk of developing cancer have been identified: a distant relationship with parents, emotional repression (especially repression of anxiety, anger and negative emotions), and helplessness (Fox 1995 in Zachariae 2002). However, connections between these and other personal factors and cancer have not been explained. An example: data indicate that emotional repression is
more likely a reaction to a cancer diagnosis than a personal trait contributing to
the development of cancer (Servaes et al 1999 in Zachariae 2002).

(3) Depression seems to have a very limited influence on cancer development as well

(4) Social relationships are more likely to influence cancer. A good social network,
especially marriage, has a positive influence on cancer prognosis (Helgeson et al

Unfortunately it has not been possible to confirm the promising results of Spiegel’s
study (Spiegel 1989, 1991), indicating that group psychotherapy (psychosocial
intervention groups) may influence not only mood and perception of pain, but also
survival positively. Here, as in many other cases, replication studies have presented
mixed results. Zachariae concludes that it is still uncertain whether psychosocial
factors influence the development of cancer, however, they may influence prognosis.
Research demonstrates clearly that psychosocial interventions can improve quality of
life in cancer patients positively and may influence prognosis.

These conclusions are in agreement with core statements in other studies of the effects
of psychosocial interventions on cancer patients. (Iacovino and Reesor 1997; Meyer
and Mark 1995; Ross-Petersen 1998).

In a meta-analysis Meyer & Mark (1995) concluded, that there is no reason to doubt
the effect of psychosocial interventions. They recommended that future research
should focus on 1) more direct comparisons of treatment modalities and intervention
forms, 2) prioritize longitudinal studies of medical effect and survival, 3) examine the
possibilities of effect at lower costs.

Ross-Petersen et al. (1998) published an overview of studies researching the effects of
psychosocial interventions on survival and psychosocial well-being. They drew
attention to the fact that almost all studies suffer from methodological problems.
However, they concluded that four out of six studies reported significantly longer
survival time in the intervention groups, and that a majority of the studies focusing on
the effect of interventions on anxiety and depression reported a positive effect on
anxiety and a reduction of depression.
Methodological problems were also identified by Iacovino & Reesor (1997). In many studies there was a lack of definable intervention procedures that produce specific, measurable changes in adjustment during diagnosis, treatment, and follow-up care for various types of cancer. Other problems were lack of control groups, objective psychosocial evaluations, and adequate statistical analyses. Furthermore, many samples were small, and variables like age, gender, race, education, income, generic predisposition and receptivity of cancer to treatment were not sufficiently accounted for. According to Iacovino and Reesor intervention studies fall into 4 categories:

Descriptive studies, retrospective studies, quasi-experimental studies and controlled clinical outcome studies. According to the descriptive literature some important issues to consider in future research are patients’ absenteeism, death rate, inconsistencies in attendance, therapists’ viewpoints concerning the process of intervention, and more specific information about patients’ needs before/after intervention. Retrospective and quasi-experimental studies reveal the importance of providing controls with a comparison intervention for ethical reasons, and studying samples of patients who are representative of the clinical population. The controlled clinical trial studies indicate that the timing of interventions relative to diagnosis, treatment, and recovery can influence adjustment and adaptation, and also that the type of intervention can interact with timing in its effect on patients’ adjustment and adaptation. Most of these studies demonstrate the beneficial effects of psychosocial interventions that are offered in a variety of settings, by a variety of different therapists and counsellors, and for patients with varied diagnoses. Iacovino & Reesor conclude – like Ross-Petersen and Zachariae – that:

“From a general viewpoint, the evidence suggests that psychosocial interventions have a positive impact on patients’ adjustment and adaptation to cancer. No particular intervention appears to be significantly more effective than others in helping patients deal with cancer. However, the methodology of different studies reveals multiple dimensions of psychosocial interventions that cannot be captured by any one method alone.” (Iacovino and Reesor, p. 68)

In a study of the effects of psycho-educational group intervention on psychological well-being, coping methods and health behaviours of patients with malignant
melanoma Boesen (2002) reviewed the effect of psycho-education, cognitive-behavioural interventions, mere information and purely behavioural approaches on anxiety and depression in cancer patients. The cognitive-behavioural approaches were reported to the most helpful. She also reviewed the need for psychosocial intervention and information among patients with malignant melanoma. “The results reveal an evident need among the patients for more information than already provided at the hospital and also a need for psychosocial support.” (p. 20) Studies have reported beneficial effects of psychosocial interventions to cancer patients. Psychological wellbeing has been improved; coping strategies and pain relief have been enhanced. However, the studies do not identify the therapeutic change agents of the interventions.

Music therapy is one among many types of psychosocial interventions in cancer care. However, music therapy interventions are rarely mentioned in the psychosocial cancer literature. The next section gives an overview of music therapy in cancer care.

### 2.3 Music therapy in cancer care

The relatively few research projects on music therapy with adult cancer patients have almost exclusively focused on active music therapy (G.Aldridge 1996, 1998a, 1998b; Dileo 1999b; Hilliard 2003; O'Callaghan 1998; Turry 1999; Turry & Turry 1999; Waldon 2001).

G. Aldridge (1998a, 1998b) presented a qualitative in-depth study of the implications of melodic expression in music therapy improvisations with a breast cancer patient in the week following mastectomy. The experience of immediate creative expression of emotion in melodic form gave the patient a sense of control over the aesthetic process, and the patient finally worked through the process of formulating a complete melody, experienced as a coherent and personal expression of an emerging identity.

The importance of the melodic element is also found in reports of the beneficial psychosocial effects of singing songs with cancer patients (Dileo 1999b). Song-writing is another powerful technique, allowing patients to express their experiences

Hilliard (2003) reported from a controlled study ($n=80$) of the influence of music performed live on functional status and quality of life (QoL) of terminally ill hospice patients. QoL was higher for those subjects receiving music therapy, and it increased over time as they received more music therapy sessions.

A few studies include both active and receptive music therapy interventions with cancer patients (Bunt and Marston-Wyld 1995; Bunt, Burns et al 2000; Waldon 2001).

The first two studies were drawn from a music therapy treatment and research program that was established at Bristol Cancer Help Centre (UK) in the 1990’s, and several reports have presented clinical work as well as research projects. The music therapy program combines a weekly music listening experience (both live and recorded music) and an improvisation session, both in groups. Bunt and Marston-Wyld (1995) published the first evaluation study, based on semi-structured interviews with patients, also addressing similarities and differences between music therapy and counselling. Emphasis was placed on core qualities unifying the two disciplines, the access to and expression of feelings, and the importance of the active use of instruments in music therapy. Before and after each music therapy session, the patients gave words and phrases, which described their view of music. Music and music making helped stimulate patients physiologically and psychologically, and the patients became more group-oriented. The next report (Bunt, Burns et al 2000) investigated the changes observed in the first study in a design integrating psychological data (using the Mood Adjective Checklist of the University of Wales Institute of Science and Technology (UWIST-MACL) pre and post active and receptive sessions), physiological data (salvia testing for sIgA and cortisol pre and post) and qualitative data from focus group discussions ($n = 29$). The UWIST-MACL
test showed that there was less tension and less energy in the group after music listening, and increased well-being and less tension after active playing. The saliva test showed increased concentration and secretion rate of sIgA after music listening and a reduction in salivary concentration of cortisol between the two sessions. Issues arising from analysis of the focus groups introduced a coding of patient comments in Body - Mind - Spirit categories. A proliferation of Mind related comments and a high ranking of Body-Mind and Body-Mind-Spirit comments was observed, indicating that music therapy experiences had an integrating and empowering effect on the patients. A third report (Burns et al 2001) documented the detailed results of the quantitative pre-post-test, psychological/physiological measures, and data from the qualitative focus group study. The preliminary conclusion of the ongoing Bristol research is that these findings link listening to music in a relaxed state and musical improvisation to beneficial alterations in psychological and physiological parameters, as based on statistical evidence as well as the patients’ experience.

Waldon (2001) examined the effects of group music therapy on mood states and cohesiveness in adult oncology patients. His study employed an independent group repeated-measure / counterbalanced design. There was no control group. Ten participants divided into two groups had eight group music therapy sessions in two conditions: active "music making" or "music responding" (each group in reversal order). Mood states were measured by POMS-short form, and group cohesiveness was assessed by a Music Therapy Satisfaction questionnaire and a content analysis of group sessions. Results showed significant improvement in mood state scores, but no significant effects on group cohesiveness. This study indicates that receptive interventions ("music responding" including music and imagery experiences, but not BMGIM or GMI) may be as effective as active interventions.

The effect of other receptive music therapy models and methods than BMGIM and adaptations of GIM is mainly documented in qualitative case studies (Hodenberg 1993, 1997), especially within palliative care (D. Aldridge 1998; Munro 1984). Keiser (1988) wrote a narrative on her journey as breast cancer patient, including detailed information on how she used music experiences to empower herself in all phases of the journey.
Hodenberg (1993) presented two case studies in which music therapy was used with patients who had tumours. One patient received active therapy, the other receptive therapy. From the author’s morphological perspective active and receptive music therapy are complementary and may be used at the discretion of the music therapist.

Two other internationally well-known receptive music therapy models besides BMGIM are both of German origin. Schwabe developed the so-called Regulative Musiktherapie (Regulative Music Therapy) (Schwabe 1982, 2000; Wosch 2002, 2004). However, RMT is primarily used as a group format in psychiatry, and the use of RMT has not been reported with medical/cancer patients.

The other well-known model is Leuner’s Guided Affective Imagery (GAI, German: Katathymes Bilderlebniss, kB) (Leuner 1984). BMGIM was in its early years inspired by GAI, which also included music for diagnostic purposes (Guided Affective Imagery with Music (GAIM), Musikalisch-kathathymes Bilderlebniss (mkB)) (Bonny 2002). There are no reports on the use of GAIM with cancer patients, however Möhlenkamp (1994, 1995) compared the effects of relaxation, active music therapy and receptive music therapy, inspired by both GAIM and BMGIM, in a psychosomatic ward \( (n = 31) \). The experiment was conducted with patients suffering from somatoform disturbances. Twenty female and eleven male subjects (age between 20-29 or 30-59) were treated for two days and randomly assigned to one of two conditions: a) relaxation exercise + active, individual improvisation, b) relaxation + receptive music therapy (modified BMGIM). In the condition involving active improvisation, idiophones with definite pitches were used. In receptive music therapy Bach’s Double Concerto for Violin, Oboe and Strings (BWV 1060) and Dvorak’s Symphony nr. 9, 2nd movement were used. Results demonstrated that receptive music therapy evoked and allowed the elaboration of reflections and emotions. Active music therapy (free) improvisation was experienced as a challenge, leading to modification of moods and decrease of anxious depression and fatigue. In comparison receptive music therapy encouraged introspection, especially by patients who met verbal communication with strong defences.
More general overviews of how music therapy can be integrated in cancer care, including diagnosis and treatment (e.g. radiation therapy), are presented by Hodenberg (1997), Rittner (1997) and Verres (1997, 1999).\(^1\)

The following section brings together and overviews studies on the specific physiological, psychological and psychosocial effects of BMGIM, and Group Music and Imagery (GMI) in medical care and cancer care.

### 2.4 BMGIM in medical care

This section gives an overview of BMGIM, GMI and various modifications or adaptations of GIM used in medical care, including the four phases of cancer treatment, as reported in the literature.

#### 2.4.1 BMGIM with medical conditions other than cancer

Short (1992, 2002) gives a review of BMGIM applications in health care, focusing on the relationship between imagery and the multifaceted issues and needs of medical patients. She writes that BMGIM has been recognized as a

”… a complementary therapy capable of having significant effects on the body, particularly in the way that working with emotions, music and imagery can impact on physiological measures” (Short 2002, p. 153).

Short presents a conceptual framework for BMGIM in a medical setting, including a model of how an Imagery Conglomerate may be generated by a physical illness or trauma, based on physical, emotional, psychological, social, and spiritual ”markers” (reactions and responses in the person that may be accessed in the imagery). Many case studies and anecdotal reports illustrate how BMGIM may support and enhance 1) ventilation of feelings, 2) pain management and 3) rehearsal of (normal) activities, thus leading to physical and emotional healing of patients in medical care. BMGIM

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\(^{1}\) Music therapy in oncology seems to be a growing field in Europe. At the 6th European Music Therapy Congress in Jyväskylä (SF), June 2004, there were several presentations of case studies with cancer patients in dyads or groups, as well as research studies using fixed and flexible designs (Seidel 2002). In a recent overview article (Aldridge et al 2003) 32 studies of art therapies applied to psycho-oncology are abstracted.
has been reported as a useful complementary intervention within the following medical areas: pregnancy support, physically disabled elderly residents including dementia (Short 1992), post-traumatic stress disorder, physical trauma, rheumatoid arthritis, and patients in cardiac care.

Justice and Kasayka (1999) describe how the session format in BMGIM with clients having medical illnesses may be adapted. The music listening period in an adapted session is often short (6-15 minutes), and the music chosen is clearly structured, repetitive in melodic phrasing, unambiguous and supportive (so-called “small containers”, including non-classical music). Relaxation induction is a purpose in itself, and focus is often on physical symptoms with the purpose of alleviating pain, promote healing experiences and facilitate feelings of inner strength and wholeness. In the imagery pain may be subject to uni- or cross-modal transformation, e.g. changes of colours or shapes associated with pain, examining problems areas of the body in the imagery, experiencing cells being healed by light or vibration.

Based on the review articles by Erdonmez (1992), Goldberg (1995), Short (2002) and the Endnote database on BMGIM literature table 2.1 identifies medical conditions (other than cancer) suitable for BMGIM and adaptations of the format. The cancer studies (including palliative care/hospice studies) are presented in table 2.3.²

² A few studies listed in the GIM literature database and mentioned in the reviews are discarded from the table, because it has not been possible to get the necessary information (Hanks 1985 (Brain damages); Jacobowitz 1992 (Physically disabled elderly); McDonald 1986 (Parasitic infection); Stokes 1985 (Chronic pain); Vance n.d. (Brain damages)).
### Table 2.1 Literature on BMGIM and GMI with medical populations

<table>
<thead>
<tr>
<th>Population</th>
<th>Author</th>
<th>Method</th>
<th>n</th>
<th>Design</th>
<th>Outcome areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>Bruscia 1991</td>
<td>BMGIM (11)</td>
<td>1</td>
<td>Case study</td>
<td>Enhanced coping, Confronting death</td>
</tr>
<tr>
<td></td>
<td>Bruscia 1992, 1994</td>
<td>BMGIM (individual, 10+)</td>
<td>20</td>
<td>Multiple case study</td>
<td>Helping imagery: Being in Limbo, Releasing feelings, Finding love, Emotional healing, Embracing life and death</td>
</tr>
<tr>
<td>ANKYLOSING SPONDILITIS</td>
<td>Merritt 1993</td>
<td>BMGIM (?)</td>
<td>1</td>
<td>Case study</td>
<td>Release of memories and emotions, Bodily equilibrium and healing</td>
</tr>
<tr>
<td>RHEUMATOID ARTHRITIS</td>
<td>Jacobi 2001</td>
<td>BMGIM (10)</td>
<td>27</td>
<td>Clinical outcome, Pre-post-follow-up</td>
<td>Decrease in psychological distress and pain, Improvements in physical measures</td>
</tr>
<tr>
<td></td>
<td>Grocke 2002</td>
<td>BMGIM (100+)</td>
<td>1</td>
<td>Case study</td>
<td>Release of memories and expression of emotions, Freedom of symptoms</td>
</tr>
<tr>
<td>CARDIAC CARE</td>
<td>Short 1999</td>
<td>BMGIM (6)</td>
<td>6</td>
<td>Narrative analysis</td>
<td>Additional meaning about the recovery exp.</td>
</tr>
<tr>
<td>ESSENTIAL HYPERTENSION</td>
<td>McDonnell 1990</td>
<td>BMGIM (6)</td>
<td>30</td>
<td>Randomized control trial</td>
<td>Significant decline in systolic and mean diastolic blood pressure</td>
</tr>
<tr>
<td>FIBROMYALGIA</td>
<td>Bjellånes 1998</td>
<td>Adapted GIM = GMI?</td>
<td>12</td>
<td>Quasi-experimental effect study</td>
<td>Improved consciousness of health and Quality of Life</td>
</tr>
<tr>
<td>PHYSICALLY DISABLED ELDERLY</td>
<td>Short 1992</td>
<td>Adapted GIM = GMI (21)</td>
<td>4-6</td>
<td>Descriptive report</td>
<td>Increased social interaction, addressing psychosocial needs</td>
</tr>
<tr>
<td></td>
<td>Summer 1981</td>
<td>GMI</td>
<td>15</td>
<td>Descriptive report</td>
<td>Increased self-awareness and self-esteem</td>
</tr>
<tr>
<td>PARALYSIS</td>
<td>Moffitt 1991</td>
<td>BMGIM + Active improvisation and verbal Gestalt</td>
<td>1</td>
<td>Case study</td>
<td>Enhanced self-concept, Expression of emotions</td>
</tr>
<tr>
<td>BRAIN DAMAGES</td>
<td>Goldberg 1988</td>
<td>Adapted BMGIM</td>
<td>1</td>
<td>Case study</td>
<td>Engagement, Psychotherapeutic issues addressed</td>
</tr>
<tr>
<td></td>
<td>Moe 1995</td>
<td>GMI</td>
<td>?</td>
<td>Case study</td>
<td>Improved memory?</td>
</tr>
<tr>
<td>FIBROID TUMORS</td>
<td>Pickett 1987</td>
<td>BMGIM?</td>
<td>2</td>
<td>Case studies</td>
<td>Coming to terms with life and death?</td>
</tr>
</tbody>
</table>

Table 2.1 shows that samples are generally small, that there are no controlled studies of the effect of BMGIM or GMI on medical conditions, and that there are very few experimental studies. Results indicate that BMGIM can be used to address a wide range of psychosocial needs of patients in medical care, both physiological and psychological. However, the evidence of the therapeutic outcome is almost
exclusively anecdotal and based on descriptive, retrospective case studies. There is a lack of well-designed studies using fixed as well as flexible designs.

In an overview of the literature on BMGIM in the treatment of individuals with chronic illness Burns (2002) addresses how BMGIM may influence immune and endocrine functions as well as emotional distress related to chronic illness. Research by McKinney and colleagues demonstrated that hormone levels, including cortisol and beta-endorphin, and depression decreased in healthy adults as a result of six BMGIM sessions (McKinney et al 1995, 1997a). Changes in cortisol were correlated significantly with changes in mood, to the point that positive mood change predicted cortisol decrease. Other studies (see McKInney 2002) indicated that BMGIM or GMI sessions may bring about significant positive changes in both mood (anxiety, depression, anger, fatigue, and confusion) and quality of life (as determined by the patient’s perspective). BMGIM may be used as a psychosocial intervention in different stages of the chronic illness disease trajectory: diagnosis, treatment, survivorship, and palliative care. In the diagnosis stage BMGIM may serve as a psycho-emotional support, giving the patient an opportunity to share his or her personal story, to ventilate emotional tension and distress, and to address physical pain (Logan 1998). In the treatment phase BMGIM can be used to manage both treatment- and disease-related symptoms through the experience of healing imagery. In the survivorship (or rehabilitation) stage BMGIM may support the patient in managing fears related to recurrence, stress connected with fatigue and pain, and problems with adjustment to a life on new conditions (for details in cancer care, see section 2.4.3). Pain and fear of pain are problems of the patient in palliative care that can be addressed through modified GIM. BMGIM in the classic format is rarely appropriate with individuals at the end of life; however, modified BMGIM (relaxation plus guided or non-guided imagery to selected classical music) may help patients to transcend physical limitations in order to facilitate life reviews or spiritual exploration (see also section 2.4.4).

Table 2.2 gives an overview of empirical studies on the effects of BMGIM and GMI interventions on psychological and/or physiological variables. The list includes studies with fixed design (experimental and controlled studies) as well as case studies.
Populations include non-clinical/healthy adults, patients in medical care (including cancer), and psychiatric patients.
Table 2. Empirical studies of effects of BMGIM (classical or modified) on psychological or physiological variables.

(Alphabetical order by authors. Single case studies are excluded. “?” indicates that information was not available)

<table>
<thead>
<tr>
<th>Author/Year</th>
<th>Participants</th>
<th>Dependent variables / Goals</th>
<th>N</th>
<th>Type of design</th>
<th>Type of GIM (Number of sess.)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band et al 1996/2001</td>
<td>University students</td>
<td>Imagery vividness, Mood and absorption</td>
<td>317</td>
<td>Experimental (6 conditions, incl. control)</td>
<td>GMI (1) (Bach vs. Debussy) Induction</td>
<td>Increase in imagery vividness/ absorption with music. More imagery activity (Bach)</td>
</tr>
<tr>
<td>Borch Jensen 2001</td>
<td>Terminal / hospice</td>
<td>Pain, mood and Quality of life</td>
<td>26</td>
<td>Clinical outcome evaluation</td>
<td>Adapted BMGIM (indiv. number)</td>
<td>Enhanced mood and QoL</td>
</tr>
<tr>
<td>Bruscia 1992, 1994</td>
<td>Terminal AIDS</td>
<td>Emotional expression</td>
<td>20</td>
<td>Multiple case study</td>
<td>BMGIM (indiv. Numbers)</td>
<td>Improved emotional expression (5 core images)</td>
</tr>
<tr>
<td>Bunt &amp; Marston-Wyld1995</td>
<td>Cancer survivors</td>
<td>Well-being, relaxation</td>
<td>?</td>
<td>Clinical outcome Pre–post</td>
<td>GMI (1) and active improvisation</td>
<td>Increased well-being and relaxation</td>
</tr>
<tr>
<td>Bunt et al 2000 (also Burns and Harbuz 2001)</td>
<td>Cancer survivors</td>
<td>Well-being, relaxation Cortisol levels</td>
<td>29</td>
<td>Clinical outcome Pre–post</td>
<td>GMI (1) and active improvisation</td>
<td>Increased well-being Increased sIgA Decreased cortisol</td>
</tr>
<tr>
<td>D. Burns 1999 / 2001</td>
<td>Cancer survivors</td>
<td>Mood, Quality of life</td>
<td>8 females</td>
<td>Randomized control trial</td>
<td>BMGIM (10)</td>
<td>Decrease in mood disturbances Increase in QoL measures</td>
</tr>
<tr>
<td>Jacobi 2001</td>
<td>Patients with Rheumatoid Arthritis</td>
<td>Pain, Disease status, Depression, Psych. distress, Walking speed</td>
<td>27</td>
<td>Clinical outcome Pre–post–Follow-up</td>
<td>BMGIM (10)</td>
<td>Decrease in psychological distress Increase in walking speed</td>
</tr>
<tr>
<td>Maack &amp; Nolan 1999</td>
<td>Former BMGIM clients</td>
<td>Most positive changes</td>
<td>25</td>
<td>Self-report questionnaire</td>
<td>(Survey, individual number)</td>
<td>Improvements in mood, level of growth, Self-awareness and relaxation</td>
</tr>
<tr>
<td>Research (Year)</td>
<td>Participants</td>
<td>Conditions</td>
<td>Imagery Types</td>
<td>Emotions</td>
<td>Experimental Design</td>
<td>Intervention</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------</td>
<td>------------</td>
<td>---------------</td>
<td>----------</td>
<td>---------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>McKinney 1990</td>
<td>University students</td>
<td>Imagery vividness, Imagery types</td>
<td>Emotions</td>
<td>81</td>
<td>Experimental (2 conditions: music or silence)</td>
<td>GMI (1) (Vaughan Williams: Rhosymedre)</td>
</tr>
<tr>
<td>McKinney &amp; Tims 1995</td>
<td>University students</td>
<td>Imagery vividness, Imagery activity Emotions</td>
<td>113</td>
<td>Experimental (two separate studies, 2 conditions)</td>
<td>GMI (1) (Rhosymedre), (Ravel: Introduction and allegro)</td>
<td>High imagers: increased vividness Rhosymedre: Higher intensity of emotions Ravel: Kinaesthetic imagery</td>
</tr>
<tr>
<td>McKinney et al 1995</td>
<td>Healthy adults</td>
<td>Mood</td>
<td>8</td>
<td>Experimental pilot</td>
<td>BMGIM (6)</td>
<td>Decrease in depressed mood</td>
</tr>
<tr>
<td>McKinney et al 1997a</td>
<td>Healthy adults</td>
<td>Endorphin level</td>
<td>78</td>
<td>Experimental Pre-post measures</td>
<td>GMI (1)</td>
<td>Decrease in endorphin level for music imagery group</td>
</tr>
<tr>
<td>McKinney et al 1997b</td>
<td>Healthy adults</td>
<td>Mood, Cortisol level</td>
<td>28</td>
<td>Randomized control trial</td>
<td>BMGIM (6)</td>
<td>Decrease in depressed mood, fatigue and total mood disturbance Decrease in cortisol levels</td>
</tr>
<tr>
<td>McKinney &amp; Antoni 2000</td>
<td>Healthy adults</td>
<td>No. of emotion words, Cortisol level</td>
<td>28</td>
<td>Experimental Pre-post measures</td>
<td>BMGIM (6)</td>
<td>Decrease in number of positive emotion words Decrease in cortisol level</td>
</tr>
<tr>
<td>McKinney &amp; Clark 2004</td>
<td>Cancer survivors</td>
<td>Mood Quality of life, Endocrine markers</td>
<td>10</td>
<td>Clinical outcome Pre–post–Follow-up</td>
<td>BMGIM (6)</td>
<td>Decreased mood disturbance, increased well-being, decreased intrusive thoughts. Not sustained at F-U. No change in endocrine markers</td>
</tr>
<tr>
<td>Moe 2002</td>
<td>Schizotypical patients</td>
<td>Mood, Global functioning</td>
<td>9</td>
<td>Clinical outcome Pre–post–Follow-up</td>
<td>GMI (21)</td>
<td>Increased mood Improved GAF (8 of 9)</td>
</tr>
<tr>
<td>Pienta 1998</td>
<td>Cancer survivors</td>
<td>Well-being</td>
<td>4</td>
<td>Clinical outcome</td>
<td>GMI (6)</td>
<td>Increase in well-being (4)</td>
</tr>
<tr>
<td>Study</td>
<td>Population</td>
<td>Problems</td>
<td>Sessions</td>
<td>Outcome</td>
<td>Technique</td>
<td>Results</td>
</tr>
<tr>
<td>-----------------------</td>
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<td>-------------------------------------------</td>
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</tr>
<tr>
<td>Washington 1990</td>
<td>Terminal cancer</td>
<td>Anxiety</td>
<td>12</td>
<td>Clinical outcome pre-post</td>
<td>Adapted BMGIM (?)</td>
<td>No significant results</td>
</tr>
<tr>
<td>Wrangsjö &amp; Körlin 1995</td>
<td>Healthy adults</td>
<td>Psychiatric symptoms and Quality of life</td>
<td>14</td>
<td>Clinical outcome Pre–post–Follow-up</td>
<td>BMGIM (individual number of sessions)</td>
<td>Decrease in psychiatric symptoms and interpersonal problems, increased SOC</td>
</tr>
<tr>
<td>Körlin &amp; Wrangsjö 2002</td>
<td>Healthy adults and psychiatric patients</td>
<td>Psychiatric symptoms and Quality of life</td>
<td>30</td>
<td>Clinical outcome Pre–post–Follow-up</td>
<td>BMGIM (individual number of sessions)</td>
<td>Decrease in psychiatric symptoms, increased SOC (Meaningfulness and Manageability)</td>
</tr>
</tbody>
</table>

*The categorization used in this table comes from Cohen (2004): The relevance of GIM Research to Music Therapy Practice (Content analysis of quantitative research). Paper presented at Ph.D. Course, Aalborg University, May 2004*
Table 2.2 shows that most of the studies with medium or large samples are experimental studies with healthy adults. There is only one controlled small sample cancer study (Burns 1999), and the other specific cancer studies are either case studies or descriptive GMI studies. Results indicate that BMGIM or GMI may enhance vividness and absorption of imagery and intensity of emotion, improve mood and self-esteem, and decrease levels of endorphin and cortisol in healthy adults; improve mood and enhance quality of life in patients in medical care, including cancer patients in rehabilitation and palliative care; and improve mood and quality of life in people with psychiatric problems. However, there is a lack of well-designed studies using fixed as well as flexible designs to support the evidence.

In one of the more elaborate qualitative studies Bruscia (1992, 1994) identified the following 'Images of AIDS for gay men': (1) Being in Limbo; (2) Releasing feelings; (3) Finding love; (4) Emotional healing; and (5) Embracing life and death. These image types or phases may be relevant in other medical populations as well, as they relate to the fears and needs of a person facing life-threatening illness.

2.4.2 BMGIM as adjunct to medical treatment of cancer
In sections 2.4.2, 2.4.3 and 2.4.4 literature on the effects of BMGIM interventions in cancer care is reviewed as related to one of the four phases of cancer treatment: diagnosis, treatment, post-treatment, and advanced disease (Andersen 1992). An overview of the database is given in table 2.3.
<table>
<thead>
<tr>
<th>Patient group / PHASE</th>
<th>Author/Year</th>
<th>Research location</th>
<th>N</th>
<th>Research design</th>
<th>Type of GIM/ (Number of sessions)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DIAGNOSIS</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>2. TREATMENT</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed</td>
<td>Abrams 2001</td>
<td>-</td>
<td>-</td>
<td>Review article</td>
<td>-</td>
<td>Improved QoL</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>Logan 1998</td>
<td>?</td>
<td>1</td>
<td>Case study</td>
<td>BMGIM (?)</td>
<td>Pain relief</td>
</tr>
<tr>
<td>Mixed</td>
<td>Short 2002</td>
<td>-</td>
<td>-</td>
<td>Review article</td>
<td>-</td>
<td>Ventilation of feelings Pain management Rehearsal of activities</td>
</tr>
<tr>
<td>3. SURVIVORSHIP/ REHABILITATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast cancer</td>
<td>Burns 1999</td>
<td>Natural/Private Practice</td>
<td>8</td>
<td>Randomized control trial</td>
<td>BMGIM (10)</td>
<td>Improved mood Increase QoL</td>
</tr>
<tr>
<td>Non-metastatic breast cancer</td>
<td>McKinney &amp; Clark 2004</td>
<td>Natural/Private P</td>
<td>10</td>
<td>Experimental outcome pre–post–fu</td>
<td>BMGIM (6)</td>
<td>Improved mood Increased QoL not sustained at F-U</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>Hale 1992</td>
<td>Natural/Private P</td>
<td>1</td>
<td>Case study</td>
<td>BMGIM (26)</td>
<td>Improved self-image Improved trust</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>Pienta 1998</td>
<td>?</td>
<td>1 Group (8-&gt;4)</td>
<td>Experimental outcome pre–post</td>
<td>GMI (6)</td>
<td>Increased self-esteem (3 of 4) Increased well-being</td>
</tr>
<tr>
<td>4. ADVANCED DISEASE/RELAPSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terminal / outpatients</td>
<td>Bonny &amp; Pahnke 1972</td>
<td>Experimental / Research Centre</td>
<td>?</td>
<td>Descriptive</td>
<td>LSD-sessions with music</td>
<td>Relinquishing usual controls Enter experience Releasing intense emotionality</td>
</tr>
<tr>
<td>5. PALLIATIVE CARE/HOSPICE</td>
<td>Terminal / hospice</td>
<td>Bode 2002</td>
<td>Natural/Hospice</td>
<td>35</td>
<td>Evaluation study</td>
<td>Adapted BMGIM</td>
</tr>
<tr>
<td>---------------------------</td>
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<td>----------------</td>
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<td>-----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Terminal / hospice</td>
<td>Borch Jensen 2001</td>
<td>Natural/Hospice</td>
<td>26</td>
<td>Evaluation study</td>
<td>Adapted BMGIM</td>
<td>Pain management Improved QoL Improved coping</td>
</tr>
<tr>
<td>Terminal / hospice</td>
<td>Wylie &amp; Blom 1986</td>
<td>Natural/Hospice</td>
<td>2</td>
<td>Case studies</td>
<td>Adapted BMGIM</td>
<td>Facilitation of pain control Help patients reminisce</td>
</tr>
<tr>
<td>Terminal / ?</td>
<td>Marr 1999</td>
<td>Natural / Hospice or home</td>
<td>2</td>
<td>Case studies</td>
<td>BMGIM</td>
<td>Self insight and death preparation</td>
</tr>
<tr>
<td>Motor Neurone Disease</td>
<td>Erdonmez 1994</td>
<td>Natural/?</td>
<td>1</td>
<td>Case study</td>
<td>BMGIM</td>
<td>Face images of death Spiritual growth</td>
</tr>
<tr>
<td>Terminal / hospice</td>
<td>Martin 1993</td>
<td>Natural/Hospice</td>
<td>?</td>
<td>Case studies</td>
<td>BMGIM</td>
<td>BMGIM Counterindicated with this population</td>
</tr>
<tr>
<td>Terminal/outpatients</td>
<td>Washington 1990</td>
<td>?</td>
<td>12</td>
<td>Experimental Pre-post</td>
<td>Adapted BMGIM</td>
<td>Increased relaxation No reduction in state anxiety (STAI)</td>
</tr>
</tbody>
</table>
Table 2.3 gives an overview of studies reporting the use of BMGIM in the four phases of cancer treatment.

**Diagnosis/pre-treatment:**
There are very few reported studies of BMGIM or GMI applied to the diagnosis and treatment phase (operation and/or chemotherapy or radiation).

The case study of Logan (1998) "provides an outstanding example of the benefits of BMGIM during the diagnostic phase of a chronic illness (...) and describes BMGIM sessions of a gentleman who was undergoing radiation therapy for stage four lung cancer, with bone metastasis (...) and provides an example of how relief in both physical and emotional tension can provide pain relief (...) This modification of the Bonny method served as a simple intervention that the client could use even when the therapist was not available." (Burns 2002, p. 179-80).

In a more general overview of the potentials of music therapy in cancer care Abrams (2001) lists the following potentials of BMGIM with cancer patients in different phases of treatment, as reported in the literature:

- promoting expression and release of feeling during emotional recovery
- facilitating greater coping
- discovering a more integrated sense of self
- improved immune function (music-driven psychoneuroimmunology (PNI))

More research is necessary to document and understand the mechanisms underlying music-driven PNI and its possible influence on individuals with cancer. For a theoretical explanation Abrams refers to Scartelli (1992).

Short (2002) writes that imagery of cancer patients have been examined for clues about progress of their disease. Many examples suggest support "for the notion that there is an inherent inner knowledge which connects body and mind, which can be accessed via imagery processes within the therapeutic context" (p. 155).

Olofsson (1993, 1999) reports from her work at a large oncological ward, how music therapy in general, BMGIM in particular can be a powerful complementary to other care and medical treatment of patients in oncology. Music therapy can help patients
express and work on their experiences and feelings of loss, dependency and uncertainty, and supports what Olofsson calls "the inner motion of life", usually leading the patient to encountering something new; a picture, a symbol, a feeling, and idea or a vision. A BMGIM case study (Olofsson 1993) shows how music imaging decreased the pain of a female patient and facilitated emotional (verbal) communication between her and her husband.

Only two quantitative effect studies including BMGIM with cancer patients have been published so far (Burns 2001; McKinney & Clark 2004, see section 2.4.3), while qualitative studies of the imagery of somatic clients are fairly common within BMGIM research (e.g. Bruscia 1991, 1994; Grocke 1994, 1999; Short 1991).

Short (1991) analyzed and discussed GIM-produced imagery sequences with regard to the nature and possibilities of preliminary diagnostic information concerning the physical status of the client. The second of three case studies demonstrated how current acute pain and possible cancer recurrence was reflected in the imagery; the third case dealt with the ongoing physical status of a client in remission from cancer as reflected in the imagery. In all cases, links between imagery and the body were established and interpretations were made regarding physical status.

In a broader, psychosocial perspective imagery and visualization practices (with or without music) have been employed in cancer care for almost two decades (Zachariae 1993, 1996, 1997). There is some research to support the hypothesis that the combination of guided imagery (or visualization) and music may enhance the influence of the imagery, at least on healthy people. Music makes the imagery more alive and dynamic, enhances the participants’ emotional engagement and active participation in the image experience (McKinney 2002). Modifications and applications of BMGIM, in the form of relaxation procedures combined with guided or unguided imaging to selected classical music and flowed by therapeutic dialogue, is used in many medical contexts, including palliative cancer care (see section 2.4.4).
Theoretical perspectives
The potentials of BMGIM with cancer patients may be discussed from different theoretical perspectives, addressing specific treatment goals and levels of interventions.

Psychophysiological/Neurobiological BMGIM (and other combinations of music and imagery) may have a positive influence on the production of anti-stress hormones and may thus strengthen the immune system (Bunt 2000, Burns et al. 2001; Lane 1992; McKinney et al. 1995, 1997; Rider 1985, 1999; Scartelli 1992).

Based on some of these and related studies Rider developed a theory of 'Homeodynamics' (Rider 1997) to explain why therapeutic interventions producing changes in EEG and physiological responses are beneficial to all bodily systems. According to this theory the effect of receptive music therapy is based on the production of effective neurological power shifts between the four brain wave frequency bands. A better balance between these bands and a more flexible capacity to shift between them is considered beneficial for immune responses and may thus result in beneficial effects on physical, emotional, cognitive and sociospiritual levels (Rider 1999). From a different theoretical perspective (Jungian analytical psychology) Kast (1990) also mentions the importance of psychological flexibility as it can be taught through imagery work.

Psychological BMGIM is a psychotherapeutic intervention enabling the client to work experientially with his/her self-concept and life story in a metaphorical-symbolical and narrative form. Multi-modal imagery (visual, auditory, kinaesthetic), memories and emotions constitute a flexible psychological material enabling significant changes in coping strategies or transformations of negative and inhibiting scripts and self concepts. The theoretical understanding of this process is outlined in chapter 3.

In the music therapy cancer literature three areas are considered of special importance for the coping and survival of patients (Dileo 1999b):

1) optimistic or pessimistic explanatory styles (how are negative life events such as disease explained)
2) locus of control (inner mastery vs. outer; external control of negative life events)
3) self-esteem (high or low; the compassionate chair(wo)man vs. the passive victim)

Optimistic explanatory style, inner locus of control, and high self-esteem are aspects of an appropriate coping style. BMGIM is a psychotherapeutic intervention with a specific potential within these areas. A client's BMGIM process typically comes to a conclusion, when the client has replaced old and inhibiting coping strategies and defences with new and more mature strategies and defence manoeuvres (Bruscia 1991; Goldberg 1995; Moe 1999; Newell 1999). Transformations of this kind may be of special importance for cancer patients, as existential reorganisation, the development of new coping strategies, hope; joy and spirituality are considered important survival factors (Burns 1999a, 2001; Dileo 1999b).

Regaining control is a core issue, and enabling the patient to experience at least some sort of control or mastery in the music and imagery work is in agreement with core statements in the general literature on the effects of psychosocial interventions on cancer patients, as referenced in section 2.2.1.

2.4.3 BMGIM in cancer rehabilitation
Several case studies contribute to our understanding of how BMGIM may assist cancer survivors in the recovery process.

Hale (1992) reported how a middle-aged woman during 26 BMGIM sessions over a period of a year and a half, explored the wounds to her psyche and to her physical body, as part of her physical and emotional recovery from a mastectomy. She struggled successfully to develop a positive self-image, build an ability to trust herself and others, and to manage her fear. She experienced a major healing on this journey.

Pienta (1998) investigated the effects of GMI on well-being and self-esteem (self-acceptance) with cancer survivors. Four out of eight cancer survivors completed the study; all had breast cancer and ranged 37-51 in age. The Rosenberg Self-Esteem Scale and the Cantril's Self-Anchoring Striving Scale were tested before and after GMI. An increase in self-esteem occurred in three of the four subjects, and an overall increase in well-being occurred in all four subjects after six one and a half hour GMI
sessions. The themes that emerged were focused on concerns about living to a happy old age, maintaining health for self and family, experiencing enjoyment of life for self and family, and fear of death.

There is only one published controlled study of BMGIM with cancer survivors. D. Burns (1999, 2001) explored the effectiveness of 10 BMGIM sessions in alleviating mood disturbance and improving quality of life in cancer patients in a small, controlled study. Eight volunteers were randomly assigned to an experimental or a control group (n = 4 in both groups). The patients in the experimental group participated in 10 weekly, individual BMGIM sessions. POMS was used to measure changes in mood, while QOL-CA was used to measure changes in life quality. Questionnaires were administered at pre-test, post-test, and at a 6-week follow up. The results demonstrated significant effects in both mood and quality of life scores of the experimental group (p<.05), and the tendency was upheld at follow-up. Thus, the study indicates the effectiveness of BMGIM.

Clark and McKinney (2004) investigated the effectiveness of six BMGIM sessions on distress, life quality, and relevant endocrine markers in women recovering from treatment for non-metastatic breast cancer. 18 participants were randomly assigned to an experimental or a control group (n = 10 in the experimental, n = 5 in the control group, after withdrawal of three participants. This reduction led the researchers to eliminate data of the control group). The patients in the experimental group participated in six biweekly, individual BMGIM sessions. POMS was used to measure changes in mood, while subjective distress associated with life events was measured by the Intensity score of the Hassles Scale. The subjective residual impact of the experience of breast cancer diagnosis and treatment was assessed by the Impact of Events scale, and Functional Assessment of Cancer Therapy-Breast scale (FACT-B) was used to measure quality of life. Furthermore, the level of relevant endocrine markers (cortisol, prolactin and melatonin) was measured. The study used a repeated measures design with four time points (baseline, mid-treatment, post-treatment, and follow-up). The results demonstrated that BMGIM sessions significantly reduced levels of depressed mood and total mood disturbance, increased emotional and social well-being and well-being associated with breast cancer concerns, and decreased intrusive thoughts and avoidance behaviours related to cancer (p.< .05). However, and
in contrast to Burns’ study, the observed changes in depressed mood and total mood disturbance were not sustained through the 6-week follow-up. There were no significant changes in endocrine markers. The authors conclude that for clinical populations, a minimum of 10 sessions may be needed to effect sustained change in distressed mood.

2.4.4 BMGIM in palliative care

As mentioned earlier, modifications of the BMGIM format is found very often in palliative/hospice care of cancer patients, and it is debatable whether or under which circumstances classical BMGIM is possible and appropriate with patients in palliative care.

Bruscia (1994) worked with patients suffering from AIDS and identified the earlier mentioned five core images of gay men living with AIDS. This imagery documents how BMGIM enable patients faced with a life-threatening disease to express their emotions, fears and hopes, and to reconcile themselves with their life situation (see section 2.4.1).

Erdonmez (1994) described a series of five BMGIM sessions with a 50-year-old woman with Motor Neurone Disease (MND). Her ability to engage music and imagery enabled her to face images of death and transition and experience profound spiritual growth.

Washington (1990) investigated the effects of modified BMGIM on the reduction of anxiety levels in terminally ill cancer patients. Twelve subjects were used, all with a diagnosis of cancer considered untreatable and therefore terminal. Subjects ranged from fifty to eighty years of age and were referred by the social service division of an in-home hospice program affiliated with a large city hospital. The measurement tool used in this study was the State Scale of the State-Trait Anxiety Inventory (STAI), a forty-item inventory designed to measure degrees of state and trait anxiety in the general population. The STAI was administered before and after the music intervention. No statistically significant results were obtained, and only in limited cases were post-test scores slightly reduced from pre-test scores. The results may have been due to the size of the sample, the severity of illness or other unknown factors.
However, subjects’ verbal reports and responses to the intervention were favourable and suggested that the music intervention did promote increased relaxation and comfort and a reduction in feelings of anxiety and stress.

Wylie and Blom (1986) described the music, relaxation procedure, guided imagery, and patient responses to imagery used with hospice patients. Two hospice patients were subjects in individual case studies. A variety of music was used with each subject, both preferred selections and unfamiliar music. Music and guided imagery were used to help facilitate pain control, and help patients reminisce about their lives. This procedure also provided the patients with opportunities to control some aspects of their life. They could be creative and temporarily feel safe and secure. Descriptions of how imagery and music were adapted to the needs of each patient are also presented.

Marr (1999) reported how BMGIM was used as part of a music therapy program in both in-patient and home-based hospices for patients with a terminal illness. It was found that sessions using either standard BMGIM or an adapted variation were effective in assisting two patients in their personal and spiritual preparation for their final journey. Each patient received much in the way of personal insight and integration so that they could move forward without fear of what was to come. It is proposed and demonstrated that, under the right conditions, BMGIM can be a valid and effective therapy as part of a palliative care program. The paper includes a discussion of how to determine when BMGIM is appropriate and how to modify the process to be most effective with hospice patients, an issue raised by Martin (1993), who considered BMGIM contraindicated in palliative care because of the patients’ lack of strength.

There seems to be no clear answer to the question whether standard BMGIM is an appropriate and useful method in palliative/hospice care. It may be more relevant to see a spectrum of options, going from BMGIM being inappropriate due to the physical weakness and/or the resistance of the patient, to BMGIM being appropriate and useful for patients in palliative care who have both the strength and motivation necessary for music psychotherapy.
In Denmark two music therapists have documented the positive outcome of using adapted BMGIM with hospice patients (Bode 2002, Borch Jensen 2000). The patients reported increased relaxation and used music and imagery for life reminiscence.

### 2.4.5 Other relevant BMGIM research

Outside the cancer field Wrangsjö and Körlin (1995) studied the effect of BMGIM on 14 healthy adults. They reported a decrease in psychiatric symptoms (as defined and measured by HSCL-90) and interpersonal problems, and a significant increase in the participants’ experience of life as more meaningful and coherent (measured by Antonovsky’s Sense of Coherence Scale, SOC).

In a more recent paper Körlin and Wrangsjö (2002) reported the results of a study with 30 participants (no control group), who participated in individual BMGIM sessions with the purpose of improving either self development (participants were “functional” according to SCL-90 criteria) or different psychological symptoms (participants were “dysfunctional” according to SCL-90 criteria). Outcomes were measured with the questionnaires IIP, SCL-90 and SOC. Results demonstrated clinically significant changes in 6 of 10 participants, who moved from “dysfunctional” to “functional” according to SCL-90 criteria. Participants in the “functional” group improved in the ego-dystonic subscales of IIP that are otherwise considered difficult to change through psychotherapy. In the SOC, the total score was significantly improved (p = 0.006), and results from the Meaningfulness and Manageability subscales reported significant improvement (p = 0.005 for Meaningfulness and p = 0.000 for Manageability, measured with Students t-test). Effect sizes were low for the total scores (d = 0.42) and Meaningfulness (d = 0.36) and moderate for Manageability (d = 0.57), both in the functional and the dysfunctional group. The Comprehensibility subscale was unaffected. The improvements are discussed as a reflection of increased imaginal competence of the participants, obtained through the BMGIM therapy. Körlin and Wangsjö mention that an important aspect of the BMGIM process is “the management of imaginal threats by mobilization of resources and defensive manoeuvres that may translate into strategies of management in the outer world.” (p. 12) Implications of the study is that the SOC scale seems to measure outcome, not predictability of response as Antonovsky
thought, and that subscale scores indicate different potentials of coping outcome. This was one reason for including the SOC as an outcome measure in the present study.

Moe (2000, 2002) documented how mood and defence manoeuvres of schizotypical patients were positively influenced by GMI therapy. Music and imagery served as a safe and structured way to explore and expand self objects in an interpersonal framework.

Grocke (1999) studied when and how “pivotal moments” occurred in BMGIM sessions of healthy adults using the method for psychological growth. This research is a qualitative in-depth study of the processes behind a measurable outcome and therefore aspects of the study will be discussed in other chapters.

Marr (2000) made an in-depth analysis of how three healthy adults experienced a specific GIM music program (Grieving, programmer: L. Keiser) in one of six BMGIM sessions. Using phenomenological and structural methods of analysis, she demonstrated how the music influenced the imagery and image transformations in the music-listening periods of the sessions. A close relationship between music and imagery was revealed, demonstrating how changes in musical parameters; especially tension and resolution were matched in the imagery sequences.

**Summary**

The studies reviewed report that BMGIM and adaptations of the model have been used in all phases of cancer care with good results. BMGIM has a potential in reducing levels of stress, improving mood states (especially reduction of anxiety), and increasing quality of life (especially enhanced psychosocial coping) in cancer survivors and in palliative care. There are very few reports on the use of BMGIM in the diagnosis and treatment phases, and there is a general lack of effect studies in a control design (Burns’ small scale study was the only one identified in the literature). Further evidence is needed to support the potential of BMGIM in cancer care.
3 Theoretical background

3.1 Introduction

This chapter is a presentation and discussion of different theoretical contributions on the meaning and function of metaphors and narrative, in semantic theory, in psychotherapy, and in music therapy. Together they serve as a theoretical framework for the qualitative study of how BMGIM may contribute to improve the mood and life quality of cancer survivors in rehabilitation.

In section 3.2 metaphor is presented very generally as one among many figures of speech in semantic theory. Then follows a short introduction to two specific theories of metaphors: The cognitive semantic theory of Lakoff & Johnson (3.2.1) and the hermeneutic theory of Paul Ricoeur (3.2.2). In a similar way section 3.3 gives an introduction to selected theories of the narrative, among them Propp’s Actant Model (3.3.1) and Ricoeur’s Theory of Mimesis (3.3.2). Section 3.4 presents some theoretical considerations on the use of images and metaphors in psychotherapy, while 3.5 presents considerations on the use of narratives in psychotherapy, including Script theory and constructivist theory of identity. In section 3.6 follows a presentation and discussion of music as a non-verbal, (re)presentative, but nevertheless referential analogy, metaphor and narrative. Finally in section 3.7 a draft of a theory on metaphor and narrative in BMGIM is presented.

BMGIM had its origin in humanistic and transpersonal psychology, closely connected to the development of the model within the frameworks of LSD research and pastoral care (Bonny 2002, chapter 3). During the last two decades many other theoretical frameworks have been suggested and elaborated (see Bruscia and Grocke 2002, chapters 11-14): psychodynamic, Jungian, Gestalt, spiritual/transpersonal. Some of these theoretical perspectives will be mentioned and discussed briefly in the following chapters, however, the present author has focused on and suggested other orientations suited for applied BMGIM theory, not only in the context of this specific study and population. Bonde (2001, 2002) discussed how Ken Wilber’s integral psychology (Wilber 2000) might serve as a meta-theoretical framework for BMGIM. This
discussion will not be addressed here, however the metaphor and narrative theory developed in this chapter may well be correlated with Wilber’s Spectrum and Quadrant models (see Bonde 2002, p. 89-97).

3.2 Theories of metaphor

Lakoff and Johnson (1980) defined metaphor as a way of thinking and expressing ideas and emotions about the world. This definition represented a novel way of understanding the metaphor within the framework of contemporary cognitive linguistics.

Metaphor theory goes back to Aristotle who in his *Poetics* defined the metaphor as an image substitute of a real phenomenon. He thought that poets had special gifts for finding these substitutes and praised them for that (“The greatest thing… is to be a master of metaphors”, Bakan 1986, p. 11). During more than two thousand years the metaphor was considered a decorative function of the language, an embellishment, and left for poets to play with. The 20th century witnessed a total revision of metaphor theory, as linguistic theory increasingly examined the relationship of language and reality, thus opening the interactive field of pragmatics. The linguist Roman Jakobson based his universal philosophy of language on the contrast between metaphor, based on similarity, and metonymy, building on proximity. A simple example can illustrate the difference: If the word ‘cathedral’ evokes the association ‘soulship’ the relationship is metaphorical, if the association is ‘sanctuary’ the relationship is metonymic. Jakobson related the difference to hemispheric specialization and to the history of arts and science: metaphoric function is based on right hemispheric activity and predominant in ‘romantic’ periods favouring fantasy and imagination, while metonymic function is based on left hemisphere activity and predominant in ‘classical’ periods favouring realism and logic operations. Within semantic theory the so-called ‘interactionists’ (I.A. Richards, Max Black (1962) and later Paul Ricoeur) rejected the idea of metaphoric substitution. They claimed that the two poles of a

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3 This introduction is based on Bredsdorff’s (1999) article on ’Metaphor’ in Den Store Danske Encyclopedi (The Danish National Encyclopedia) (Cph. 1999) and Compton’s Encyclopedia.

4 However, Aristotle also considered the metaphor a ‘dark’ phenomenon. The same ambivalent attitude can be found towards imagery through the history of ideas (Bakan 1986). ”There is a long history of imagery, wherein it is not always considered a good thing. There is a vacillation; there is a love-hate relationship with imagery.” (Bakan, p. 3)
metaphor influenced each other in our understanding of a phenomenon. The cognitive semantics of Lakoff and Johnson went one step further and claimed that metaphoric activity is a basic act of understanding: through “mapping” qualities from one cognitive domain is transferred to another in a – mostly unconscious – cognitive operation.

Metaphor can be described as one of many speech figures in semantic theory (see Table 3.1).

### Table 3.1 Figures of Speech. (Descriptions adapted from Compton’s Dictionary)

<table>
<thead>
<tr>
<th>FIGURES OF SPEECH</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Metaphor</strong></td>
<td>A figure of speech that is used to indicate resemblance. A Shakespeare example (from <em>As You Like It</em>): <em>All the world's a stage,/ And all the men and women merely players:/ They have their exits and their entrances; /And one man in his time plays many parts,</em> the author uses the theatre as a metaphor to construct a word picture about the meaning of life.</td>
</tr>
<tr>
<td><strong>Simile</strong></td>
<td>Resembles the metaphor. Whereas a metaphor is an implied resemblance, a simile is a stated resemblance in other words, a similarity. And it uses the words “like” or, “as” in showing how one thing is similar to another. A frequently quoted simile from the Scottish poet Robert Burns is: <em>My love is like a red, red rose.</em></td>
</tr>
<tr>
<td><strong>Personification</strong></td>
<td>The application of human qualities to something that is not human, ex. &quot;The walls have ears,&quot; &quot;Money talks,&quot; and &quot;Fear stalked the land&quot;. Another term is <em>anthropomorphism</em>, from the Greek meaning &quot;to have the form of man.&quot; The device is often applied to animals, like Mickey Mouse, Donald Duck, and used in fables and novels, e.g. Orwell’s <em>Animal Farm</em>.</td>
</tr>
<tr>
<td><strong>Metonymy and Synecdoche</strong></td>
<td>Metonymy means using the name of one thing for another closely related term. In the question &quot;What would the Pentagon think of the president's new military proposals?&quot; the Pentagon is used instead of Department of Defense, although it is only the building in which the department is housed. Synecdoche means using a part to imply the whole, as in saying &quot;There are a lot of hard hats working on this new building.&quot; The term &quot;hard hats&quot; refers, of course, to a construction crew.</td>
</tr>
<tr>
<td><strong>Hyperbole and Understatement</strong></td>
<td>Hyperbole is a form of exaggeration, and understatement is a negative exaggeration. To say, for instance (using a metaphor), &quot;I have a mountain of work to do&quot; is obviously an exaggeration unless one is a mountain climber. &quot;Adolf Hitler was not the most beloved person of the 20th century&quot; is a remarkable piece of understatement.</td>
</tr>
<tr>
<td><strong>Alliteration and Onomatopoeia</strong></td>
<td>Used generally in poetry and fiction to create sound effects in words. Alliteration is the use of the same sound, usually a consonant, at the beginning of neighbouring words in a sentence or phrase such as “the dear, dead days beyond recall” or Shakespeare's &quot;Full fathom five thy father lies&quot; from <em>The Tempest</em>. Onomatopoeia uses words to imitate natural sounds such as the ringing of bells, the singing of birds, or the voices of animals. In a broader sense it refers to any combination of imitative sounds and rhythms that are used to reinforce the sense or moods of a passage of poetry or prose.</td>
</tr>
</tbody>
</table>
| **Idiom and Slang** | An idiomatic expression is a phrase that has become an accepted part of a language but that makes little sense if taken literally. Most idioms are difficult, therefore, to
translate from one language to another. Common English idioms include "Hold the door," "Catch a cold," "Run up a bill," "Beat a retreat," and "Strike a bargain." - Slang consists of words and phrases that came into use in one of the many subgroups that make up society. Eventually this vocabulary comes to be known and used by the general population. Slang is, therefore, a middle ground of words and expressions between standard and informal speech on the one hand and jargon, dialect, and vulgar speech on the other.

**Symbol** In one sense, every word is a symbol. "Tree" is four letters and a certain sound, but it is also a thing with bark and leaves. Put into a context that includes the word Calvary it becomes a metaphor for the cross on which Christ was nailed. That kind of extension of meaning, which is called symbolism, is actually one of the most suggestive and economical ways of communicating the aesthetic experience. Prof. Harry Levin of Harvard University distinguishes between the conventional and the explicit levels of symbolism. Much poetic symbolism is conventional. A journey often symbolizes human life; a season often suggests the age of a man. An example of explicit symbolism is this line by Henry Wadsworth Longfellow: "Thou, too, sail on, O Ship of State!" A third sort described by Levin is the implicit, which takes the reader into more ambiguous country. In Herman Melville's *Moby Dick*, Moby Dick is more than whale, but what precisely is it? God? The spirit of evil? Or a manifestation of pure mindless force? No single explanation will fully satisfy. It is in this area of unexplained, private, or ambiguous meaning that much contemporary writing exists.

Many of these figures of speech can be found in psychotherapy and BMGIM. However, as metaphor and symbol are at the core of BMGIM therapy only these concepts will be elaborated in the chapter.

### 3.2.1 Lakoff and Johnson’s cognitive theory

Until recently metaphors – of the type: "the eyes are the mirror of the soul" or "music is the language of emotions" – were considered mere decoration: an ornamentation or embellishment function of language based on analogy. Already Aristotle was sceptical towards the metaphor, which he considered "dark" and manipulating. For the same reason it was not awarded any epistemological or argumentation value. For centuries metaphor was left to poets, dramatists and other people with a talent of verbal imagination. Contemporary scholars have a quite different understanding of the metaphor. J. Stern (2000) identified three metaphor theory types, one type which locates metaphor within semantic theory (including his own), another that doesn't. Lakoff et al., and Ricoeur are placed in the third group of theories that suggest a radical revision or even rejection of classical semantics.

Within the field of contemporary cognitive semantics (the study of the epistemological functions of language) metaphor is considered a basic tool of cognition: “The essence of metaphor is understanding and experiencing one kind of thing in terms of another” (Lakoff and Johnson 1980, p. 5). This type of understanding
is closely related to the body and the development of body (image) schemata. In the metaphor of the “bottleneck” the structure of the human body is transferred to the bottle. Cognition is based on metaphoric transfer; it is connected to physical experiences of being-in-the-world. That is why we say that joy = "up", while sadness = "down". Within this theory cognition and reason are not based on abstract, logic operations but on the projection of bodily experience and imagination onto language, motivated by basic motivations and needs of the human being.

The metaphor contributes to the image of a person's life world, its elements and dynamics ("If your husband was a car, what car would he be?"), and it helps us to understand the surrounding world and ourselves better. Metaphor bridges mind and body, and the theory of metaphor transcends the classic dualism of emotion of cognition. This is underpinned by contemporary neuropsychology in the documentation of the close affinity of emotions/body and reason/consciousness (Damasio 1994; Lakoff and Johnson 1999). In a psychological perspective metaphor gives us an opportunity to (re)create and (re)interpret our life world by adapting meaning from one, well-known area of life and transfer it to another, lesser known. Thus metaphor is a specific "transfer of structure", a cognitive device used by human beings to grasp their world better (Jensen 2001).

According to Lakoff and Johnson (1980, 1999) we use metaphors to structure our understanding of new knowledge within new areas: based on primarily bodily experiences well-known concepts are correlated with un- or little known experiences. Abstract and complex things are structured by something more simple and sensory. “Metaphors as linguistic expressions are possible precisely because there are metaphors in a person’s conceptual system.” (Lakoff and Johnson 1980, p. 6). Metaphors, which are mostly un- or preconscious when used in daily life, enable us to verbalize and communicate new and often difficult experiences in a language that is neither objective nor purely subjective, rather intersubjective: We understand a metaphor, even if we have never heard it before, if it is presented within our cultural framework. An example: the metaphor *music is food* is based on analogies between music and food: both are objects that can be induced and digested and both can be

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5 Jensen (2001, p. 56) suggests that Lakoff and Johnson’s “imaginative” metaphor of the metaphor is "Metaphor is transport", in contrast to Aristotle’s “unimaginative” "Metaphor is decoration".
containers. Behind this lies two conventional metaphors: *music is an object* and *the mind is a container*. An elaborate version of the metaphor is found in the opening of Shakespeare’s *Twelfth Night*: “If music be the food of love, play on!”

Metaphors are concerned with some aspects of a phenomenon, not the whole phenomenon – they “highlight and hide” (Lakoff & Johnson 1980, p. 10). Metaphoric statements belonging to the conceptual system ‘Love is magic’ (‘He was spellbound’, ‘She was enchanted’) highlight other qualities of love than ‘Love is war’ (‘Finally he conquered her’, ‘She lost her innocence’). Lakoff and Johnson describe how meaning and structures are transferred. The more well-known area of experience is called the “source domain”, while the lesser know is called the “target domain”. In the exploration of a target domain a “mapping” takes place, especially for “natural kinds of experience” related to (1) our bodies (sensory perceptions, emotions), (2) interaction with the physical environment (moving, manipulating objects), (3) interaction with other people (in terms of social, political, economic, and religious institutions). (Lakoff and Johnson, 1980, p. 117). Mapping is not a mere projection from a source domain to a target domain. It is an interactive and creative act of imagination influencing our understanding of both domains (Jensen 2001, p. 61).

Lakoff and Johnson identified some basic categories of metaphors: Ontological metaphors, Orientation metaphors, and Structural metaphors. Ontological metaphors give an experienced phenomenon an identity or substance, we can talk about it as a noun: the river, the kiss, and the spirit. The ontological metaphor enables quantification, identification of qualities, causes and targets. Orientation metaphors are based on spatial experiences of up-down, in-out, front-back, central-peripheral. These metaphors are not limited to physical entities, they can also be used to describe non-physical entities, and based on the ontological structure these entities can be given a spatial orientation or direction (being in ‘low or high’ spirits, finding a ‘core’ category). Structural metaphors are more complex, as they are projections of complete

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6 Metaphorically expressed experiences of musical flavours or taking the music in or being filled up with music are quite common in music therapy (not only BMGIM), and they are easy to understand and interpret. Lakoff and Johnson's theory serves as a framework for Jungaberle’s studies of metaphors used by clients in active group music therapy (Jungaberle 2000, 2001). See section 3.6.3.

7 Lakoff and Johnson’s concept of ontological metaphors is descriptive, not essentialist. They consider the use of ontological metaphors a basic feature of human cognition.
structures or patterns that “allow us to do much more than just orient concepts, refer to them, quantify them, etc., as we do with simple orientational and ontological metaphors; they allow us, in addition, to use one highly structured and clearly delineated concept to structure another” (Lakoff and Johson 1980, p. 61). As when the complex target domain ‘love’ is structured by rich and complex source domains like ‘war’ or ‘magic’.

The basic elements of the theory are based on the study of conventional metaphors. However, Lakoff and Johnson also include new metaphors in their theory, their example being the complex structural metaphor ‘Love is a collaborative work of art” (p. 139ff). After an analysis of what is highlighted and hidden in this metaphor the authors conclude: “New metaphors have the power to create a new reality. This can begin to happen when we start to comprehend our experience in terms of a metaphor, and it becomes a deeper reality when we begin to act in terms of it. If a new metaphor enters the conceptual system that we base our actions on, it will alter that conceptual system and the perceptions and actions that the system gives rise to.” (p. 145).

From Lakoff and Johnson’s first book the theory of metaphor developed to embrace a whole theory of cognition. Fundamental to the theory is the distinction between conceptual and linguistic metaphors, and the concept of image schemata developed by Johnson (1987).

A conceptual metaphor is a non-verbal cognitive mapping between two different domains, while a linguistic metaphor is a verbal expression of such a mapping. Johnson’s concept of image schemata can be used to explain how the metaphorical meaning created through cross-domain mapping is grounded, not in language but in repeated patterns of bodily experience. The schema connects a vast range of related bodily experiences manifesting the same structure, e.g. verticality (up-down), part-whole, source-path-goal, the container etc. (Johnson 1987). These schemas are invoked by conceptual metaphors related to the specific schema and serve as “a source domain through which to structure target domains such as emotions, consciousness, health, and musical pitch.” (Zbikowski 1998).

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8 This distinction is a parallel to the distinction of image and metaphor suggested in section 3.7.4.
This section has only presented basic elements of the cognitive theory of metaphor founded by Lakoff and Johnson. The theory has been elaborated and differentiated during two decades, and in their latest book together, *Philosophy in the Flesh* (1999), Lakoff and Johnson have made radical philosophical conclusions on ontology and epistemology based on their theory of cognition\(^9\).

**Summary**

Human beings use metaphors to think about and give meaning to various aspects of life, and metaphors are a basic function of language and cognition. In their book *Metaphors We Live By* Lakoff & Johnson (1980) demonstrated how metaphors are not merely a decorative function of language, but rather a necessary means of human understanding, closely related to the body and the development of body schemata.

The French hermeneutic philosopher Paul Ricoeur has studied, how metaphor creates tension within discourse and in this way contributes to the development of cognitive strategies. An outline of his theory is presented in the next section.

**3.2.2 Ricoeur’s hermeneutic theory**

According to Ricoeur mental life expresses itself through the language of symbols and metaphors. Metaphoric statements are not, as Freud thought, mere expressions of drive conflicts, but also attempts to release or solve conflicts by indicating possibilities for a better life. Understanding a person is not limited to explaining his or her behaviour from ex- or intrinsic conflicts; we also understand through our wish to come to terms with the conflicts (Kemp 1995, p.17). Ricoeur comes to metaphor and narrative “from a concern with the phenomenon of double or hidden meaning, which he believes figure in the most important understanding of human existence. “ (Polkinghorne 1988, p. 66) Hidden meaning is found in dreams, associations, metaphors and symbols, and indirect language belongs to the field of hermeneutic inquiry.

The ‘Living’ Metaphor is not just a metaphoric re-writing (or ‘second draft’),

\(^9\) Even though J. Stern (2000) agrees with many of Lakoff et al.’s empirical findings, especially about metaphor-networks, he is rather critical of their radical philosophical assumptions.
explaining a phenomenon with other words. It is a new way of understanding the ‘real’ world and ourselves. Not just a (boring or funny) repetition or variation, but a genuine indication of new ways. (Kemp 1995, p. 19; Ricoeur 1977) “Metaphor produces innovation when its words retain the resistance in their ordinary use; the narrative does so by inventing plot.” (Polkinghorne 1988, p. 66).

3.2.2.1 On hermeneutic description, analysis and interpretation
Since Ricoeur’s theory is ‘hermeneutic’ it may be necessary to add a few paragraphs on my understanding of this tradition – and of concepts like description, analysis and interpretation.

BMGIM is a nondirective model of music therapy, and many BMGIM therapists are convinced that it is not necessary – maybe even inappropriate – to interpret the client’s imagery. Though I agree that the music and imagery experience now and then may be crystal clear and/or transformative in itself, I find it epistemologically naive to think that no interpretation is taking place or needed in BMGIM. In this respect it is informative to read Helen Bonny’s comprehensive case study (Bonny 2002, chapter 15). This case study (from the early years of BMGIM) is not transpersonal or existential, but psychodynamic in character, and the ‘blind interpretations’ of the client’s mandalas by art therapist Joan Kellogg are clearly connecting visual description with robust psychoanalytic interpretation.

In accordance with Nattiez’ semiotic model (Nattiez 1990; Aldridge 1996, p. 163ff; see also section 8.1) I consider even transcription and description – what Nattiez calls ‘Immanent analysis’ and ‘Inductive poiesis’ – a matter of interpretation, i.e. “based on a theory immanent to the listener” (Aldridge 1996, p. 164). Level 1 of Nattiez’ model is the level of the aesthetic or the therapeutic experience as it is, as lived performance. In case reports and in clinical research it is necessary to make elaborate and precise descriptions of the experience/performance, being aware of the description as a ‘first level interpretation’ based on biases and conscious choices. This is level 2 of Nattiez’ model, inductive and external ‘poietics’. Analysis, based on principles of grounded theory, hermeneutic phenomenology or other theoretical systems and their

10 Meadows (2002) demonstrates how the attitude towards interpretation is dependent on theoretical framework. This is further demonstrated in chapters 11-4 in Bruscia and Grocke (2002) and in Wrangsjö (1994).
procedures, is at level 3. The analysis seeks to identify patterns, structures and similarities/differences in the material – and uncover their meaning. No matter how carefully the analysis is made there will always be aspects of meaning not covered in the actual procedure, there are always alternatives to the chosen discourse, the 'inductive esthesics'. On the second step of Nattiez’ level 3 – ‘External esthesics’ – we find what is normally understood as interpretation: attempts to ‘explain’ the experience as analyzed through an external discourse (e.g. Jungian, Freudian, Constructionist) used as ‘lenses of understanding’.

In hermeneutics (as practised by Ricoeur) the art of understanding is closely linked to the comprehension of the context – of the experience, of the experiencing person, of the communication situation (dialogue) and the discourse (of the researcher). "Hermeneutics .... is concerned with reconstructing the entire arc of operations by which practical experience provides itself with works, authors and readers” (Ricoeur 1994, p. 53). In psychotherapy the last three components would be: therapeutic narratives, client and therapist.

In my own hermeneutic work I try to make clear distinctions between the different levels or analytic situations. In the qualitative investigations of chapters 6 to 8 it is not possible to get access to the client’s original 'Level 1 experience’ (even if the recorded music-listening periods of the sessions are available). Data include the transcriptions and session notes (= 'Inductive poietics’) and interpretations by the participants in the interviews (= 'Inductive esthesics’) and by the researcher (= 'External esthesics’). Meaning is uncovered through description, analysis and interpretation. This is a hermeneutic stance. In the qualitative investigation focus is on the meaning of metaphors and narratives in BMGIM.

3.2.2.2 “When changing its fantasy a human being changes its existence”. Ricoeur’s tension theory of metaphor begins with a critique of Aristotle. In contrast to the classical theory of metaphor as decoration, Ricoeur understands metaphor, or ‘the metaphoric statement’ as distinct from a lexical metaphor (Ricoeur 1977, p. 65), as “a semantic event made possible by three kinds (levels or elements) of tension.... Metaphor announces an explosion of meaning (the text is broken open to the life-world [Husserl’s “Lebenswelt”] for the first time) to more.”(McGaughey 1992)
Ricoeur agrees with Ernst Cassirer in his view of the role of the metaphor, when he asks: “Can one not say that the strategy of language at work in metaphor consists in obliterating the logical and establishing frontiers of language, in order to bring to light new resemblances the previous classification kept us from seeing? In other words, the power of metaphor would be to break an old categorization, in order to establish new logical frontiers on the ruins of their forerunners?” (Ricoeur 1977, p. 197)

For Aristotle the metaphor was an operation of analogy, and he did not give it a high status in the world of thought and (re)cognition. Ricoeur is of a different opinion. Like the pioneers of cognitive semantics he gives the metaphor a basic – even 'subversive'– function in human existence and thinking.

The innovative functions of the narrative will be explained later. Ricoeur’s theory of metaphor and metaphoric statements links the potential of innovation – the ‘breaking of old categorizations’ – to semantic tension, ambiguity, conflicts and contradictions violating the framework of traditional cognition: ‘The living metaphor’ is a ‘meaningful contradiction’, a ‘difference that makes a difference’.

Ricoeur (1977, p. 247) presents three applications to the idea of tension:

- (a) tension within the statement: tension is created between the principle and the secondary subject of the metaphoric statement. In Lakoff and Johnson’s terminology the two subjects correspond to 'source domain' and 'target domain'. (Ricoeur mentions two other sets of concepts: tenor and vehicle, focus and frame).

  An example from a BMGIM session may serve as illustration (from Bonde 1999): A female client reconstructed her imagery in the following metaphoric statement: “My life attitude is a one-legged woman, doing nothing”. (In the imagery the client lost one leg and searched for a new (second) leg in order to stand better)\(^{11}\).

- (b) “tension between two interpretations: between a literal interpretation that perishes at the hands of semantic impertinence and a metaphorical interpretation whose sense emerges through non-sense”.

\(^{11}\) This clinical example is expanded in section 3.7.4
In the BMGIM example a literal interpretation makes no sense (what is ‘a one-legged life attitude’?), however a metaphorical interpretation (‘navigating in life on only one leg’ -> having two legs works better!) makes sense for the client.

- (c) “tension in the relational function of the copula; between identity and difference in the interplay of resemblance.“

In the BMGIM example the client’s life attitude (or coping strategy) is / is not identical with the experience of the one-legged woman in the imagery. The client is encouraged by the tension to reflect on her understanding of the problem.

The metaphorical tension is lodged within the ‘copula’ (the ‘is’ = the ’being as’)\(^\text{12}\) of the utterance. This means that the reader (or client) knows or feels the tension of the split reference. “In this way, the dynamism of meaning allowed access to the dynamic vision of reality which is the implicit ontology of the metaphorical utterance.” (p. 297)\(^\text{13}\) The tension is connected to the referential relationship of the metaphorical statement to reality and the possibility of a ‘metaphorical truth’.

The metaphor is alive when it is ‘primary’, i.e. when it “links domains by connecting insight and feeling, and what is known with what is only guessed at.” (Siegelman 1990, p. 3). This is also what Ricoeur found when he studied the phenomenon, and his first book (1975) on the topic was called *The Living Metaphor (La métaphore vive)*. The question of how meaning is created in language was investigated through a multidisciplinary study of metaphor, of which I have only mentioned a detail of the theory, relevant in the context of this study: tension building is a basic feature of the metaphor, which enables extension of meaning as well as creation of new meaning.

Ricoeur makes a distinction between symbol and metaphor, and his understanding of the difference leads him to the following statement, which has profound meaning in a psychotherapeutic context:

\(^{12}\) With a reference to Roman Jakobson Ricoeur relates the ’split reference’ inherent in the tension of the copula to the traditional opening of the (oral) opening of a fairy tale: ”It was and it was not” (p. 224).

\(^{13}\) The rich philosophical dimension in Ricoeurs metaphor study cannot be addressed here. For a presentation and discussion of the ontological and epistemological aspects of the tension theory, especially the relationship between metaphor, reality and truth, see McGaughey (1992).
“It appears as though certain fundamental experiences make up an immediate symbolism that presides over the most primitive metaphorical order... symbolic experience calls for a work of meaning from metaphor, a work which it partially provides through its organizational network and its hierarchical levels. Everything indicates that symbol systems constitute a reservoir of meaning whose metaphoric potential is yet to be spoken. And, in fact, the history of words and culture would seem to indicate that... this deep layer only becomes accessible to us to the extent that it is formed and articulated at a linguistic and literary level since the most insistent metaphors hold fast to the intertwining of the symbolic infrastructure and metaphoric superstructure.” (Ricoeur: Interpretation Theory..., quoted from McGaughey 1992, p. 425).

3.3 Theories of Narrative

A narrative is a story. Narrative theory is about the ways stories are constructed and told. 'Stories' include a variety of epic narrative formats: myths, tragedies, fairy tales, short stories, novels, film scripts, life stories, cases etc. Like metaphor theory narrative theory goes back to Aristotle. His theory of the tragedy was elaborated in the Renaissance when the dramatic ideal of 'three unities' was formulated: a drama should be characterized by unity of time, place and action. A narrative has a plot that is an implicit network of motivations, causes and effects driving the protagonists and characters of the story. There have been many theories of the 'perfect' drama, influenced by specific historical psychological and dramatic ideals and conflicts. For example, the renaissance ideal of dramatic structure included the following phases: Presentation – Complication – Elaboration of conflict(s) – Desperation – Resolution of conflict. Centuries later Bertolt Brecht developed a non- or anti-Aristotelian format – the 'Epic Theatre' as a non-naturalistic model of emplotment and conflict design.

14 The literature on narrative theory is enormous. In the context of this study it is only possible to give an outline of a few relevant principles and perspectives: what are the principles of a 'good story', how can it be told, what are the basic elements of a plot and how can it unfold? I have worked with the theory and practice of narratives for many years: as a literature teacher, as a journalist, as a writer of poems, short stories and librettos, as a BMGIM therapist, and as a researcher. The only reference I will include here is a new Danish book, a 'narrator’s manual' with theoretical models and analyses of both fiction and faction (Harms Larsen 2003). Two of his Anglo-American references are: Robert McKee: Story (1999), Thomas Pope: Good Scripts, Bad Scripts (1998).
3.3.1 Narratives in literary theory and practice

The basic assumption in Larsen (2003) is that it is possible to identify a ”grammar of narration” that is familiar to most people – they seem to learn it together with their native language. The ”good story” seems to follow the same guidelines and principles independent of genre, media and culture: all elements of the story have meaning, and the story must be coherent in order to impress the audience. (Larsen 2003, p. 13).

The basic structure of a good story can be summarized in the so-called ’actant model’ developed by the Russian structuralist Propp in his studies of fairy tales.

Figure 3.2 Propp’s Actant model illustrated by the fairy tale of Cinderella:

- **Object**: Marriage with the prince (happiness and social accept)
- **Agent of change/Helper**: The good fairy (love and understanding)
- **Protagonist/subject**: Cinderella (social oppression)
- **Antagonist**: Stepmother and -sisters (egoism and jalousie)

The model in fig. 3.2 is the basic architecture or formula of a plot, combining characters and values (in brackets) and allowing additional sub-plots with projects, conflicts, helpers and antagonists. Ricoeur says that Propp’s narrative semiotic model is an attempt “comparable to that of Aristotle to reconstruct narrative logic beginning not from characters but from “functions”, that is, from abstract segments of action.” (Ricoeur 1984, p. 37). However, the plot is not only a matter of structural elements, but also of tension building and release of tension related to a chain of actions and reactions. The model also allows different angles to the same conflict. Larsen offers a metaphoric definition of the plot as a ”steeple chase” forcing the protagonist to make use of all her or his potentials. In fiction the plot is the construction of an author, in real life the plot is a metaphor of the construction or interpretation a person makes of a specific situation, a problem complex or a whole life in a more or less successful attempt to make it coherent and understandable. In fiction as well as in stories from
daily life myths and fairy tales may functions as a narrative matrix, a structural system of references to universal or archetypal experiential patterns of conflicts and conflict resolutions. Other characters of the story than those mentioned in Propp’s model may include a confidant(e), a messenger, a mouthpiece and other personifications of basic narrative functions. The story may have several plot points, including peaks, abysses, and pivotal situations. The ending may be happy (the fairy tale type) or tragic (the myth type). A simpler plot model is based on the Executioner <-> Victim relationship.

The telling of a story and the unfolding of a plot needs energy, and the energy unfolds in archs of psychological tension and release, raised by the narrator and experienced by the reader or listener. A well-known model of narrative tension building over time is the ”Narrator’s model” (Larsen 2003, p. 108f). According to this model an effective narrative has seven discrete phases: Attack – Presentation – Elaboration – The Point of no Return (PoNR) – Conflict building – Climax – Release. The graphic representation of the model is an intensity curve or profile, as shown in fig.3.3.

**Figure 3.3 Narrator’s model – Intensity profile**

Tension/ Intensity  

Fig. 3.3 illustrates the plot structure in seven sections, on which the narrator’s model is built. Each section has its specific feature and function.
Metaphors and metonyms are used in the narrative to signify specific themes, ideas or conflicts: something abstract is given concrete form that may be conventional (a tattooed heart is a metaphor of love, a ring is a metonym of marriage) or more creative (a pinball in the mouth of a woman is a metaphor of ...?)\textsuperscript{15}.

"Don’t tell it, show it” is the slogan of playwrights and journalists. The narrative is not a cognitive report or a reproduction based on reflection, it is experienced as an immediate, engaging, multimodal expression of emotional motivations, causes and effects. It invites to identification.

McKee (1999) presents three types of dramatic design:

- The classical design (Archplot) with causality, closed ending, external conflict, single protagonist, consistent reality and active protagonist
- Minimalism (Miniplot) with open ending, internal conflict, multi-protagonists and passive protagonist
- Antistructure (Antiplot) with coincidence, nonlinear time and inconsistent realities.

Only in the classical design, be it a comedy or a tragedy, the ending is experienced as a release – or in Aristotle’s terminology: a catharsis.

All three designs may be found in the stories people tell about their lives, however a psychologically satisfactory ending needs a closure, if not within the story then in a real life 'postscript'. The dialectics between story and experience, plot and interpretation is the core of Ricoeur’s narrative theory.

3.3.2 Ricoeur’s hermeneutic theory of mimesis

For Paul Ricoeur metaphor and narrative were not framed in a narrow way in a theory of literature or history. He considers and discusses both epistemological figures and devices. The human being uses narrative strategies to make meaning and coherence out of lived experience. The basic hypothesis is that “time becomes human time in the

\textsuperscript{15} This image is found in the film \textit{Il Postino (The Postman)}, one of the best introductions to metaphors known by the present author. It signifies the first meeting of the postman with the woman who later becomes his wife. The scene is non-verbal so the spectators must indetify the verbal metaphor him/herself.
extent that it is organized after the manner of the narrative; narrative, in turn, is meaningful to the extent that it portrays the features of temporal experience.” (Ricoeur 1984, p. 3 and 52)

Ricoeur explored metaphor and narrative separately, however the theoretical connection between the two theories is mentioned in the introduction to *Time and Narrative*: “The Rule of the Metaphor and Time and Narrative form a pair; published one after the other these works were conceived together… The meaning-effects produced by each of them belong to the same basic phenomenon of semantic innovation.” (Ricoeur 1984, ix). Polkinghorne summarized their different means by saying that metaphors create innovation when its words retain the resistance of their ordinary use, while the narrative does it by inventing plot, by means of which “goals, causes, and chance are brought together within the temporal unity of a whole and complete action.” (Polkinghorne 1988, p. 66, quoting Ricoeur 1984, p. ix).

MacGaughey suggests a simple, but clear correlation of metaphor and symbol <-> semantic and narrative: “Just as a metaphor functions at the level of the sentence, symbol functions at the level of the narrative. Even when a symbol is used independent of an explicit narrative, it presupposes and evokes one.” (McGaughey 1992, p. 427). Ricoeur’s understanding of ‘symbol’ developed over time. In this context I will follow McGaughy’s suggestion that it is more important to look at Ricoeur’s description of how the symbol functions than giving it a nominal definition: “Symbols are concerned with the same tensions as metaphors, between tenor and vehicle, between a literal interpretation and a metaphorical interpretation, between identity and difference but at the level of the narrative rather than at the level of the sentence. The symbol is concerned, then, with the same ‘ontological vehemence’ as the metaphorical utterance. In other words, symbols are rooted in the dynamic vision or reality as the metaphorical.” (p. 432) The power of a symbol is its potential of exploding the horizon of the narrative. This potential will be addressed later in the section.

The aim of Ricoeur’s narrative theory is to understand human action in a time perspective. He refers to the classical concepts of Aristotle - *poiesis, mimesis, praxis, mythos* and “katharsis” - but in a more general way so that they may serve not only the
analysis of the tragedy, but ‘any objectivation of human action’, including also the therapeutic narrative.

In Aristotle’s theory of tragedy *mythos* covered the organisations of events, while *mimesis* covered the imitation of (human) action. In a tragedy we find the three phases of beginning, middle, and end, and the successful organisation of the phases in time (*mythos*, a plot) imposed upon or configuring a recognizable and relevant content from human life (*mimesis*) is what makes a good tragedy. Aristotle’s basic narrative theory was limited to the tragedy. Ricoeur broadened the theory to encompass all narrative constructions of experience. He divided the concept of mimesis into three moments, and the main thesis is that “…the very meaning of the configurating operation constitutive of emplotment, is a result of its intermediary position between the two operations, I am calling *mimesis* I and *mimesis* III, which constitute the two sides [l’amont et l’aval] of *mimesis* II.”16 (Ricoeur 1984, p.53)

Metaphors belong in the first place to mimesis I, together with memories and records of life events. It is the emplotment, the configuration of ‘who, what, where, how and why’ in a time perspective – mimesis II – that makes the narrative coherent and understandable. Or with Ricoeur's own double metaphor: In order to understand himself man needs to make a detour through the ambiguous signs in which the subject makes a masked performance for itself.

In the following table definitions of the three moments of mimesis are presented (an adaptation of the moments as they are found in psychotherapy will be presented in section 3.5.3)

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16 “Time and Narrative” has a fundamental distinction between historical narrative (historiography) and fiction, and a great deal of Ricoeur's work deals with the differences - especially concerning the time problem and the truth problem. However, he explicit states that this distinction is irrelevant for the thesis shaped as the 'threefold mimesis model'. Ricour’s hermeneutic treatment of historical discourse is discussed by Polkinghorne (1988, p. 64-69)
Table 3. 4 Three moments of mimesis (after Ricoeur 1984)

| Mimesis 1 | is the pre-figuration of concrete actions: The author makes use of everyday experiences and actions in his textual reconstruction, which the reader has competence to understand: a basic understanding of human action and values plus familiarity with the rules of storytelling is necessary for this. “The composition of the plot is grounded in a preunderstanding of the world of action, its meaningful structures, its symbolic resources, and its temporal characters.” (p. 54)

Mimesis 2 | is the process of configuration: a creative, mimetic activity or ‘structuration’: the narrative is a creative opening, mediated by (the time of) emplotment. This is what Ricoeur calls the “Kingdom of ‘As-if’”. (p. 64) Plot is mediating in three ways: 1) between the individual events and the whole, 2) between heterogeneous factors (agents, goals, means, interactions, circumstances, and unexpected results), 3) between temporal incoherencies, through a synthesis of the heterogeneous. “The configurational arrangement transforms the succession of events into one meaningful whole which is the correlate of the acts of assembling the events together and which makes the story followable. Thanks to this reflective act, the entire plot can be translated into one “thought”, which is nothing other than its “point” or “theme” (p.67).

Mimesis 3 | is the re-configuration of the accomplished text in the life world (praxis) of the reader and completes the mimetic process. Through the aesthetic experience and through interpretation a potential new understanding and practice is enabled (new ‘models’ may develop). “Narrative has its full meaning when it is restored to the time of action and of suffering in mimesis3.” (p. 70) Gadamer called this stage ‘application’, and Aristotle stressed the importance of the hearer’s capacity for receiving the message. “Mimesis3 marks the intersection of the world of the text and the world of the hearer (…), of the world configured by the poem and the world wherein real action occurs and unfolds its specific temporality.” (p. 71)

The core of Ricoeur’s theory is Mimesis2, the “mediating role of emplotment between a stage of practical experience that precedes it and a stage that succeeds it.” (p. 53)

---

17 In psychotherapy the client is both the ‘author’, the ‘protagonist’ and the ‘reader’ of the narrative. (3.5)
18 The presentation of mimesis 1 is based on considerations of these three features (structures, symbolic, and temporal). Ricoeur prefers ‘symbolic mediation’ to ‘symbol’ because he underlines the importance of the structured character and the rule dimension of the symbolic system: “Symbolism confers an initial readability on action” (p.58)
19 The implications of this generalization is discussed by Ricoeur in the rest of the chapter (p. 71-87)
The three levels are connected through a (poetic) reconfiguration of action in time, making the reader able to experience the world in new ways. This is the work of the plot (Ricoeur also uses the concept ‘mise-en-intrigue’), a dynamic act of configuration and representation in an aesthetic form, not simple or mechanic imitation. Through mimesis 1-3 the (tragic) narrative appears as discordant concordance. The discordance comes from the arbitrarity of the occurrences (the fearful and pitiable incidents) represented through mimesis/imitation of actions. The concordance comes from the organization of events through mythos/plot. “And this concordance is characterized by three features: completeness, wholeness, and an appropriate magnitude.” (p. 38). Thus the narrative becomes accessible for intellectual appropriation, and the arbitrary occurrences become meaningful as narrative events. The effect may be purification, or what Aristotle called catharsis, “effecting through pity and fear the catharsis of such emotions” (p. 42, quoting Aristotle’s Poetics 49b28).

The time perspective of the narrative, or the role of the time of emplotment, is characterized in the following paragraph: ”We are following therefore the destiny of a prefigured time that becomes a refigured time through the mediation of a configured time”. (p. 54)

In this process of creating a ‘new world’, symbols have a specific function:

“Symbols play a central role in the narrative process as a whole. Rooted in pre-understanding (or the life-world of the author), the narrative process is a configuration or structuration that in light of a teleological aim combines events, characters, and objects together in new ways….. The ‘new world’ of the narrative enables the reader to see his/her world in new ways that constitute the subversive role of the narrative. … [Symbols] are involved in exploding the horizon of the narrative in two ways: 1) in order for the symbol to work, that is, its ‘how’, demands the springing of the narrative horizon to the life-world being able to pick up reverberations at the level of pre-understanding of the author (mimesis1) of which s/he is not even aware; and 2) the meaning of the symbol is always subject to the reader’s understanding and response (mimesis3).” (McGaughey 1992, p. 432)
Thus, symbols and metaphors are the key elements of re-structuration.

### 3.4 Metaphors in psychotherapy

The understanding of the psychotherapeutic process is highly metaphorical in itself. As Siegelman (1990) pointed out we can observe the large scale metaphors used by the pioneers: Freud described psychotherapy as ‘Archaeology’ and thereby implied that the process involved gradually uncovering deeper and deeper ‘layers’ of psychological material (traumas and conflicts originating in childhood). Jung described psychotherapy as ‘Alchemy’, thus suggesting that it involves processing, purification, and transformation of psychological material (not only from childhood). His metaphor for integration was the ‘Temenos’ (the holy space), implying the spiritual or transpersonal nature of individuation. Langs used the metaphor of psychotherapeutic ‘framing’ as indicating an area of safe control, while Milner saw psychotherapeutic ‘framing’ as indicating an area of symbolism. Winnicott's metaphorical constructs of “transitional space”, “holding” and “mothering” are well-known, all of them implying analogies between psychotherapy and mother-child interaction and child development including play (all cited in Siegelman 1990).

In music therapy, we also find the use of metaphors in descriptions of the process. Nordoff and Robbins (1977) created the metaphor of the “Music Child”: the part of every individual that helps to move the old self into a new self (Robbins & Robbins, 1991). Priestley (1994) called the psychic energy in the unconscious, the patient’s “Inner Music”, and proposed the establishment of a musical “bridge” between unconscious and conscious. Kenny (1987) coined the metaphor of “the musical space” for the specific mode of listening in music therapy. She also described the dynamic interactions of the various elements in music therapy as a “field of play” (Kenny 1989). The metaphor of music as a “container” is common in the GIM literature. Bonny (1989) used it as one of many metaphors characterizing the many functions of the music in BMGIM: “the flexible core, the place of insight and creative interchange, the positive center, a field of safe combat (the protected battleground), a comfortable container where disparities or inequalities of the personality coexist, a meeting ground for sub-personalities or parts of the self, and a vital center for personal grounding”

Daniel Stern (1985) and contemporary developmental psychology make extensive use of musical metaphors, like “crescendo” and “diminuendo”, and the basic elements of communication in Stern’s theory are the same as in music: tempo, rhythm, tone, phrasing, form and intensity. This is one reason for the popularity of interaction theory within contemporary music therapy theory (Hannibal 2002, Holck 2002, Trondalen 2004).

Hougaard (2004) discusses “root metaphors of psychotherapy”, each based on implicit analogies showing how the concept of psychotherapy is influenced by other experiential areas. With reference to Orlinsky (1989) seven root metaphors or meta-models are identified (Table 3.5).

**Table 3. 5 Root metaphors in psychotherapy**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Psychotherapy as treatment – relating psychotherapy to the medical model: psychological problems are disturbances to be treated with specific methods or techniques (e.g. psychoanalysis).</td>
</tr>
<tr>
<td>2.</td>
<td>Psychotherapy as education or training – relating psychotherapy to teaching and learning: psychological problems are defective learning processes to be corrected through new learning (e.g. psycho-education in cognitive therapy).</td>
</tr>
<tr>
<td>3.</td>
<td>Psychotherapy as social control or adaptation - relating psychotherapy to moral: psychological problems are deviations from social norms to be treated through persuasion and social influence (e.g. behavioural modification)</td>
</tr>
</tbody>
</table>

De Backer (1999) relates the “containment” metaphor to the theories of Bion (1962).

For a discussion of Stern’s, Trevarthen’s and Malloch’s contributions to the psychological understanding of the mother-child interaction and its relevance for music therapy, see Holck (2002). Trondalen (2004, p. 103) has also examined the relationship between the psychological process in mother-child interactions and musical interplay (in music therapy). She concludes that the similarities expressed in the musical metaphors has deep meaning and recommends the use of musical and aesthetical concepts also in the further development of interaction theory.
4. Psychotherapy as humane care – relating psychotherapy to ethics: psychological problems are based on life experiences and conflicts, and psychotherapy must address them in an atmosphere of safety and respect (e.g. humanistic psychotherapy).

5. Psychotherapy as personal development – relating psychotherapy to teleology: psychological problems are related to blocked developmental potentials, and psychotherapy is an aid to further self-realization (e.g. experiential psychotherapy).

6. Psychotherapy as pastoral care – relating psychotherapy to philosophy: psychological problems are considered existential issues, and psychotherapy is an exploration of meaning in order to clarify the ways of life and the client’s responsibility (e.g. existential psychotherapy).

7. Psychotherapy as a quasi-religious experience – relating psychotherapy to religion: Psychological problems are related to a crisis in values or beliefs, and psychotherapy creates and integrates the client in a new, group based value system (e.g. Alcoholic Anonymous).

With conceptual metaphors like “guide” (for therapist), “traveller” (for client) and “journey” (for the music-listening period) BMGIM relates primarily to the fifth and sixth root metaphors of table 3.5.

3.4.1 Imagery and metaphor

Imagery based psychotherapy is often presented as an ‘alternative’ to verbal psychotherapy, the last type addressing secondary processes of insight and understanding. However, the therapeutic dialogue in imagery-based therapy is still based on language and verbal communication. Thus it is necessary to clarify the nature and function of the ‘special language’ required, both during imagery work (verbal reports from the client and verbal interventions from the therapist) and in verbal processing. With the exception of Ansdell’s important paper (Ansdell 1997) I have not found any discussion of this aspect of ‘the language problem’ in the music therapy literature, probably because it addresses the question of imagery and language as representational systems. My understanding of this is inspired by Horowitz (1983), who developed a model of three modes of representation: enactive, image and lexical (Figure 3.1).
Figure 3.1 Three Modes of Representation (Horowitz)

MODES OF REPRESENTATION OF THOUGHT

![Diagram showing modes of representation](image)

Fig. 3-1. Systems for representation of thought.

<table>
<thead>
<tr>
<th>Mode</th>
<th>Subsystems</th>
<th>Sample Organizational Tendencies</th>
<th>Sample Statement</th>
<th>Sample of Complex Units of Represented Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enactive</td>
<td>Skeletal neuromusculature</td>
<td>By directionality and force, by operational end products</td>
<td>X does this, X is like this, X is like Y, X is here and Y is there, X and Y happen together, X does this to Y</td>
<td>Gestures, Facial expressions, Postures</td>
</tr>
<tr>
<td></td>
<td>Visceral neuromusculature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Image</td>
<td>Tactile-kinesthetic</td>
<td>By simultaneous occurrence, spatial relationships, and concrete categorization of similarities and differences</td>
<td></td>
<td>Introjects, Fantasies, Body images, Relationship between objects</td>
</tr>
<tr>
<td></td>
<td>Olfactory-gustatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Visual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Auditory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lexical</td>
<td>Different languages</td>
<td>By sequentality and linear structure; by abstract categorization</td>
<td>If X and Y then Z because X + Y = Z</td>
<td>Phrases or sentences, Stories and histories</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>
I suggest the following working definition of metaphor in relation to the three modes of representation presented in figure 3.1: The metaphoric language - the special language used in verbal communication of imagery in all modalities - connects the lexical and the image modes, as well as the enactive and the lexical modes. It is a special discourse within verbal communication, enabling verbal representation ofimaginal and enactive experiences.

The so-called “Oneirotherapists” (Sheikh & Jordan 1983, Högberg 1991, - the term covers ‘daydream therapies’ like Desoille’s “Directed daydream” and Leuner’s “Guided affective Imagery”) use “extended visual fantasies in narrative form to obtain information about the motivational system of the individual, including elements of conflict, perceptual distortion, self-perception, and early memories.” (Sheikh & Jordan, p. 401). I would go one step further and say that metaphoric language used to report imagery is what makes the narrative possible. This quality is mentioned by Ricoeur in The Rule of Metaphor (1977, p. 247). The headline is “Towards the concept of ‘metaphorical truth’, and the assumption is:

“In service to the poetic function, metaphor is that strategy of discourse by which language divests itself of its function of direct description in order to reach the mythic level where its function of discovery is set free.... We can presume to speak of metaphorical truth in order to designate the ‘realistic’ intention that belongs to the redescriptive power of poetic language.”

3.4.2 Levels of understanding. Psychotherapeutic levels of images and metaphors
Several authors have discussed how images and metaphors may function at specific levels of experience or cognitive-emotional engagement in psychotherapy.

Summer (1988) made a distinction between four levels of imagery (experiences):
1. Abstract/aesthetic - with visual and kinaesthetic imagery
2. Psychodynamic - with memories and imagery on literal relationships
3. Perinatal - with somatic and/or existential experiences
4. Transpersonal - often peak experiences and universal symbolic imagery
Perilli (1999)\textsuperscript{22} associated these levels with the four well-known levels of psychotherapy: 1. Supportive, 2. Insight/Re-educative, 3. Reconstructive, and 4. Transpersonal.

“An intervention at supportive level may present metaphors with transpersonal content; psychodynamic experience of repressed material etc. may happen at supportive, re-educative or reconstructive level. To work more or less deeply, using elicited metaphors, will depend from the purpose of the therapeutic intervention.”

A valid empirical operationalization of the therapeutic experience was developed by Klein et al. 1986 (here from Hougaard 2004, p. 406f). A seven step “experiencing scale” is used to measure the level of emotional-cognitive integration in the therapeutic process. Empirical research lends support to the hypothesis that a high level of emotional-cognitive integration is predictive of good therapeutic outcome, and that changes (increase) in the level of the client’s experience is a good therapeutic outcome in itself.

**Table 3.6 The Experiencing Scale (Klein et al 1986)**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The client reports events from the external world in an unpersonal, detached manner, and refuses to participate in a dialogue on the internal world.</td>
</tr>
<tr>
<td>2.</td>
<td>The client reports events from the external world in a more engaged and personal way; descriptions of personal behaviour and emotions are more intellectual.</td>
</tr>
<tr>
<td>3.</td>
<td>The client is reactive and emotionally involved, when reactions to external events are reported in a rather narrow and behaviour-focused description.</td>
</tr>
<tr>
<td>4.</td>
<td>The client is self-descriptive and associating when describing emotions and personal experiences.</td>
</tr>
<tr>
<td>5.</td>
<td>The client is explorative, elaborative and hypothetical when emotional problems and conflict experiences are addressed.</td>
</tr>
<tr>
<td>6.</td>
<td>The client is focused on the idea that there may be “more to it” and has a recognized sense of inner reference</td>
</tr>
<tr>
<td>7.</td>
<td>The client develops an unfolding, spontaneous reporting style based on a recognized sense of inner references connecting the experiential content.</td>
</tr>
</tbody>
</table>

\textsuperscript{22} Perilli (1999) was an unpublished first draft for Perilli (2002).
The scale of Klein et al. was not used in this study, however especially level 3-7 of the scale might lend themselves to a description of how BMGIM clients develop their verbal metaphoric reporting style. The scale does not explicitly mention metaphors or images as elements in the reporting style, however it is clear that these five levels can be identified in the music-listening parts of the BMGIM session (see chapters 6 to 8), and that emotional-cognitive integration is the agenda of the postlude (or post-session dialogue).

Metaphors have played a role in the history of psychotherapy since Freud, who made extensive use of them both in his case studies and in his theories. From a more practical point of view metaphors have taken a prominent position during the last two decades. Many psychotherapists advocate the use of metaphors (and narratives) in clinical practice as an aesthetic and emotionally engaging component, furthering subjective and symbolic meaning – as opposed to what Bruner called the “paradigmatic” aspects, the rational and logical acknowledgment of objective meaning (Hougaard 2004, p. 547-562). The modal ambiguity and the presentational form of imagery and metaphors are regarded well suited to activate emotions and representational systems located in the right hemisphere (Cox and Theilgaard 1987). There is very little empirical research evidence for a positive outcome of the use of metaphors in psychotherapy. However, in a qualitative study Angus and Rennie (1989) found that metaphors in most cases was a constructive element in psychotherapy, and McCullen (1989) found in a comparison of three successful and three less successful psychodynamic short time therapies that the successful therapies were characterized by the use of imaginative language and by the development of a core metaphor with related conceptual figures (Hougaard 2004). An important point is that metaphors suggested by the client him- or herself are much more powerful than metaphors suggested by the therapist as part of an interpretation.

Summary
All of these examples illustrate the need in psychotherapy to describe the unique in-between-areas of the therapeutic encounter that Kast (1990) metaphorically called “the area between inner and outer world”. In psychotherapy, therapist and client are walking together on a bridge, connecting the banks of cognitive understanding with
the island of fantasy and imagination. In BMGIM the streams of emotion and embodiment created by the music are added.

**3.4.3 The living metaphor as a therapeutic bridge**

Our daily conversation is filled with ‘dead metaphors’, e.g. ”She was drowning in her tears”. Lakoff and Turner (1989) say that: ”Metaphor is a tool so ordinary that we use it unconsciously and automatically, with so little effort that we hardly notice it.”

(quoted from Siegelman 1990, p. 1)

Psychotherapist Ellen Siegelman (1990) has shown how metaphors come alive in the therapeutic dialogue and how it is possible to work with them as “a way of making the past present and the unconscious conscious” (p. 2). Her initial case example illustrates the idea: A client says about the style of his family: “Toughness – that was the watchword in Rosenthal-land”. The therapists asks the question: “And what were the laws of Rosenthal-land?” – The rest of the session is used to explore the basic metaphor: ‘A family is a country’. – In BMGIM the 'Prelude' is often concluded in a similar way, with the identification of a metaphor in the client’s description of his/her situation that can be transformed into a start image for the music-listening period.

According to Siegelman (1990, p. ix) metaphors

1. Represent the outcropping of an unconscious fantasy.
2. Combine the abstract and the concrete in a special way.
3. Arise from and produce strong feeling that leads to integrating (c: affectively grounded) insight.
4. “Highlight and hide”: not all aspects of meaning are revealed or supported.

The metaphor is alive when it is ‘primary’, i.e. when it “links domains by connecting insight and feeling, and what is known with what is only guessed at” (p. 3). This is also what Ricoeur found when he studied the phenomenon, and his first book (1975) on the topic was called *The Living Metaphor (La métaphore vive)*. Ricoeur investigated the question of how meaning is created in language through a multidisciplinary study of metaphor. He found that metaphor, used properly, can extend meaning as well as create new meaning. This is one purpose of psychotherapy.
In a psychological perspective metaphor gives the client an opportunity to (re)create and (re)interpret aspects of his or her life world by adapting meaning from one area of life and transfer it to another. The metaphor is a specific "transfer of structure" used by man to grasp his world better (Jensen 2001).

For the same reason many psychotherapists have studied metaphors in therapy (Cox and Theilgaard 1987; Pedersen 2002; Siegelman 1990; Theilgaard 1991). They assign special importance to the inherent tension and ambiguity of the metaphor, which enables significant moments of awareness and insight. The metaphor 'reveals and hides' at the same time, and this makes it a well suited therapeutic tool, not the least because it is based on the client's personal imagination and language.

Pedersen (2002) investigated the use of metaphor in psychotherapy. An important point is that the metaphor may be pathological as well as liberating – this may be related to Lakoff and Johnson’s characterization of the metaphor as ‘highlighting and hiding’. Pedersen defines metaphor as a verbal expression or a mental concept formation, seizing and expressing one phenomenon through its similarities with a qualitatively different phenomenon. Metaphors are thus imaginative, analogical expressions or ways of thinking, suitable for application in psychotherapy (p. 20).

In the literature the role of metaphor in therapy has different emphasis:

- Metaphor enables verbal expression and communication of experiences not otherwise expressible
- Metaphor is an expression of the client's unconscious elements and structures of experience
- Metaphor seems to connect verbal and nonverbal experience, conscious and unconscious and thus it may play an important role in the therapeutic change of the experience.

In other words "The metaphor presents itself as a passable bridge over the gulf of experience" (p. 20).

However, the three positions are theoretically very different and a synthesis is not immediately possible, and they often lack an important element: a broader theoretical explanation of the relationship between metaphor and experience. This is elaborated
in chapter 2 of Pedersen’s book: an expanded understanding of metaphor is worked out in the double perspective of (a) Metaphor as an expression of the experience, (b) Metaphoric structuring of the experience. Metaphors are formed by and give form to the experience: Preconceptual experience enables the identification of similarities and analogies between different phenomena and aspects of the experience, and this is expressed in metaphoric statements.

The experiential world is a world of creative construction on a realistic basis, i.e. both with reference to the external world of the client and an embodied 'basic level categorization' of these external realities. Verbal symbolization is always selective, and meaning is a process of interplay between the body and the world (p. 56). The practical role and technical function of metaphor in psychotherapy is studied under the headlines communication and change. Changes may be identified in first, second or third “order”: In the first order (structure) a change is found when a metaphor is evoked as a symbolization of a problem or phenomena for the first time (Pedersen’s example is ‘my marriage is a prison’). A second order (content) change is the replacement of one metaphor with another (‘my marriage is (now) a mission’). A third order (structural) change is a fundamental change in the client’s understanding of metaphorical symbolization, enabling a creative attitude towards the meaning of metaphor (‘my marriage can be described by many meaningful metaphors’).

The integrative perspective of Pedersen’s study cancels the dichotomy between the focus on metaphor as formed by the experience (advocated in humanistic and experiential therapy) or metaphor as forming the experience (advocated in hypnotherapy, narrative and constructivist therapy). Both perspectives are necessary, as it is necessary to cancel the dichotomy of the creative vs. the pathological metaphor. The therapist may suggest metaphor, but for the process of symbolization to develop it is important that the client explores and expresses his/her own metaphors. – Concluding, a double function of metaphor in psychotherapy is outlined:

1. Metaphors enable a connection between language and the ‘tacit’ experiential knowledge of the client – “Bridging the intrapersonal gap of understanding”.
2. Metaphorical communication enhances empathy and contact in the therapeutic relationship – "Bridging the interpersonal gap of understanding".)
3.5 Narratives in psychotherapy

In psychotherapy, metaphors are best understood within the larger framework of a narrative. As defined in chapter 3.3.1 a narrative is a specific way of constructing or configuring episodes of life or literature into an effective and convincing whole, such as a story or biography. The basic idea goes back to Aristotle’s theory of the tragedy and his concept of mimesis: art imitates reality. During the last twenty years various narrative theories have been developed within psychology and psychotherapy, and a major multidisciplinary discipline has been formed around them, as demonstrated in many books on narrative psychology and verbal psychotherapy (Polkinghorne 1988). Spence coined a distinction between ‘narrative truth’ and ‘historical truth’, underlining that the effectiveness of narrative truth is linked to its persuasiveness more than to its (objective) truth. “A well-constructed story possesses a kind of narrative truth that is real and immediate and carries an important significance for the process of therapeutic change” (Spence 1982, quoted in Polkinghorne 1988, p. 178). Schafer (1983) pioneered the idea that the narrative revision or transformation of the client’s more or less incoherent life story into a more coherent and supportive narrative was at the core of psychotherapy, and that narrative activity enables the client to be the subject of the process instead of the object of an expert offering interpretations.

Polkinghorne (1988) sees the construction of a meaningful human existence as the common thread between psychotherapy and narrative theory. “When they come to the therapeutic situation, clients already have life narratives, of which they are both the protagonist and author. (...) The past cannot be changed (...) however; the interpretation and significance of [past] events can change if a different plot is used to configure them. Recent events may be such that the person’s plotline cannot be adapted to include them. The life plot must then itself be altered or replaced.” (p.182) Therapists assist clients in reconstructing their life narratives, helping them to articulate and bring awareness to the narratives they have developed, discussing the plots, meaning and appropriateness of these narratives, and exploring alternative plots and narratives.
According to Hougaard (2004, p. 551) the narrative field of psychology is still characterized more by popular slogans than by empirical research and detailed clinical descriptions, recommendations or considerations concerning good therapeutic interventions with narratives. What Hougaard finds missing is a satisfactory explanation of narrative structures and their therapeutic meaning. He suggests that attribution theory and attachment theory may provide the necessary theoretical explanation of how narrative activity contributes to revisions of intrapersonal attributions (negative events are explained as caused by intrapersonal traits) and interpersonal schemas or scripts. In the following I will present three important contributions to the field, namely Tomkins’ ‘Script theory’ (3.5.1), McAdams’ critical constructivist theory of identity (3.5.2) and Ricoeur’s hermeneutic theory of mimesis, as applied to psychotherapy (3.5.3).

3.5.1 Tomkins’ Script Theory
One of the founding theories is Tomkins’ so-called ‘Script Theory’ (Tomkins 1979, here as referenced in Hougaard 2004 and Ruud 2003). Tomkins’ theory is based on three core concepts: affect, scene and script.

“Affects are the primary motivation sources of a person, while scenes and scripts are the central principles of organization. Scenes are interactional events including persons, time, place, actions and emotions, while scripts are the person’s set of rules for predicting, interpreting, reacting to and controlling the experiences of repeating experiences (prototypes of scenes)” (quoted from Hougaard 2004, p. 545).

A person may have a number of scenes and scripts, however according to Thompson there are two core categories: scenes and scripts concerning a) positive commitment and positive affects, b) unsolved problems and negative or ambivalent emotions. Clients in psychotherapy often present core scenes and core scripts belonging to the

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23 The popularity of narrative psychotherapy can be related to the postmodern ideas of identity as a permanent construction of the self, the death of the ‘great’ narratives and the importance of local truth. For a discussion of this issue, see Stige (2002).
second category (analogous to ‘interpersonal core conflicts’ in psychodynamic theory).\textsuperscript{24}

Ruud (2003) has outlined how affect consciousness, script theory and self-psychology may serve as a theoretical framework for BMGIM. Scenes are evoked and scripts are activated in the imagery of BMGIM, and this gives an opportunity to explore the underlying and often unconscious dynamics of a client. Scenes and scripts are two levels of organization for a person’s emotional experience. The scene is an emotionally charged experience including persons, time, place, action, while the script (or ‘model scene’) is the organizing structure behind the scene, determining whether the scene is experienced as pleasant or unpleasant. Core scenes are often described as initially good or pleasant scenes that are transformed into unpleasant scenes. Emotions seem to have a core function in the transformation of scripts, however both a ‘heating’ and the eventual ‘burning’ of a (maladaptive) script requires that the client can tolerate also difficult emotions. Both emotional engagement and cognitive processing are necessary for a permanent script change. Ruud postulates that BMGIM “offers a way to intensify this process, something most BMGIM therapists have experienced quite often.” (Ruud 2003, p. 122).

The metaphors of “scenes” and “scripts” lead us to broader psychological theories of narrative and to Ricoeur’s theory of mimesis.

3.5.2 McAdams critical constructivist theory of identity

Ricoeur (1977) suggested that the understanding of “the person as a text” could be a proper base for psychoanalysis. Sarbin found that narratives might serve as a new root metaphor (Sarbin 1986, in Hougaard 2004). McAdams (1996) suggested that a person’s life may be understood as a narrative text, and that narratives create meaning and coherence in a person’s identity. McAdams is a critical constructionist, which means that he thinks there is a core self related to the subject position of a person (Hougaard 2004, p. 561). However, McAdams makes a clear distinction between the ‘I’ and the ‘Me’ (William James’ ‘duplex self’): “The I may be viewed as the process

\textsuperscript{24} ‘Schema’ and ‘script’ are concepts used in interpersonal psychodynamic theory with a somewhat different meaning. Horowitz (1988) imported these concepts from cognitive psychology into his model of intra-psychological representations of self-with-others. For a discussion of interpersonal schemas and scripts and their use in music therapy research, see Hannibal (2002).
of “selfing”, of narrating experience to create a modern self, where as the Me may be viewed as the self that the I constructs.” (McAdams 1996, p. 295). He also delineates three relatively independent levels on which modern persons may be described. Level I is the domain of personality traits (as defined in the broad categories of the ‘Big Five’ taxonomy: extraversion, neuroticism, conscientiousness, agreeableness, and openness to change). Level II subsumes contextualising developmental concerns like goals, values and coping strategies. Level III is the psychosocial configuration of the Me, a person’s reflexive project as is it appears in the narrative of a “life story”: A life story is a psychosocial construction that constitute identity, an “internalized and evolving narrative of the self that incorporates the reconstructed past, perceived present and anticipated future.” (p. 307)

Based on the analysis of more than 200 life story interviews McAdams (1996, p. 308-309) suggested that the structure and content of adult life stories might be understood in terms of seven features:

- **Narrative tone**: a basic attitude, like pessimistic, optimistic or ironic.
- **Imagery**: the choice of specific images and metaphors to describe an experience
- **Theme**: goal-directed sequences in the narrative, like agency and communion
- **Ideological setting**: the establishment of some sort of moral stance (the “good”)
- **Nuclear episodes**: scenes that stand out as high or low points, turning points etc.
- **Imagoes**: idealized personifications of the self in the narrative (‘little Mes’)
- **Endings** (The generativity script): an ending should produce new beginnings, and a legacy of the self should be offered to subsequent generations.

The psychosocial functions the life story are integration (the temporal integration of the Me), entertainment (of self and others), and (pedagogical or moral) instruction. The life story changes over time in three broad phases: 1) the prenarrative era of childhood and adolescence is used to gather material; 2) the narrative era of young to mature adulthood is used to create a self-defining story (including the seven features mentioned above); 3) the postnarrative era is used to evaluate the life story, leading to either (in Erikson’s terms) integrity or despair. McAdams suggested that modern, or postmodern, “people are working on their life stories throughout most of their healthy adult years.” (p. 312)
“There currently exist no consensually validated taxonomies of life stories for modern adults.” (p. 313) However, McAdams mentions that life stories may be classified in the same schemes as found in narrative theory (cf. section 3.3.1)\textsuperscript{25}:

- **The Hero’s myth**
- **The mythic archetypes** of comedy, romance, tragedy and irony
- **The five archetypal actions** of establishing a home, fighting a battle, taking a journey, enduring suffering, pursuing consummation
- **The four ontologies of the self**: the dynastic form (positive past -> positive present), the antithetical form (negative past -> positive present), compensatory form (positive past -> negative present), and self-absolutory form (negative past -> negative present)
- **The three life narrative processes** of progress, regress, and stability
- **The commitment story**: the protagonist with special gift or mission that guides the behaviour through the life span.

A meaningful life story contributes to mental health, and McAdams suggests six standards of a good life story form (p. 315):

- **coherence**: the story must make sense on its own terms
- **openness**: not one solution, but several opportunities for action can be found
- **credibility**: the story is accountable to known facts
- **differentiation**: the world of the story is complex and has a rich plot
- **reconciliation**: examples of harmonizing or resolving conflicts are given
- **generative integration**: the personal story is related to a larger social context

McAdams agrees with Spence that ‘narrative truth’ seems to be more important in psychotherapy than ‘historical truth’, even if it is not enough to guarantee mental health (p. 314) He also mentions that coherence of the life story in psychotherapy is obtained through a plot line in an aesthetic pleasing form. This leads us, once again, back to Ricoeur.

\textsuperscript{25} McAdams’ references include Campbell 1949 (Hero’s myth), Frye 1957 (the mythic archetype), Elsbree 1982 (the archetypal actions), Hankiss 1981 (the ontologies of the self), Gergen and Gergen 1986 (life narrative processes) and McAdams 1985 and 1993 (the commitment story).
3.5.3 Ricoeur’s theory of mimesis applied to psychotherapy

Ricoeur introduced the concept of the “potential story” or the “(as yet) untold story” as a curtain rise before the following characterization of the ‘everyday situation’ of psychotherapy:

“The patient who talks to a psychoanalyst presents bits and pieces of lived stories, of dreams, of ”primitive scenes”, conflictual episodes. We may rightfully say of such analytic sessions that their goal and effect is for the analysand to draw from these bits and pieces a narrative that will be both more supportable and more intelligible. Roy Schafer has even taught us to consider Freud’s metapsychological theories as a system of rules for retelling our life stories and raising them to the rank of case histories. This narrative interpretation implies that a life story proceeds from untold and repressed stories in the direction of actual stories the subject can take up and hold as constitutive of his personal identity. It is the quest for this personal identity that assures the continuity between the potential or inchoate story and the actual story we assume responsibility for.” (Ricoeur 1984, p. 74)

Ricoeur did not himself apply the theory of threefold mimesis to psychotherapy, however this may be done in the following way (Table 3.8). In table 3.8 Ricoeur’s definitions of mimesis1-3 are applied to the psychotherapeutic process. This is in accordance with Polkinghorne (1988), who showed how information organized into narrative forms (e.g., biographical material, literary products and clinical life stories) allows a deep understanding of meaning, and how meaning is constructed. Siegelman (1990), and Combs & Freedman (1990) explained how metaphors, narratives, and symbols could be used in psychotherapy to transform or reframe the ‘facts’ of the client’s life story.
<table>
<thead>
<tr>
<th>Mimesis 1</th>
<th>Mimesis 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>The pre-figuration of concrete actions: The author makes use of everyday experiences and actions in his textual reconstruction, which the reader has competence to understand: a basic understanding of human action and values plus familiarity with the rules of storytelling is necessary for this.</td>
<td>The client's life world as it is presented to the therapist, including conflicts and coping strategies. There may be a narrative, or narrative elements (&quot;bits and pieces&quot;), in this, but it is neither coherent nor works satisfactory for the client.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mimesis 2</th>
<th>Mimesis 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>The configuration: a creative, mimetic activity or 'structuration': the narrative is a creative opening, mediated by (the time of) emplotment. The &quot;Kingdom of 'As-if&quot;</td>
<td>The metaphorical therapeutic narrative evolves as a spontaneous configuration of metaphors by the imaginative mind (the self). The emplotment makes the narrative more coherent and satisfactory. However, the plot may present a new challenge for the client.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mimesis 3</th>
<th>Mimesis 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>The re-figuration in the life world of the reader: Through interpretation a potential new understanding and practice is enabled (new 'models').</td>
<td>The (positive) outcome of the therapy: Insight through interpretation and gradual development of new coping strategies enables the integration of &quot;a more supportable narrative&quot;.</td>
</tr>
</tbody>
</table>
Aldridge (1996) brought the narrative perspective, or the metaphorical shape of stories, to music therapy theory and research by describing how stories, like music and other art forms, make their point not directly, but by the form in which they come. In his work, Aldridge points out that narratives are structured or composed according to fundamental rules of communication. “The essence of language is that of musical form, which is the vehicle for the content of ideas.” (p. 101). The relationship between metaphor, narrative and music will be discussed in section 3.6.

### 3.6 Music as analogy, metaphor and narrative

> Every illness is a musical problem -
> Its cure a musical solution. (Novalis)

The following section is first part of a discussion of meaning in music that will be continued in chapter 8. Two important approaches to music as/in therapy will be presented: music as analogy and music as metaphor. Both approaches have their limitations. For instance, they do not systematically cover all four levels in Ruud's model of music's properties (see section 4.1.2), or all six types of experience in Bruscia's model of music experience (Bruscia 1999; see also Wigram, Pedersen and Bonde 2002, section 1.3). The investigation of music as analogy and metaphor has focus on the relationship between what Ruud calls the syntactic and the semantic level. In Bruscia's model it refers primarily to subjective and aesthetic music experiences.

The concepts of "metaphor" and "analogy" are not elaborated in recent standard music lexica or handbooks (e.g. Bunt and Hoskyns 2002; Decker-Voigt 1996). Nevertheless, many music therapists talk and write about music based on the (more or less conscious) axiom that the client's music, expression or experience is closely related – an analogy – to the client's personality or pathology. In an even broader sense, music is analogous to a human being's way of thinking, feeling and interaction. This is expressed in the improvisations of active music therapy, and in the listening experiences of receptive music therapy.

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26 This section is based on Bonde (2002) – chapter 2.4 of *A Comprehensive Guide to Music Therapy.*
3.6.1 Music as analogy

A paper by David and Gudrun Aldridge’s bears the title “Life as Jazz” (Aldridge & Aldridge 1999), and David Aldridge has often used similar analogies or metaphors in his characterization of the relationship between music and human body, mind and spirit. In a book chapter entitled “Health as performance” (Aldridge 1996, chapter two) he suggests that the creative act (especially musical improvisation) is a core element in the question of how health is achieved or promoted. Thus Descartes’ classic motto “Cogito, ergo sum – I think, therefore I am” should be replaced by “Ago, ergo sum – I perform, therefore I am.” In a wider perspective he suggests that personal identity should be understood as a dynamic expressive act, very much like a musical improvisation. Or with a metaphor: a person is a composition, and the composed self is an improvised order. Based on principles from phenomenology, neurology and music psychology Aldridge emphasizes the close affinity between musical and human processes:

“The perception of music requires a holistic strategy where the play of patterned frequencies is recognized within the matrix of time. People may be described in similar terms as beings in the world who are patterned frequencies in time.” (Aldridge 1996, p. 31)

Correlations or isomorphies between musical form and biological form may describe important aspects of ‘being in the world’; the body expresses itself in a creative, musical way. (ibid., p. 23)

The Dutch music psychologist and professor of creative arts therapy Henk Smeijsters has written extensively about the affinity between musical processes and expressive properties on the one hand, human life processes and pathological characteristics on the other hand. He has developed a comprehensive theory of analogy that will be introduced briefly in the following (Smeijsters 1998, 1999, 2003. See also the introduction by Bonde 2003).
The core axiom of this theory is that psychological/psychotherapeutic knowledge and therapeutic knowledge of music are interdependent, and that a music therapist develops his/her professional competence by integrating them. Smeijsters writes:

“….analogy in itself resembles the object it refers to. In analogy there is no dualism between symbol and object, and therefore there is no need for interpretation. In analogy there always is a resemblance with the object, but this is not a concrete visual representation. When there is analogy, the person expresses his being in an object, in the same way he expresses himself in other behaviours, in other contexts and by other objects. For instance, the soft dynamics of a shy person’s musical play are expressions of his personality. They are analogous to the way he expresses himself in verbal communication. Playing pian(issim)o in musical improvisation is analogous to staying in the background during a verbal discussion, not talking at all, or talking softly. Because the musical behaviour is not the original verbal behaviour, because it is ‘same and different’ (Ansdell, 1995, page 180), it is called an analogy.” (Smeijsters 1998, p. 300f)

There are many non-specific analogies between pathological problems and patterns of behaviour, e.g. if a client feels isolated from the surrounding world and is unable to engage in the therapeutic process (be it a talking cure or arts therapy). Smeijsters' theory sets the stage for an identification of specific analogies in music therapy, because valid and useful indication criteria demand this specification. He thinks that musical elements like melody, rhythm, tempo, dynamics, timbre, form, interaction etc. are specific symbolic equivalents of non-musical elements of human behaviour and interaction. An example: A client who is unable to express his feelings improvises without any noteworthy variation in tempo, rhythm, dynamics etc.

Smeijsters thinks – proposing an equivalent analogy – that specific musical processes corresponding to psychological processes may gradually set the client free, enhance development and promote new life quality, for example when a client struggling with boundaries learns to distinguish her own music from the therapist’s and/or other clients’ contributions in a group, develops the courage necessary to take the space of a soloist or find a clearly defined role in the music of a group.
Smeijsters has coined the double conceptualization of “pathological-musical processes” and “therapeutic-musical processes”. They refer to the two core analogies in clinical music therapy. He underlines that comprehensive experience with and knowledge of these analogies makes it possible to decide whether music therapy is an indicated treatment or not, and in Grundlagen der Musiktherapie (Smeijsters 1999) he unfolds the theory within two clinical core areas of music therapy, namely psychiatry (schizophrenia, depression) and special education (autism, developmental disability). The very close affinity of analogy, diagnosis, indication and goals, procedures and techniques of the treatment is carefully worked out.

Coming from a different position and epistemology Thaut (2000) also presents a fundamental analogy or isomorphy between non-musical and musical therapeutic exercises, e.g. between social interaction and group improvisation structures. “The crucial clinical process for music therapists occurs [in] translating functional and therapeutic exercises and stimuli into functional therapeutic music exercises and stimuli…” (p. 36).

The analogy between the elements of music and the existential themes and qualities of human existence is also a core construction in the Improvisational Assessment Profiles (IAP) of Ken Bruscia (1987, 1994). When developing this method for description and interpretation of clinical improvisations Bruscia looked for concepts that would give the six "profiles" – each a specific listening perspective – also psychological relevance. What he came up with was:

- **Salience** (with five scales forming a spectrum: compliant, conforming, attending, controlling, dominating)
- **Integration** (with the spectrum: undifferentiated, synchronized, integrated, differentiated, overdifferentiated)
- **Variability** (rigid, stable, variable, contrasting, random)
- **Tension** (hypo-tense, calm, cyclic, tense, hyper-tense)
- **Congruence** (unengaged, congruent, centered, incongruent, polarized)
- **Autonomy** (dependent, follower, partner, leader, resistor)
In the preface to the Norwegian translation of the IAPs Bruscia (1994) writes, that the method gives guidelines for how the musical elements and the process of an improvisation can be interpreted, based on psychoanalytic and humanistic-existential theories. The IAPs are an assessment tool based on two basic assumptions:

(1) “Improvised music is a sound reflection of the improviser’s way of “being-in-the-world”, not only in the here and now world of the improvisatory moment itself, but also of the more expanded context of the person's life world (…)

(2) Each musical element provides a universal metaphor - or perhaps archetype – for expressing a particular aspect of “being-in-the-world” (…)
Thus each musical element has its own range of possibilities for expressive meanings which are different from the other elements.” (1994, p.3)

The first assumption is basically identical with Smeijsters’ analogy concept and, as I see it, an axiom of psychodynamic music therapy. The second assumption is unfolded in the IAP method, and table 3.8 gives a short overview of Bruscia's metaphoric interpretation of the musical elements on the basis of psychoanalytic and existential psychology.

As shown in table 3.8 Bruscia considers metaphoric interpretation or psychological analogies two of many possible and available perspectives or modes of consciousness – the clinician or researcher may choose them when relevant. The use of the concept “archetype” must not be misinterpreted as an ontological claim that the elements described as such exist as universal or context independent entities. According to Bruscia “archetype” is a Jung-informed construct, that may be used to describe how a client experiences “the implicate order” (Bruscia 2000)27

27 This is not the place for a discussion of Bruscia's IAPs (see Stige 1994, 1995; see also the contributions in the Web Forum of Nordic Journal of Music Therapy's 2000-2001). However, it is obvious that many music therapists share the basic assumptions of the IAPs, and that music therapy theory need this type of concrete, detailed suggestions for the interpretation of the relationship between music and human existence.
<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>Salient elements</th>
<th>Metaphor of:</th>
<th>Metaphorical questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FORM</strong></td>
<td><strong>Theme</strong>: a metaphor for entity</td>
<td>BEING IN TIME</td>
<td>Is the entity identifiable? Does it develop? How? Is it in balance? If not: How? Is it dynamic or static?</td>
</tr>
<tr>
<td></td>
<td><strong>Being = a gestalt, a metaphor of wholeness</strong></td>
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<td></td>
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<tr>
<td></td>
<td><strong>Form is composed of entities in a mutual relationship</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>(similarities/differences)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TEXTURE</strong></td>
<td><strong>Melody with acc.: metaphor of cooperation with a leader</strong></td>
<td>BEING IN SPACE</td>
<td>Is it characterised by cooperation, competition or conflict? Is there a leader? How many voices are involved? Are they grouped?</td>
</tr>
<tr>
<td>Monophonic /homophonic – polyphonic</td>
<td><strong>Solo with orchestra</strong>: metaphor of an individual versus group/community</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TIMBRE</strong></td>
<td><strong>Spectrum of overtones</strong>: the identity of the entity</td>
<td>THE SPECIFIC QUALITY OF BEING IN SPACE</td>
<td>Who, what, how is it? How is the sound produced, where does it enter the body? Is it in balance, harmony - or the opposite?</td>
</tr>
<tr>
<td></td>
<td><strong>Tone formation</strong>: related to a body area</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Mixture</strong>: contrast versus complementation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VOLUME</strong></td>
<td><strong>Power</strong>: metaphor of giving and taking space over time</td>
<td>THE SPECIFIC QUALITY OF BEING IN TIME</td>
<td>Is it convincing? Is it present and intense, also when soft and/or loud? Does it leave time and space for me?</td>
</tr>
<tr>
<td></td>
<td><strong>Intensity</strong>: metaphor of the quality of the experience of the entity</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PULSE/RHYTM/METER &amp; TEMPO</strong></td>
<td><strong>Pulse</strong>: holding and supporting (or not)</td>
<td>THE ORGANISATION OF LIFE ENERGY IN TIME (physical/temporal relationships)</td>
<td>Can I follow it(s development)? Can I count on it(s support)? Is it flexible? Free or frozen?</td>
</tr>
<tr>
<td></td>
<td><strong>Rhythm</strong>: metaphor of the independence of the entity as related to the pulse <strong>Tempo</strong>: metaphor of the flexibility of the entity as related to material <strong>Meter</strong>: regulation system</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MODALITY</strong></td>
<td><strong>Modus/key</strong>: metaphor of the basic emotion: belonging to a matrix with a centre.</td>
<td>THE ORGANISATION OF LIFE ENERGY IN SPACE (emotional/spatial relationships)</td>
<td>Does it speak clearly to me? Does it speak freely and in a differentiated way? Is it centered or chaotic (unreliable)?</td>
</tr>
<tr>
<td></td>
<td>The mode/key is an emotional matrix, the home base</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MELODY</strong></td>
<td><strong>Melody is a specific modal Gestalt (like an Aria): metaphor of an emotion being formed and experienced.</strong></td>
<td>THE EXPRESSION OF THE SELF</td>
<td>Do I understand, what it is saying to me? Does it understand, what I am saying? Does is talk precisely and in nuances? “How do feelings feel?” (Langer)</td>
</tr>
<tr>
<td></td>
<td>The melody carries the message and relieves the feeling.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HARMONY</strong></td>
<td><strong>Harmony</strong>: gives the melody colour, direction, and context</td>
<td>THE SPECIFIC CHARACTER OF SELF EXPRESSION</td>
<td>Do I understand, what it is up to? Is it banal or adventurous? Challenging? Is it organic? Is it complex?</td>
</tr>
<tr>
<td></td>
<td><strong>Consonance/dissonance</strong>: creates and releases tensions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Complexity</strong>: the differentiation of the melodic expression</td>
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</tbody>
</table>
3.6.2 Music as metaphor in musicology

This section is a brief examination of how musicology has related to the idea of music as metaphor, and especially how the cognitive theory of metaphor by Lakoff and Johnson has been applied to music theory and analysis. In a historical perspective one might say that metaphor is now being reintroduced in music theory after more than a century of negligence or rejection. The raise of modern positivist musicology was also a farewell to the ideas of music imitating human emotions, dominating the baroque period, and the ideas of music as emotional projection or non-verbal narratives, dominating the romantic period. The early experimental music psychologists reintroduced the study of music and emotion, and a few philosophers with an interest in music aesthetics and music experience continued the discussion of the relationship between music and emotion, including the ever controversial question if and how music may ‘express emotion’.  

The first book in modern time addressing the relationship of music and metaphor was Ferguson’s *Music and Metaphor* (1960). The book investigated how music can be considered an expression, and how music may express emotion and meaning. Ferguson understands music as a means of communication. “It is the perception of a full reality of experience – an awareness in which our every faculty of sensuous, intellectual, and emotional perception is indeed focused to a point.” (p. 16) Ferguson also investigated music as embodied emotions and the elements of expression in music. He identified two embodied elements of music: tension and motion. “Our hypothesis… may be summarized as follows: There are two fundamental elements of musical expression – tone stress and ideal motion. These elements may serve to portray, respectively, two of three elemental factors of emotional experience – nervous tension and motor impulse.” (p. 87) Secondary factors enhancing the vividness of the elemental suggestions made by tension and motion are: timbre, register, dynamic or rhythmic inflection. The Epilogue uses the concepts of metaphor and analogy to show how

“Tension and motion... are characteristic of human as well as of musical bodies. In the musical body they function for structure. In the human body the

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28 The study of ‘Music and Emotion’ throughout the 20th Century is summarized and discussed in the comprehensive textbook with the same title, edited by Juslin and Sloboda (2001). This volume includes perspectives from philosophy, musicology, cognitive psychology and music therapy (Bunt and Pavlicevic). From a music therapy perspective Pavlicevic (1997) presented an overview of the music and meaning debate, including the presentation of her own concept of ‘Dynamic form’.
function through its pre-existent structure as the translation into activity of impulses aroused in that body by what may be succinctly designated as experience.” (...)

“The “thing” which motion and tension can portray will naturally be a thing of which motion and tension are themselves characteristic. Such a thing is the human nervous system under the stress of emotion.”

(p. 185)

The issues raised in Ferguson’s book have been standard elements in the discussion of music and emotion, music and meaning, and the role of the metaphor in music understanding for more than 50 years.

“The composer who strives to give musical expression to his mood or emotion manages to discover and mould, presumably in most cases quite unconsciously, a tonal design which resembles very closely the internal pattern of his own affective state. The music then sounds the way an emotion feels.“ (Pratt 1938, as quoted in Ferguson (1960) p. 27).

This characterization of what is often called “Expressive form“ is one of the earliest examples of a modern psychological understanding of the relationship between music and mood or emotion. Since Eduard Hanslick’s Vom Musikalisch-Schönen (1854) it was a musicological axiom that music did not express or referred to anything external (including psychologically ‘internal’ emotions). This anti-representational, anti-expressionist and anti-metaphorical attitude is still quite common in modern musicology; however, things have changed with the entry of so-called ‘new musicology’ (Ruud 2001, Ansdell 2002) and the opening of music science and aesthetics towards other disciplines, especially cognitive psychology. As we saw earlier in the chapter, music therapists often (more or less consciously) adhere to the (opposite) notion that music – be it as sound symbols in clinical improvisations or as imagery evoked in receptive music therapy – is an expression of the inner world of the client, including resources as well as pathological aspects. However, the issue of referential meaning in music is still controversial in musicology.

29 The European Society for the Cognitive Sciences of Music (ESCOM) was founded in the 1990’es as an interdisciplinary forum including music psychology, musicology and music therapy. The ESCOM journal Musicae Scientiae is one of the most important sources of knowledge on musical meaning, including metaphor studies.
Approaches to music analysis and understanding followed three separate paths of development in the 20th Century, as characterized by Ferrara (1991):

“1) Phenomenological methods are used to describe the sound-in-time;
2) Conventional methods provide explanations of musical form; and
3) Hermeneutic methods support the interpretation of musical reference.”

(Ferrara 1991, p. xiii).

Ferrara based his philosophy of music and the corresponding practical, eclectic method of music analysis on the notion that the three traditions mentioned are concerned with three separate, but equally important aspects or levels of music and music experience: the levels of sound, syntax, and semantics. He rejects the idea of a “correct method for uncovering musical significance” as a fallacy (p. xviii) and suggests that words “in a metaphorical sense, enable one to project his understanding into the unfolding referential message of a musical work.” (p. xvi)

One of the first serious attempts to build a bridge between analytical traditions and to explore referential meaning in music was made by the philosopher Susanne K. Langer, who coined the concept of ‘symbolic transformation of experience’. She considered not only language, but also history, art and religion symbol systems, and she developed what Ferrara calls a “naturalistic-transcendent perspective” on human rationality and expressivity – as different from the Cartesian “supernaturalistic-transcendent perspective” and the “naturalistic-reductive perspective” of positivism, (see Ferrara 1991, p. 10-15). Thus, for Langer, music has rational meaning even if this meaning cannot be fully expressed within the framework of ordinary language. Music is a non-discursive symbol system, in which meaning is not represented but presented. The symbols used in music are functional and analogous to the concepts of the things themselves. “Music captures the form or concept of human life and feeling. Musical form resembles the logic of the dynamics of human experience or what Langer terms ‘living form’.” (Ferrara 1991, p. 14) The dynamics of life is manifested in the biologically rooted and culturally formed rhythms of ‘permanence of change’. Daily human performance includes all sorts of rhythmic experiences: beginning and

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30 Ferrara’s “Eclectic method for music analysis” and its application in music therapy is presented in chapter 8.1
end, motion and rest, tension and resolution, rise and fall, slow or sudden change. The expressive value of music comes from the “crystallization and symbolic transformation of the logic or form of the dynamics of life (…). Transformed into music these essential rhythms of human life are symbolized by music.” (Ferrara p. 15)

“Music is a metaphorical image of actual life. Music analogically represents the principles of living form in a new “virtual” form.” (Langer 1942).

‘Virtual form’ means that the musical analogy or metaphorical image is not identical with an actual bodily-emotional experience, e.g. the feeling of sadness. The symbolic form transcends the actual experience and captures the “morphology of feeling” in an expressive articulation, based on the rational rules of the symbol system. Ferrara’s conclusion is that Langer “clarified the symbolic power of music in a way that was not done before”. Unfortunately, she did not operationalize her theory through analyses of specific musical works. However it is clear that Langer’s basic ideas easily connect to both modern psychological interaction theory and cognitive semantics. Daniel Stern (1985) explicitly draws upon Langer’s discussion of “forms of feeling” that are correlated with vital processes like breathing or emotional engagement. Stern’s concept of ‘vitality affects’ can be seen as a further development of Langer’s proposed virtual, living form of feeling.31

Another philosopher, Kivy (1990) developed the very important distinction between music “expressing” and “being expressive of” an emotion. Music is not a sentient being and thus it cannot “express” an emotion, however, being expressive of an emotion music provides the emotion in a more abstract form. Thus, music is “expressive in virtue of its resemblance to expressive human utterance and behaviour.” (Kivy quoted in Ferrara p. 20). Kivy has also proposed a “contour model” to explain the “expressiveness of music by the congruence of musical contour with the structure of expressive features and behaviour.” (Ferrara, p. 21) The same idea was coined as “physiognomic perception” by the psychologist Werner (1948),

31 "Many qualities of feeling that occur do not fit into our existing lexicon or taxonomy of affects. These elusive qualities are better captured by dynamic, kinetic terms, such as “surging”, “fading away”, “fleeting”, “explosive”, “crescendo”, “decrescendo”, “bursting”, drwan out” and so on.” (Stern 1985, p. 54)
who connected it with the inborn ability to categorize facial expressions and bodily movements (Aksnes 2001).  

The philosopher Scruton (1983, 1997) addressed the basic metaphoricity of music understanding. While sound is a material phenomenon that can be object to scientific analysis, music in contrast is an intentional construct and as such inevitably of a metaphorical nature. Human beings perceive the world through constructs that give meaning to their experiences. The common notion of ‘musical space’, with tones located in it, does not correspond to an actual physical space, and likewise ‘musical motion’ does not correspond to any real motion. Both concepts are based on metaphorical transfer (Zbikowski 1998). Scruton links music, metaphor and imagination in the following way:

“Music is the intentional object of an experience that only rational beings can have, and only through the exercise of imagination. To describe it we must have recourse to metaphor, not because music resides in an analogy with other things, but because the metaphor describes exactly what we hear, when we hear sounds as music.” (Scruton 1997, p. 96)

Based on Scruton’s arguments, the musicologist Cook (1990) claimed that musical understanding, including scholarly music analysis, is essentially metaphorical, not scientific or exact. He also linked the argument to culture, stating that a repertoire of means for imagining music is always influenced by and influences a given culture’s “specific pattern of divergences between the experience of music on the one hand, and by images by means of which it is represented on the other.” (Cook 1990, p. 4). Other discussions of the importance of metaphors to musical understanding in the 1990es were either philosophical or music-analytical (Zbikowski 1998).  

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32 Aksnes (2001) mentions that expressive cues used in musical performance are also in accordance with bodily expressions of emotions. She relates Werner’s ideas to Daniel Stern’s claim the human beings tend to perceive lines, colours and forms in terms of categorial affects. This idea of gestural understanding is also found in Coker’s theory of “musical gestures” providing qualities like regularity, slowness, movement tempos, calmness, agitation etc. (Ferrara 1991, p. 19) and in Clynes’ theory of Sentics. For a brief discussion of “gestural theories” in music psychology, see Bonde 1985).

33 Zbikowski refers to papers in the semiotic tradition (especially Tarasti 1995) as examples of the philosophical discussion. The rather sparse music-analytical tradition is represented by chapters in Kassler (1991) and an article by Hatten (1995).  

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Lakoff and Johnson’s cognitive theory of metaphor. He identifies the conceptual metaphor “Pitch Relations Are Relationships In Vertical Space” as the cognitive mapping behind the spatial metaphors of up and down used on the pitch continuum. The cultural dimension of this seemingly universal metaphor is illustrated by the fact that other metaphoric orientations than up-down can be found in non-Western cultures, e.g. small-large (Bali and Java) and young-old (Suyá of the Amazon basin). Zbikowski suggests that Johnson’s concept of image schemata can be used to explain how the meaning of musical metaphors created through cross-domain mapping is grounded in repeated patterns of bodily experience. Thus the “Vertcality” schema is based on everyday experiences, which have been transformed into an abstract structure. Up-down metaphors of pitch are thus related to the experience of sound production in the human body. The metaphor of tension-release used in music theory (e.g. in Meyer’s theory of emotion and meaning in music) is based on the conceptual metaphor “Musical Pitches Are Living Organisms”, while the metaphors of arching or bridging are based on the conceptual metaphor “Musical Entities Are Parts Of A Building”. Again, metaphors highlight and hide. The two conceptual metaphors are incommensurable, the first being dynamic, the second static in character. (Zbikowski 1998).

Aksnes (2001) takes the application of the cognitive theory of metaphors on music analysis a step further in a discussion of how “the musical body” is an essential source of musical meaning, even if it – like metaphor – has often been excluded from music analysis. Aksnes argues that neither “the musical body” – “a body which transcends Cartesian duality, as it includes both auditory, visual, emotional, kinaesthetic, linguistic, and other modes of cognition” (p. 81) – nor the metaphors based upon bodily experiences can be rejected as purely subjective and unscientific.

“I wish to argue that many of the body-based metaphors which arise through our encounters with music can in fact be intersubjective, due to shared

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34 In cognitive semantics there is a traditions of writing names of conceptual metaphors in upper case, e.g. PITCH RELATIONSHIPS ARE RELATIONSHIPS IN VERTICAL SPACE. I have chosen a slightly different format, using brackets and first letters in upper case.

35 Sayrs (2003) uses Zbikowski’s conceptual metaphor to engage concepts of time, events, and narrative in the analysis of the song “The Hanging Tree”, as it was used in the Western film of the same name (1959) and related to the novella by Dorothy Johnson on which the film was based.
biological and cultural dispositions, and that much of the music is lost if we focus solely on the “disembodied” score in music analysis.” (p. 82)

Aksnes explores one of the image schematas of Mark Johnson (1987): the balance image schema, and how this may lay behind metaphorical mappings of music understanding. The notion of balance is one of the most fundamental somatic experiences in human life, and Johnson identified four prototypes of this schema: axis balance, twin pan balance, point balance, and equilibrium. As an example of how the balance schema is used in metaphorical music understanding Aksnes quotes the Danish musicologist Jeppesen’s description of Palestrina’s melodic lines: “All in all the melody is surely restrained and well-balanced; up and down are approximately equilibrated (…) Large intervals are treated in a special way, as they are balanced by stepwise progression.” (Jeppesen 1968, p. 82-83, translated by Aksnes). The image schema is an amodal structure: “It would seem that image schemata transcend any specific sense modality, though they involve operations that are analogous to spatial manipulation, orientation, and movement.” (Johnson 1987, quoted by Aksnes p. 85) And thus the balance schema lends itself easily to the experience of music unfolding as movements in metaphorical space. However, the experience of ‘musical balance’ is not limited to the dynamic patterns of tones. The amodal quality of the schema can also lend itself to mental or emotional operations.

“The “mental” is understood and experienced in terms of the “physical”. The notion of “emotional balance” is a good example here, because our emotional experience is typically thought of as having both a bodily and a mental aspect. We experience our emotions on a homeostatic model in which health depends on a proper balance of emotional forces and pressures.” (Johnson 1987, p. 88)

Aksnes traces the metaphorical projection of musical and mental balance back to Greek Harmonia and suggests that the evaluation of bodily sensations are based on what D. Stern identified as the inborn capacity to recognize basic affective contours. Such a basic affective contour is identified in “Dido’s Farewell”, the lamento aria of Purcell’s Dido and Aeneas. Emotionally laden metaphorical mappings are rich in this aria, so expressive of sadness, as Kivy would say. Some of the mappings originate in our experiences with spontaneous vocal expressions of sadness: falling glissandi, as in
crying, or symbolized as falling chromatic melodic lines, as in the ostinato bass of the aria. But not only downward motion has metaphorical function, as shown in Aksnes’ analysis of the second part of the aria, moving towards the climax:

“Both the repetitions [of ‘Remember me’] themselves, and the affective contour of crescendo and rising pitch create an increase in intensity that brings us to the aria’s climax: the third ‘Remember me’, sung on a high G, followed by a meandering sigh which gradually brings the melody to an end an octave below. We find this basic contour both in discontented newborn and everyday speech, as well as in many familiar patterns of motor activity (cf. Stern’s vitality affects).” (p. 91-92)

Other mappings between non-musical modes of expression and music include bodily postures related to and reflecting sadness: head drops, the body sinks together, movements become slow\(^{36}\). Thus, many correspondences between musical features and bodily-emotional patterns and reactions are demonstrated.

Cox (2001) suggested the “mimetic hypothesis” to account for how embodied experience motivates and constrains the formation of basic music meaning, or in other words: how the cross-domain mappings are created that serve as foundation for metaphoric conceptualizations of music. The “mimetic hypothesis” is based on evidence from infant studies, clinical studies of human cognition, and studies of subvocalization of speech and music (imagery). It states that

“1) part of how we understand human movement and human-made sounds is in terms of our own experience of making the same or similar movements and sounds, and
2) this process of comparison involves overt and covert [mimetic] imitation of the source of visual and auditory information.” (p. 196)

\(^{36}\) Aksnes refers to an experiment done by cognitive psychologists Adachi and Trehub (1996). They filmed children who were asked to sing either in a sad or a happy way, without giving them any instructions on bodily postures. The children singing sadly showed the postures mentioned above.
Overt forms of mimetic participation include toe-tapping, swaying and dancing or singing with the music, while covert participation is primarily covert vocal imitation, also called subvocalization. Cox shows how cross-mapping from the source domain of the human voice to the target domain of instrumental sounds are captured by the conceptual metaphors “Musical Sounds Are Vocal Sounds” and “Instrumental Sounds Are Vocal Sounds”. This indicates how our understanding of instrumental sounds or musical sounds in general is based on vocal experience. This hypothesis has direct implications for music therapy because it explains how music can be an invitation to participate – overtly, covertly or in the imagination. Cox refers to Aldridge (2000) who says that the therapeutic value of music is connected to how it affords participation most appropriate to the condition of particular patients.

Guck (1991) identified what she called ‘organizing metaphors’ in music student’s non-technical descriptions of Chopin’s B minor prelude op. 28, no. 6. These metaphors drew heavily from bodily experiences like breathing (in-out, light-deep) and shape or progressions of events (e.g. up-climax-down). Aksnes concludes her discussion of Guck’s work saying that “body-based metaphorical mappings are essential to musical meaning whether the music is “absolute” [like the Chopin prelude] or “programmatic” [like the Purcell aria]”. Some of the cross-domain mappings are considered universal, namely those referring to basic bodily experiences, while others are considered culture-dependent. This is exemplified by the so-called force schemata closely related to Western functional harmony and its basic tension between dominant and tonic.

The final metaphorical projection to be mentioned is the obvious and powerful cross-mapping of body rhythms and musical rhythms.

Aksnes’ conclusion is that metaphors used in music analysis can be highly communicable, as they are based on shared biological features (image schemata) and shared cultural values (expressed in metaphors).

“The common distinctions between “structural” and “emotional”, “intramusical” and “extramusical” aspects of music are highly problematic (...) and we should strive to include the entire richness of musical experience in
our analyses. For it is only by opening ourselves to the sensuous, emotional, creative, and processual aspects of musical meaning that we can have any chance of understanding how it is that music *moves* us.” (Aksnes 2001, p. 101)

3.6.3 *Music as metaphor in music therapy theory*

With his theory of analogy Smeijsters has formulated a general theory of music therapy, with the purpose of 'bridging the gap' between music in psychotherapy and music in special education.

The theory of music as metaphor is a more narrow and specific clinical theory describing a) the psychological equivalence of musical elements – *music as metaphor*, b) how clients present their music experiences verbally using metaphors – *metaphors of music (experience)*, and how these metaphors have clinical value and significance as information on the client's sense of self. The metaphorical dimension of musical elements was presented above, related to Bruscia’s IAPs. There are only few studies of metaphors of music in the music therapy literature, and only two of the authors relate to the cognitive theory of metaphors (Bonde 2000; Jungaberle 1999, 2001).

However, metaphoric projection is a very common feature in music therapy practice. In active music therapy metaphors are extensively used in the verbal dialogue on the improvisations. *Examples:* “It was like being in a witches’ cauldron”, “I felt beyond time and space”, “The melody hit me right in the heart”. The “playing rules” of Analytically Oriented Music Therapy are often metaphorical (Pedersen 2002). 

*Examples:* “Play how you feel right now”, “Play the animal from your dream”. An analysis of these metaphors not only shows very clearly, how clients experience the music, but also how they experience themselves, and how they may (not) benefit from music therapy.

From a more theoretical point of view Aigen (2002) suggested the metaphors of “Groove” and “Vital drive”, as proposed by Keil and Feld (1994) as well suited to describe musical processes in clinical situations. Vital drive may be considered an aspect of groove, and Keil describes how the rhythm section of a jazz group may produce different types of vital drive to support a soloist in his more or less
idiosyncratic melodic phrasing. Based on analogy, the client in music therapy is the soloist, while the therapist(s) has the role of the rhythm section, providing stability (holding the ‘groove’) and balancing it with spontaneity. In the case study of Lloyd Aigen demonstrated how the jazz style seemed to "hold" the client, and how he learned about staying in the groove and the flow of the music, thus enabling him to tolerate longer and longer periods of non-structured transitions, first in the music, then in his daily life.  

Jungaberle (2000, 2001) studied musical metaphors extensively, based on Lakoff and Johnson’s cognitive theory. He first made an analysis of newspaper music reviews in order to identify conceptual metaphors in the descriptions of music and musical experience. Then he made an analysis of clients’ verbalizations of their therapeutic experience of music. In the music review analysis a series of core metaphors were identified, based on the prototype “Music is xyz”, e.g. “Music is space”, “Music is a landscape”, and “Music is water”. These metaphors were also found in the clients’ verbal reports on their music experiences, but they were even richer, containing four new conceptual metaphors (or "metaphor families" in Jungaberle's words). Examples: One family is “Music is energy and power” with subgroups like “Music gives access to the inner world” or “Music moves me”. Other families were: “Music is interaction” with subgroups like “Improvising is combat”; “Music is space”; and “Music is a living being”. A specific conceptual metaphor is “Music is language” with subgroups like “Music can hide truth” or “Music makes the ineffable understandable”. Jungaberle attaches special importance to the metaphor “Music is a landscape”, because it expresses the spaciousness of music - there is ‘room for everyon’, and most people can 'find their place' in the music. Jungaberle (2001) also related the metaphors to Johnson’s image schemata. Most prominent were the vertical schema (up-down), the container schema (the body and the music is a container for feelings), and the compulsion schema (being moved by music as an external force).

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37 In the Ph.D. course at Aalborg University May 26th 2004 Aigen presented a paper on metaphors and image schemata, based on Lakoff and Johnson's theory. He suggested that music therapy may give clients first hand experiences with missing or undeveloped schemas. He paid special attention to the Container-schema and the potential of music therapy to enlargening the container and thus – metaphorically through the music – expanding the social situations a client may tolerate, as in the case of Lloyd.
Based on his study Jungaberle formulated a theory of “the metaphorical circle”:
1) Extramusical structures influence the music experience, when we hear or project specific qualities from our life world into the music.
2) Intramusical structures (the music experience) have an impact on our life experience, when we extract or transfer qualities from the music that gives meaning to our life.

Structures are transferred both ways - through the metaphor. And thus metaphors provide clients and therapists in improvisational group music therapy with "maps" of musical experiences.

The specific role of metaphors in BMGIM is discussed in section 3.7.

3.6.4 Three levels of music – or a metaphorical listening to four selections of baroque music
Bruscia (1998) describes four specific levels of music therapy intervention which are also linked to the status, training and clinical responsibility of the therapist. He calls them auxiliary, augmentative, intensive, and primary. Dileo-Maranto (1993) proposes three levels of clinical practice: supportive, specific, and comprehensive. In this section three psychological levels of music itself are suggested, in a process of metaphorical listening referring to the theories of music as analogy and metaphor described above.

When talking about 'music' in the context of pain management, alleviation of stress or anxiety, and psychotherapy it is important to be specific. Not all music has the potential of pain or stress relief. And when music is used in psychotherapy we must differentiate. Music may labelled supportive, regenerative and so on. However, it would be sad if the music of Mozart, Mahler, Messiaën, Mendelssohn or Miles Davis should be considered primarily on the basis of their medical or psychotherapeutical potential, and not on their experiential, existential and aesthetic qualities. Music can be arousing, hypnotic, anxiety provoking, mind healing or shattering, a source of inspiration or spiritual vision – it is like a magic mirror enabling a listener, be it a client or a therapist, to find answers to deep existential questions. No clear distinction
can be made between the aesthetic (non-therapeutic) and the psychological (psychotherapeutic) potential of music experience and awareness.

As an alternative three psychological levels of music are identified and described. One of the professional qualifications of a music therapist is to assess and evaluate the medical, psychosocial or psychological potential of improvised or composed/recorded music – based on the following or other, equivalent systematic criteria. It is of course a theoretical construction to identify and label three ‘levels’ of music, so some examples may help the reader to a clear understanding of the idea. Four examples of composed music from the baroque period have been selected. The argument is that in baroque music it is fairly easy to isolate one musical feature (or ‘variable’), which is held stable, while other features (‘variables’) changes. However, in principle the considerations presented here considered are valid within a psychodynamic, metaphoric interpretation of music, independent of style, genre and origin (improvisation or composition).

A favourite musical principle in the baroque period is called basso ostinato (with cognate names like canon, ground, chaconne, ricercare or passacaglia). The basic idea is well known from (but not quite identical with) the popular form of the canon, e.g. Frere Jaques, where each of the three parts are identical and introduced with a certain time interval. In the 3rd movement of Mahler's 3rd Symphony the first section is such a Frere Jaques-Canon, however the melody is in minor and with a special orchestral colour, endowing this simple canon with an uneasy, almost surrealistic quality.

A typical baroque canon or chaconne has as bass part that is repeated unchanged from beginning to the end of the piece/movement. The upper parts imitate each other with specific time intervals, presenting the primary melodic material of the composition (more or less like Frere Jaques). A composition of this type is

PACHELBEL: Canon in D (four string parts with basso continuo)\(^{38}\).

The bass introduces the ostinato in a solo over two bars. The meter is 4/4, and the ostinato is composed of 8 notes of the same length (crotchets), beginning on tonic d

\(^{38}\) Recordings of all four baroque compositions analyzed in this section can be found on the audio cd accompanying Wigram, Pedersen and Bonde (2002)
and ending on dominant a – a new round can begin. The ostinato is repeated over and over without changes, while the upper string parts unfold a three-part canon. Violin 1 introduces the melody, two bars of stepwise melody progression in crotchets (same melody rhythm as the bass), then Violin 2 begins on the same melody while violin 1 proceeds with a new phrase. Two bars later Violin 3 enters, following the same procedure. The most catchy characteristic of the composition is that the canon melody becomes more and more lively and varied, while the ostinato remains the same, in its steady and stable 'rocking'. – Is it possible to find a suitable analogy to this composition in (developmental) psychology? In other words: Is it possible to experience this canon as a metaphor for interaction principles? I think so. The bass conducts itself like any 'good enough' father or mother would behave towards a child. It creates a perfect 'holding environment' (Winnicott 1971). No matter what the child comes up with it will be held and contained. When listening to Pachelbel's Canon it is obvious that the three canonic parts unfold more and more lively and 'independently'. They 'dare' do this, exactly because their base (c: bass) is safe and predictable. This is a perfect metaphor for what developmental psychologist Margaret Mahler calls 'the rehearsal phase’, where the child by turns tests itself in experiments in the surrounding world and returns to 'fill the tank' and be confirmed by a significant other. Within BMGIM numerous client experiences confirm that Pachelbel's Canon (the last piece of the program “Group Experience”) is ‘holding music’, a safe and predictable composition enabling a safe 'arrival' after a long and maybe at certain times frightening journey in the world of imagery.

This level of experience is labelled the supportive and image stimulating level 1.

Do all compositions based on a bass ostinato have this 'holding' quality? A closer investigation of other baroque selections will demonstrate that it is not so. A provisional explanation is that music is a multi-layered composition (or configuration) of many elements, which play their specific role in the construction of meaning. When a composition is more complex, the ostinato may change its metaphoric potential. This is evident, when we take a closer look at two ostinato-based compositions by Johann Sebastian Bach.

J.S.BACH: Passacaglia and Fugue in c minor BWV 582
(composed for organ, but also arranged for orchestra by, among others, L. Stokowski)
The bass ostinato of this passacaglia is twice as long as Pachelbel’s and Bach’s composition has a much larger scope. The melodic, canonic parts are ever changing in timbre and character (which is emphasized in the orchestral arrangement), and there are many contrasts in the passacaglia section alone. From a musical point of view this ostinato is not as predictable and stable as Pachelbel’s. Even if the actual notes remain the same, duration, rhythm, timbre and volume change a lot. The first half of the ostinato is preserved in the fugue (as the ‘dux’ theme), and according to the principles of a fugue it is heard in all (four) parts respectively. In the fugue version the ostinato has a stable and more extrovert, powerful character. Taken as a whole it is a majestic and quite overwhelming composition. – Experienced metaphorically this ostinato is a voice-in-command. No matter what others (other parts) may say or do, it maintains its ‘dictum’; it cannot be persuaded or ‘moved’ to ‘change its mind’. This may be experienced as a dominating, patriarchal voice (the father, the boss, even God), and it makes the Passacaglia a genuine psychological challenge (it is the first selection of the program “Mostly Bach”). Many brave BMGIM clients have fought against such an antagonist, a commanding authority or a superego figure.

This level of experience is called the explorative and uncovering level 2.

The example makes it clear that an ostinato-based movement may be anything but supportive and calming. A third and completely different type of ostinato is found in a movement from Bach’s Mass in B minor.

J.S. BACH: Crucifixus from Mass in B minor BWV 232

This movement is based on a four-bar ostinato in e minor, which is repeated 12 times. One of its specific characteristics is that it features a descending chromatic line with five halftone-steps from the fundamental e to the dominant’s b. With a certain knowledge of symbolic meaning in Bach's compositions it is possible to identify this chromaticism as an expression of the utmost agony and its passionate mystery. The agony is amplified by the four vocal parts, not only due to the text (“He was crucified for us...”), but also because the music exposes a variety of extreme dissonances. There is tremendous tension between the four parts internally, but also between the vocal parts and the ostinato. The parts ‘cross’ one another; Bach has composed a ‘tone painting’ of the crucifixion. No matter if the listener experiences this as pure music, as religious litany or metaphorically, it is music of an oppressive character. Death on the
cross is inevitable, and the music takes an iron grasp of the listener. This is not the voice of a stern Father or Superego, it is rather the voice of absurdity, the inescapable destiny bringing death or loss of ego and Self. Bach has composed this existential zero point in absolute contrast to the exaltation and joy of the following movement – “et resurrexit / and [he] was resurrected from the dead”. – In the GIM music program “Death-Rebirth” the Crucifixus is the turning point in a life-giving journey, a descending into the symbolic land of shadows, which is followed by a slow ascending to a new beginning (Mahler: excerpt (the last ten minutes) of Abschied from Das Lied von der Erde) (Bonny 2002, chapter 20).

This music can only be used for special clinical (or self experiential) purposes, and we label this level of experience the intensive level 3.

The bass is fundamental. In the baroque period this so-called “thorough bass / Generalbass” symbolizes the very harmonic order of the universe, on which the expressive melodic parts depend. This is very clear in

J.S. BACH: Air, 2nd movement of Orchestral Suite # 3, D major BWV 1068.

The bass part in this movement is firm and stable, almost like Pachelbel’s ostinato. However, this is not an ostinato, rather a ‘walking bass’, moving untiringly forward in stable and slow (major or minor) seconds alternating with repeated notes (in octave transpositions). The composition is in two sections (the second twice as long as the first), and both sections are repeated. Most listeners experience this composition as very relaxing and comforting, not the least because the tempo is close to 60 bpm – the pulse of a steady heartbeat. But how does this relate to the salient contrasts and tensions between the calm progression of the bass and the expressive melodic lines of the upper parts? – The movement is an ‘Air’ – i.e. a ‘song (without words)’.

However, it is possible to interpret the ‘words’ or the meaning of the song. The baroque doctrine of ‘musical affects’ (Affektenlehre) makes it possible to identify the emotions (or affects) expressed in Violin 1 (and to a lesser degree in Violin 2). The melody is complex, irregular, characterised by large melodic intervals and ‘sighing’ accents (Seufzer, descending minor seconds with the dissonant note on the beat) or suspension that create a harmonic tension between melody and bass. This is a symbol of suffering. There are also melodic episodes characterised by a striving upwards, in
syncopated rhythms and with increasing volume. This is a symbol of passion. Heard as a whole the passionate voices express longing, a longing of the heart.

Experienced and interpreted this way Bach’s Air is a musical expression of the passionate human being, integrated in a higher order. This (divine) order is (re)presented by the bass and its accompanying harmonic chords, proceeding in a solemn progression undisturbed by human suffering, passion, longing and mistakes. In our postmodern era it is no longer common to understand a human being as 'enfolded' in a higher order. However, the experience of ‘coming home’, ‘belonging’ and ‘being accepted’ is accessible through music listening, and many BMGIM 'travellers' have experienced this during their imaginal journey through Bach's Air (the last piece of the music program “Explorations”). The music is therefore identified as belonging to level 1.

Based on these analyses it is obvious that Pachelbel’s Canon and Bach’s Air might be used in pain management and supportive psychotherapy. The other two Bach- selections would be inappropriate for these purposes; however, their potential can be unfolded in intensive psychotherapeutic, existential or spiritual developmental processes.

The reader may wish to compare the four selected examples with other ostinato-based movements. Here are a few suggestions: An example of a fast, merry and reassuring ostinato movement is the final Hallelujah of Buxtehude's cantata Der Herr ist mit mir. “The Death of Falstaff” from Walton's suite Henry V is based on an ostinato of the same length and melodically quite close to Pachelbel’s. But as it is in a minor key and the mood is very different this rather simple composition belongs to level 2 (or even 3). The title of Bach’s cantata BWV 12 is Weinen, klagen, sorgen, zagen (Crying, complaining, mourning, suffering). This is also the text of the first chorus, based on the same music as the Crucifixus. Through the text we gain information on the nuances of pain and suffering expressed in the music, and if the interpretation accentuates the many advanced dissonances the music will probably function at level 2 rather than 3. Much of the same can be said about Dido’s Lament, the final aria When I am Laid in Earth from Purcell’s opera Dido and Aeneas. A movement with a chromatic descending ostinato may also have a lighter character. An example of this
is the instrumental *Ground* from Blow’s opera *Venus and Adonis* (a predecessor of Purcell's more popular work). Melodically this ostinato is very close to the *Crucifixus*-ostinato, but it is in triple time, the tempo is relatively fast, so together with the poignant rhythm this makes the movement noble and light at the same time. The function level will therefore be 1 or 2, depending on the context.

The selected recordings of baroque music in the GIM music programs are all in arrangements for full symphony orchestra or a fairly large string body, and the performances follow the romantic style dominating also in this repertory until 1980. Contemporary baroque performances are very different, including the use of period instruments and based on scholarly studies in baroque performance practice. However, many of these excellent recordings cannot be used in BMGIM therapy, because they do not have the absolute necessary ‘holding quality’ of the romantic performances, enabling the client to let go and delve into the music experience.

In summary, some general characteristics of the three psychological levels of music are underlined. Level 1 music (called *sedative music* by Helen Bonny (1983)) may be applied in pain and anxiety management, in deep relaxation and in supportive psychotherapy, because it has the following features:

- Medium or slow tempo (bpm 60 or slower, i.e. close to normal heart rhythm)
- Steady, predictable rhythm (matching the breathing and pulse of the client)
- Simple structure with recognizable melodies or themes (instrumental or vocal)
- Simple, consonant harmony without sudden shifts or modulations
- Stable dynamics without sudden shifts or contrasts

Even though Bonny in most cases recommended classical music it is obvious that these characteristics can be found in almost any musical style or genre. We also know that some people achieve relaxation and wellbeing using *stimulating* music, which differs from the above by a faster tempo and a more active rhythmic drive. Three different principles may be followed when music is selected for modification or transformation of mood:
1) Following the ISO principle, music must be selected that matches the mood of the client in the beginning, and then gradually induces the intended mood.

2) Following the Compensation principle music must be selected that contrasts the mood of the client and thus gradually (re-)attunes the client's mood.

3) Following the Entrainment principle music with a specific pulse (tempo) is selected in order to synchronize the physiological and psychological rhythms of the client’s body and mind with those of the music\(^{39}\).

The three principles are not mutually exclusive, as they can be related to different aspects of the music. The ISO principle and the Entrainment principle works on a psychophysiological, vegetative level where the musical sequence corresponds to the listener's bodily sense of tempo (slow/fast; accelerando/ritardando), excitement and relief, tension and release. The Compensation principle works on the emotional level where there is a complex interaction of the mood expressed in the music and the client's mood and emotional state.

Music at level 2 or 3 cannot easily be characterized in the same way. Not only is the music more complex in itself, the combination of selected movements in a music program is like a – psychologically informed - composition itself. It is part of the qualification of a BMGIM therapist to make clear distinctions between the three levels in clinical practice (using the many music programs and their, in principle, unlimited combination potential). This expertise is developed not only through traditional music analysis of structure, melodic material, harmonic progression etc., but also through self experience (the music as heard in an altered state of consciousness) and phenomenological description of the music sequence (what is salient in the listener's experience of the music as it is unfolding), and of the imagery potential, based on personal and client imagery. (See chapter 8 for an elaboration of these issues and for clinical applications of the three levels in this study).

In other words: a BMGIM therapist must be systematically trained in metaphoric music listening. But music experienced as metaphor is not the privilege of experts or

\(^{39}\) The ISO principle was developed by Altschuler (1948, reprinted in Nordic Journal of Music Therapy 10(1) with an introduction by Gouk), the Compensation principle by Benenzon (1997). The entrainment principle has been extensively studied by Rider (1997).
therapists. Open and attentive listening is the (only) gate to a thorough understanding of music's enormous existential and therapeutic potential.

3.7 Metaphor and narrative in BMGIM

This section is an examination of the various ways in which BMGIM utilizes metaphor and narrative as means of self-transformation. First a possible neuropsychological framework for the understanding of images and metaphors is referenced, and then follows the unfolding of a semantic and narrative understanding, based on the theories presented earlier in this chapter. Awareness of metaphorical imagery types and levels is relevant both theoretically and clinically, and narrative theory may be an important contribution to further development of the theoretical framework of BMGIM.

3.7.1 A neuropsychological framework

Perilli (2002) examined the specific role played by the metaphor in the BMGIM process. She presents a cognitive and neuropsychologically based understanding of the metaphoric process and the development of the metaphor as originating from the functioning of the body in interaction with its environment. This environmental adjustment develops as embodied imaginative schemas, including temporal schemas of durations, frequencies and intensity of intra- and interpersonal experiences. Several research studies have demonstrated that sounds and music both stimulate the formation of and evoke existing imaginative schemas that are embodied at the neuropsychological level, because music presents varied sensory, emotional and motor components that stimulate activity in cortical and subcortical areas and relate to components of the imaginative schemas evoked. These schemas in turn furnish a reference point and foundation for all metaphorical processes, including the creation

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40 This section is based on Bonde (2000), the article Metaphor and Narrative in Guided Imagery and Music (BMGIM) published in the Journal of the Association of Music and Imagery Vol. 7, 2000 , p. 59-76. The article has the following abstract: The paper suggests a hermeneutical framework for the understanding of the imagery in BMGIM, based on theories of narrative expression and understanding. The author discusses how the four phases of the BMGIM session have specific metaphorical tasks, and he identifies three levels within the therapeutic narrative of BMGIM: 1) The basic level of the core metaphor, the discovery of hidden meaning through the imagery; 2) The level of metaphors of ego and Self, the discovery of the client's personal voice; 3) The narrative level of joined metaphors, the discovery of plots and other configurations in the client's imagery and life story. The three levels are illustrated by clinical examples and references to the BMGIM literature.
of new metaphors and the expansion of one's personal inventory of imagery (visual images, fantasies, memories, etc.).

“Nonverbal imaginative schemas are stored in long-term memory following a process which begins with the preconscious synthesis of affective, sensory and motor stimuli and the response of the organism in its interaction with the environment. (…) Imaginative schemas become nonverbal perceptual metaphors through the metaphorical process.” (p. 423)

In this way Perilli makes a connection between a neuropsychological and a cognitive semantic understanding of metaphors. The distinction between non-verbal metaphors (intrapersonal imaginative schemas) and verbal metaphors (interpersonal linguistic and cognitive operations) is connected to the notion of health as a mind-body integration based on an unimpeded flow between schema representing early emotional and attachment experiences and verbal, interpersonal sharing. Perilli mentions two factors contributing to the elaboration of a person’s repertory of metaphors:

1. “Self representation of the body, constantly modified in the light of social and perceptual experience (kinesthetic sense).
2. Language, which develops functionally from affective, motivational use to a more conscious (individual and social) purposes.” (p. 429-30)

Self-representational metaphors may be ‘healthy’ or ‘unhealthy’, and one option in BMGIM therapy is to explore, transform or change unhealthy metaphors through creative imagery. In the altered state of consciousness during the music-listening period of the BMGIM session “metaphorical projections can evolve transversally, linking elements from different states of consciousness and levels of understanding and producing complex metaphors by uniting concrete and abstract elements, remembered experiences and current situations.” (p. 435) The complex music stimuli evoke responses from the Central Nervous System influencing the production of endorphins and thus the areas of the brain responsible for integrating sensations, emotions and affects. Perilli suggests that the music is conducive to provoking “three imaginative schemas fundamental to the metaphorical process” (p. 439): 1. the schema of balance, 2. the schema of movement, 3. the schema of rhythm, all three
closely related to basic human self-experience. The three schemas together constitute the schema of change, and metaphorical processes use various image modalities to link sensory, emotional and cognitive functions and represent mental states involved in the process of change.

Perilli compares the metaphorical potential of BMGIM to “the voyage of the poet Dante in his epic poem The Divine Comedy, a fertile metaphor of a man going through the horrors of the Inferno and the eschatological sufferings of Purgatory, to reach, finally, the sublime joy of Divine Love in Paradise”. (p. 445)

Another important theoretical contribution within this area is Körlin’s “Neuropsychological theory of traumatic imagery in BMGIM” (Körlin 2002). Körlin demonstrates how the music evokes the disconnected sensory and affective memories and mobilizes inner resources of trauma patients enabling them to own and reintegrate the reexperiences through of a number of interweaving processes: transformation of traumatic imagery into symbolic imagery, establishment of cognitive memory and understanding, and integrating the resulting discursive symbols with analogic symbol and affect. The specific feature of BMGIM seems to be a facilitation of analogic (right-hemispheric) representative processing of experiences. In this study the neuropsychological aspects of metaphor and imagery in BMGIM will not be addressed further.

Independent of theoretical framework, metaphors play an important part in BMGIM. This can be observed at two different levels: the level of the client’s experience and the meta-level of the model’s metaphoric implications.

3.7.2 Images, metaphors and symbols in BMGIM
Addressing the first level, the client’s experiences in the music-listening period of a BMGIM session is often verbally reported as metaphors in different modalities. Even if the client's eyes are closed, he/she ‘sees’, ‘hears’, ‘smells’, ‘tastes’, ‘feels’ and ‘moves with’ the music). In the dialogue with the therapist (metaphorically called the ‘guide’) the client’s inner world of images are explored, shared and discusses verbally as metaphors. Example: If the therapist/guide suggests the opening image of ‘a garden’ to the client/traveller, and chooses Beethoven’s Emperor Concerto (2\textsuperscript{nd}...
movement) as accompaniment for the journey, the client may experience the garden as anything from a vast open park with flowers in all colours, to a small, narrowly delimited backyard with burnt off grass and a dead pear tree. This of course invites to both exploration and interpretation – based on the principle that only the client knows the meaning of the image/metaphor. (The German psychotherapist Hanscarl Leuner\textsuperscript{41}, who had some influence on BMGIM in its upstart phase (see section 2.3), used specific induction images diagnostically, based on a classic psychoanalytic interpretation of their meaning. This position is not considered appropriate in BMGIM). The crucial element in BMGIM (and other metaphor-based therapies) is how the images are configured and transformed over time – in the single session and through a complete therapeutic process, and how the images may serve as metaphors of the client’s problems and resources in the therapeutic dialogue. This issue will be addressed later in the section.

The present author’s use of the concepts image, metaphor, analogy, and symbol in the specific BMGIM context is illustrated in figure 3.10.

Table 3.9 Image, metaphors, symbols in BMGIM. Examples and definitions

<table>
<thead>
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<th>Description</th>
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<td>I listen to the <em>Allemande</em> of J.S. Bach’s <em>Cello Suite #6 BW1012</em>. With my inner eye I see myself skating, making graceful geometrically balanced movements on the ice. During the listening experience it is a <strong>visual image</strong>. When I write it down or report it verbally it becomes a <strong>visual metaphor</strong>, primarily of my specific experience of being in perfect balance, secondary to the music. When I listen to the <em>Courante</em> of the Cello Suite my feet start moving to the irresistible pulse of the music. I stand up and perform a choreographically more or</td>
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\textsuperscript{41} Leuner (1972) interpreted the ‘Standard imagery scenes’ (the metaphors of the Meadow, the House, climbing the Mountain etc.) within a rather narrow psychoanalytic framework. This attitude of interpretation is reductionistic, given that (living) metaphors in therapy are primarily personal, individual, and dynamic, and not denying that clients may ‘tap into’ greater - cultural or archetypal - narratives. Bonny (2002, chapter three) recalls how she found inspiration to select appropriate music to some of Leuner’s standard images, even if she found the guidelines of GAI too narrow. A much more open, yet systematic guide to symbols and their interpretations is offered by Stevens (1999).
less elegant dance. My dance is a *bodily-kinaesthetic image* of my experience. When I write it down or report it verbally it becomes a *kinaesthetic metaphor*, primarily of my experience of bodily inspiration and freedom, secondary to the music. As soon as the *Sarabande* begins, I think I smell the perfume of a girl I danced with as a young man. A memory and an *olfactory image or memory* – reported as a *metaphor* of a certain romantic feeling or mood.

The *Gavotte* brings the taste of my childhood’s winter apples to my tongue. A *gustatory image or memory*, now written down as a *metaphor* of my experience of something simple, yet nurturing.

The final *Gigue* recalls the joy of taking my baby daughter in my arms, throwing her up in the air and catching her again. An *emotional image* that serves as a *metaphor* of the simple joy of being alive.

Listening again to the *Prelude* makes a strong impression. For my inner eye I see a group of swans in the air, forming a very special pattern I recognize from a dream. I don’t know the meaning of this pattern, and it is a special metaphor, namely a *symbol* of something I cannot express in words.

In the examples of table 3.9 we are dealing with different modes of representation. As we saw in section 3.4.1 *image* is a mode of representation that allows information processing in several subsystems: visual, auditive, kinaesthetic, olfactory and gustative (Horowitz 1983; fig. 3.1). Analogy and metaphor are lexical representation modes, connected to language (‘thinking in words’). In *analogy* the principle is ’same and different’ (see section 3.6.1): One phenomenon can represent another, because there is a formal resemblance (ex. playing soft in background is an analogy of being shy). In a *metaphor* one phenomenon is understood and experienced through the terms of another (e.g. “Improvisation is a surprise party”). A third aspect, the common quality, opens interpretation. A *Symbol* can be both an image and a lexical mode of representation. In image symbolism there is no direct correspondence between symbol and phenomenon. Interpretation is needed. The relationship between metaphor and narrative in BMGIM is discussed later in this section.
3.7.3 The BMGIM session in a metaphorical perspective

Three of the characteristics of metaphors identified by Siegelman (1990) can be clearly observed in BMGIM.

- An “outcropping of an unconscious fantasy”: An example in BMGIM is when the client's initially unrelated images, flowing in a stream-of-consciousness, give way to emotionally charged experiences or the exploration of a series of interrelated images, often highlighting a core problem.

- “A combination of the abstract and the concrete in a special way, enabling one to go from the known and the sensed to the unknown and the symbolic” (p. ix). In BMGIM, this occurs when a well-known problem of the client is transformed from a cognitive, verbal report into a meaningful and dynamic image or sequence of images. An example is when a split-off part of the client’s personality keeps coming back as a metaphoric figure in the imagery.

- The elicitation or accompaniment of “strong feelings that lead to integrating (i.e. affectively grounded) insight”. In BMGIM, this is seen when the emotional or physical exploration of a core image (with tears, laughter, somatic reactions) leads to a new feeling of openness, freedom or balance in the body, or a greater awareness towards self & other, or formulation of a new coping strategy.

It is of utmost importance that the music be selected carefully to 1) make the ‘outcropping’ easier, 2) prolong and deepen the experience of meeting the unknown, and 3) support a deep affective grounding of the whole process. It is the music that makes these experiences of metaphor more intense in character than in a verbal psychotherapy model.

Each of the five main phases of a BMGIM session can be seen as having a specific metaphorical task. In the prelude discussion, the task is to identify a core metaphor in what the client is reporting about significant events, thoughts, and emotions since the last session. The therapist must listen carefully, not only to the content and affect, but also to the metaphors either used by the client, or incipient in the client’s report. If a dream is reported, it can be considered a metaphorical narrative, which the therapist can explore by helping the client to identify the most significant image or metaphor in the dream. A metaphor may also ‘uncrop’ spontaneously, e.g. when the client...
describes him or herself as ‘feeling like a mixed up child’, ‘standing at a crossroad,’ or ‘living in a concentration camp.’ The therapist may also try to use metaphors to explore a situation or feeling, either by suggesting one, or by asking whether images from previous sessions are pertinent.

In the induction, the task is to transform the core metaphor from the prelude into an embodied induction image. Sometimes the core metaphor identified can be incorporated into the relaxation, and sometimes it can be used as the starting image itself. Many inductions themselves can be considered metaphors. For example, ‘tense-release’ is not only a physiological procedure, but also a metaphor of holding and then letting go of psychological tensions, thereby allowing oneself to explore the inner world more easily. We may even say that an ‘altered state of consciousness’ is not only a shift in brain wave frequency, it is also a metaphor for changing one’s mode of mental operation.

In the music-listening period (metaphorically called the ‘journey’ or ‘travel’), the primary task is to explore and elaborate the images and metaphors through both the music listening experiences and the verbal dialogue. The music allows the images to unfold and stimulates the client to interact with the imagery, assisted by the therapist's interventions. The verbal report is very often, but not always, metaphorical, and the therapist encourages the client to explore the metaphors (not the cognitive statements) and to transform non-metaphoric statements into metaphoric. For example, when a client says ‘My left elbow hurts!’ the therapist may encourage metaphoric processing by asking ‘Does this feeling have a colour or sound?’ One of the reasons that the music allows and assists the imagery is that music is metaphoric in itself (see section 3.6). As we saw in section 3.6.2, even such basic musical concepts as high and low are (spatial) metaphors, and the musical parameters (melody, rhythm, harmony, form, sound and so on) have metaphorical implications (Zbikowski 1998). Music is a ‘virtual soundscape’ (Christensen 1996), and a BMGIM ‘journey’ is a metaphoric exploration of this soundscape.

The return to a normal state of consciousness is used to identify what images and metaphors stand out as the most significant for the client. Mandala drawing, clay work or creative writing may serve to summarize the client's experience in another
creative modality. Often, this way of consolidating the core images or metaphors along with the client's comments about them is sufficient to further the therapeutic process.

In the postlude discussion, the task is to use integrative imagery as a metaphoric bridge to the client's everyday life and the focus for the session. A verbal dialogue may expand, connecting and grounding the metaphors in the life situation of the client. Insights gained in this way may lead into cognitive operations, like the discussion of new coping strategies or reformulation of a problem, conflict or therapeutic goal. There need not be any contradiction between metaphorical and cognitive thinking, as they are two complementary modes of thought, and BMGIM may utilize both. But the fundamental nature of BMGIM is metaphorical, not cognitive, and it is important to stress that insight (in BMGIM) is not a matter of cognition, but of embodiment. Cognitive thought can hardly be embodied, but metaphors can.

In summary, the whole BMGIM session can be understood as a movement into the world of images, metaphors and symbols (through the induction of ASC), a thorough exploration in the musical-metaphoric mode of consciousness (in ASC and in narrative form), and a return to normal cognitive mode (NSC) using the imagery as a bridge - potentially synthesizing the well-known and the unknown into insights of the client (and the therapist) through metaphoric and cognitive dialogue.

Michael Zanders (2004, personal communication) studied the metaphors used by 12 BMGIM clients to describe their experience of the elements of the session (1. prelude, 2. induction, 3. music travel, 4. return, 5. postlude) and the session as a whole. A male client described his third session with the following metaphors and analogies for his experience of the five session elements: 1. Beating that same old drum. 2. Being carried instead of carrying. 3. Like I was a big pear and I am afraid I am going to eat it all up and there isn’t going to be anymore left, and the pear tells me, go ahead there will always be enough. 4. Like saying goodbye. 5. Like being in love with someone and looking for a gift from that person, which is supposed to mean everything, but it doesn’t. The whole session was given this metaphorical description: ‘I can see myself getting there on a broken bicycle, tired, and having to pull a load behind me in a
basket and then lie down, tell about my journey and the person gives me a bed to lie in, I have to bring the load in. While I lie down that person cuts away the load. The load has something in the middle, which is really the only part that I need, this little core. Let’s say it is a small object in big package with heavy stuff in it like rocks instead of packing material, and the person unwraps it, and the music sort of does things with the rocks. Whatever happens there it gets rid of the stuff and it gives me another wrapped package and I still don’t know what that package is, but it is smaller and I can carry it without breaking my bicycle. The postlude is presenting me this passage and saying ‘look, you can put this in your bike casket and carry it home’, and I say ‘what’s in this package?’ and I never get an answer, but my bike’s fixed.’

Examples from other clients are: 1. an emotional dump. 2. Like stepping into a closet and shutting the door. 3. Like a roller coaster – and dangerous as Russian roulette. 4. Like returning from a foreign land. 5. Like trying to put pieces together of a big 3d puzzle that is spherical. The session as a whole: Like deciding to go on a trip. Or as reported by a GIM Level II trainee: The prelude is consciously sticking a toe in the water and the relaxation is just sinking in the water. The imaging is swimming, and you can’t always see everything there... The return is surfacing, coming back up. The postlude is like taking some of the water and looking at the crystalline structure of it...’ (Zanders 2004).

3.7.4 Three levels of metaphor in BMGIM
Based on Ricoeur’s theory of metaphors and narrative (sections 3.2.2 and 3.3.2) the present author suggests three levels of metaphoric thinking in BMGIM. These levels will now be explained, and clinical examples will be provided, showing their psychotherapeutic potential. References from the GIM literature will also be cited.

Level One: The Narrative Episode
At this level, the client experiences a specific image that highlights an important problem area. This may be a 'core metaphor', transforming a psychological or existential conflict into a dynamic form. Here the role of the guide is to help the client explore and expand the metaphor, using standard amplification techniques.
An actual case example is that of Harriet, a 40-year-old nurse who struggled with low self-esteem, connected with her parents' negative attitude towards her, and a marital conflict related to her interests in spiritual development. In Harriet's sixth session (Music: Sibelius: *The Swan of Tuonela*, final section, plus Villa-Lobos: *Bachianas Brasileiras #5*, for guitar and voice) she explored a bodily feeling of unbalance, concentrated in a ‘numbness’ of the right side of her body. After five minutes she saw dark parental figures carrying her right leg away, leaving her with only one leg. This awkward condition was a challenge for the client. First she realized, that having only one leg was a good excuse for doing nothing. Then she realized that she had split off the leg herself, but that she could still ‘navigate’ on one leg, even have fun, if she just didn’t care about how it looked in other people’s eyes. Later in the session she was given a new, ‘tender’ leg.

This metaphor - and the whole episode - had a strong impact on the client. It made her realize that she could not just blame her family from restricting her; that her passive aggressiveness (especially towards her husband) was an unprofitable strategy, that ‘being on her own’ implied a grounding, she had not found (yet). ‘The leg’ became a metaphor for a (split-off) part of her life strategy, a point of reference for her therapeutic process.

Other examples of narrative episodes around a core metaphor abound in the BMGIM literature. Rinker (1991) reported how a volcano played an important role in the imagery of a woman therapist-client, who had difficulties in managing the anger raging inside her. Pickett (1991) opened her case study with the common metaphor of a wall. In this case, images of a very thick black cement wall provided a metaphor for the client’s defence system that both protected and isolated her. Bush (1995) reported how a giant octopus with eight arms was controlling and killing her client in the imagery, a metaphor representing the client’s experience of being overwhelmed, controlled and damaged by her surroundings. Goldberg (1995) wrote about a young gay man suffering from depression, who in the imagery kept coming back to the same place in a park, where he met his (late) father. As Goldberg described it, this was a concrete representation of therapeutic issues, but still a narrative episode built round a metaphor of the roots of the client’s depression. Other examples include: the black bird (Bruscia 1991), the wound (Bush 1995), the man on the table (Pickett 1996), the
Holocaust Shadow (Schulberg 1999), the small grey rock (Newel 1999), and the ice
cave (T & Caughman 1999).

Ricoeur’s understanding of metaphor provides useful guidance in how to work with
and understand such narrative episodes and metaphors in BMGIM. The special
quality of metaphor is that it obliterates the logical, purely cognitive language, and
brings to light new resemblances and qualities that the old categorizations keep us
from seeing. (Ricoeur 1977, p. 197) The metaphor ‘breaks old categorizations’
through semantic tension, thus metaphor was defined by Ricoeur as ‘a semantic event
made possible by three kinds of tension’ (see section 3.2.2.2, where the clinical
example was introduced):

(a) ‘Tension within the statement’: The implicit statement in the example given in
section 3.2.2.2 is something like ‘My life attitude is a one-legged woman, doing
nothing’. The metaphor establishes a tension between the principal and the secondary
subject42. In the music imaging the client experiences a tension between ‘doing
nothing’ (a passive, comfortable attitude) and ‘this doesn't feel right, I must act’. In
the postlude the tension is present, when the client relates the image/metaphor to her
life. The metaphoric statement becomes explicit, and the client must face the
confronting metaphor.

(b) ‘Tension between two interpretations: between a literal and a metaphorical
interpretation’: In the music imaging the client experiences the bodily-kinaesthetic
tension between numbness (when doing nothing) and joyful play (‘navigating on one
leg’). In the verbal processing a literal interpretation makes no sense (there is no such
thing as a ‘one-legged life attitude’), but the metaphorical interpretation makes a lot of
sense for the client. She understands how the metaphor tells her about her way of
relating to parents, husband, the world, and her own needs.

(c) ‘Tension… between identity and difference in the interplay of resemblance’
(Ricoeur 1977, p. 247): The client’s life attitude (or coping strategy) is and is not
identical with the experience of the one-legged woman in the imagery. Within the

42 ‘Is’ includes ‘Is not’. This is what Ricoeur called the copula.
image the client experiences the tension between sadness (‘They are carrying my leg away’) and joy (‘Nevertheless I can hop, I can run’) In the postlude the ambivalence provokes or encourages the client to give up her old categorization of her situation (‘My family is limiting me’) and develop new constructs (‘I can do things my own way, if I don't care about their interpretations’).

Level two: The narrative configuration of the ego and the self.

At this level the client experiences an image or a situation with a special quality that makes it serve as a metaphor of the ego or the self engaged in the therapeutic process. Through the imagery the client gives a precise metaphoric characterization of him/herself, the situation, the obstacles, the defences, the potential. This may develop over time, and often it undergoes dramatic transformation during the therapy. Clark (1991) defines ‘the imaging Ego’ as ‘the ego as it is located in the imagery. In an image, it is that element which makes ‘I’ statements’. Clark exemplifies how the observing ego may be metaphorically represented by images of the client at different developmental stages, from past to future. For example, a house is a classical metaphor of the self, and many clients start their therapeutic journey in empty, deserted, fire damaged or mysterious houses. Later they may clean up dirty rooms, explore new floors or wings, install new furniture, or see the house from a totally new perspective (i.e. from above), finding new life information or integrating the metaphorical messages.

A case example is Billie, a 47-year old waitress, who had led a free-style life with a lot of lovers, but who never married or had children. When she came to BMGIM therapy, she was confronting a midlife crisis, and was worried about loneliness and ageing. During her therapy she wrote two poems that beautifully illustrate her increasing self-knowledge and the transference relationship to the therapist.

The Storehouse

I am an old storehouse
Virginia creeper climbing
my walls
and many lopsided windows

During my restoration
I enjoy the toplighting
from new atelier windows
Craftsmen are working

The foundation and the walls are solid on every floor
almost beautiful
there is a fine atmosphere Soon I will be
even when insides are empty an old well-restored storehouse

Three months later she wrote another poem:

Music Therapy

Time is deluted
Forgotten vistas
Made visible again
And my discount made horizon
Turns tailor-made
To suit a time
Of expansion

Many examples can be found in the BMGIM literature. Clark (1991) described the
dual metaphor of the shadow and the goddess, as polarities in a client's journey
towards “integration of the child, mother and father into the adult self.” Fragmented
parts of the ego have their specific metaphoric quality, as described by Pickett (1991),
whose client had severe addiction problems. The various parts of her personality were
known as ‘Judge, Nasty, Tender, Child, and Shame’, and they all had to be identified,
before the client could relate to them and gradually incorporate them in a more
integrated self. In general, clients with dissociative personality disorders or multiple
personalities reveal the personality parts and their conflicts as separate figures.
Erdonmez (1993) reported the uncovering of several sub-personalities; ‘Anita,
Faiblesse, Carmen, Higher Self, August’ in a musician struggling with performer
anxiety. – Self-metaphors of schizoid clients in group music and imagery therapy also
give precise information about their defence systems, and how the metaphors develop
over time (Moe 1998). One client imaged herself as a person who makes the grass
wither, when she walks. Later in the process she saw herself as a small bird being
stoned. She allowed herself to mourn; she buried the bird, and shared her grief with
the group. Another client in the group imaged himself in a ‘banana box’ with only
small holes through which he could look at the world, and at the same time be
protected from penetrating glances of others. His feelings were ambivalent. There was
dark and quiet in the box, but he wanted to be found. Later in the process there were
more holes in the box, and gradually the client came out in the open, confronting
different obstacles. A ‘group Self image’ can be formed as a help to group interaction,
e.g. ‘Al Cohol’, the alcoholic part of a group self (Summer 1988). Another type is
found in clients' encounters with ‘vistas’: ‘A man who starts his experience on a path
walks up first a slight incline and then a steeper one. He finds that he is able to see
things in the distance, including mountainsides and a valley. He feels good, looking
out and enjoying the view. With a hill at his back, he can see a panorama and finds the
experience very soothing. He is beginning to see new possibilities in his life’ (Clark
1999a, page 8)

Other references include: ‘The abandoned child’ (Bruscia 1991); ‘The male ballet
dancer with hard crust’ (Bush 1995); clinical vignette #1 (Goldberg 1995); ‘Fred - the
subpersonality serving as an inner ally’ (Clarkson1998); ‘the Inner (abused) kid’ (T &
Caughman 1999); ‘the lion’s den’ (Erdonmez 1999); and ‘the sandman’ (Bruscia
1998).

One of the most important sources of information in the therapy is the configuration
of metaphor(s) of the ego and the self - as illustrated in the examples above. The
therapeutic process is aimed at a re-configuration of the self: the client is no longer
'an empty house', 'a man in a box' or 'a fragile bird that cannot sing', but 'a house you
can live in', 'a man in a wheelchair' or 'a tiny green songbird'. Ricoeur explained how
the metaphor works: it imitates and mocks the 'real world' while representing it in an
unfamiliar way. As will become evident under Level three below, this 'subversive’
function of the metaphor is unfolded most clearly in the complete narrative.

Level three: The complete narrative
As we saw in section 3.3.2 the basic mechanisms of a mimetic narrative are
configuration and emplotment. In Level one it was shown, how a conflict was
configured in the imagery: It was not just a static image or 'figuration'; it underwent a
series of actions and transformations - this is configuration. In Level two it was shown, how metaphors of the ego and the self were configured and reconfigured. In Level three several metaphors or metaphoric episodes are configured to a complete narrative with a plot: a story unfolds in time, following the time flow of the music. We begin to understand the client-protagonist by following his/her way through important episodes, each with challenges, choices, failures and victories. Is the protagonist hero/heroine, villain, or victim? How does childhood influence his or her adult life? The story can be told - reconfigured - in many ways, but it has to be configured to be understandable. In the full therapeutic narrative, we see how metaphoric episodes and metaphors of the self are set in motion and transformed. In the music travel, we witness a spontaneous 'emplotment': a configuration of episodes made by the client's unconscious and stimulated by the music. Mimesis is the reflection of the 'real' Life story in the therapeutic narrative.

A case example is Malan, a music therapist around 40 years of age, who had separated from her former partner because of his infidelity. She was now struggling to find her own way. She had no contact with or support from her parents: her father was an alcoholic, her mother dependent. - M. wanted to explore her own present situation. This is the (slightly revised) transcript of her first BMGIM session.

Table 3.10  A complete BMGIM narrative

<table>
<thead>
<tr>
<th>INDUCTION: Autogenic relaxation with a colour - Induction image: a meadow.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM: Imagery + Rhosymedre (tag)</td>
</tr>
<tr>
<td>IMAGERY (Transcript re-written in first person):</td>
</tr>
</tbody>
</table>

(Ravel) It is a sunny and warm day in the meadow; I walk along in green grass, with butterflies following me. - A black raven tries to catch the butterflies, but a strong wind (music: big accelerando & crescendo) wipes them way. I realize that they have done their job with me. I feel stuck, and look down to my feet. My shoes hold me back in mud. I slip out of my shoes and continue my walk barefoot, feeling soft grass under my feet.

(Copland) I climb a small hill, look down at a valley - it is breathtakingly beautiful. A soft mist covers the valley, but I see a white castle in the distance. It is quite far away,
and I am not sure I want to visit it. Well, my feet want to go there; a part of me wants to visit the castle. I sense it is the part of me that wants to dance... But I have no dancing shoes. (Sudden change in the music). Suddenly I am dressed up in dancing shoes and a white silk dress. The silk shoes are light, and feel almost like skin. (The shoes I left in the mud were brown and worn out). I feel light, almost like a fairy - I move with the wind towards the castle. It is close now, and I enter a garden; I have not been invited, so I have to sneak in. It feels OK; I want to see what is in there. (Tjajkovskij) A door to the hall is open: I enter through the heavy door. There is no one around, but I am not afraid. The atmosphere is friendly, and I know the castle is not abandoned; somebody should live there.... I suddenly realize, that it should be me! Someone has stolen the castle from me. But it is my castle, and I have a right to take it back!

(Respighi) I have to go inside, to the area between the wall and the castle. There is a garden there, and the atmosphere is quiet and still. I know why: Time has stopped here! There is something very sad about it: Time stopped, when the castle was stolen. The fruit trees need to be cut, a gardener should take care of it. But time stopped, when I left... But I am back now, and it feels like coming home (tears).

(Turina) The castle is in good shape; it is clean and shines white... I feel body tension all over: the tension goes with coming back: I feel cold; there is coldness inside me [a carpet is provided], even if my body wants to produce warmth. [Tp: ?Does the feeling have a shape?] It is a bright blue, square box, wrapped in blue paper with strings around it. I want to throw it away, but don’t know where and how. I throw it into the fire, it burns! I feel warmer, but it doesn’t go away easily.

(Vaughan Williams: Rhosymedre) I enter the castle again; there is a warm living room with a fireplace and a bathtub. There is a majestic, good atmosphere in the room. I want to take in the warmth from the fireplace, and I can do that.

(POSTLUDE): M. realizes that the castle is a self-image and she interprets it the following way: she has let her boyfriend invade and ‘steal’ it, and thus she has turned cold and stuck. The butterflies are metaphors of her delusions and her naive dreams about the relationship. She feels a deep satisfaction getting ‘her castle’ back, and finding it in good shape. Anger/coldness doesn’t go away that easily, she knows it will take time. – Finally she draws a MANDALA: Finding love (#9 in The great round of the Mandala)
References to examples in the BMGIM literature: A therapist-client experienced the transformative potential of the BMGIM model already in her first BMGIM session, where she delved into a detailed metaphoric narrative of 'the freeing of a butterfly' (Bush 1995). One single session of another client exhibited classic archetypal imagery parallel to the fairytale of ‘Snow White and the Seven Dwarves’ (Short 1997). 'Heroine's Journeys' are often presented in the BMGIM literature (e.g. Smith 1997, case study #1) Many clients seem to enter a healing or individuation process following the narrative configuration of myths and fairy tales (Borling et al. 1999; Clark 1995; Melvor 1999). (Other references: Clark (1999a); Hanks (1992), McIvor (1998); Wesley (1998).43

3.7.5 Conclusions
The theory of metaphors unfolding at specific levels in BMGIM is a narrative theory. A session can be seen as a part of a short story - or a chapter of a novel. A complete therapy is, metaphorically speaking, like a complete short story, or even a novel. A human being is a narrator and a narrative at the same time - we tell our life story and others tell it into a complex texture of facts, fiction, episodes and interpretations. Metaphors form a gateway for the exploration, enabling a new, narrative causality to unfold, and narratives to be retold. In psychotherapy the narratives can be deconstructed and reconstructed, involving some or all three levels of metaphors.

Metaphor is the starting point for a narrative understanding of the BMGIM process: BMGIM is a unique psychotherapeutic model allowing almost immediate access to the client's unconscious - enabling a spontaneous therapeutic dialogue through imagery and metaphors.

Metaphor is a means to structure what is unfamiliar and complex. The language of imagery and metaphor influences the unconscious in a more natural, embodied, direct and productive way than logical, analytical language. Metaphors work through tension and they unfold at three specific levels. The configuration of metaphors and

43 A special type of level three metaphor is the ‘therapist’s narrative’: When therapy is terminated (or for the last session), the therapist may write a narrative using core metaphors from (some of) the sessions, thus giving back to the client the therapist's own experience of the process. These narratives very often resemble fairy tales or myths.
metaphoric episodes constitute a narrative with great therapeutic potential. In Ricoeur's words: ‘When changing its fantasy a human being changes its existence’.

Metaphor is a matter of imaginative rationality: it allows us to comprehend one aspect of a concept, a phenomenon or a problem, in terms of another. However, metaphor is not only highlighting, it is also hiding (Lakoff & Johnson, 1980, p. 10): the metaphorical structuring does not give us a total, only a partial understanding. In psychotherapy, like BMGIM, metaphors may highlight defence manoeuvres while hiding their source. The multimodal interventions of the BMGIM therapist and the dynamic support of the carefully selected music makes it possible to explore the metaphors in depth and often connect them into a narrative episode or a complete narrative. Clients may resist therapeutic change and try to maintain their ‘past plots’ or ‘scripts’, but with the help of the therapist, and in BMGIM the music, clients may gradually release the control of past interpretations and “bring to language and awareness the narratives they have developed to give meaning to their life” (Polkinghorne, 1988, p. 182). Next step will be the experience of new configurations and different plots, enabling a new and sounder organization of the client's life story.

Even Ruud (1997, p. 198, my translation) paraphrases Ricoeur when he writes:

“Life becomes human through narrative articulation. In creating plot and coherence in our unclear understanding of everyday life we change/transform it into a more comprehensible literary configuration. The narratives we create about our lives will change it and give it a specific form - just like in a hermeneutic circle.”

Insight and therapeutic change is based on the integration of image, enactive and lexical thinking. In BMGIM this integration takes place in a special narrative form, where metaphors unfold and develop accompanied and stimulated by the music’s non-verbal narrative. The music is catalyst and co-narrator, as formulated by a man suffering from schizophrenia in his reflections on classical music and its meaning:
“Sublime music tells in its own way about unknown regions of the human mind, about lost horizons, about sorrows and joys, shortly: about all the innumerable nuances of the human mind”. (Jensen 1983).
4. Methodology

Following on from chapters 2 and 3 I will now turn to the empirical part of the study. I will look at how cancer patients in rehabilitation experienced BMGIM therapy and how it influenced their rehabilitation process. Different types of data were collected, and different research strategies were used to analyze data.

The study is an investigation of the following research question:

*What is the influence of ten individual BMGIM sessions on mood and quality of life in cancer survivors?* The investigation addresses the following subquestions:

1) Can ten BMGIM sessions improve the mood of the participants?
2) Can ten BMGIM sessions improve the quality of life of the participants?
3) Can music and imagery help the participants in their rehabilitation process?
4) What is the experience of the participants of BMGIM and its effects on mood and quality of life in the rehabilitation process?
5) What is the specific nature of the imagery or image configuration of cancer survivors in GIM?
6) How does the imagery develop and/or is re-configured during GIM therapy?
7) What elements are there that describe the relationship between the music and the imagery transformations?

Based on the nature of the research questions, this study employs multiple methods, and includes both fixed and flexible design (Robson 2002). It applies quantitative as well as qualitative research methods, which will be described in sections 4.4 to 4.6. Parallel to this the results will be reported in separate chapters (5 to 8). In 4.1 I will discuss the epistemological and practical problems and implications of using multiple methods. However first I want to present my basic stance.

4.1 Multiple methodology – an epistemological challenge

During the last two decades a discussion has been going on about options and appropriateness of combining quantitative and qualitative methodologies (in music
therapy e.g. Bruscia 1995, Aigen 1995, Smeijsters 1997). In this section I will try to make my own position in the debate clear.

A note on my personal background

My academic background places me exclusively within a qualitative, humanistic framework and a non-positivist paradigm. As a researcher I have been trained in and belong to a humanistic, Western European tradition of phenomenology, hermeneutics, and critical theory. This is documented in my research on music history and music education (Bonde 1979, 1993, 1997; Jespersen 1987). It is also reflected in section 3.2.2.1, where I presented a ‘hermeneutic stance’. My basic assumptions about music, and music experience, are that music is a phenomenon created in the human mind, and that music experience is always contextualized in history and culture. However, this does not mean that I consider the application of quantitative methods in this study to be irrelevant and inappropriate. Neither do I find it to be ontologically or epistemologically self-contradictory.

My knowledge of the music therapy field, especially from 1991 onwards, made it clear to me that music therapy was much closer to natural and social science in other countries than Denmark, especially in the USA. I needed to reflect on the different positions and paradigms, and how they influenced clinical practice and research. I found myself teaching music therapy students theory of science, including principles of research philosophy and methodology, basic knowledge of existing paradigms and their influence on practice, theory, and research. I wanted the students and candidates to be able to read, understand and critically reflect on the literature within the major paradigms, and they should be able to understand the discourses of other health professionals, e.g. doctors, psychiatrists, psychologists, and nurses. A music therapist

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44 I was appointed associate professor of musicology at Aalborg University Center in 1981. The music therapy program started in 1982, and until 1986 – when I left the university – the first year was a common 'basic' year for music and musicology students. I taught causes and was academic supervisor on this basic year and became interested in the new and growing field of music therapy. In 1991 I spent one semester (on sabattical from my job as music producer in the Danish Broadcast Corporation) at the music therapy program, teaching music psychology, therapy theory and building a library of music therapy literature and bibliographical resources (Bonde 1992). I was appointed part time external professor in 1992, participating in the build-up of the new Ph.D. research training program, closely connected with the Nordic Network of Music Therapy Research (Pedersen and Mahns 1996). Finally, in 1995 I was appointed associate professor in music therapy at Aalborg University Center (from 1999 called Aalborg University). I trained in BMGIM with prof. Ken Bruscia from 1995 and became Fellow (FAMI) in 1999.
trained in Aalborg is still indigenous to a humanistic and psychodynamic tradition (Bonde 2003), but he or she should be able to work in multi-disciplinary teams (Bonde and Pedersen 1995) and document their work according to the principles of evidence-based practice (Wigram 2003).

Gradually I became involved in research activities with external partners from the medical field, and I realized that in Denmark it was (and still is) not possible to fund even small-size clinical research on music therapy within the medical field without including a quantitative dimension. The dominating tradition is positivist and based on experimental research, and with the randomized controlled trial (RCT) as the ‘gold standard’ (Robson 2002, p. 116) – also in Denmark. My reflections on the epistemological and ontological aspects of the RCT philosophy made me realize that if I wanted to join this type of research I not only had a lot to learn at the level of practical skills (e.g. statistics) and methodology, I also needed to substantiate my intuition that there was no contradiction in combining quantitative and qualitative research strategies in one study. I have so far written three essays including my meta-theoretical and practical reflections on this issue, all informing this dissertation in one way or the other. The conference paper on Music Analysis and Image Potentials in Classical Music (Bonde 1997) was my first attempt to discuss how the relationship between music and imagery could be approached within different research paradigms. The essay Towards a Meta-Theory of Music Therapy? An Introduction to Ken Wilber’s “Integral Psychology” (Bonde 2001) addresses mainly the potentials and problems of a general meta-theory of receptive music therapy within a qualitative framework. The essay on Analyzing the music (written for the 2nd edition of Music Therapy Research (Wheeler, in press) and partly included in chapter 8) presents quantitative and qualitative methods of analyzing the music as a wide spectrum of options, thus not making a dichotomy out of the differences in ontology and epistemology. The essay includes a discussion of when, why and how the paradigms and the correspondent methodologies are appropriate. What is still missing is a presentation of my ideas on how methods may be combined in one study, and what epistemological and ontological problems this may raise.

The present study reflects my position at this point in time. In the following I will first address the epistemological issues, the question of problems and potentials in using
multiple methods in one study. Finally I will discuss the ontological implications of multiple methods.

4.1.1 Problems and potentials in using multiple methods – the epistemological level

The scientific world is in a multi-paradigmatic stage, and there is almost never only one method to answer a specific research question (Robson 2002). However, the three major research cultures – natural science, social science, and humanistic science – still have a tendency to emphasize certain research strategies and evaluation standards, which are not identical. Qualitative research is still very rare in natural science, and quantitative research is still only a niche in humanistic science. The broadest scope is actually found within social science, and especially when it comes to ‘real world research’ (Robson 2002) the social scientists have developed a wide spectrum of both quantitative and qualitative strategies and methods, and reflections on when and how to combine methods. Robson’s book has been an important resource and source of inspiration for me (as for many practitioner-researchers in music therapy), and in this section I will refer to his very pragmatic and realistic discussion of multiple methods.

In fact, Robson seems to advocate the use of multiple methods: “Using more than one [method] can have substantial advantages, even though it almost inevitably adds to the time investment required” (p. 370). The epistemological advantages may be 1) the reduction of inappropriate certainty (nice, ‘clear-cut’ results may not be ‘right’); 2) multiple methods permit triangulation (of sources, methods, investigators, or theories); 3) they may be used to address different but complementary research questions within one study; and 4) they may enhance the interpretability of the results.

This study attempts to take advantages within all four areas:

1) The outcome study and the interview study give more complete answers to the research question together than separately

2) Many sources, methods and theories are brought together in this study

45 Other sources of inspiration from the music therapy literature have been Aldridge (1996, 1999), Bruscia (1995), Smelijsters (1997), Ansdell & Pavlicevic (2001).
3) The study has its starting point in complementary research questions: sub-questions 1-3 vs. 4-8; 4) interpretations of the results may have a more solid foundation through the use of multiple methods.

Robson presents a list (p. 372-3) summarizing 11 ways in which qualitative and quantitative methods can be combined. Many of these combinations are found in this study, which I, as a whole, consider a flexible research design study including quantitative methods in order to a) cover a ‘structural’ aspect of the phenomenon (outcome), b) permit a certain degree of statistical generalizability, c) combine the micro-level of individual processes with the macro-level of norms and standards, d) enable a discussion on outcome with the participants, and with colleagues from other health professions.

Robson’s warning that multiple methods demand extra time is certainly correct. It also makes extra demands to the reporting style, as reporting standards for fixed and flexible designs are very different. While fixed design research often follows very specific reporting guidelines and formats, developed over decades by scientific journals and associations, there are no similar standards or formats for flexible design research or multiple method research. Reliability and validity are established concepts of crucial importance in quantitative studies. Parallel concepts found in qualitative research are trustworthiness/credibility, transferability, dependability and confirmability (Robson 2002; Smeijsters 1997).

Within the music therapy community standards of qualitative research and research reporting has been discussed extensively (The Journal of Music Therapy published a special issue on qualitative research standards: Vol. 35. No. 3, and the Nordic Journal of Music Therapy initiated a website discussion forum on the issue (www.hisf.no/njmt/forumqualartlist.html) followed by an international symposium in Bergen, May 21st, 2003). As I see it the basic requirements of the research are expressed in the acronym suggested by Stige (2002) in his first forum proposal: ERIC reflects that qualitative research must be dealing with relevant and solid Empirical material, address the problem of Representation, acknowledge the primacy of
Interpretation, and accept the obligation to produce permanent Critique\textsuperscript{46}. The basic standards and requirements of the researcher are expressed in Bruscia’s analysis of integrity (Bruscia 1998). Robson (2002, p. 508-11) presents excellent guidelines and a checklist for qualitative research reports.

In this study I have chosen to report the findings of the quantitative and the qualitative investigations separately and in different formats and styles. Chapter 5 follows the main principles for reporting fixed design studies, as listed in Robson (2002, p. 505-06). Chapter 6 and 8 are structured differently, corresponding to the nature of the research questions (sub-questions 4-8) and the results. In the two case studies of chapter 7 both qualitative and quantitative data and analyses are included. Problems and advantages of using multiple methods are summarized and discussed in chapter 9\textsuperscript{47}.

4.1.2 Ontological implications of using multiple methods.

The research paradigm and personal preferences of the researcher plays an important role in all research (Robson 2002), also in music therapy research (Edwards 1999; Ruud 1980, 1998; Ruud & Mahns 1991; Stige 2002). The stance of the present author is that the validity of a music therapy research study will always be enhanced by precise information on which music (experiences and/or interventions) was used how, when and by whom in what context. The researcher’s ideas of music, the human being, and the nature of reality should be stated explicitly in order to inform the reader about the reasons and possible biases of their research approach. I am working on the firm basis that in music therapy it makes sense to focus on musical experience as based on different aspects or properties of music. Researching the music (whether as a

\textsuperscript{46} Stige’s proposal was based on the four elements of Reflexive methodology, as presented by Alvesson & Sköldberg (2000): 1) systematic techniques in research procedures, 2) clarification of the primacy of interpretation, 3) awareness of the political-ideological character of the research, 4) reflections in relation to the problem of representation and authority. The forum discussion included Aldridge’s presentation of an ”Evaluation tool for qualitative studies”, and Stige revised his acronym to include comments from both the forum and the Bergen symposium.

\textsuperscript{47} A specific epistemological issue is the importance of distinguishing between description, analysis and interpretation of the phenomenon studied, in this case the influence of music on mood and life quality of cancer patients. This issue will not be discussed here. In the essay Analyzing the Music it is discussed in the section on Qualitative methodology, introducing Nattiez’ semiological levels and his concepts of trace, esthesic and poietic analysis. A more general treatment of the distinction can be found in Chapter 1 of Creswell (1995).
material or intentional phenomenon, or as a psychological or cultural process) should thus be based on a broad concept of music and music experience in order to cover the different properties (Bonde 2002; Bruscia 1998; Ruud, 1990, 1998). A well-known, simple three-level ontological model suggests that the human being may be understood as body, mind and spirit – (this model can be found in the “Perennial Philosophy”, in spiritual and Christian literature, in New Age teachings, and in Wilber’s theoretical works). A corresponding model of the ontology of music suggests that music may influence the human body, the human mind and the human spirit. Adding the social and cultural context of the human being we may talk about the music as a phenomenon influencing four levels or aspects of human existence.

Ruud (1990, 2001) proposed a definition of music addressing four main properties or encompassing four levels of experience:

*Music as a Sound phenomenon:* The physiological and bio-medical level, corresponding to music as a physical sound phenomenon with measurable, describable and observable properties.

*Music as a Structural phenomenon:* The level of music as non-referential meaning, i.e. a language or syntax with specific musico-linguistic and aesthetic rules and principles, corresponding to music as structure or interplay of specific musical parameters.

*Music as a Semantic phenomenon:* The level of music as referential meaning, i.e. as metaphor, symbol, icon or index in a person’s experience or in a cultural context, corresponding to music as a means of both interpersonal and individual, yet culturally framed expression and meaning.

*Music as a Pragmatic phenomenon:* The level of interpersonal communication and interaction, corresponding to music as a specific form of social and cultural interaction or practice.

Researching the music (experience) in music therapy means addressing one or more of these levels and properties that pose different epistemological and methodological problems. In the context of this study one important question is for instance: what kind of knowledge is provided by self-report questionnaires on mood, quality of life and music therapy experiences? And how is this knowledge different from the knowledge provided in interviews and through recordings of the sessions? I have
included the questionnaires, and the quantitative analyses of the questionnaire-based data, in this study because they provide a knowledge that could not have been obtained through interviews and session data alone: These data make it possible to relate the experiences of the participants to the broader context of psychosocial cancer research, enabling comparison and dialogue even if the results cannot be generalized. Since data were collected over time, it is also possible to identify changes in the scores that may be important even if the participant is not aware of them. However, I know that the scores are not the experiences, and the participants who may have a very different story to tell about their experience may not share the standardized concepts of mood and quality of life. In this way, idiographic and nomothetic perspectives are complementary, and the triangulation of quantitative outcome results, qualitative analyses of qualitative interviews, and qualitative analyses of the music and imagery work provides strong evidence of both process and outcome of the BMGIM therapy.

From a paradigmatic point of view it is more likely that a researcher with a positivist perspective will focus on the levels of sound and structure/syntax, whereas a researcher with a non-positivist perspective, e.g. a constructivist, will focus on the levels of semantics and pragmatics. In this study all four levels in Ruud’s model are addressed, reflecting my broad concept of music in and as therapy (Bruscia 1987; Ruud 1998) and my wish not to exclude any of them.

I do not, as some music therapy researchers, use the concepts “quantitative” and “qualitative” as synonymous with positivist and non- or post-positivist. I consider positivism and post-positivism paradigms, i.e. as a disciplinary matrix consisting of “beliefs and preconceptions… including instrumental, theoretical and metaphysical commitments.” (Kuhn 1977; p. 460, see also Aigen 1995 p. 452-3) A paradigm thus includes an ontology, epistemology and methodology, and thus “providing unity to a scientific community” (Aigen 1995, p. 453).

Positivist researchers often prefer quantitative methods while post-positivist researchers prefer qualitative methods. This fact may blur that quantitative and qualitative are not paradigms, but methodologies or research perspectives. Quantitative research may have a positivist framework, however quantitative methods
can also be applied in multiple method research performed within a hermeneutic paradigm – as in this study. Qualitative research has multiple paradigms including phenomenological, hermeneutic, constructivist, critical theory, post-structuralist, feminist – these do not share the same foundational principles (Edwards 1999 and personal communication).

Both qualitative and quantitative research may involve observing, analysing, evaluating and interpreting human behaviour, and both approaches may be used to study how music therapy functions as a treatment. However, qualitative research does not primarily address the observable influence of music on external behaviour, but internal phenomena like meaning and understanding of musical experiences (Bruscia 1995 and personal communication). Both quantitative and qualitative research demand rigour, and have rules and methods that need to be understood and used appropriately. When determining the methodology that is most appropriate, “it is far more relevant to establish the focus of the research question first, before deciding on an appropriate research method.” (Wigram, Pedersen et al. 2002, p. 225)

Music therapy research within the positivist paradigm is often (but not always) closely connected to research questions about the measurable outcome of music therapy (questions of who, what, why, how much, how many) seeking results that may be generalized (nomothetical research), while research within a post-positivist paradigm is often connected with non-measurable, but describable process questions (how, when, under which circumstances, in what context) seeking specific or local results (idiographic research). But of course a post-positivist researcher can be interested in outcome and a positivist researcher in process. This means that a researcher, independent of paradigm, may choose to investigate some research questions using quantitative methods; whereas other research questions may be better addressed with qualitative methods. Some researchers (e.g. Aigen 1991; Amir 1993; Bruscia 1995) maintain that paradigms (quantitative and qualitative understood as paradigms) cannot be mixed, as they are ontologically and epistemologically exclusive. In Bruscia’s words (1995) they are “...mutually exclusive ways of thinking about the world... and cannot be adapted at the same time.” This complex – and general – debate will not be
addressed further here, but the stance of the present author is that it is more productive to let the research questions determine the methodology and even paradigm than the other way round. The choice of methodology always include epistemological, axiological and ontological dilemma. I have addressed some of these dilemmas in this section; others will follow in the discussion chapter.

What follows is a description of the participants (4.2), the clinical setting, therapeutic procedures and materials (4.3), the designs of the quantitative and the qualitative investigations (4.4), the hypotheses, data material and methods of analysis in the quantitative investigation (4.5), and assumptions, data material and methods of analysis in the qualitative investigation (4.6).

4.2 Participants

The subjects recruited for this study were six women diagnosed with cancer. Table 4.1 includes basic information on the participants (more elaborate descriptions of the participants can be found in Appendix 4.1).

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48 I may refer the reader to a very interesting and relevant discussion highlighting the basic epistemological and ontological dilemmas in music therapy research. The Nordic Journal of Music Therapy hosted a discussion forum on Ken Bruscia’s *Improvisational Assessment Profiles* in 2001-02 ([http://www.hisf.no/njmt/forumiap.html](http://www.hisf.no/njmt/forumiap.html)), including a discussion of the use of the IAPs in quantitative and qualitative research. In his final response to the forum discussion Bruscia (2002) states that “the IAPs can be used in both quantitative and qualitative paradigms, and I support both approaches.” (Bruscia 2002, p. 79) However the use of the IAPs within the two paradigms pose different epistemological and axiological dilemmas (e.g. operational definitions of the ’improvisatory event’ in quantitative research and description versus interpretation in qualitative research.)
### Table 4.1 Basic information on the six participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Job status</th>
<th>Marital status</th>
<th>Children</th>
<th>Cancer type</th>
<th>Time since remissal</th>
<th>Surgery?</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIFU</td>
<td>59</td>
<td>Retired</td>
<td>Married</td>
<td>3</td>
<td>*</td>
<td>*</td>
<td>No*</td>
</tr>
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<td>2</td>
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<td>11 months</td>
<td>Yes</td>
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<td>PIJØ</td>
<td>41</td>
<td>Active (Student)</td>
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<td>1</td>
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<td>Divorced</td>
<td>3</td>
<td>Abdominal cancer</td>
<td>5 months</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* WIFU was diagnosed with an inoperable cancer (breast cancer cells) behind one eye. During the project she attended medical control.

The six women volunteered as participants through information folders available at the oncological department of the local university hospital and at the local counselling office of the national, private support and research organisation Kræftens Bekæmpelse (‘Fight Cancer’). (Patient information can be seen in App. 4.2; the project was open to all cancer survivors irrespective of diagnosis). Five of the participants lived in Aarhus, the second largest town in Denmark (c 300,000 inhabitants), while one lived in a village in a rural area (c 70 miles Northwest). Their mean age was 51 (median: 49) with a standard deviation of 8.515.

**Inclusion criteria**

Volunteers met the following inclusion criteria:

- Age 30-65
- Completion (or absence) of ongoing radiation and/or chemotherapy treatment minimum six weeks, maximum 21 months before project entry
- Abstinence from recreational drugs
• Limited smoking and alcohol intake,
• No ongoing prednisone therapy
• No history of psychiatric problems,
• Availability for the 26 weeks of the study

Four of the participants had a diagnosis of breast cancer, while two had abdominal cancer. Five of the women in the study had gone through surgery followed by either radiation or chemotherapy or both, while one had an inoperable cancer (cancer cells identified as breast cancer located behind one eye). Time passed from end of active medical treatment ranged from 7 weeks to 21 months.

In Denmark only very limited options are offered to cancer patients in rehabilitation. Yet it is well known from the literature that the patients experience multiple stressors, also in the rehabilitation phase, where they are expected, to a greater or lesser extent, to resume their roles in family and working life. The participants in this study had chosen different strategies for their rehabilitation. Some of them did not receive any other forms of psychosocial support parallel to the music therapy, while others had parallel consultations with psychologists or participated in self-help groups. This may have influenced the results of this study, and since there was no control group it is not possible to say that music therapy was responsible for the effects presented in the quantitative investigation.

4.3 Clinical setting, therapeutic procedure and materials

Participants received 10 individual BMGIM sessions, in most cases one every two weeks (sessions might be with shorter or longer intervals due to vacations, illness and similar). Each session lasted approximately two hours and took place in the private practice of a BMGIM therapist with Fellowship of the Association of Music and Imagery in the USA (FAMI).

Therapeutic procedure

The session format was the normal BMGIM format in four stages, as described by Bonny (1978) and Ventre (2002):
• The preliminary conversation (also called the “Prelude”), serving as an introductory dialogue on issues of importance for the client. A focus or goal for the session is defined, and the therapist notes the energy level and mood of the client before choosing the music. (15-30 minutes)

• The induction with a physical or psychological relaxation procedure leading to a concentration on the client’s inner world. This shift in focus is also called a transition to an altered state of consciousness. The therapist may offer the client a start image before the music starts (5-10 minutes).

• The music-listening period where the client listens to one of the standard music programs or other sequences of music selection at the discretion of the therapist. Bonny (1978) writes that the music-listening period involves three levels of experience: a prelude, a bridge and a heart or message. (20-50 minutes).

• After a return to normal state of consciousness follows the post-session integration (also called the “Postlude”), where the client returns to a normal state of consciousness. The client reviews the music and imagery experience, and this processing may include both a creative drawing (mandala) and a verbal sharing. The therapist helps the client to relate the imagery experience to the focus of the session and to experiences in previous sessions. (30-40 minutes).

A metaphorical description of the session phases was presented in section 3.7.3. All sessions, with a few exceptions described in chapter 6, followed this standard format. After each session the participant filled out two of the selected self-report questionnaires in a room next to the therapy room.

In the first trial and assessment session the therapist defined BMGIM as a method of self-exploration based on listening to specifically designed programs or sequences of Western classical music in a relaxed state. The participant was encouraged to allow spontaneous images come to conscious awareness and to share the experience with the therapist. Participants were informed that although sometimes BMGIM is a comfortable and relaxing experience, it includes a broad range of experiences, some of which may not be comfortable. The therapist offered a broad definition of
imagery, including visual and auditory images, emotions, physical sensations, sensory-kinaesthetic experiences, memories, and transpersonal imagery.

Materials
The therapy room was equipped with a CD Sound System (Sony A/V Control Centre STR-AV 220, Pioneer File-Type CD Changer PD-F 605, and two SONY loudspeakers), office chair, couch, a desk with paper and colours for drawing, and a mini-disc recorder (Sony MDLP MZ-R900) with external microphone. During the music-listening period of the session compact discs from the collection Music for the Imagination (Bonny & Bruscia 1996) or other recordings of GIM music programs were used. A complete overview of music selections used is given in app. 8.1). The music listening periods of the sessions were recorded on mini-disc. The therapist made standard transcripts and summaries of the sessions (Transcripts are available in app. 8.2). Mandalas made by participants after the music travel were made by choice rather than as a required step in the therapy, and were therefore optional.

4.4 Design
The quantitative investigation
The investigation was a small sample, clinical trial, Pre-test, Post-test, Follow-Up-design. The purpose was to test the design and investigate clinically relevant effect measures to be implemented in a planned RCT study.

The selection of test instruments was influenced by different traditions in USA and Europe. The original plan was to use the Profile of Moods Scale (POMS, McNair et al. 1971) to test mood, and the Quality of Life-Cancer Scale (QOL-CA, Padilla et al. 1996) to test QoL, as this would enable a direct comparison with the results from Burns’ study (Burns 1999, 2001). However, Danish and Swedish experts consulted by the researcher encouraged the use of questionnaires used more frequently in European cancer research, thus enabling a dialogue with local/national research and clinical professionals on the study. This resulted in the choice of the battery presented below.

49 The research was funded by Videns- og forskningscenter for alternativ behandling (ViFAB; Centre for Information and Research in Complementari Therapies). The protocol for the planned RCT study is available.

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One week before project start all participants filled in the following questionnaires/self reports (presented in detail below, under measurement tools):
(a) Hospital Anxiety and Depression Scale (HADS),
(b) European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30),
(c) Antonovsky's Sense of Coherence Scale (SOC)
After every session questionnaire (a) + (b) was filled in.
After termination of therapy and 6 weeks after all three questionnaires were filled in.
2-4 weeks after follow-up all participants were interviewed (by the researcher).

In order to answer subquestions 1-3 the following hypotheses were generated:
1) Participants will report reduced anxiety at post-test compared with pre-test.
2) Participants will report reduced anxiety at follow-up compared with pre-test.
3) Participants will report reduced depression at post-test compared with pre-test.
4) Participants will report reduced depression at follow-up compared with pre-test.
5) Participants will report better quality of life (as defined in QLQ-C30) at post-test than at pre-test.
6) Participants will report better quality of life (as defined in QLQ-C30) at follow-up than at pre-test.
7) Participants will report better quality of life (as defined in SOC) at post-test than at pre-test.
8) Participants will report better quality of life (as defined in SOC) at follow-up than at pre-test.
9) Participants will report at post-test that music therapy (BMGIM) was helpful in their rehabilitation process.
10) Participants will report at follow-up that music therapy (BMGIM) was helpful in their rehabilitation process.

Hypotheses 1-4 were tested by the HADS questionnaire. Hypotheses 5-6 were tested by the QLQ-C30 questionnaire. Hypotheses 7-8 were tested by the SOC questionnaire. Hypotheses 9-10 were tested by four specific questions formulated by the researcher (in a format similar to HADS).
Measurement tools

The HADS (Snaith and Zigmond 1994; Zigmond and Snaith 1983; App. 4.3) is a self-report questionnaire developed to detect adverse anxiety and depressive states in non-psychiatric populations. It is a present-state instrument that may be administered also at weekly or more prolonged intervals. The questionnaire includes 14 questions focusing on mood. Two domains are addressed (in every second question): Anxiety (questions 1-3-5-7-9-11-13) and Depression (questions 2-4-6-8-10-12-14). “Anxiety” covers the general state of anxious mood, thoughts, and restlessness. “Depression” covers the state of loss of interest and diminished pleasure response (lowering of hedonic tone).

Participants answer the questions on a 4-point Likert scale within a spectrum from “Not at all” to “Very much” (or similar). Interpretation of the scores follows norms, as defined in the manual: Normal (0-7); Mild (8-10); Moderate (11-14) Severe (15-21) Reliability and validity has been reported as satisfactory. In a study of 568 people with cancer Cronbach’s alpha was reported as 0.93 for the Anxiety scale and 0.90 for the Depression scale. Test-retest reliability within a healthy sample was reported to be 0.92 for the D-scale and 0.89 for the A-scale.

The EORTC QLQ-C30 was developed by the European Organization on Research and Treatment of Cancer (Aaronson et al 1993; App. 4.4). EORTC is “organised in tumor-oriented co-operative groups with the aims to stimulate, develop, conduct and coordinate laboratory and clinical research in Europe” (www.eortc.be). QLQ-C30 is a 30-item questionnaire focusing on different aspects of life quality as related to health functioning specific to cancer patients. Version three, used in this study, incorporates the following scales:

Functional scales: Physical functioning (PF, 5 questions); Role functioning (RF, 2); Emotional functioning (EF, 2), Cognitive functioning (CF, 2); Social functioning (SF, 2).

Global health/Quality of Life status (Global QoL, 2 questions).

Symptom scales: Fatigue (FA, 3 questions), Nausea and Vomiting (NV, 2), Pain (PA, 2), Dyspnoea (DY), Insomnia (SL), Constipation (CO), Diarrhoea (DI), Financial difficulties (FI), (1 question each).
Participants score each item on a 4-point scale in one of four categories: “Not at all”, “A little”, “Quite a bit” and “Very much”. However, the two questions on Global QoL are scored on a 7-point scale, which ranges from “Very poor” to “Excellent”. QLQ-C30 has been shown to be a reliable and valid measure in contexts where it has been tested extensively for its psychometric properties (references in Michelson 2002). A manual with reference values describes formulae for summary statistics and recommends formats for comparisons from groups of patients in “QoL Profiles” (Fayers et al. 1998). Michelson (2002) investigated differences in health-related quality of life between high-risk breast cancer patients and women of the corresponding age in the general (Swedish) population. She found that global quality of life in the treatment group, as measured with EORTC-QLQ-C30, was comparable with the reference sample after two years, as were symptoms and emotional functioning. This was one reason to limit the scope after discharge from hospital to 1,5-21 months.

The SOC (Antonovsky 1987; App. 4.5) was developed within a salutogenetic framework in order to measure factors that promote improvement or health in the presence of pathogenetic influences. It has been used within BMGIM research as an appropriate measure of inner resources and growth potentials (Wrangsjö and Körlin 1995, Körlin and Wrangsjö 2002). SOC is a 29 items questionnaire focusing on QoL understood as a global attitude towards life. Antonovsky defined SOC as “…a global attitude the expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) that stimuli deriving from one’s internal and external environments in the course of living are structured, predictable, and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges worthy of investment and engagement.” (Antonovsky 1987, p. 19)

Participants answered each question on a 7 point Likert scale (at Pre, Post, and Follow-Up) within a spectrum from ”Never” to ”Always” (or similar). SOC is composed of 3 subscales, corresponding to the three elements in the definition: Meaningfulness (8 questions), Manageability (10), and Comprehensibility (11). Cronbach’s alpha is reported to be 0.84 to 0.93. Normative data from different (healthy) populations exist.
Four specific questions concerning the participants’ experience of the imagery, the music and the BMGIM therapy were included. These questions were formulated by the researcher and designed for this study, in the same format as HADS.

Two aspects related to hypothesis three were addressed: 1) the meaningfulness of music and imagery as experienced and rated by the participants, 2) the usefulness of the music therapy, as experienced and rated by the participants.

Four statements were rated on a 1-4 point Likert scale with the following options: ‘Not at all – Only to a small extent – To some extent – Very much’. The four statements were as follows:

1. Music therapy (BMGIM) helps me get on
2. The imagery makes sense for me
3. The music is meaningful for me
4. I can use what music therapy has taught me.

The qualitative investigation

In order to answer subquestion (4) six qualitative research interviews with the participants were conducted by the researcher 1-2 weeks after follow-up. This time point enabled the researcher to include provisional findings from the quantitative study in the dialogue. The interviews were based on a guide (app. 6.1). According to Robson (2002, p. 271) qualitative research interviews are appropriate, when a study “focuses on the meaning of particular phenomena to the participants…. [and]… where a quantitative study has been carried out, and qualitative data are required to validate particular measures or to clarify and illustrate the meaning of the findings.” The interviews were semi-structured, i.e. based on the predetermined questions of the guide, but with the possibility of modifying the wording and sequence of questions “based upon the interviewer’s perception of what seems most appropriate.”

In order to answer subquestions (5), (6) and (7) the therapist was instructed to provide the following data:

a) Handwritten transcripts of the music and imagery experience, according to the standard BMGIM procedure (Bonny 2002)
b) Session notes on every session, written immediately after the session in a five-column format presenting information data and session number, focus for the session, induction, music selections used, imagery and postlude.
c) Audio recordings (mini-disc) of the music listening period (the music and imagery experiences),
d) Photos of the mandalas (optional for the participants).

4.5 Data analysis: The quantitative investigation

Data include:
72 HADS questionnaires (each of the six participants completed 12 questionnaires),
72 QLQ-C30 questionnaires (each participant completed 12 questionnaires)
18 SOC questionnaires (each participant completed 3 questionnaires),
72 sets of four music therapy questions (each participant completed 12 sets of questions)
Data were scored and analysed according to the questionnaire manuals.

Statistical analysis

This study used a repeated measures design with three time points (baseline/pre-test, post-test, and follow-up) to explore the effect of 10 BMGIM sessions on mood and quality of life of the six participants.

Descriptive statistics were performed on the three standardized self-reports questionnaires, and the four specific music therapy questions. Scores were compared to established norms (HADS, QLQ-C30, SOC).

Inferential non-parametric statistics were used to test for differences between scores at the three data time points mentioned. The Willcoxon Matched Pairs test was used to test possible significant differences in this sample between pre-test and post-test scores, and between pre-test and follow-up scores of selected variables.

Effect sizes of selected variables were determined by Cohen’s d calculation.

As the study did not include a control group, and the sample was small (n=6) statistical results cannot be generalized to other cancer patients. However, they may give an indication of how significant the treatment was for these specific participants.
in terms of differences between pre-test, post-test and follow up, and effects over time.

4.6 Data analysis: The qualitative investigation

The data collected for analysis include:

- Qualitative interviews with the 6 participants (recorded on mini-disc and transcribed, appendix 6.4).
- Mini-disc recordings of the music travels: Of the total 60 travels 3 were verbal sessions without music, or with music used for relaxation only; 4 sessions were not recorded (by accident). The total number of recorded sessions was thus 53. In some cases (but not systematically) the induction and/or the postlude is also recorded.
- Therapist’s transcripts of the music travels: 57 transcripts (+ notes on the 3 verbal sessions).
- Therapist’s session notes (with minor revisions and amendments made by the researcher after listening to the 53 recordings) of all 60 sessions. The notes are presented in a 5 columns format: Name and date; Notes on prelude -> Focus; Induction used; Music selections used; Summary of the imagery related to the music selections + notes on postlude and mandala (if any). (See appendix 8.2 for examples of the format.)

The interview recordings were transcribed by the researcher (App. 6.4.1-6; four only in Danish, two also translated into English) and analyzed according to principles of Grounded Theory research. (Creswell 1995; Robson 2002; Smeijsters 1997; Strauss & Corbin 1995) Grounded theory was chosen as a method for deducing themes, and building theory, and as there are no existing theories to explain how cancer survivors might benefit from BMGIM, Grounded theory was the preferred method of analysis for the content analysis. Grounded theory aims at creating an ideographic theory that fits the specific context. The steps in the research process can be described in this way (Smeijsters 1997):

- Exploration (1. registration of data, 2. analysis of data and formulation of concepts, 3. peer review).
The first step in the present grounded theory analysis was to check whether the interviews addressed all topics required or suggested in the interview guide (= Exploration 1). The second step was a systematic processing of the data through open coding (= Exploration 2, finding the categories) and axial coding (= Specification 1-3, interconnecting the categories; and Reduction, establishing the core categories). The third step was a selective coding (= Integration, formulating the theory).

The results of the analysis are presented in section 6.1. No grounded theory is suggested at this point in the thesis, but the results of the analysis are incorporated in the proposition of a substantive-level theory in section 7.3.

The therapist’s transcripts and session notes were looked through by the researcher, while listening to the audio-recordings of the music and imagery experiences. The researcher corrected mistakes (e.g. incorrect indication of the correlations of music and imagery) and added missing data (e.g. images, music selections). He also identified music programs used (if not indicated) and added duration of the music program/selections.

The corrected and completed session notes were analyzed in order to identify eventual specific imagery related to cancer, cf. subquestion 5. This was done as part of a general content analysis. All session transcripts and notes were analysed according to grounded theory principles, as described above. The results of this analysis are presented in the beginning of chapter 6.2.

Selected imagery of the patients (as reported in the recordings and transcripts of the music travels) were analysed, based on the principles of (1) Grounded Theory
(Creswell 1995; Robson 2002; Strauss & Corbin 1995); and (2) narrative hermeneutic investigation (Ricoeur 1984; see section 3.2.2). Following the principles of hermeneutic investigation the imagery was analysed for the occurrence of a) metaphors of the Self, b) configuration of metaphors into narrative episodes ('emplotment') and c) eventual occurrence of complete narratives. The results of this analysis are presented in section 6.2 and in the case studies of chapter 7.

An overview of the music used in the sessions was made (app. 8.1), enabling the researcher to identify which pieces had been used when and with which participants. The music selections were categorized in three clinical categories, constructed in the analysis: supportive, challenging and mixed. In order to reveal the nature and properties of these constructs the researcher made a personal construct self inquiry, using the RepGrid computer program (Shaw & Gaines 1993, see also Aldridge 1996 and Abrams 2002). This program enables the researcher to identify the properties of certain contrasting experiences, in this case ‘supportive’ versus ‘challenging’ music.

Two pieces of music and the imagery of all six participants’ to this music were selected for a close description and analysis of the interrelationship of music and imagery (subquestion 7). Selection criteria were that imagery of all participants was documented, and that the two pieces represented two different categories of music. First the music was analysed separately in order to investigate its relevant musical properties and image potential. An eclectic method was developed for this purpose, including phenomenological description, heuristic music analysis, intensity\textsuperscript{50} profiles and Grocke's Structural Model of Music Analysis (SMMA). A thorough description of the method and its rationale is given in section 8.2, based on an extensive, specific literature review in 8.1. The analyses are included as appendix 8.10.

\textsuperscript{50} ‘Intensity’ is used in this text as a composite phenomenological concept, synonymous with the subjective experience of the music’s ‘power’. This definition is not identical with the intensity definition of natural science (c: “the energy flow per unit area per second through a given surface, and is measured in watts per square metre”; New Grove). It is not identical with loudness, even if loudness as a basic perceptual attribute of sound “affects the power, the intensity of the sound and finally our subjective impression of the loudness”. (Bunt 1994, s. 50) Se also section 9.4.2.1
The imagery of the six participants was transcribed from the audio recordings and entered into the scores, enabling a precise identification of correlations between music and imagery (Table 8.1 and 8.2). Using the Event Structure Analysis format (Tesch 1990) a presentation of music and imagery data was made possible. The relationship between imagery and music was then analysed, focusing on how categories of imagery were connected to characteristic features of the music. Results of this analysis are presented in section 8.3.1.

In order to study how the imagery developed over time two case studies were included, focusing on the meaning of the imagery and the image configuration. Two participants were selected, representing different imagery styles, one with breast cancer, and one with abdominal cancer. The case studies presented in chapter 7 include both qualitative and quantitative data and analyses.

The relationship between the meaning of the music (the levels of syntax and semantics) and the imagery was studied in a separate analysis, presented in section 8.3.3.

Finally, the use of supportive, challenging and mixed music selections was studied in order to determine how they were used clinically in the process. The results of this investigation are presented in chapter 8.3.4.

A substantive grounded theory, based on the results of the qualitative research is presented in in two parts, namely in section 7.4 and 8.4.
5. Results of the quantitative investigation

Introduction

The results from analysing the quantitative data are set out in the order in which they were analysed utilising the measurement tools chosen for this study (HADS, QLQ-C30 and SOC Questionnaires). There were no dropouts, all six participants from this study completed all sessions and filled out all the questionnaires. The main question of the study was ‘What is the influence of ten individual BMGIM sessions on mood and quality of life in cancer survivors’, and the 10 hypotheses generated from the three of the 10 subquestions (1, 2, & 4) were tested in the following way. Hypotheses 1-4 were tested by the HADS questionnaire. Hypotheses 5-6 were tested by the QLQ-C30 questionnaire. Hypotheses 7-8 were tested by the SOC questionnaire. In additions, subquestion 3 generated hypotheses 9-10, which were tested by four specific questions formulated by the researcher (in a format similar to HADS). Analysis comprised descriptive statistics of all variables, as well as inferential statistics and measures of effect size of selected variables.

5.1 Effects of BMGIM on anxiety and depression

As shown in section 4.4 the Hospital Anxiety and Depression Scale (HADS) is a questionnaire with 14 items that require self-reported mood state based on two primary psychological domains: anxiety and depression. Interpretation of the scores follows norms, as defined in the manual: Normal (0-7); Mild (8-10); Moderate (11-14) Severe (15-21)

Results – descriptive statistics

Fig. 5.1 shows the Pre-test scores, Post-test scores and Follow-up scores of the six participants plus the mean score in the Anxiety domain.
The mean score of the group, illustrated in the columns on the far right of figure 5.1, revealed a continuous decrease during the course of the sessions in self reported anxiety that also continued to decrease during follow-up. The decrease from pre-test to post-test was present in all participants except ESMA, whose score increased slightly. There are either none or only minor changes from post-test to follow-up, apart from SAAA, whose F-U score decreased three points.

Fig. 5.2 shows the Pre-test scores, Post-test scores and Follow-up scores of the six participants plus the mean score in the Depression domain.
The mean score of the group in depression, illustrated in the columns on the far right of figure 5.2, revealed a continuous decrease during the course of the sessions in self reported depression that also continued to decrease during follow-up, however with differences between subjects. A decrease from pre-test to post-test can be observed in three participants, while there was a slight increase in INLAs and SAAAs scores, and ESMAs very low score remained the same throughout. The scores of four participants decreased from post-test to follow-up, while two – WIFU and ESMA – remained the same.

The changes in anxiety and depression scores are more clearly illustrated in Fig.5.3 below where the number of participants is recorded within the HADS scoring norms:

Figure 5.3 HADS Pre–test Post–test Follow-up scores placing subjects within norms

![HADS scores comparison chart]

Figure 5.3 indicates that the level of anxiety has been normalized. Only one of the participants was within the ”normal” band at pre-test. At post-test four of the six were within the ”normal band”, and at follow-up five of the six were within the ”normal band”.

Over all subjects, the depression scores were lower than anxiety scores at pre-test. Only one participant was outside the ”normal” band. At post-test and follow-up all six
participants were within the "normal" band. However, there are marked individual differences between participants, as shown in Fig. 5.1 and 5.2. The only participant (ESMA) whose anxiety score was within the "normal" band at pre-test is also the only participant whose score did not decrease (it even went one point up at post-test/follow-up).

*Statistical Analysis of HADS results*

A two-tailed Wilcoxon matched pairs test was computed to compare pre-test scores with post-test and follow-up scores (Table 5.1). As stated in the method section, the size of this sample plus the absence of a control group precludes any suggested generalizability of these statistical results. Nevertheless, the results from this analysis give an indication of how significant the treatment was for these specific participants in terms of differences between pre-test, post-test and follow up, and effects over time.

<table>
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<th>Measure</th>
<th>Z</th>
<th>P value</th>
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<tr>
<td>HADS Anxiety pre-test difference to post-test</td>
<td>-1.897</td>
<td>.058</td>
</tr>
<tr>
<td>HADS Anxiety pre-test difference to follow-up</td>
<td>-2.003</td>
<td>.045*</td>
</tr>
<tr>
<td>HADS Depression pre-test difference to post-test</td>
<td>- .962</td>
<td>.336</td>
</tr>
<tr>
<td>HADS Depression pre-test difference to follow-up</td>
<td>-1.625</td>
<td>.104</td>
</tr>
</tbody>
</table>

The results in Table 5.1 showing the outcomes from the Wilcoxon test indicate that the HADS Anxiety scores were significantly lower at follow-up than at pre-test ($p = .045$). However, no significant effect was found at post-test ($p = .058$), although the result was in the right direction, and close to significance. Five out of the six participants already scored low (non-clinical) scores for depression at pre-test according to the norms of the HADS, which explains the lack of any significant difference between pre- and post test.

Descriptive statistical analysis was undertaken to calculate the degree of the treatment effect at post-test and at follow up.
Table 5.2  *Effect sizes measured at post-test and follow-up in both HADS domains*

<table>
<thead>
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<tbody>
<tr>
<td>ES HADS Anxiety pre – post</td>
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<tr>
<td>ES HADS Depression pre- post</td>
<td>0.29</td>
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<td>ES HADS Anxiety pre- follow up</td>
<td>1.33</td>
</tr>
<tr>
<td>ES HADS Depression pre- follow up</td>
<td>0.72</td>
</tr>
</tbody>
</table>

As seen in table 5.2, the effect of the intervention on anxiety found at post-test was large (Cohen’s d = 1.09). The effect on anxiety at follow-up was even larger (Cohen’s d = 1.33). The effect of the intervention on depression found at post-test was small (Cohen’s d = .29), while the effect at follow-up was medium to large (Cohen’s d = .72).

Overall, the findings from the HADS analysis lend support to the influence of BMGIM on these specific participants, both when calculating the difference between pre-test and post-test, and between pre-test and follow-up scores, and how great the effect of treatment was over time. The results indicate changes in reported anxiety, however the apparent improvement in reported depressive feelings/mood need to be treated with caution given that the scores at pre-test fell largely within the normal range. The results from the statistical analysis support hypothesis 2, and reject hypothesis 1, 3 and 4.

### 5.2 Effects of BMGIM on quality of life. EORTC-QLQ-C30

QLQ-C30 was presented in section 4.4 as a 30-item questionnaire focusing on different aspects of life quality and health functioning. The questionnaire is divided into a number of subscales, which are scored separately:

- Global health/Quality of Life (QoL)
- Functional scales: Physical Health (PH), Role Function (RF); Emotional Functioning (EF), Cognitive Functioning (CF); and Social Functioning (SF).
- Symptom scales: Fatigue (FAT), Nausea and Vomiting (NV), Pain (PA), Dypsnoea (DY), Insomnia (SL), Constipation (CO), Diarrhoea (DI), Financial difficulties (FI).
Results – descriptive statistics

The mean scores of all six participants in the Functional subscales and the Quality of Life subscale are presented in Fig. 5.4. The scores of the individual participants are given in App. 5.1.

**Figure 5.4 QLQ-C30: Mean scores of 6 participants on Functional and QoL subscales.**

Fig. 5.4 illustrates an increase in all functional scales, except Social Functioning which remains the same, and Quality of Life (QoL) from pre-test to post-test. Three of the functional scales (Physical Functioning, Role Functioning and Social Functioning) increase further from post-test to follow-up, while two functional scales (Emotional Functioning and Cognitive Functioning) decrease slightly. Also QoL decreases from post-test to follow-up, however the mean score is still markedly higher than at pre-test. No hypothesis predicted a positive effect of BMGIM on physical or cognitive functioning, and the improvements in these areas may have many reasons. The same could be said about the three other functional scales and the QoL subscale, as there was no control group. However the results suggest that the BMGIM sessions influenced the participant’s quality of life in some areas.
Fig. 5.5 shows that in the symptom subscales (FAT, NV, PA, DY, SL, AP, CO, DI, FI) with the exception of the Fatigue, Pain, and Financial problems subscales, the scores are very low at pre-test and post-test, and the participants do not report having experienced many of these symptoms. The follow-up scores are very stable as compared to the post-test. Consequently, while the scores decrease in four (FAT, PA, PI, FI), they are unchanged in three (DY, CO, DI), and increasing in two (NV, SL), the degree of symptoms and of changes in symptoms is not at a level that requires further analysis or interpretation. This result only partially supports hypothesis 5 and 6 two, since not all symptom subscale scores decrease.

The results indicate changes in reported quality of life, as measured by the specific QoL subscale, however the apparent improvements in the symptom scales needs to be treated with caution given that most symptom scores were low from pre-test.

Individual QLQ-C30 scores of all six participants are found in Appendix 5.1, and a closer look on the individual scores of all six participants gives the following result: The five functional scales: No clear tendency was documented. The results were mixed for PF; three participants (ANHO, WIFU, INLA) scored higher at post-test, one lower (PIJØ), and two the same (ESMA, SAAA). From post-test to follow-up the
scores of two participants (ANHO, INLA) decreased, two remained the same (ESMA, SAAA) and two increased (PIJØ, WIFU). Results were also mixed for RF: The scores of three participants (WIFU, SAAA, ANHO) increased from pre-test to post-test, while it decreased for three participants (PIJØ, INLA, ESMA). At follow-up the RF score increased further for two participants (WIFU, SAAA) while it remained the same for the other four (PIJØ, INLA, ESMA, SAAA). Five participants (WIFU, INLA, PIJØ, SAAA, ANHO) scored higher in EF at post-test, while one (ESMA) who scored maximum at pre-test, actually scored lower. At follow-up the score of one participant (WIFU) increased further, three participants (ANHO, ESMA, SAAA) scored the same, while two (INLA, PIJØ) scored lower. CF scores were generally very stable. SF scores of one participant (WIFU) increased from pre-test to post-test, while it remained the same for three participants (ANHO, ESMA, INLA) and decreased for two (PIJØ, SAAA). At follow-up the RF score increased for two participants (ANHO, SAAA), while it remained the same for three (ESMA, INLA, PIJØ) and decreased for one participant (WIFU).

Analysis of Quality of Life found no clear tendency. The scores of four participants (ANHO, WIFU, INLA, PIJØ) increased from pre-test to post-test, two decreased slightly (SAAA, ESMA – the latter was the participant who scored maximum at pre-test. From post-test to follow-up scores increased in two participants (SAAA, ANHO), while the scores of two participants (PIJØ, INLA), and two (WIFU, ESMA) remained the same.

Analysis of the relevant symptom subscales of Fatigue and Pain found no clear tendency. Fatigue scores decreased in two participants (ANHO, WIFU) from pre-test to post-test, while they were the same for the remaining four (INLA, PIJØ, SAA, ESMA). At follow-up the scores of two participants (WIFU, SAAA) are unchanged, while two (ANHO, ESMA) participants scored higher and two (INLA, PIJØ) lower than at post-test. Pain scores decreased for three participants (ANHO, INLA, WIFU) at post-test, while the scores were unchanged for two participants (ESMA, SAAA) and increased for one (PIJØ). At follow-up the pain scores were unchanged in four participants (ANHO, INLA, ESMA, SAAA) while one participant (PIJØ) scored higher and one (WIFU) lower.
These results are variable, and only offer partial evidence to support hypothesis 5 and 6.

A comparison with relevant reference data.
Reference data are given in a manual published by the EORTC Quality of Life Study Group (Fayers et al. 1998). In fig. 5.6 the mean scores of the present study (as given in Fig. 5.4) are compared with a) normal population data from Norway (Fayers et al. p. 151-53), and b) Breast cancer patients (Fayers et al. p. 99-101).

Figure 5.6 QLQ-C30 Profiles from this study and two reference groups

Figure 5.6 shows how patients with cancer, both the participants in this study and in the reference group, have markedly lower scores than the normal population in all the functional scales and quality of life. The study participants scored markedly lower than the breast cancer ref. group in Role Functioning, Emotional Functioning and Cognitive Functioning. In Quality of Life the pre-test score of the study participants was the lowest of all, however at post-test it equalled the normal population, and at follow-up it was close to the breast cancer reference population.

The symptom profile was more uneven, but in most of the subscales the participants in this study had lower scores than both reference groups. It is interesting to observe
that the normal population in general had higher symptom scores than the participants in this study.

Further comparisons illustrated in Fig. 5.7 utilise an additional two clinical and non-clinical reference groups from Michelson’s study (2002), while still retaining those from Fayers et al (1999) used in figure 5.6. The comparison here focuses on the functional scales and quality of life.

**Figure 5.7 QLQ Profiles of functional scales and quality of life.**

![QLQ-C30: Functional scales and Global QoL](image)

Fig. 5.7 shows that all the clinical groups (including the sample from this study) scored lower than either of the two normal samples in the functional scales and QoL. It also reveals that the pre-test scores of the participants in this study were markedly lower than all reference groups in all subscales except PF, and that the most important relative improvements at post-test and follow-up are found in EF and QoL. In Emotional Functioning the participants in this study are close to the two patient reference groups at post-test and follow-up, and in Quality of Life they are close to the normal groups at post-test. These findings lend support to the influence of BMGIM on emotional functioning and quality of life.
Statistical analysis of QLQ-C30 results

The variability of effect between subjects suggested that no significant effects would be found in either the functional scales or the symptom scales when analysing differences in scores over time. A two-tailed Wilcoxon match pairs test was computed to compare pre-test Quality of Life sub-scale scores of the QLQ-C30 with post-test and follow-up scores. The results indicated that the QoL scores were not significantly higher at post-test when compared with pre-test ($Z = -1.367$, $P = .172$) or at follow-up when compared with pre-test ($Z = -.406$, $p = .684$).

Effects sizes were calculated, and found at post-test to be a small to medium effect (Cohen’s $d = .49$), with a small effect at follow-up (Cohen’s $d = .32$).

5.3 Effects of BMGIM on quality of life. SOC

Participants reported quality of life by completing Antonovský’s SOC, a 29 items questionnaire focusing on QoL (understood as a global attitude towards life), using a 7 point Likert scale (at Pre-test, Post-test, and Follow-Up).

Results – descriptive statistics

Raw scores for each of the six participants are given in table 5.3 together with standard deviations calculated for all participants at the three data points.

Table 5.3 SOC raw scores and standard deviations at pre-test, post-test and follow-up.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pre-test score</th>
<th>Post-test score</th>
<th>Follow-up score</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIFU</td>
<td>146</td>
<td>175</td>
<td>178</td>
</tr>
<tr>
<td>INLA</td>
<td>138</td>
<td>143</td>
<td>140</td>
</tr>
<tr>
<td>PIJØ</td>
<td>145</td>
<td>151</td>
<td>148</td>
</tr>
<tr>
<td>ESMA</td>
<td>132</td>
<td>153</td>
<td>141</td>
</tr>
<tr>
<td>SAAA</td>
<td>150</td>
<td>152</td>
<td>151</td>
</tr>
<tr>
<td>ANHO</td>
<td>94</td>
<td>122</td>
<td>106</td>
</tr>
<tr>
<td>Mean</td>
<td>134.6</td>
<td>147.5</td>
<td>144</td>
</tr>
<tr>
<td>Standard deviation</td>
<td>20.8</td>
<td>17.4</td>
<td>23.2</td>
</tr>
</tbody>
</table>
Table 5.3 shows that the SOC score of all participants increase from pre-test to post-test, and that follow-up scores of all participants are also higher than their pre-test scores.

Fig. 5.8 shows the scores of the six participants and the mean at pre-test, post-test and follow-up in a graphic format, while fig. 5.10-5.12 shows the scores as distributed in the three subscales: Meaningfulness, Manageability, and Comprehensibility.

**Figure 5.8 SOC: Pre-test, post-test and follow-up scores of 6 participants + mean score.**

Fig. 5.8 shows that the scores of all six participants increased from pre-test to post-test, three of them (WIFU, ESMA, ANHO) markedly, the other three (INLA, PIJØ, SAAA) only marginally. In other words, the participants fall into two groups, one with a high increase from pre-test to post-test, and one, which is stable. From post-test to follow up there is a further increase in the score of one participant (WIFU) while the scores of the other five participants decrease, however, all follow-up scores are higher than pre-test scores. The differences are expressed by the standard deviations: 20.8 at pre-test, 17.4 at post-test and 23.2 at follow-up. The pre-test-scores of INLA, PIJØ and ESMA were close to average, while ANHOs were low, SAAAs and WIFU high, as compared to healthy reference groups, as shown in fig. 5.9.
Fig. 5.9 shows that the pre-test mean scores of the participants in this study was close to the scores of some of Antonovsky’s reference groups: Israeli citizens \( n = 297 \) and American students I \( n = 308 \) (Antonovsky 2000, p. 97). The post- and follow-up mean scores of the participants in this study were surprisingly high, and close to one of the reference groups with high means, the group of Nordic health professionals \( n = 30 \). No normative data exist for cancer patients, but the table includes pre-test and post-test scores from Körlin & Wrangsjö’s latest study (2002), where they evaluated the effects of weekly BMGIM sessions on 30 individuals seeking this form of therapy for self-actualization issues, interpersonal problems or major psychiatric symptomatology. The SOC mean scores from the Swedish study show an increase in reported quality of life from pre-test to post-test similar as the one found in this study.

The SOC total score is composed of the scores of three subscales, and an examination of the subscale scores may lead to a more specific understanding of the effects of BMGIM on these participants.
Fig. 5.10 shows that the sub-scale scores for meaningfulness of three participants (ESMA, WIFU and ANHO) increased from pre-test to post-test, while the scores of the other three decreased. At follow-up the sub-scale scores for meaningfulness were almost identical with the pre-test scores for the three participants, whose scores decreased from pre-test to post-test (INLA, PIJØ, SAAA), and the same can be said for two of the three, whose scores increased from pre- to post-test (ESMA, ANHO). Only WIFU’s score was stable from post-test to follow-up. This is a very mixed result and does not warrant further analysis.
Fig. 5.11 Shows that the scores of all participants increase from pre-test to post-test, but at follow-up the scores return to pre-test level for all but two participants: WIFUs score increases further, while ANHOs is stable. This indicates that there is no lasting effect of BMGIM on manageability in the participants of this study.

Fig. 5.12 SOC: Pre-test, post-test and follow-up scores of 6 participants as distributed on the subscale Comprehensibility.
Fig. 5.12 shows that the sub-scale scores of all six participants increased from pre-test to post-test, and even if the scores of three participants (WIFU, ESMA, ANHO) decreased slightly from post-test to follow-up, all follow-up scores were markedly higher at follow-up than at pre-test. This indicates that BMGIM had a lasting effect on comprehensibility in the participants of this study.

These results support hypothesis 7 and 8 with some reservations: While the overall post-test and follow-up scores of all six participants were higher than pre-test scores, the examination of the subscale scores revealed that only the Comprehensibility scores showed parallel increases. The results of the Meaningfulness subscale were mixed for the six participants, and on the Manageability subscale the increase was only found at post-test.

The BMGIM therapy did not seem to make the cancer experience or the cancer rehabilitation process more meaningful (i.e. emotionally motivating) for the participants. However, the results indicate that the participants have developed a (cognitive) comprehension of their life situation, however difficult it may be, and that they have gained some control of aspects of it. In other words, the results indicate that coping has been enhanced by therapy, contributing to an improvement of life quality. Even if Antonovsky was sceptical towards the potential of psychotherapy to change a person’s SOC, he was sympathetic towards interventions that may lead to (what he considered) temporary and limited improvements: “…we have to be grateful for even that.” (Antonovsky 1987, p. 141). According to Antonovsky stable improvements are only possible, if the treatment encourages the client “to search for SOC-promoting experiences within the framework given. This includes any therapy that may create an enduring and stable change in the life experiences of the patient outside the treatment situation.” (p. 142).
Table 5.4 Wilcoxon matched pairs test: Comparison of pre-test scores with post-test scores and follow-up scores in SOC

<table>
<thead>
<tr>
<th>Measure</th>
<th>Z</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOC QoL overall pre-test difference to post-test</td>
<td>-2.198</td>
<td>.028*</td>
</tr>
<tr>
<td>SOC QoL overall pre-test difference to follow-up</td>
<td>-2.207</td>
<td>.027*</td>
</tr>
<tr>
<td>SOC Manageability pre-test difference to post-test</td>
<td>-2.226</td>
<td>.026*</td>
</tr>
<tr>
<td>SOC Manageability pre-test difference to follow-up</td>
<td>-1.35</td>
<td>.892</td>
</tr>
<tr>
<td>SOC Meaningfulness pre-test difference to post-test</td>
<td>-0.946</td>
<td>.344</td>
</tr>
<tr>
<td>SOC Meaningfulness pre-test difference to follow-up</td>
<td>-0.738</td>
<td>.461</td>
</tr>
<tr>
<td>SOC Comprehensibility pre-test difference to post-test</td>
<td>-2.032</td>
<td>.042*</td>
</tr>
<tr>
<td>SOC Comprehensibility pre-test difference to follow-up</td>
<td>-2.214</td>
<td>.027*</td>
</tr>
</tbody>
</table>

Table 5.4 gives the results of a two-tailed Wilcoxon matched pairs test that was computed to compare pre-test scores with post-test and follow-up scores. The results show that quality of life was found to be significantly higher at post-test than at pre-test (p = .028), and also significantly higher at follow-up than at pre-test (p = 0.27). Manageability sub-scores were significantly higher at post-test than at pre-test (p = .026). Comprehensibility sub-scores were significantly higher both at post-test (p = .042) and at follow-up (p = 0.27) than at pre-test.

Descriptive statistical analysis was undertaken to calculate the degree of the treatment effect at post-test and at follow up.

Table 5.5 Effect sizes measured at post-test and follow-up for total SOC scores

<table>
<thead>
<tr>
<th>Measure</th>
<th>Cohens d</th>
</tr>
</thead>
<tbody>
<tr>
<td>ES SOC pre-test to post test</td>
<td>0.623</td>
</tr>
<tr>
<td>ES SOC pre-test to follow up</td>
<td>0.405</td>
</tr>
</tbody>
</table>

The effect of the intervention on quality of life found at post-test was medium (Cohen’s d = 0.623), and at follow up was small to medium (Cohen’s d = 0.405).
5.4 Value of BMGIM therapy to participants: Four specific questions

The researcher using a Likert scale similar to the one used in the HADS formulated four questions on the participants’ experiences of music, imagery, and the effect of the music therapy.

Results – descriptive statistics

There was no baseline or pre-test score, as none of the participants had any experience with music therapy. After the first of the planned ten sessions, three participants (WIFU, INLA, SAAA) scored maximum 3/’Very much’ on all four questions, while three (PIJØ, ESMA, ANHO) scored 2/’To some extent’ on questions 1 and 4. From sessions 2 to 10 the responses were completely stable, as shown in table 5.6:

Table 5. 6 Responses to music therapy questions: Sessions 2-10

<table>
<thead>
<tr>
<th>Question / Participant</th>
<th>WIFU</th>
<th>INLA</th>
<th>PIJØ</th>
<th>ESMA</th>
<th>SAAA</th>
<th>ANHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music therapy helps me get on</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>The imagery makes sense for me</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>The music is meaningful for me</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>I can use what music therapy has taught me</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

3 = Very much 2 = To a certain extent 1 = Only a little 0 = Not at all

The results support hypothesis 9.

Table 5. 7 Responses to music therapy questions: Follow-up

<table>
<thead>
<tr>
<th>Question / Participant</th>
<th>WIFU</th>
<th>INLA</th>
<th>PIJØ</th>
<th>ESMA</th>
<th>SAAA</th>
<th>ANHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music therapy helps me get on</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>The imagery makes sense for me</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>The music is meaningful for me</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>I can use what music therapy has taught me</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

3 = Very much 2 = To a certain extent 1 = Only a little 0 = Not at all
The results support hypothesis ten.

5.5 Discussion

The results of the analysis of questionnaire data are interesting when compared with findings from previous studies. Debra Burns (1999, 2001) explored the effectiveness of BMGIM in alleviating mood disturbance and improving quality of life in cancer patients in a small, controlled study. The results demonstrated significant effects in both mood and quality of life scores of the experimental group, and indicated the effectiveness of BMGIM. In the present study there was no control group, and different questionnaire tools were used to the Burns study. However, the clinical trials in the treatment condition in the two studies were administered in a similar way, and the results are also consistent.

Clark and McKinney (2004) investigated the effectiveness of six BMGIM sessions on distress, life quality, and relevant endocrine markers in women recovering from treatment for non-metastatic breast cancer. The results demonstrated that BMGIM sessions significantly reduced levels of depressed mood and total mood disturbance, increased emotional and social well-being and well-being associated with breast cancer concerns, and decreased intrusive thoughts and avoidance behaviours related to cancer. However it diverges from Burns’ study in that the observed changes in depressed mood and total mood disturbance were not sustained through the 6-week follow-up. The authors conclude that for clinical populations, a minimum of 10 sessions may be needed to effect sustained change in distressed mood. In the present study participants had 10 sessions, and the results support the conclusion reported by Clark and McKinney in their study, as overall changes in mood (see table 5.1) and Life quality (see table 5.3) were sustained at follow-up.

Outside the cancer field Körlin and Wrangsjö (2002) made a study with 30 participants (no control group), and demonstrated clinically significant changes in 6 of 10 participants (categorized as “dysfunctional” according to SCL-90 criteria), who moved from “dysfunctional” to “functional” according to SCL-90 criteria. Participants in the “functional” group improved in the ego-dystonic subscales of IIP that are otherwise considered difficult to change through psychotherapy. In the SOC,
the total score was significantly improved, and results from the Meaningfulness and Manageability subscales reported significant improvement \((p = 0.005\) for Meaningfulness and \(p = 0.000\) for Manageability, as measured by Students t-test). Effect sizes were small to medium for the total scores (0.43) and Meaningfulness (0.36) and medium for Manageability (0.57), both in the functional and the dysfunctional group. The Comprehensibility subscale was unaffected (Cohens \(d = 0.19\)). The improvements are discussed as a reflection of increased imaginal competence of the participants, obtained through the BMGIM therapy. – In the present study SOC was used to explore the influence of BMGIM on quality of life. Results indicated significant improvements in the total SOC score from pre-test to post-test and pre-test to follow-up, with the most marked improvements demonstrated in the scores from the comprehensibility subscale. This difference at subscale level may reflect the different needs and problems in the participants of the two studies. Cancer patients experience multiple stressors (through the stages of pre-diagnosis, diagnosis, treatment and post-treatment (survivorship) with a shock-like effect due to the abrupt and unexpected confrontation with a life-threatening disease, very different from the more gradual development of psychological problems in the client groups represented in the Swedish study. In both studies the improvement of the SOC scores indicate the effectiveness of BMGIM in improving coping skills, however, the results are not directly comparable.

5.6 Summary of the results

In summary, the findings from this quantitative investigation revealed changes in the way subjects reported anxiety, depression, quality of life and their global attitude to life when comparing pre-test with post-test, and at follow up. Anxiety scores reported in the HADS decreased for five of the six participants, and a significant effect was found from pre-test to follow-up. The size of effects of treatment over time (ES) was very large at both post-test and follow-up. Depression scores decreased for two participants at post-test and for four at follow-up. No significant effects were found. The size of the effect of treatment (ES) was small at post-test, and medium to large at follow-up. While the results of non-parametric analysis revealed that no significant effect was found on depression, and on anxiety only at follow-up, the effect size calculations suggest there is a treatment effect over time, which, while it should not be
generalised further, was evidently important for the effects of BMGIM on anxiety and depression for these subjects.

Hypothesis 2 was retained, while hypotheses 1, 3 and 4 were rejected.

The results from the EORTC QLQ-C30 questionnaire found increases in mean score in the functional scales and the quality of life subscale, and decreases in mean scores in most of the symptom scales. However, individual differences between participants were many, and no significant effects were found.

Results only offered partial evidence to support hypothesis 5 and 6.

The results from the SOC revealed that the total individual raw scores and mean score for all six participants increased, three of them markedly, and a significant overall effect was found at both post-test and follow-up. Of the three subscales, Comprehensibility improved markedly at post-test and follow-up, while Manageability improved slightly at post-test, but the effect reduced at follow-up. Significant effects were found from pre-test to both post-test and follow-up for overall SOC mean scores and for the Comprehensibility subscale. Effect sizes were small to medium. The results indicate better coping and improved life quality.

Hypothesis 7 and 8 were retained, with the reservation that not all quality of life scores were improved in all three SOC subscales.

All participants indicated that music and imagery had “very much” meaning for them in their scores in the specific questionnaires subjectively reporting the value of BMGIM. All participants indicated the music therapy helped them with ‘going on’, four “very much”, two “to a certain extent”.

Hypothesis 9 and 10 were therefore retained.
6. Results from the qualitative investigation

Introduction: Data material, methods, and reporting in chapters 6-8

This qualitative study is based on very rich and diverse material. It would be possible, and even meaningful, to write six comprehensive case studies – one on each of the participants, or a multiple case study, however the framework of the present research does not allow that.

Research questions, the complete pool of data and methods of qualitative analysis were presented in chapter 4. In order to answer the research questions of the qualitative investigation in a clearly arranged way, the results are reported in three separate chapters. Chapter 6 focuses on the therapeutic experiences of the six participants as reported in the interviews, and on the imagery and image configuration, as documented in the recordings and reported in the transcripts of the imagery and the session notes (subquestions 4-6). Chapter 8 focuses on the relationship between music and imagery and the therapeutic role of the music, as recorded on mini-discs and reported in the session notes (subquestion 7). Chapter 7 presents an in-depth analysis of these issues in case studies of two participants. The focus of the chapter is the unfolding of metaphors and narratives in the sessions and their meaning for the participants; however, the case studies also include quantitative data and a discussion of how the different data types may inform the research.

The research questions on the participants’ experiences of the therapeutic BMGIM process were:

1. What is the experience of the participants of GIM and its effects on mood and quality of life in the rehabilitation process?

The results of this analysis are presented in section 6.1. No grounded theory is suggested at this point of the thesis, but the results of the analysis are incorporated in the proposition of a substantive-level theory in section 7.4.
2. What is the specific nature of the imagery or image configuration of cancer survivors in GIM?

The results of this analysis are presented in section 6.2.

3. How does the imagery develop and/or is re-configured during GIM therapy?

The results of this analysis are presented in chapter 7, the two case studies.

6.1 The interview study

The exploration of the participants’ experience of GIM and its effects on mood and quality of life in the rehabilitation process required qualitative, semi-structured interviews with all six participants. The interviews were conducted by the researcher 1-2 weeks after follow-up. This timing enabled the researcher to include provisional findings from the quantitative study in the dialogue. The interviews were transcribed (App. 6.4.1-6, four only in Danish, two also translated into English) and analyzed according to principles of grounded theory research (Creswell 1995; Robson 2002; Strauss & Corbin 1995). The first step, however, was to establish a checklist whether the interview undertaken with each participant addressed all topics required or suggested in the interview guide (included as app. 6.1)

Table 6.1 Checklist providing information on key issues addressed in the interviews

<table>
<thead>
<tr>
<th>NAME + length of interview / Issue/theme:</th>
<th>WIFU 1h40m</th>
<th>INLA 1h25m</th>
<th>PIJØ 1h10m</th>
<th>ANHO 1h10m</th>
<th>ESMA 1h50m</th>
<th>SAAA 1h20m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filling out questionnaires</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>The therapeutic process</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>The Music</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>The Imagery</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>(The Mandalas)</td>
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<td>X</td>
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<tr>
<td>MT/GIM compared to other types of psychotherapy or psychosocial support</td>
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<td>X</td>
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</table>
Table 6.1 shows what issues were clearly addressed by which participants. Issues in the upper half of the table were included in the guide, however, it was optional for the participants to talk about mandala drawing, as this was also an optional element of the sessions. “Other themes” are examples of issues introduced in the interview by the participants.

The participants decided the location of the interview. Four of the interviews took place in the participant’s home, while two took place in the researcher’s home. The interviews were semi-structured – or, in a different terminology, respondent interviews (Robson 2002, p. 270f) – i.e. focused and to a certain extent controlled by the interviewer/researcher. The interview guide (app. 6.1) was the researcher’s “schedule” (Robson 2002, p. 278), but the sequencing and wording of the questions was free, allowing the dialogue to develop in a fairly natural way. The respondents were familiar with the interviewer from the intake interviews, and they knew that he had studied the therapist’s transcripts and the self-report questionnaires as a preparation for the interviews. This made the interview situation less formal, more personal and intimate. As indicated also by the length of the interviews the participants were more or less elaborate in their answers and comments. This reflects their different personalities, not a changing attitude of the interviewer, who encouraged all participants to speak freely and deepen short answers. Table 6.1 shows

<table>
<thead>
<tr>
<th>Potential of GIM in other phases of cancer treatment</th>
<th>Weekly/Biweekly sessions</th>
<th>OTHER THEMES (introduced by participants)</th>
<th>“The most important” in the process</th>
<th>Qualities of the therapist</th>
<th>Importance of dialogue on problems</th>
<th>Other/personal</th>
<th>Member check of interv. transcript</th>
</tr>
</thead>
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<tr>
<td>X</td>
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<td>OTHER THEMES (introduced by participants)</td>
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<td>“The most important” in the process</td>
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<td>Qualities of the therapist</td>
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<td>Importance of dialogue on problems</td>
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<td>Other/personal</td>
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<td>Member check of interv. transcript</td>
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</tbody>
</table>
that all participants addressed themes related to the meaning and outcome of the therapy. This will be further discussed in the following systematic content analysis that is undertaken as a grounded theory based investigation of how the participants described the experience and outcome of the BMGIM therapy. Three of the themes from the guide – “Filling out the questionnaires”, “Potential of GIM in other phases of cancer treatment” and “Weekly/Biweekly sessions” will not be included in the analysis of this chapter, as they are concerned with participants’ reflections on setting and design and not with the experience of the therapeutic process. However, these issues and the material will be included in the discussion chapter (9).

The second step was systematically processing the data through open and axial coding (see chapter 4), focusing on the meaning and outcomes of the music therapy as experienced and expressed spontaneously by the participants. This method is what the originators of Grounded Theory, Glaser and Strauss, called a 'constant comparative’ process (Glaser and Strauss 1967 as quoted in Tesch 1990, p. 86): the researcher looks for significant similarities, differences, and patterns in the data material. I used colour codes to indicate the themes from the interview guide and then split the themes into meaning units or statements. In this initial open coding (sub)categories were identified, based on properties like outcome description (types of outcome), elaboration of meaning (types of meaning), music description, and imagery description. Dimensionalization within categories could be generic, i.e. negative vs. positive effect, insight oriented vs. experiential, or more descriptive, i.e. enigmatic vs. clear.

Examples of these initial categories drawn from the open coding are: Music therapy provides tools (for coping) – Improved self confidence – Stabilization of psyche – Finding strength – Changing focus for the future – Not scared by death any more – Music gives access to resources – Music is moving.

“One once concepts begin to accumulate the analyst should begin the process of grouping them or categorizing them” (Strauss and Corbin 1995). This process is the axial

51 I considered using qualitative computer analysis software for the analysis, e.g. the NUD*IST package (Robson p. 497), however, I thought the material was manageable in a manual analysis, and I had done this type of analysis before, when software was not available (see Jespersen 1987).
coding, where the categories are interconnected, and the researcher asks the data continuous questions with the aim of building a theoretical model of the phenomenon (Robson 2002, p. 494). Robson mentions that there are divergent ideas of the nature and procedures of axial coding. Following the GT guidelines provided by Creswell (1995) I looked for common features and connections between statements and categories, thus bringing (sub)categories from the open coding together. Through the labelling of new core categories I aimed at identifying central phenomena in the participants’ experience of the BMGIM process. I explored the characteristics of the categories asking questions like: Does the category include conditions under which the phenomenon occurs (or does not occur)? Does the category enable an understanding of how elements of the BMGIM therapy influenced the experience of the participants? Does the category represent experiences shared by all (or most of the) participants?

The coding paradigm would thus be a) the identification of specific therapeutic outcomes resulting from the elements of the BMGIM therapy as experienced by the participants, b) the presence of the outcome in more than half of the participants. However, other important core categories shared by two or three participants would also be recorded.

The result of the axial coding were five core categories, representing experiences shared by all six participants, and two core categories, shared by five participants. Table 6.2 presents individual statements grouped within the core categories, table 6.3 gives elaborate descriptions of the categories, while table 6.4 gives an overview of the categories as a result of the axial coding.

Table 6.2 Individual statements of the participants grouped within core categories
(All statements can be found in the interview transcripts, app. 6.4.1-6)

<table>
<thead>
<tr>
<th>New perspectives – on past, present or future</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESMA: Listening to the music I experienced moods and emotions that were new to me. The experience [of myself and my world] was different - more intense.</td>
</tr>
<tr>
<td>ANHO: Somehow I understand myself in a new way: I trust myself more, including my attitudes, beliefs and what makes sense to me</td>
</tr>
</tbody>
</table>
INLA: I have got access to qualities of my self that I didn’t know about. Unknown sources.

WIFU: I have built a new world within me. I have two worlds now.

SAAA: Music therapy has contributed to a change in focus related to future goals of my life (....) New perspective

PIJØ: [Images of new places and rooms] represent new sides of myself. It is like acknowledging new aspects of myself all the time, knowing them better, with greater security.

**Enhanced coping**

WIFU: The best about GIM is the tool it has given me – It enables a new way of coping, of finding solutions to problems, of making myself emotionally stable again.

ESMA: I have been stabilized in my… fight for staying at an acceptable [functional] level. I don’t want to go down again and ”swim in the mud”; I want to ”stay on the road”.

ANHO: Now it is easier for me to have faith in myself, to believe that what I sense is OK.

PIJØ: For me it has been a way to find inner strength: I dare risk something, even if I am extremely vulnerable. I found courage [to examine the relationship with my partner] and it gave results

INLA: When it comes to handling life – I mean coping with my life – there is no doubt that I have benefited a lot by coming here.

SAAA: Music therapy has been good for me – it has helped me to be more aware of what is missing, and what I could do about it.

**Improved mood and QoL**

WIFU: My psyche has been stabilized; I am not dependent on my surroundings anymore. I have made contact to a very strong inner state of happiness. I am not sure what it is that is so good, but the feeling is very clear. And it always comes with Haydn’s Cello Concerto (laughs) (…) I have found strength within myself. I have experienced imagery of a very special personal kind, which no one can take from me, and I can use them wherever I may go.

INLA: I got access to [my own] strength – and to beauty and harmony. Not only harmony, but also caring and gentleness. Conflicts too, but also an end to conflicts. (…) Now and then I miss my ’Islands of joy’ on the couch...
PIJØ: It has been very hard for me to ask other people for help. I can do that now…. And I believe in the future.

SAAA: I have done many things to feel better, but music therapy is what has given me the greatest number of images, and the serenity necessary to experience more meaning....

ANHO: I do feel better now, but [the improvements came] in a 'sneaking way'.

ESMA: It would be very unfortunate, if I had to let go of music now. I would feel depressed; my will to live would be broken. I wouldn’t have the necessary power to fight for a positive attitude towards life...

Enhanced Hope

ESMA: Living with cancer may overwhelm you with strong emotions, sorrow, despair, and anxiety – will you live or will you die? – it just tumbles you down. – When I listen to the GIM CDs my mind becomes clearer, I feel empowered somehow, the music makes me calm and relaxed and enables me to face problems when I leave my "cave"....

ANHO: I have saved a small sum of money, because I want to buy an allotment garden. That’s optimism, isn’t it? (laughs). I save the money, so I guess I will have it!

WIFU: I have found my inner strength. I have found images, which are mine and cannot be taken away from me. I can use them wherever I may go.

INLA: Doors have been opened, and they couldn’t have been opened anywhere else – it is the music, no (..) it is the combination of a beautiful space, light, flowers, tea, music (…) and an attentive person that attunes me.

SAAA: I realized – supported by the music therapy – that I still want to work with people, maybe not in therapy [as I did before], but in a totally different way.

PIJØ: I wanted to experience spring; that was very important. In spite of my radiation damages I am taking my exams – and I have written an application! (...) I believe in it now.

Improved understanding of Self

ESMA: ‘Performing well’ has been an important theme in my life’. Now it doesn’t matter much anymore. I have learnt that patience is important. Hot-tempered action does not solve any problem.

ANHO: ‘Duty first’ has been my recipe. Now it is easier for me to forget my ’duties’. I can allow myself to say ‘this is how it is. I am not a magician’. 
SAAA: GIM has made it easier for me to focus on what I want to accomplish - one day.
PIJØ: Before I expected myself to ”be strong”. Now I am much better to live here-and-now – and not worry so much.
INLA: I have improved my contact with different things – and I have found the courage not to repress the unpleasant aspects of my life. This is an indication of strength.
WIFU: I have a history, and it is mine. This is a result [of the therapy].

(New) Love of music
WIFU: I am very susceptible to the influence of music. I have used it before, without really knowing. An example: I would play a recording of Mozart’s Clarinet Concerto [2nd movement] when I needed to cry. Now I can use the music in a much more conscious way. I am sure, I will bring my music, if/when I need chemotherapy.
INLA: Through music therapy I am more present with myself. (...) The music has enabled me to access aspects of my self that I was not aware of – incredible imagery. (...) I really felt there was a dialogue between the music and myself.
SAAA: It is true that music is an external stimulus, but it is much more an intrinsic experience, capable of changing my perspective on the future. (...) It was moving in a very pleasant way. (...) Music reminds me of healing, but the music made it perhaps more playful.
PIJØ: I think I am quite good at catching moods, so the moods in the music reach me very precisely, I guess. (...) There is a sad lack of music and other healing influences in the hospital, and I think it is a disaster for the health system... I could have used it as ”medicine”
ESMA: When I listened to some of the music selections I experienced moods and emotions new to me. (...) Already when I was in hospital I felt that I needed some music, even if it was totally new for me, ’illiterate’ as I am in music. It was something completely new entering my life. (...) I don’t think, I could have experienced this sensation [drifting, soaring] without music.

Coming to terms with life and death
WIFU: In one of my sessions I saw Death, experienced death as something positive and light. (...) I came to think about how I would like to die: who should be with me,
how should it be, should there be music? In the following days it became very clear for me how I want it to be. (….) ‘Thanks for life and thanks for death’

ESMA: I can’t explain precisely what the music does to me. But it has provided me with a ‘sanctuary’, a place of my own… Here I am the protagonist of my own life. Do I sound crazy? (…) I am much more relaxed about the day when I pass away. It doesn’t trouble me.

INLA: … a help to live the life, you face as a cancer patient – adjusting yourself to your new life conditions.

ANHO: I have been occupied with the idea that I would die of cancer at 52 - like my mother did. This idea has been a “wall” that I had to break through. I feel I have done that and that I am on the other side. I think about the future now.

SAAA: Both my parents died from cancer (…) and I related that to the way they led their life (…) I decided to live very differently, so it was a great shock for me when I had cancer. (…) I took time for me to have the courage to feel, and (…) [music therapy] allowed me to feel exactly how it was for me.

Opening towards Spirituality

SAAA: I have an inner feeling of a new essence, and this has been very important for me. It is something about simplicity, something more spiritual.

WIFU: I need images of the Divine that are less specific than icons and religious art. This I have found in my GIM experience

INLA: The images come from within me. They have been evoked by the music’s hand, I mean, the caring of the music, the helping hand of the music. I also think God has played a role (…) There is definitely a divine dimension to this. But divinity is both something external and something internal.

Table 6.2 presents core statements from all participants. The statements were part of the raw data in the open coding, and they are sorted here in the core categories identified through axial coding. Other statements could have been chosen, as participants often contributed with extensive descriptions of a theme. However, I find these quotes adequate samples.

Table 6.3 gives an elaborate description of each of the identified core categories, including theoretical assumptions on conditions and consequences within each category. However, no theoretical model is suggested at this point.
### Table 6. Elaborate description of core categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New perspectives – on past/present/future</strong> (all six participants)</td>
<td>All participants described how the BMGIM process enabled them to experience themselves and aspects of their life – in the past, in the present and/or in the future – in new and different, often surprising ways. ‘New ways’ include not only the discovery of unknown personal resources, interpretations and perspectives, but also a new readiness and ability to face difficult and challenging aspects of their life, including living with cancer. There is both a cognitive and an emotional dimension to the category. The imagery and the emotions are described as coming first, the more cognitive insights later.</td>
</tr>
<tr>
<td><strong>Enhanced coping</strong> (all six participants)</td>
<td>All participants describe how they – at follow-up – were able to look back and identify new coping strategies at least partly developed as an outcome of the BMGIM therapy. It has provided the participants with a &quot;tool&quot; that can be used for emotional adjustment, introspection or self-inquiry and exploration, supporting self confidence, relaxation, and finding courage to confront even difficult psychological issues. Two participants compared BMGIM to visualization techniques and described the main difference as an emotional depth and dynamic quality of the imagery in BMGIM, due to the music. ‘Control’ was not mentioned directly as an issue, however, it is clear that the control and security provided by the BMGIM format played an important role for the participants’ courage to explore their inner world.</td>
</tr>
<tr>
<td><strong>Improved mood and Quality of Life</strong> (all six participants)</td>
<td>All participants described how the BMGIM experience had contributed to a balancing or stabilization of their mood state and improvement of their Quality of Life in several ways. States of beauty, harmony, comfort, happiness, and joy were often mentioned and related to both music and imagery. This category may be understood as a synthesized result of the other categories.</td>
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</tbody>
</table>
| **Enhanced Hope** (all six participants) | All participants addressed the emotional abyss and existential chaos of the confrontation with the cancer disease. Hope is a belief in being able to overcome this state of chaos, loss and disempowerment and regaining a sense of stability and finding an optimistic attitude towards present and future, even if many things in life are
changing. Participants described how the BMGIM therapy through music and imagery had ‘opened doors’ and empowered them to believe in a more meaningful present and even a future-directed perspective to their life. Not as an avoidance of problems or conflicts, but as realistic attitude to living with a life-threatening disease.

**Improved understanding of Self** (all six participants)

All participants described how the BMGIM therapy made them aware of dominant (coping) strategies in their life (before cancer). The awareness and the therapeutic dialogue enabled the participants to dismiss these inexpedient strategies and develop strategies and attitudes more realistic and appropriate to their present life situation.

The experience of personal core imagery and the subsequent interpretational dialogue was described as an ongoing development of insight.

**(New) Love of music** (Five participants: WIFU, INLA, PIJØ, ESMA, SAAA)

None of the six participants had a background in music. Their knowledge of classical music was more or less limited; one (ESMA) would even describe herself as a ‘musical illiterate’. Apart from one participant (ANHO) who never felt very comfortable in the music imagery phase of the sessions, all other participants described the music as a very important element in the sessions. Often the music was experienced as background to the imagery in the session, and yet the music’s role was judged indispensable. Music allowed the participants to let go of feelings; it supported them in exploring the imagery in depth; it was moving (both literally and metaphorically); it established a productive mood framework for the experience; and it brought beauty and meaning to the process. Four of the participants developed their own ways of using special selections from the GIM music programs between the sessions and after termination of the project.

**Coming to terms with life & death** (five participants: WIFU, INLA, ANHO, ESMA, SAAA)

A cancer patient is a person living with a life threatening disease. It is not possible to avoid or escape strong emotions and dark thoughts related to death and dying. Four participants described how BMGIM therapy enabled them to face death and explore their own fear of dying in a controlled medium, namely through the music-assisted imagery, with simultaneous and subsequent therapeutic support through verbal dialogue. This has led the participants to a new attitude towards both life and death, minimizing the fear and maximizing the wish to focus on living – alive.

**Opening towards Spirituality** (three participants: WIFU, INLA, SAAA)
Three of the participants described how their BMGIM experience included imagery of a spiritual nature. The experience, often closely related to music of great beauty and dignity, had a deep impact on the participants. Spiritual imagery is often simple and always described as reassuring and empowering.

**Inspiration to writing poems** (two participants: ESMA, SAAA)

Two participants (SAAA and ESMA) described how the BMGIM experiences inspired them to new creative expressions. SAAA wrote a whole collection of poems, partly based on words and phrases included in the mandalas. ESMA had never written a poem before she expressed some of her existential experiences in lyric form. For these two participants imagery was an act of creativity that stimulated expressivity in other domains.

Table 6.3 was the result of the axial coding procedure. Seven core categories, based on experiences shared by all or five of the six participants, and two core categories limited to the experiences of three or two participants, describe how elements of the BMGIM therapy influenced the participants’ outcome of the therapeutic process. Some theoretical assumptions are presented, linking the experiences of the participants as identified and interpreted in the discrete core categories to specific elements of BMGIM. A complete grounded theory model (a substantive theory) of how the BMGIM therapy has influenced the rehabilitation process of the six participants will be presented in section 7.4.

In table 6.4 the core categories are presented by their names or labels, and it is indicated which participants have contributed to the establishment of the category.

**Table 6. 4 Core categories as identified in axial coding – and participants’ contributions.**

<table>
<thead>
<tr>
<th>Participant’s Name / CORE CATEGORY:</th>
<th>WIFU</th>
<th>INLA</th>
<th>PIJØ</th>
<th>ANHO</th>
<th>ESMA</th>
<th>SAAA</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW PERSPECTIVES</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>ENHANCED COPING</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>IMPROVED MOOD and QUALITY OF LIFE</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>ENHANCED HOPE</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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Table 6.4 shows how all participants contributed to the development of five core categories, and which of the participants contributed to the last four categories. Material from the interview study will also be included in the two case studies (INLA and PIJØ) in section 8.3.2, enabling an in-depth understanding of how two participants experienced the BMGIM therapy.

**Conclusion:**

The *qualitative interview study* provided detailed information on how clients experienced the BMGIM process and its influence within different psychological domains. Domains of change or therapeutic outcome facilitated by BMGIM therapy were identified and described as core categories. Theoretical assumptions on conditions and contexts of change and their consequences for the participants were presented within the discrete categories. A substantive grounded theory on the influence of BMGIM therapy on the participants’ rehabilitation process follows in section 7.4.
6.2 A grounded theory study of the imagery and the metaphors

In addressing the question regarding the specific nature of the imagery the therapist’s transcripts and notes of the GIM sessions were analyzed with the purpose of identifying eventual specific imagery related to cancer. This was done as part of a general content analysis, because specific imagery could only be identified as/if clearly different from other categories of imagery and metaphors. All session transcripts and notes were analyzed based on principles of grounded theory (GT).

No predefined categories or preconceived grid were used – as Glaser and Strauss (1967) said, GT would follow the phenomenological tenet of ‘bracketing’ existing notions and letting the phenomenon studied speak for itself and employing the general method of ‘constant comparison’ – with the aim of formulating a local theory of the phenomenon studied, as grounded in the data (Tesch 1990, p. 23). The ‘texts’ I have studied are the 53 music-listening periods of the six participants; or, to be more precise, their ‘traces’: the mini-disc recordings, the therapist’s session transcripts and notes plus my own notes). The ‘segments of text’ I have worked with are (1) a session (transcript) as a whole and (2) episodes of the session (transcript) with a specific identity (e.g. imagery related to one music selection, or images recurring in later sessions).

I was looking for any type of imagery (including no imagery), known from the literature and from my own clinical experience that I would find both referential (i.e. non-metaphoric) and metaphoric imagery, addressing physiological as well as psychological issues related to cancer and/or any other important issues in the clients’ lives. My study of the music-listening periods developed as a process of open coding, trying to identify relevant categories appearing as significant features in the material, starting with provisional code names and gradually refining and concentrating them through reflection and constant comparison. Thus the provisional code ‘imagery related to the experience of radiation’ developed into the category ‘cancer-related imagery’, and ‘imagery referring to facing death’ became ‘explorative imagery directed towards death’, to give just two examples. The next step was an ‘axial coding’ which “consists of intense analysis done around one category at a time”. This resulted in cumulative knowledge about relationships between the category and
related subcategories. Using specific criteria I chose one or more categories as the ‘core’ categories. At this point ‘selective coding’ began, i.e. “the analyst delimits coding to only those codes that relate to the core codes in sufficiently significant ways as to be used in a parsimonious theory.” (Glaser and Strauss 1967, p. 33, cited in Tesch 1990, p. 86).

The study also explored the possibility of identifying whole music-listening periods as or in categories, alternatively, whether they would always be composite categories. Quite early in the analytic process it became clear that even if many music-listening periods were composite (or ‘mixed’, as I have chosen to call them) surprisingly many of them formed a whole that could be coded categorically in a meaningful way. It became also clear that imagery modalities could not serve as a foundation for coding. All imagery modalities, including visual, auditive, sensory-kinaesthetic, olfactory, gustatory, memories, feelings, and transpersonal, were present in the material, however, they appeared in (and thus independently of) most of the categories and subcategories listed below, for shorter or longer periods of time. This unpredictable or random distribution of the image modalities can be observed in the Event Structure Analyses following in chapter 8.

A preliminary set of Codes (core categories) and subcategories from the open coding served as a tool for a review of all 53 music-listening periods. Appendix 6.2 illustrates the process of developing the categories from the open coding to the final coding. The term or concept “narrative” does not relate to the fact that all imagery is ‘narrated’, i.e. reported verbally, by the imager. “Narrative” or “non-narrative” refer to the ‘levels of metaphoric thinking’ defined in chapters 3.1 and 3.2. They indicate, whether one or more episodes (or a complete music-listening period) are sequenced as a narrative or not, to the extent that it represents “an orderly account of events” (The Advanced Learner’s Dictionary of Current English).

From the preliminary set of codes (examples given in app. 6.2) I had to eliminate two of the proposed core categories: “Music-listening periods composed of non-narrative sequences” and “Music-listening periods dominated by thoughts, reflections, or associations”), as no complete periods could be characterized like that, and episodes of this sort would be covered by subcategories. And I needed to ‘promote’ a few
subcategories to core categories, as included in table 6.5: “Metaphorical fantasies: complete narratives” became “Music-listening periods with complete narratives”; “Music-listening periods dominated by body work: a. exploring the body, b. deep relaxation” became “Music-listening periods dominated by bodily reactions”). I also added one new category: “Verbal session”. The subcategory “Core metaphors” was moved to “Additional subcategories”, because the emergence of one or more core metaphors in a music-listening period transcends the category system, like cancer-related imagery and transpersonal imagery. An emerging core metaphor would most likely be indexed in one of the subcategories A1-7. Given these revisions, the result of the analysis is the following core categories and subcategories:

Table 6. 5 Core categories describing complete music-listening periods

<table>
<thead>
<tr>
<th>A. Music-listening periods with complete narratives</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Music-listening periods composed of narrative sequences</td>
</tr>
<tr>
<td>C. Music-listening periods dominated by bodily reactions</td>
</tr>
<tr>
<td>D. No music-listening period: Verbal sessions</td>
</tr>
<tr>
<td>E. Music-listening periods with no or very little imagery (not including C. or deep relaxation)</td>
</tr>
<tr>
<td>F. Mixed music-listening periods, composed of two or more subcategories</td>
</tr>
</tbody>
</table>

The following table (6.6) describes the content of the core categories. However, these are primarily descriptive and the material will always be (to some extent) a matter of interpretation.

Table 6. 6 Descriptions of core categories

| A. The imagery is metaphorical and configured through the whole music-listening period. This results in a coherent narrative. |
| B. The imagery is metaphorical and/or exploratory, and it is configured in narrative episodes. The music-listening period is composed of narrative episodes, however not in a coherent narrative. |
| C. The imagery is sensory-kinaesthetic, and the music-listening period unfolds as either an exploration of the body and its reactions to the music, or as deep relaxation of the body. |
D. In a few sessions the therapists decided not to include a music-listening period. The therapeutic dialogue was verbal.

E. The participant reported no or very few images, and the flow of the music imagery experience did not come off or was interrupted.

F. The music-listening period was composed of more or less independent episodes that can be described by two or more of the subcategories listed in table 6.7.

In table 6.6 category D was included, because verbal sessions may be used in BMGIM when the participant experiences difficulties in the imagery process, but they may also be chosen in order to process rich imagery from previous sessions. Category E includes periods where there is little or no imagery. This can occur if there is resistance. Music-listening periods of type E are not very productive and may be a frustrating experience for the participant. Encountering resistance is a common experience in BMGIM (Bonny 2002, p. 287). Resistance may impede imagery, but resistance may also be reported as an image, e.g. a locked door. No quantitative criteria were used in the definitions of the categories (and as the analysis reported in table 6.9 will show, the frequencies of the six core categories are very uneven in this material).

Table 6.7 presents the subcategories within the core category F of table 6.5. These subcategories represent a necessary differentiation of the most common core category, the mixed music listening period.

Table 6.7 Subcategories describing segments or episodes of a music-listening period

<table>
<thead>
<tr>
<th>A1</th>
<th>Metaphorical fantasies: Complete and coherent narratives (framed by two or more pieces of music, but not by a whole music program or a complete music-listening period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2</td>
<td>Metaphorical fantasies: Independent episodes (e.g. framed by one piece of music, or segments of it)</td>
</tr>
<tr>
<td>A3</td>
<td>Explorative imagery directed towards past</td>
</tr>
<tr>
<td>A4</td>
<td>Explorative imagery directed towards present</td>
</tr>
<tr>
<td>A5</td>
<td>Explorative imagery directed towards future</td>
</tr>
<tr>
<td>A6</td>
<td>Explorative imagery directed towards death</td>
</tr>
</tbody>
</table>
A7 Imagery as stream of consciousness
B1 Episodes or segments dominated by body work: a. exploring the body
B2 Episodes or segments dominated by body work: b. deep relaxation
B3 Episodes or segments dominated by music exploration and enjoyment
C1 Thoughts, reflections, or associations on past
C2 Thoughts, reflections, or associations on present
C3 Thoughts, reflections, or associations on future
D1 Meditations to music
D2 Episodes dominated by difficulties in imaging (including resistance)

Additional subcategories:
E Imagery related to cancer (disease, hospital or treatment)
F Transpersonal imagery
G Core metaphors (identified in same form or transformed in more than two sessions)

Table 6.8 describes the content of the sub-categories in table 6.7. They are primarily descriptive and the material is (to some extent) a matter of interpretation.

Table 6.8 Descriptions of subcategories

| A1 | The imagery is metaphorical and coherent, and it is configured through two or more episodes (music selections), but not the whole session |
| A2 | The imagery is metaphorical and configured through one episode (music selection), but the metaphorical episodes are not clearly related to each other. |
| A3-6 | Explorative imagery is predominantly visual imagery of metaphorical character, very often related to the focus of the session. Explorative imagery may be directed and unfolded towards the client’s past or life story, often in the form of memories (A3); towards the present, often in the form of a referential or metaphorical investigation of problems and conflicts in the here-and-now (A4); towards the future, often in the form of ‘rehearsals’: imaginary situations ‘what if...’ (A5). A special type is imagery related to death, funeral and beyond: ‘what will happen to me...’ (A6). |
| A7 | Imagery may appear and continue quickly and unrelated. The images are not coherent. |
B1 Metaphorical investigations of the body are included in other categories. This subcategory is exclusively for the very concrete experience of bodily processes of pain management, cleaning, repairing, touching etc.

B2 Deep relaxation is found in episodes where there is no image activity and the client reports (during the music-listening or in the postlude) of relaxed body parts or the whole body being relaxed as a result of the music-listening.

B3 Episodes dominated by music exploration reveal themselves as ‘detached’ descriptions of the music’s meaning or reports of being (in) the music.

C1-3 Episodes may be dominated by cognitive thinking, existential reflections or diverse associations to either the past, present or future life of the client.

D1 Meditation to music is always connected to deep relaxation (B2), but goes further and may include the experience of non-metaphorical colours, altered states or experiences of deep or expanded awareness.

D2 The client does not experience imagery of the types mentioned (A-B-C). This may have many explanations, however they are not in focus in this study.\(^5^2\)

*Additional subcategories:*

E Cancer specific imagery includes visual or sensory-kinaesthetic imagery of cancer cells, imagery representing experiences at the hospital during operation or treatment, fear of relapse, or the client’s body with repercussions.

F Transpersonal imagery includes imagery that is neither intra- or interpersonal nor social, e.g. religious, spiritual or non-dual experiences.

G Core metaphors may appear and return in episodes within a session or between sessions – they may or may not be the core of a narrative.

Imagery in category A may be physiological, intrapersonal (e.g. anxiety, depression, unspecified anger), or interpersonal (e.g. being alone vs. being together; dealing with

---

\(^5^2\) Imagery is one of three inborn representational systems (sensory-kinaesthetic, image, semantic) (cf. Horowitz 1983). However, the image system may be damaged from physiological or psychological reasons. Episodes with no imagery may be caused by many reasons, including resistance or other psychodynamic responses. As this issue is not part of the study I will not go into further arguments about cause and effect (for a discussion see Bruscia 1998)
expectations or relationships, with partner, relatives or friends). Imagery in category B is primarily physiological and intrapersonal; however there may be an interpersonal dimension also, when the experience of the participant demands physical intervention of the therapist. The participant may ask for such an intervention or the therapist may offer it when appropriate. Imagery in category C may be intra- or interpersonal, while imagery in category D1 may be intra- or transpersonal.

_Distribution of categories and subcategories in the sessions_

The result of the analysis given in Table 6.9 and 6.10 is a presentation of the distribution of categories and subcategories, a) sorted by sessions and participants, b) sorted by subcategories as found across the participants’ music-listening periods.

### Table 6.9 Distribution of core categories by participants and sessions

<table>
<thead>
<tr>
<th>Session</th>
<th>WIFU</th>
<th>ANHO</th>
<th>INLA</th>
<th>ESMA</th>
<th>SAAA</th>
<th>PIJØ</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>E</td>
<td>B</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td>E</td>
<td>B</td>
<td>F</td>
<td>C</td>
<td>B</td>
</tr>
<tr>
<td>3</td>
<td>F</td>
<td>E</td>
<td>B</td>
<td>B</td>
<td>F</td>
<td>A</td>
</tr>
<tr>
<td>4</td>
<td>F</td>
<td>F</td>
<td>B</td>
<td>B</td>
<td>C</td>
<td>A</td>
</tr>
<tr>
<td>5</td>
<td>F</td>
<td>F</td>
<td>B</td>
<td>B</td>
<td>F</td>
<td>A</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>D</td>
<td>A</td>
<td>F</td>
<td>F</td>
<td>A</td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>D</td>
<td>B</td>
<td>F</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>8</td>
<td>F</td>
<td>D</td>
<td>B</td>
<td>F</td>
<td>F</td>
<td>B</td>
</tr>
<tr>
<td>9</td>
<td>F</td>
<td>F</td>
<td>B</td>
<td>B</td>
<td>F</td>
<td>A</td>
</tr>
<tr>
<td>10</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>A</td>
</tr>
<tr>
<td>Total</td>
<td>10xF</td>
<td>3xD</td>
<td>1xA</td>
<td>4xB</td>
<td>1xB</td>
<td>6xA</td>
</tr>
</tbody>
</table>

Table 6.9 shows that mixed music-listening periods (category F) is most frequently found, namely in 28 sessions, and with all participants except PIJØ. Experiences structured as narratives sequences (category B) is found in 17 sessions, and with four participants: INLA, ESMA, SAAA, and PIJØ. Complete narratives (category A) are found in 7 sessions, six of them with PIJØ and one with INLA. The last three categories are infrequently found: category D (verbal sessions) only three times, and only with ANHO, category E also three times, two with ANHO, one with SAAA. Category C (music-listening periods dominated by bodily reactions) is only found twice, and with SAAA. It is obvious that every participant has 'her own style' of
imaging. This becomes even clearer when the distribution of the subcategories is studied.

Table 6.10 shows the distribution of subcategories in the 10 music-listening episodes of each of the six participants. The total shows the number of sessions, including all six participants, in which a subcategory was found, and the numbers in brackets (in the “Total” column) indicate how many of the participants that experienced imagery

<table>
<thead>
<tr>
<th>Category</th>
<th>WIFU</th>
<th>ANHO</th>
<th>INLA</th>
<th>ESMA</th>
<th>SAAA</th>
<th>PIJØ</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>All (1-10)</td>
<td>1,4,5,9,10</td>
<td>4,5,7,8,9,10</td>
<td>3,4,5,6,9</td>
<td>7,10</td>
<td>1,2,7,8</td>
<td>32 (6)</td>
</tr>
<tr>
<td>A2</td>
<td>1,2,10</td>
<td>4,9</td>
<td>1,2,3,4,7</td>
<td>1,2,6,7,8</td>
<td>3,6,7,9</td>
<td></td>
<td>19 (5)</td>
</tr>
<tr>
<td>A3</td>
<td>3</td>
<td>10</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td>3 (3)</td>
</tr>
<tr>
<td>A4</td>
<td>7,9,10</td>
<td>2,4,6,7</td>
<td>7</td>
<td>2,9</td>
<td></td>
<td></td>
<td>10 (4)</td>
</tr>
<tr>
<td>A5</td>
<td>9,10</td>
<td>5,10</td>
<td>4,6</td>
<td>7</td>
<td>(3),10</td>
<td></td>
<td>9 (4)</td>
</tr>
<tr>
<td>A6</td>
<td>7,8</td>
<td>6,7,9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5 (5)</td>
</tr>
<tr>
<td>A7</td>
<td>2,3,4,5,6,7,8,10</td>
<td>4,5,9,10</td>
<td>1</td>
<td>(8)</td>
<td>3,4,10</td>
<td></td>
<td>17 (5)</td>
</tr>
<tr>
<td>B1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7 (5)</td>
</tr>
<tr>
<td>B2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 (1)</td>
</tr>
<tr>
<td>B3</td>
<td>2</td>
<td>1,(7)</td>
<td>7,10</td>
<td></td>
<td></td>
<td></td>
<td>5 (3)</td>
</tr>
<tr>
<td>C1</td>
<td></td>
<td>2,(5),10</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td>4 (3)</td>
</tr>
<tr>
<td>C2</td>
<td>5,8,10</td>
<td>1,2,4,5,8,(10)</td>
<td>1,2,10</td>
<td>(1),(6),8</td>
<td></td>
<td></td>
<td>15 (4)</td>
</tr>
<tr>
<td>C3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 (2)</td>
</tr>
<tr>
<td>D1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5 (3)</td>
</tr>
<tr>
<td>D2</td>
<td></td>
<td>1,2,3,4,5,9,10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8 (2)</td>
</tr>
<tr>
<td>E</td>
<td>1,2,4,10</td>
<td>(1),(6),(8)</td>
<td>10</td>
<td>8,9</td>
<td>(2),3,(4),6</td>
<td></td>
<td>14 (5)</td>
</tr>
<tr>
<td>F</td>
<td>1,(7),(8),(9),(10)</td>
<td>3,(4)</td>
<td>(2),5,(8),(9)</td>
<td>(5),(7)</td>
<td>(10)</td>
<td></td>
<td>14 (5)</td>
</tr>
<tr>
<td>G</td>
<td>1,2,3,4,6,8,9,10</td>
<td>3,5,9</td>
<td>1,(2),4,5,6,7,8,9,10</td>
<td>1,9</td>
<td>7</td>
<td>1,3,6,7,8,9</td>
<td>29 (6)</td>
</tr>
</tbody>
</table>
of the specific subcategory. If the session number is in brackets it indicates that the researcher’s interpretation is a proposal that can be discussed.

A closer look at the distribution of the subcategories show that all participants experience metaphorical fantasies (A1-2) of shorter or longer duration (the only reason why INLA is not listed in A2 is that her fantasies are always quite long, also when they do not form a complete narrative). The table also shows that core metaphors (G) can be found with all participants, and that five of them seem to have had experiences of a transpersonal nature (F). The research questions concerning narrative configuration cannot be answered through this analysis, but the presence of so many examples of category A1 indicates that image episodes are connected (see chapter 8.2.)

The other subcategories (A3-7, B1-3, C1-3, D1-2) are more unevenly distributed, documenting a) the highly personal nature of the metaphorical fantasies, b) the personal ‘travel style’ of the participants, e.g. the highly embodied experiences of WIFU and SAAA, the many reflections of ESMA and INLA, while PIJØs imagery is almost free of reflections.

It is notable that even if specific cancer-related imagery (subcategory E) can be found with five of the six participants, the major part of the material is of a more general existential or psychodynamic nature.

A closer look at the core categories show that a little less than half of the music-listening periods are composed of narrative sequences, which is fine from a clinical point of view, since it is the purpose of individual BMGIM sessions is to evoke and explore coherent imagery. Half of the music-listening periods are of ”mixed” character. This is not surprising, as any GIM therapist would confirm. More important is the identification of the components of the mix, and this seems to be highly individual: WIFUs strong metaphorical imagery is very often mixed with bodywork and deep emotions; ANHOs rather sparse imagery is mixed with bodily tensions and problems with the format; INLAs rich imagery is often mixed with reflections; ESMAs imagery is closely related to her life story and physical environment and often mixed with reflections; while SAAA rather sparse imagery often leads into deep
bodily or meditative states. In contrast PIJOs imagery is always of a metaphorical nature, i.e. never mixed.

Imagery related to cancer was found with five of the six participants. However, the emergence of cancer-related images could not be classified as a core category, as they would appear across the construed spectrum of categories. This indicates that the nature of the six participants’ imagery included, but was not dominated by specific cancer-related images and issues.

Is a grounded theory possible?
The purpose of a grounded theory study is the formulation of a local theory of the phenomenon studied. A small-scale study with six participants cannot be considered a solid base for the formulation of a theory. However, the analysis of what happened in the BMGIM sessions, as presented in this chapter, is later subjected to a selective coding in chapter 7.4. The next chapter will look more closely at two specific cases selected for a detailed explanatory study, relying on theoretical propositions from chapter 3, and the results of the case study will also be integrated in the grounded theory proposal.
7. Two case studies. A mimetic analysis and a grounded theory proposal

Introduction

In order to address research question six “How does the imagery develop and/or is reconfigured during GIM therapy?”, two in depth case studies are presented to illustrate how this occurs. They form part of the triangulation strategy used in this study. Multiple sources are used to enhance the rigour of the research and to diminish the threats to validity common in flexible design studies (Robson 2002, p. 174-5).

There are four main types of triangulation, and two of them will be used here:

- Data triangulation: data are collected using more than one method: self-report questionnaires, interviews, audio-recordings and transcripts
- Methodological triangulation: qualitative and quantitative approaches are combined

Yin (1994) describes the case study as “the preferred research strategy when ”how” and ”why” questions are being posed, when the investigator has little control over events, and when the focus is on a contemporary phenomenon within some real-life context.” (p.1) He makes a distinction between three types of cases studies: exploratory, descriptive, and explanatory (p.4), and he presents two general analytic strategies: a. Relying on theoretical propositions, following the theoretical propositions that led to the case study, and b. developing a case description, when theoretical propositions are absent. (p. 103-04).

According to Creswell (1995) and Robson (2002) the focus of a case study is the development of an in-depth analysis of a single case or multiple cases, based on data collection from multiple sources: documents, archival records, interviews, observations, physical artefacts. Data analysis includes description, themes and assertions, and the report may be structured in the following way:

- Entry vignette
- Introduction (questions, data collection, analysis, outcomes)
- Description of the case(s) and its (their) context
- Development of issues
The following two case studies are explanatory and relying on theoretical propositions. The purpose is to study the therapeutic BMGIM process of two participants focusing on how the music-assisted imagery developed through the ten sessions, how the participants experienced the imagery and the process, how they reported effects of the BMGIM therapy on mood and quality of life, and finally how and why the therapy had a positive influence on their rehabilitation process. The theoretical propositions were presented in chapter 3 and included a theory on how metaphorical transformation and narrative configuration in BMGIM may lead to improvement in self-understanding and quality of life.

I have chosen two of the six participants for this case study: INLA and PIJØ. They have been chosen because they represent different types of music-assisted imagery, as documented in section 6.2. They also represent different types of outcome as documented in chapter 5. And they represent the two cancer types included in this study: INLA had breast cancer, PIJØ had abdominal cancer.

The data materials included in the case studies are both qualitative and quantitative:

- Two qualitative interviews, one with each participant (App.6.4.1b and 6.4.2.b)
- Audio-recordings and transcripts of the ten music-listening periods of each participant
- The therapist’s qualitative analysis of the two participants’ therapeutic process
- Quantitative data from the self-report questionnaire analysis

The purpose of including quantitative material is data triangulation and methodological triangulation, and not an attempt to establish statistical generalization, however one purpose of doing multiple case studies is to propose analogical generalizations (see section 9.2.3).
The two cases will be presented separately in the following format, which I have developed as an adaptation of the Creswell format for the purpose of this specific study:

- Entry vignette (in narrative form)
- Summary of the therapeutic process, including the therapist’s overview
- The participant’s experience as expressed in the interview
- Analysis of the music-assisted imagery: core metaphors and image configurations, including the participant’s own interpretations
- Therapeutic outcome as indicated in the questionnaires
- Assertions on the process and outcome of BMGIM therapy for the participant
- Closing vignette (in narrative form)

The emphasis will be on the analysis of the imagery and its configuration, not on the relationship between music and imagery – which will be the topic of chapter 8. Finally similarities and differences between the two case studies will be discussed.

7.1 Case study: PIJØ

Entry vignette
The interview takes place in PIJØ's home on a mild spring day. From her living room there is a fine view to the nearby forest, glowing in green. The researcher asks: “Have you had the strength to finish your education?“ She confirms that she has managed the exams so far, and that she expects to finish as planned. She says: “Gradually I felt better, and the radiation damages diminished. – And I wanted to experience the spring; that was very important. I managed that, and I leave space open for this experience. In spite of my radiation damages I am taking my exams – and I have written an application! I believe in it now. I can try to ’sell’ myself. Maybe I don’t succeed, but I dare do it.”

Summary of the therapeutic process, including the therapist’s overview
From the very first session PIJØ delved into the imagery. She never experienced any problems with the BMGIM session format, and the meaning of the imagery was
increasingly clear to her, as indicated in the Postlude comments of the session notes (App. 8.21). The first two sessions and sessions #7-8 were clearly shaped in narrative episodes, but the episodes were not clearly connected. In sessions #3-6 and 9-10 all music-listening periods were configured into coherent and complete narratives (Table 6.9 and 6.10). The development of the imagery was always closely connected to the music. This can be seen in detail in the Event Structure Analysis of section 8.2, and it can also be observed in the session notes (App. 8.2.1).

The therapist constructed the following overview of the process:

Figure 7. 1 The therapist’s overview of PIJOs therapeutic process.
In fig. 7.1 the therapist has given every session a title and included a miniature version of the mandalas. The process developed from: anxiety, doubt, feeling threatened, having pains, being isolated, having low self-esteem, being “at the bottom of the barrel” to: being confident, being able to tolerate the pain and uncertainty, accepting and exploring the conflicts, having images of other qualities, using fairy tales and fantasy as a resource, “being on top of the barrel”.

How this process can be described and interpreted within a narrative framework is discussed below. The therapist described session #6 as a pivotal session. The bottom was reached, the client endured this very difficult experience, and from then on it went slowly but surely upwards, as confirmed by PIJØ in the interview: “This is also a way to find inner strength: I dare risk something, even if I am extremely vulnerable. I found courage to do that [LOB: and it gave results?] Yes”.

The participant’s experience as expressed in the interview
PIJØ contributed to the grounding of all core categories except ‘Coming to terms with life and death”. Quotes can be seen in table 6.2. In the interview she described how old ‘scripts’ were changed, and how this influenced her quality of life and interpersonal relationships: “Before I felt very much that I had to be strong, that I had to handle everything. I almost think it can make you sick to live like that. I have also experienced how people in my network react if I am weak. It is OK to be in that state and not fight all the time. Be able to say: I need peace and rest. [Do you consider that an important change?] I feel that I am much better to live here-and-now – and not worry so much about how I manage. Previously things like my financial problems would have knocked me down, now it’s like I’m saying ’It’s going to be OK somehow’. [You don’t get knocked down so often?] No.”

Even if the improvements were somewhat “intangible” and the process was characterized by frequent changes in physical health PIJØ stated that she was able to apply some of the coping strategies explored in the imagery to real life problems: “I took something with me and used it in a different situation”. She described with several examples, how the imagery was used to explore the conditions and emotions “on the bottom”, and to “rehearse” new attitudes and the accompanying feelings. On
the other hand she stated that she did not ‘practice’ or use the tools from the music therapy in a conscious way. Between sessions she did not use cds, mandalas or session transcripts to relax or further explore the imagery. Her own explanation of how music therapy influenced her life situation anyway was: “I guess it has been working in the subconscious instead, but some times I felt a little guilty….”.

PIJØ never found the images weird or frightening. She found it exiting to lie on the couch, listening more or less consciously to the music and producing images, and the imagery made sense to her. She was aware that there was not so much ‘every-day-life’ quality about the imagery; it was more inspired by fantasies and fairy tales. This was related to her predilection for fairy tales and fantasy, elaborated in an essay at the teachers’ college. She liked how potentials and even serious problems are handled in these genres, and that was one reason why she was never scared of the dark or difficult images she encountered on the way. Another explanation can be found in PIJØs experience of the differences between BMGIM imagery and dream imagery: The BMGIM images “are images of where I am, on the other hand they are also seen from the outside. Although some of it is seen from the inside! [Internal and external at the same time, yes. But not a story you would tell in your outer life?] It is not like nightly dreams that can give you a negative feeling all through the day. I have not carried negative feelings with me from the music therapy. It has been positive feelings.” PIJØ realized with increasing ease, how dilemmas or conflicts in the imagery were metaphors of dilemmas and problems in her ‘outer life.’ However, the metaphoric quality of the imagery enabled her to ‘explore’ and ‘rehearse’ the situations, and she felt that the images helped her finding her own solutions to the problems. An example was the snake in session #6. It showed her a way to go and helped her along the way, but not “all the way up, I had to manage the last bit myself.”

One of PIJØ’s cancer caused problems was that her body feeling changed dramatically, and during the treatment period she had felt it like her body “was public property”. During the music therapy project her body feeling improved. Of course this cannot be ascribed to the music therapy, on the other hand the therapy made it possible to talk about the body problems in a new way. The metaphor of the polluted lake that was cleansed (session #3) by water lilies offered an organic perspective to
the healing process and was a contribution to how PIJØ could easier talk about her situation: “I had cancer in a part of my body that is not so easy to talk about. [Has it become easier for you to talk about it?] Well, people tell me that ‘It is easy to talk with you about it.’”

A very important outcome of PIJØs process was that she experienced how facing the problems enabled a fundamental change in attitude. This was the most important experience of the BMGIM process for her: “It is possible to change. Even if life is bad something can change into something positive. Even if there were a lot of bad things, there were also a lot of good things, lots of good images and plenty of hope, keeping the process on the track (…) To me it is about being here-and-now, just looking out of the window. The feeling it gives me to look out of the window and see everything burst [in spring]. I am filled with joy when I walk in the woods. I experience things more intensely now, luckily also the positive things.”

*Analysis of the music-assisted imagery: core metaphors and image configuration, including the participant’s own interpretations*

This analysis investigates if it is possible to identify the three levels of metaphors defined in chapter 3 (based on Bonde 2000) in PIJØs imagery and its development through the sessions. The three levels are:

1) The narrative episode, configured around a core metaphor
2) The narrative configuration of the self
3) The complete narrative

*Level 1*

A core metaphor is based on a specific image that highlights an important problem area, either as a metaphor of the problem itself or an element of the problem and its solution. The images on which the metaphors are based are often included in the mandala (if present), another way to identify them is to examine postlude notes, and of course to ask the client what stands out for him or her at a certain point in time. Based on the session transcripts, including the postlude notes and the mandalas I used the interview to discuss selected metaphors with PIJØ, and I encouraged her to talk about the images that she recalled as special or important. Table 7.1 is a presentation
of the core metaphors addressed in the interview, and PIJO’s comments and interpretations of them.

Table 7.1 PIJO’s comments on metaphors and narratives

<table>
<thead>
<tr>
<th>Metaphors addressed - in chronological order (session #)</th>
<th>PIJO’s comments and interpretations – from interview or postlude</th>
</tr>
</thead>
<tbody>
<tr>
<td>A painter (#2)</td>
<td>A positive image = creativity</td>
</tr>
<tr>
<td>The pixy (#2)</td>
<td>I laughed almost all the way home. I recognized this rather confused person, running around, not really knowing where it was going.</td>
</tr>
<tr>
<td>The lake (#3) and the earth colours</td>
<td>Water has always been very important for me. Spontaneously I would have thought it was the sea, however it was a lake that emerged. It had some sort of demarcation, but also possibilities of entry… what I experienced was quite deep in the lake of the hole. There was along way up. [First time the lake emerges it is polluted, and then it becomes cleaner and cleaner. Some sort of transformation goes on.] It came rather… it was in the beginning, wasn’t it. The earth colours on the borders of the lake… but also a lot of green. These are probably the colours that belong to the lake. [Does it still have meaning for you?] Yes, I think so</td>
</tr>
<tr>
<td>The castle (#4-5)</td>
<td>Castles and fortresses have always fascinated me. So I guess the images came from the fascination. Houses and rooms also emerge in my dreams, and it can be quite difficult to get out of them, many stairs and things like that. Difficult to get in, difficult to get out – a lot of strange rooms. [You know that they are there, and that it is possible to get in?] Yes. It is something about new sides… Finding a new place, penetrate a tangle, and get through to the other side. [Do you feel, less metaphorical, that you have captured new space?] It is like acknowledging new aspects of myself all the time, knowing them better, with greater security of being in the rooms. (…) the feeling of going down to the bottom [of the barrel. It was very much up and down. I succeeded in finding ways to get up again. The feeling of giving up, that you don’t care any more… is changed to a feeling of not drowning so much, when things are difficult…. At one time I had problems with my boyfriend, we were almost drowning in this and that, but we found the strength to</td>
</tr>
</tbody>
</table>
The snake (#6-7)  
To me it was a friendly snake that could help me. But it didn’t help me all the way up. I had to manage the last bit myself.

The hunter (#8)  
A positive and powerful symbol. Dancing with the hunter is empowering, but it also brings calmness, which is necessary to acknowledge that space may be narrow, and it may be necessary to move outside in order not to be engulfed or swallowed.

The snail (#9)  
Everything was a little difficult…it was very heavy stuff for me, difficult to make a choice and find a way. Vulnerable. [But the snail could choose to move forwards in the verge?] Yes, that was where there was comfort and rest, and then there was the long road, and the road I couldn’t see – like it was not an option right now in some way. So it was about needing rest and quiet, and wanting to lie in the verge and feel the sun, but it didn’t really lead anywhere. Whereas the long road led somewhere, and there was a light in the horizon, it was just so damn far away (both smile) – but after all I chose the long road. There is still a long way to go but light is coming nearer. [So the snail and its dilemma is a very precise image of a dilemma in your life?] Yes, very much, at that time. I never really found out what the last road was about.

‘Reaching high’ and Picking down the stars (#10)  
That was very important…. I remember after the last session, where I had been ‘reaching high’, that I went for a walk. I walked energetically and climbed the highest hills I could find. In that way I ’rehearsed’ the image, the feeling of ‘being on top’ or ‘at your peak’.

Table 7.1 includes many examples of what Irgens-Møller (1999) called ‘helping imagery’. PIJØ identified the snake and the hunter as helpers in difficult situations. Other helpers were the water lilies cleansing the forest lake and later showing the way, the moss inducing comfort and robustness, the dragon fly carrying the protagonist, the fiddler (representing the music) showing the way and initiating a dance, the eager lady (might be a metaphor of the therapist) who encourages involvement, the fish protecting the protagonist, the sailboat bringing her back to a new day.
Some of the core metaphors may be metaphors of the self. At the level of the narrative configuration of the self the client explores an imagery situation of special quality, enabling her to give “a precise metaphoric characterization of herself, the situation, the obstacles, the defence, the potential”. The analyst looks for “the imaging ego” (Clark 1991) in the imagery, the element, which makes “I” statements.

In this material I have identified the following metaphors of the self:
Session #1: The kayak rower. – Rowing the kayak represents ‘simple life’ (postlude comment from session #7), access to nature and beauty. However, the rower is also isolated and alone, and longs for relationships and community.
#2: The pixy. – In the interview PIJØ recognized this “rather confused person, running around, not really knowing where it was going” as part of herself.
#3: The forest lake. – This metaphor is cancer-related and seem to represent the body self. The waters (bodily fluids) were polluted (by the cancer) but a natural recovering process takes place, and life comes back to the beautiful lake.
#4: Thumbelina* is a tiny creature confronted with the beauties and horrors of nature (at the lake). She is helped to survive by nature’s creatures but also confronted with darkness and danger. She manages to solve the problem and heads for new adventures.
#5: The castle. – Houses and buildings are classical metaphors of the self. This castle presents new rooms and options for the protagonist. It contains challenges and surprises but also opportunities for expansion.
#8: The little girl. – The abandoned girl may be an image of PIJØ as a child, however it may also be a metaphor of her need for holding, caring and protection, as provided by the blackbird and the hunter.
#9: The snail. – This whole session is configured as the snail’s choice making. Three options are presented, and the snail makes a choice, acknowledging how much it needs rest and comfort (like the little girl).

*’Tom Thumb’ is male, while ‘Thumbelina’ from the fairy tale by H.C. Andersen is female. - In sessions #6, 7 and 10 PIJØ is herself in the imagery, the ”I” who experiences and makes statements.
Configuration is the core of a narrative. In level one it was shown how conflicts were configured in the imagery: the core metaphor was part of a series of actions and transformations in narrative form. For example the hunter in session #8 found the little girl in the nest, brought her safely down to the ground and invited her to dance. In level two metaphors of the self were configured and reconfigured. For example the forest lake was initially polluted, but later cleansed by the water lilies, so that life could be renewed. This introduces the element of the plot: there is a protagonist and one or more antagonists, there is a conflict caused by someone or something, and there is a solution or end to the conflict.

Level three is defined by emplotment. Single metaphors and small scenes are connected to narrative episodes through a simple plot, and a small story unfolds. Narrative episodes may be linked through a more elaborate plot, and the whole session may take the form of a coherent and complete narrative or story. Such stories can be found in six of PIJØs sessions: #3-6 and 9-10. One example could be the tale of session #4. The tiny (anonymous) female creature (I call her “T”) is introduced in the context of the lake with water lilies (from session #3). She moves from one petal to another, climbs a flower and feels safe in the colourful surroundings. She climbs a dragonfly and flies high to get an overview of the lake. An unidentified threat emerges as a grey mist on the lake. The dragonfly loses height and seems to be exhausted (influenced by the mist?) to the point of dying. “T” takes action and rolls the dragonfly out of the darkness, into the sunshine where it comes to life again. Harmony is restored, and another chapter may begin: the next scene takes place at the banks of the lake, where “T” explores the roots in order to climb the bank. It is a difficult task as the roots are slippery and lead into a dark and narrow cave with torches and monks (probably inspired by the male chorus singing a Russian hymn). The friendly water lily shows “T” another way. A staircase leads to the great hall of a castle, where “T” (at this point maybe transformed into PIJØ?) finds a beautiful red gown, worthy of a queen. – The castle is explored further in the next session.

This narrative can be seen as a personal variation on a well-known fairy tale by H.C. Andersen (1835): Tommelise (Little Tiny or Thumbelina). Andersen’s “T” is born in a flower, carried off by a toad and placed on a water lily leaf in a river. She enjoys nature but is threatened by some of its creatures that carry her off or help her on
certain conditions. Andersen’s tale ends at a castle, where “T” meets a tiny prince and marries him. PIJØ’s narrative is like a condensed version with a related plot and many of the same configurations: nature and its creatures as friends and foes, the protagonist being threatened, helped and helping others, flying high and sinking low, exploring underground territory and finally settling at a castle. The five other sessions categorized as complete narratives have not direct similarities with well-known fairy tales, however the emplotments have similar features. A very distinctive feature is that the protagonist goes into action when threatened. She faces the difficulties instead of flying or freezing. This feature is also a characteristic of the narrative structure known as the Hero’s or Heroine’s myth.

The complete stages of a hero’s journey according to Campbell, as reported by Clark (1995) are: The Call to Adventure – Supernatural Aid – Crossing the Threshold of Adventure – Trials and Tasks – Reaching the Nadir – Receiving the Boon – Return (Note: Clark also created a music program Mythic Journey I: The Hero* (Clark 1995), based on these stages. *Name change in 2002).

It is possible to relate the six complete narratives identified to this matrix, however I will only try to relate a) the narrative of #4 analysed above, b) the complete therapeutic process of PIJØ to the matrix of the Hero’s journey:

Table 7.2 One complete narrative and PIJØ’s complete process related to the narrative matrix of the ‘Hero’s Journey’

<table>
<thead>
<tr>
<th>Stages of Hero’s journey</th>
<th>Session #4 ‘Thumbelina’*</th>
<th>PIJØ’s therapeutic process</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Call to Adventure</td>
<td>T. is born from a soap</td>
<td>P. was in a difficult transition phase of her life.</td>
</tr>
<tr>
<td></td>
<td>bubble and finds herself</td>
<td>Rehabilitation from abdominal cancer, combined</td>
</tr>
<tr>
<td></td>
<td>in the unknown world of</td>
<td>having relational problems called her to look for support.</td>
</tr>
<tr>
<td></td>
<td>the lake – on a water</td>
<td></td>
</tr>
<tr>
<td></td>
<td>lily leaf. She moves</td>
<td></td>
</tr>
<tr>
<td></td>
<td>from leaf to leaf.</td>
<td></td>
</tr>
<tr>
<td>Supernatural Aid</td>
<td>She enters a flower,</td>
<td>P. was informed about the</td>
</tr>
<tr>
<td></td>
<td>experiences serenity. It</td>
<td>BMGiM project and</td>
</tr>
<tr>
<td></td>
<td>is almost like being in</td>
<td>volunteered. She trusted the</td>
</tr>
<tr>
<td></td>
<td>a church.</td>
<td>therapist and the process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>from the beginning.</td>
</tr>
<tr>
<td>Crossing the Threshold of</td>
<td>A dragonfly takes her</td>
<td>P. began her therapy.</td>
</tr>
<tr>
<td>Adventure</td>
<td>on a ride. She looks</td>
<td>The first session presented images of yearning and sadness. She</td>
</tr>
<tr>
<td></td>
<td>down at the lake from</td>
<td>began to work.</td>
</tr>
<tr>
<td></td>
<td>above. It feels safe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>to fly high.</td>
<td></td>
</tr>
</tbody>
</table>
Trials and Tasks
Observes a grey area, it makes her afraid. The dragonfly sinks, sadness. They land in the grey mist. Dragonfly is exhausted… …almost to death? What can she do?! T. must do something now. She rolls the dragonfly through the mist.
The imagery developed and included metaphors and narrative episodes related to P’s problems in past and present. In session #6 she reached ‘the bottom of the barrel’. She froze to ice and the ice shattered. -> A new beginning. P is blown upwards in the sky and dragged downwards, like to the bottom of a volcano. With the help of a snake she starts climbing upwards.

Reaching the Nadir

Receiving the Boon
They come out in the sun. The dragonfly dries and survives – it made it! All the colours return.
Sessions #7-9 present different conflicts, however helpers turn up when needed: a fish, a teddy bear, and a hunter. Choices are made and in #10 P. embraces a rainbow, she looks at the world and picks a star from the sky.

Return
T. moves to the banks of the lake – to begin a new sequence.
She falls asleep on a sailboat and wakes up to a new day on the deck.

* Only the first part of session #4 is covered here. However, second part (or sequence) follows the same pattern.

The analysis in Table 7.2 confirms an observation made by Clark (1995) that a BMGIM facilitator “will see the Hero’s Journey myth cycle appear in a single session or spread out over a whole series.”

The process of mimesis was defined in chapter 3 as a reflection of the ‘real’ life story of a client being configured through emplotment in the therapeutic narrative. In the interview PIJØ did not identify “Thumbelina” as a metaphor of the self, yet it is obvious that T’s situation (the figuration) is a reflection of PIJØs situation as a physically small woman in unknown and demanding surroundings. Mimesis1 is this state of being in the middle of a challenging, unresolved situation.. The narratives unfolding in the music-listening periods of the ten sessions, documented in the audio recording and the session notes, are the spontaneous, music-assisted configuration acts of mimesis 2, dynamically activating figures, plots and structures well known from fairy tales, in the case of session #4 close to an existing fairy tale by H.C. Andersen. Seen as a whole mimesis 2 leads the protagonist (PIJØ) through a series of
configurations and transformations of core metaphors and other metaphors arranged in a variety of plots. The purpose of the therapy was to improve PIJØs mood and quality of life through the exploration of her inner world of images and metaphors. *Mimesis 3* is the process of refiguration, the gradual development of new coping strategies and scripts. What was experienced and learned in the therapy room should be transformed and used in real life. In the interview PIJØ stated that she had experienced a process of change. She found herself able to accept the often contradictory qualities of her daily life and also being able to enjoy the quality of the moment, instead of being driven by the old script of having to handle and manage everything on her own.

*Therapeutic outcome as indicated in the questionnaires*

Is it possible to correlate or combine the qualitative analysis above with results from the quantitative analysis? The following section is a closer examination of PIJØs scores in the three self report questionnaires plus the music therapy questions, and reflections on these scores will be included in the final assertions on the process and outcome of PIJØs BMGIM therapy.

**Table 7.3 PIJØs scores in the questionnaires**

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Pre-test score</th>
<th>Post-test score</th>
<th>Follow-up score</th>
</tr>
</thead>
<tbody>
<tr>
<td>HADS Anxiety</td>
<td>10</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>HADS Depression</td>
<td>7</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>QLQ-C30 Quality of life</td>
<td>58</td>
<td>83</td>
<td>50</td>
</tr>
<tr>
<td>SOC total</td>
<td>145</td>
<td>151</td>
<td>148</td>
</tr>
<tr>
<td>SOC meaningfulness</td>
<td>40</td>
<td>47</td>
<td>48</td>
</tr>
<tr>
<td>SOC manageability</td>
<td>44</td>
<td>47</td>
<td>44</td>
</tr>
<tr>
<td>SOC comprehensibility</td>
<td>52</td>
<td>57</td>
<td>56</td>
</tr>
<tr>
<td>4 music therapy questions</td>
<td>-</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 7.3 reveals that PIJØs anxiety and depression scores decreased from pre-test to post-test, and further from post-test to follow-up, as measured by the HADS. Quality of life, as measured by the QLQ-C30, increased from pre-test to post-test, however it decreased to a level below pre-test at follow-up. Quality of Life, as measure by the SOC increased from pre-test to post-test, and even if it decreased from post-test to follow-up the last score was still higher than the pre-test score. All three subscales increased from pre-test to post-test. The manageability subscale score decreased to
pre-test level at follow-up, while the meaningfulness score increased one point and comprehensibility decreased one point from post-test to follow-up. The scores on the music therapy question reveal that PIJØ found the BMGIM process helpful, even if she did not score maximum (12).

**Figure 7.2 PIJØs QLQ-C30 scores, including all subscales**

![QLQ-C30 Scores](image)

Fig. 7.2 shows PIJØ scores on all subscales at pre-test, post-test and follow-up. Some of the functional subscale scores increased from pre-test to post-test (EF, CF) while others decreased (PF, RF, SF). From post-test to follow-up some scores remained stable (RF, CF, SF), while one increased (PF) and one decreased (EF). Quality of life increased from pre-test to post-test, but dropped quite dramatically from post-test to follow-up. The explanation may be found in some of the symptom subscales. Both NV and PA increased from post-test to follow-up, and these symptoms are very likely to have influenced the global QoL scores negatively.

Taken together the results of the quantitative investigation documented that BMGIM therapy had a positive influence on mood, as measured by the HADS, and on quality of life, as measured by the SOC, while the mixed result of the QLQ-C30 indicates that physical aspects (symptoms) of QoL troubled PIJØ at follow-up.
The qualitative part of the case study documented how the music-assisted imagery developed through the ten sessions. All three levels of metaphors were found in the data, and mimetic processes of configuration and emplotment were identified. PIJØs understanding and positive evaluation of her therapeutic process was documented by the interview analysis, supporting the conclusion that she experienced a process of therapeutic change through BMGIM, enabling her to develop new coping strategies and perspectives on her daily life.

**Assertions on the process and outcome of BMGIM therapy for the participant**

BMGIM therapy was a productive, supportive and challenging process for PIJØ. Core metaphors and metaphors of the self emerged from the very first session. Gradually the metaphors unfolded and developed through a process of configuration, enabling PIJØ to explore the metaphors in depth. In the ten music-listening periods the most frequently found configuration type was the complete narrative where one or more core metaphors are explored in an elaborate plot, sometimes continued from one session to the next. This mimetic process enabled PIJØ to find meaning and guidance in the imagery, to relate the metaphors to her daily life and thus to use her BMGIM experiences to inform a gradual development of new coping strategies. PIJØs scores on the HADS, the SOC, and the music therapy questions confirmed that she had a positive outcome of the therapy.

**Closing vignette**

The castle is surrounded by a tangle reaching all the way up to the windows of the great hall. P. knows that it is impassable, almost like a jungle filled with unknown and dangerous animals. Nevertheless she breaks the bay window and enters the tangle, grasping the roots with her hands…. In the postlude PIJØ says that it was necessary to explore the tangle without fear in order to learn something new about the world – and herself.

**7.2 Case study: INLA**

**Entry vignette**

In the interview INLA was very critical about the questionnaires. She had found them difficult to fill in as she found many of the questions unclear or open to interpretation.
She knew that her own scores had not changed much, and she found that misleading and not a valid interpretation of her outcome of the therapy. She was sure that she would have felt worse and thus scored lower on several items, if she had not participated in the project. Through the music therapy she now felt more connected to herself, more attentive, and as a consequence of this she had become more conscious about some of the more tiresome or difficult things in her life. About this paradox she said: “A positive change may not be indicated in the scores, but this is not due to the music therapy, it is almost the other way round.”

Summary of the therapeutic process, including the therapist’s overview

INLA brought a strong motivation to the therapy room, and she easily adjusted herself to the BMGIM session format and the style of the therapist. Images emerged in a natural stream from the first session, and in most cases the meaning of the imagery seemed clear to her from the beginning. The music-listening period of the first session was ‘mixed’, while sessions #2-5 and 6-10 were clearly shaped in narrative episodes, most often framed by one piece of music, however the episodes were not clearly connected. Only in session #6 the music-listening period was configured into a coherent and complete narrative (Table 6.5). The development of the imagery was always closely connected to the music. This can be seen in detail in the Event Structure Analysis of section 8.2, and it can also be observed in the session notes (App. 8.2.2).

The therapist constructed the following overview of the process:
Figure 7.3 The therapist’s overview of INLAs therapeutic process.
In fig. 7.3 the therapist has given every session a title and included a miniature version of the mandalas. The process developed from conflict issues, the need of controlling, fighting the problems to accepting and integrating contrasts, letting go of control, finding time and space to rest and being self-contained, approaching reconciliation.

A narrative analysis of the imagery and its configuration follows below. The therapist described the very long session #4 as a pivotal session: the core image of the eagle, representing a totally new psychological quality, emerged and was explored, enabling the birth of something new, represented by the image of an embryo. The importance of this session was confirmed by INLA in the interview: “Some of the images have been fantastic, extremely powerful. Especially the eagle! I would never have thought that I had it in me.”

The participant’s experience as expressed in the interview
INLA contributed to the grounding of all core categories. Quotes can be seen in table 6.2. In the beginning of the interview she described her situation a week after follow-up [May] in the following way: “If I take a look on my life now as compared to when we started [October] I am glad that I am where I am now. I feel good. I am not depressive, I do not consider drowning myself in the harbour. Many things are difficult, but many things are working very well. Yes. But the questionnaires – they cannot really show that. I think it is more useful to look at Ellen’s notes. If I look at my own copies of the transcripts I think it is absolutely fantastic what has happened.”

What happened according to INLA was that she felt increasingly empowered during the project period, not due to the BMGIM therapy alone, as she also consulted a clinical psychologist and practiced regular meditation in the project period. The specific contribution of BMGIM was characterized in the following way: “…when it comes to handling life – I mean coping with my life – there is no doubt that I have benefited a lot by coming here. I even had small glimpses of ”bad conscience” towards my bright psychologist, because some of the issues I have worked with in the sessions with her did not really unfold before I came here. (…) The music therapy process has given me something I couldn’t have got anywhere else.” INLA identified a specific property of the music therapy as the combination of verbal and non-verbal elements, enabling an experience that was nor primarily intellectual or cognitive, in
her case this gave access to intrapsychic qualities that she did not know about before. The four stages of the BMGIM session had specific properties: In the prelude “there was a certain confidence. Simple questions like ‘What do you bring for today? What is your wish for this session?’ are very productive. Not only as documentation, also for development. Then comes the relaxation, and I really felt how it helped me to enter this ’underworld’, not in any negative way, I really wanted it every time. And then the music! After four seconds... And the final debriefing was extremely important. Talking about the experience, finding meaning in some of it, interpreting it, sorting it out somehow.” However, the positive effect of a session experience was not always sustained until next session, and this caused some frustration. INLA was very conscious of the paradox inherent in effective psychotherapy that ‘feeling better’ also means addressing conflict issues and difficult emotions in new ways: “I have improved my contact with different things – and I have found the courage not to repress the unpleasant aspects of my life. This is an indication of strength.” Music therapy was different from verbal therapy in that it did not primarily lead to conflict issues, rather to end of conflicts, to beauty and harmony: “I think this has been characteristic of all unpleasant things that I have faced in music therapy – every time there was a door in the other end. Or upwards, towards God – I have been in churches many times. I cannot say precisely in relation to music therapy why it is better to confront negative issues, as this is not what stands out for me as an essence of the music therapy.”

INLA experienced the music as a gift and as a partner in a continuous dialogue. The music touched her and influenced her in many different ways. The therapist would challenge INLAs self-confidence by saying: ’Let the music give you, what you need’ – according to INLA because the therapist knew ”that was a challenge for me, I am used to be the one who saves the situation! It is a core issue that the music becomes sort of an ’energizing’ factor, it is not passive consumption in any way. I only listened to the music for a few minutes, and then the images came. So what the music gave me was images! Not relaxation or… but incredible imagery.”

INLA was aware that her imagery was rarely cancer-related, and she was worried about that as a participant in a cancer study, as she wanted to make her contribution to a documentation of the potentially beneficial effects of the music therapy. Her
reflections on the predominance of existential issues over cancer-related issues included an important time dimension: ”…the issues have been very existential, and so it is in my sessions with the psychologist, and in the meditation. Even if I didn’t start any of these activities before I was ill (…) If this had been a year ago, my answer would have been different. I would not have had the amount of energy to concentrate on anything else but cancer. I would not be correct to say that my focus has moved away from cancer. It has become a basic condition of my life, and not a day passes by without me thinking about it. If I say ‘cancer’ five times, I’ll start crying. So it is not some sort of 'scale'. It still takes a lot of space in my life, but I have some resources now that enable me to see that there is more to life than cancer.” Thus, the imagery was very much addressing existential issues, and INLAs own conclusion was that an integration process took place: “The most important is the images I got. Images that I had never seen before. They will always stay with me. I can feel now, how easy it is for me to recall them. With a few cues from you they gush forth. The imagery – with the strength and power they have told me I possess.”

Analysis of the music-assisted imagery: core metaphors and image configuration, including the participant’s own interpretations

This analysis investigates the occurrence of the three levels of metaphors defined in chapter 3 and briefly summarized above.

Level 1

Table 7.4 is a presentation of the core metaphors addressed in the interview, and INLAs comments and interpretations of them.

Table 7.4 INLAs comments on metaphors and narratives

<table>
<thead>
<tr>
<th>Core metaphors</th>
<th>INLAs comments and interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The maple tree (#1)</td>
<td>Represents decline, death, and potential renewal – and accept of the life cycle: It does not die, it must hibernate. In my second session I had the image of a small car driving through a cloud, and it rained in the cloud. I am the car facing this pouring rain. But I drive through the heavy thunderstorm. The point is that I drive through it. The cloud is small and limited, and I see myself coming out on the other side. I think this has been characteristic of all</td>
</tr>
</tbody>
</table>
unpleasant things that I have faced in music therapy – every time there was a door in the other end. I remember a development in the way it emerged. In the beginning I did not want to be the eagle, and had Ellen not challenged my negative interpretation of the eagle… I’m not sure I would have been able to validate it positively. I didn’t want to be the eagle, because it was so lonely. And it was a bird of prey, swallowing mice! This was not company for me. I consider myself a community-oriented person, very dependent on dialogue, so this was an image representing something I could not acknowledge. Ellen looked in the dictionary of symbols ‘Listen to this… etc. etc.’ And it made perfect sense. (…) The eagle was honoured in almost all religions of the world. (…) The very first image of the eagle was very static. It stood still, it was very immobile, and maybe it was only the head I saw? This big, bad beak that really can be used to kill fascinated me. The following images I remember as much more dynamic. In the sequence with the pixy the eagle flew away with the pixy, and I was the pixy. It made me realize some qualities of loneliness or solitude. I also remember Ellen saying the eagle has a breath of view. Flying high in the sky with a great outlook – that’s actually very very good.

The embryo (#4)

It represents a different track. Like the images where I lay in a leaf with eyes closed, unconscious of the dangers in my surroundings. There was the same feeling in the embryo image: to be unprotected, but unconscious of all the danger – innocent, like before the Fall of man. The protecting membrane is so frail and thin, yet strong enough. It represents a quality of being, the opposite of what the eagle was in the beginning, but what it became in the end: the eagle can be like a child, surrender itself completely and be childish, playful. I think the two tracks were connected in the end.

The pixy (#5)

It was fine that the eagle carried the pixy away*. It dropped me in the end. The pixy represented something in me that has come to an end, “the poor chap”. (…) I remember the feeling of liberation by acknowledging that there are things in this world I have to resign myself with. It could easily be my cancer. There are things in the world I can’t fight,
and I might as well accept it. Roger – over – and out!

* (according to the session notes the pixy was carried away by a prey swallow)

When I had integrated the image of the eagle a further development occurred. I had images of flying, where the playful element of the eagle became the focus. It would circle in the air being held by the winds, it was an exploration of an element new to me. There have been many birds and flying things, insects, winged objects of all sorts. The air element is new to me. If you look at my horoscope there is no air at all. I have never been in love with people belonging to an air sign; actually I always thought that this was not for me (both laugh). It’s true! So all these bird images have been exiting.

The flowers (#6 and 10) – and the colour pink (#4,6)

First there was the pink lotus. I always hated pink. Now I have established a contact with that colour also. I’ve even bought pink flowers to take home. Then there was the final flower. I think that the flower itself was not the most important. I am the heart of the flower, the stamina, and the core. There was a feeling of the flower unfolding. And it was purple, or blue, like a tulip. And then it was not a flower anymore – it became a grey-blue rock, which I had the strength [to control]. The whole image is about strength.

The spruce cone (#6)

I guess it is me, like in the old Thorbjørn Egner song “Maybe it’s you, maybe it’s me, maybe it’s… twedelidee”!

A little waddling man/gnome (#8)

Then there was a little man with a cylinder hat, a waddling little man. He may be a relative of the pixy. I guess they are seen from a mythological perspective, there is a ‘joker’ quality to them. But I liked him better than I liked the pixy, he was welcome: he was wise. He had all the classical attributes of wisdom. A little shy, he doesn’t stand out in the crowd. He stands there with his little suitcase, in which he has a lot of good things for me.

Churches (many sessions)

Almost no sessions without a church…. I think this has been characteristic of all unpleasant things that I have faced in music therapy – every time there was a door in the other end. Or upwards, towards God – I have been in churches many times.

God (#9)

I had arguments with God, I have scorned him, there were staircases up to him, in other sessions it was obvious that he would come down to me, I was no going up to him. I have
The sunset (not identified)  yelled at him! (…)
He did the right thing, I can see that. He helped me, but not in the way I expected. Then there was a sunset – this pink-orange stuff. It feels so poor to talk about it. I still have that image in me.

Table 7.4 includes a variety of images identified as important by INLA either in the interview or in the session postludes. Many other interesting and important images can be found in the session notes, e.g. the cornfield (#1), the cliffs and the snail (#2), the flamingo and the snake (#4), the treadmill and the pumping heart (#8), the cherubim (#9) and the many leaves floating and falling in several sessions. The image of the elephant (#6) is included in the analysis of section 8.3.2.

Level 2
In this material I have identified the following metaphors of the self:
Session #1: The maple tree and the cornfield. The maple tree was a metaphor of the life cycle, accentuated by INLAs more or less conscious need of ‘hibernation’: protecting herself against the storms of autumn and winter in order to recuperate. The yellow cornfield was a complementary image of life unfolding in spring and summer.
#2: The tiny puffing car and the orange snail. In the interview INLA interpreted the car as a good way of handling conflicts, bringing them to an end in a simple way: “The point is that I drive through it. The cloud is small and limited, and I see myself coming out on the other side.” The orange snail was a related metaphor of an accepting, non-fighting attitude.
#3: The pupa. This metaphor reflected INLAs growing awareness of her need to take care of and protect herself, creating a safe place where good influences and atmospheres could grow. The pupa is related to the embryo and ‘hibernation’.
#4: The eagle and the embryo. The eagle was the most important self metaphor of them all. INLA described her initial resistance towards this bird of prey and the connotations of solitude and cruelty it gave her. Gradually she accepted the other sides of the metaphor – and herself: the power, the capacity for overview, and the independence. The air element was a new dimension opening through the metaphor of the eagle. INLA interpreted the embryo as a complementary metaphor: ”It represents a quality of being, the opposite of what the eagle was in the beginning, but what it became in the end: the eagle can be like a child, surrender itself completely and be
childish, playful.” From an initial unawareness of the danger of the world grows a childish confidence in the surroundings.

#5: The bird and the pixy. The bird was the first elaboration of the eagle’s qualities. INLA explored the playfulness and the options of enjoying and doing nothing serious. The pixy represented the ever-enterprising side of INLA, and in the image she settled accounts with this now unwanted sub-personality in a very effective way.

#6: The elephant and the spruce cone. The elephant represented a sub-personality that had fought many battles ”about managing everything”. It seemed to be not only fatigued, but dying (to be executed). But even this creature was taken care of in the imagery, and it retired to the community, alive. The spruce cone also fulfilled its mission, it was beautiful even if it was used and torn. It had spread its seed. These images might be cancer-related, referring to the many battles and losses; however, INLA did not make this connection in her comments.

#7: The ‘double INLA’ and the eagle. In session #7 INLA very clearly faced the conflicting aspects of her personality in the fight between the playful, joyful woman and the observing, controlling woman. The observer was sent to the bonfires of purification, a metaphorical death-rebirth took place, and images of rejuvenation emerged. The eagle returned, symbolising the state of self-confidence INLA was approaching.

#8: The eagle and the gnome. Here the eagle represented the courage to face new challenges and it also turned up in the split field of view – not as expected in the golden field of promises, but in the white field of new discoveries. The message seemed to be that INLA should bring the qualities of the eagle with her into the realm of new strategies. This was supported by the wise gnome, a figure representing earthly (male) wisdom, like learning from experiences.

#10: The autumn leaf and the flower. The hovering autumn leaf referred both to the eagle and back to the maple tree in the first session. The quality of confident being is the common denominator, however the challenge presented in #10 was to bring this quality into the relationships and no be left alone. A message was given: “Don’t let your will guide the search”. The image of the flower, representing a natural state of harmony and beauty and a spiritual opening, reflected and deepened this message.
In INLAs music-listening periods the narrative configuration process operated on the level of the narrative episode in most cases. The metaphors were linked through simple plots and often framed by a single piece of music or a section of a piece. Examples are the tiny puffing car moving through the thunderstorm, the eagle’s arrival, and the quarrel with God. A complete narrative was found in session #6, where the sad and sombre mood of Bach’s chorale *Komm, süsser Tod* evoked images of a funeral procession with slow and heavy movements. The “I” was lingering and observing. In the following chorale *Mein Jesu* the metaphor of an elephant emerged, and a death scene seemed to be building up, with INLA identifying with the old elephant. However, the plot introduced a surprising turn of the story, the elephant was rescued by a ‘higher force’, and this element of hope and rescue took the visual form of a lotus. Later, to the Brahms *Violin Concerto, 2nd movement* the quiet life of the herd and the appearance of a bumblebee brought the conflict between a busy and a comfortable life to an end. The final section, accompanied by Bach’s *Double Concerto, 2nd movement*, has the character of a reflection on the story. The field of vision was divided, and while the left field was grey and empty (in the postlude called “a free zone”), the right field contained a spruce cone with some of the same qualities the elephant had: torn, used, yet fertile and beautiful. The title of the story could be “Requiem for an elephant”.

The phenomenon of the divided field of vision – a “split screen” – reappeared in both session #8 and #9. While one field contained reassuring images of harmony, beauty and confidence - the spruce cone, a sunrise, cherubim – the other field seemed to be left empty, white or grey, to be explored. A lesson seemed to take place in session #8 where first the eagle, then a butterfly and finally a gnome moved through the fields, informing INLA about ways of maintaining the feeling of balance and confidence in all areas of life. – Mandalas with a split line in the middle are called ‘the dragon fight’, stage #5 in ‘the Great Round of the Mandala’ (Kellogg 1977, Fincher 1992). They indicate that the participant is struggling to overcome a psychological conflict or split, and this is very true in INLAs case. There was a general conflict between being and doing, enjoying and working, trusting and mistrusting, comfortable tempo and full speed, simple life and complex life, precisely illustrated in the two elements of mandala #8: The pumping heart and the treadmill. The final session seemed to bring a
solution through a message, and in the postlude INLA stated she could contain the
doubleness or ambiguity. In the interview she maintained that a process of integration
had taken place.

Another narrative structure included in this material is the death-rebirth cycle, already
suggested in session #1 (the maple tree), but fully unfolded in session #7. INLA was
confronted with another version of the ambiguity problem, here presented as two sub-
personalities that could be united. Images of conflict, death, fire and purification were
succeeded by images of resurrection, empowering, and a new beginning. And like a
phoenix of the ashes the powerful eagle heralded the rebirth. – Here are the scenes of
the myth as it unfolded in INLA’s session #7. The music program was Peak
Experience:

1. I turn a round, see myself. Wearing a red blouse. Wings. The first ‘me’ reaches
   out in joy, the other “me” observes.
2. A dragons jaw. The ‘other’ is consumed by the flames. I thought we should be
   united, but it was cleansing first. A jolly puppy. Powerful music. Sunrise.
3. Resurrection. Someone holds the globe. A crocodile – wanted to eat somebody. A
   small bashful sparrow on its nose. Sad music (< cresc.) Power. I want to conduct
   the music, and I do it.
4. Music from God, through a tunnel to me. Light up to him.
5. A Concorde races by. The eagle! Carried by the winds. I both see and I AM the
   eagle. Forgotten by its surroundings. Very self-confident. That’s’ what I need. A
   little sad…. on my way home to where I am supposed to be. Tired, torn, of course.
   It was a long way. I bow my head.

According to An Illustrated Encyclopaedia of Traditional Symbols (Cooper 1978) life
is renewed through the cleansing by fire. The dragon (snake) and eagle are
antagonists, but each contributing in its own way to the image of death and rebirth.
The crocodile is also a death-rebirth symbol, and as a creature living both in the water
and on the ground it represents the double nature of the human being. The humorous
detail of the humble sparrow on the crocodile’s nose is another element of contrast in
INLAs powerful transformation process.
Therapeutic outcome as indicated in the questionnaires

The following section offers a closer examination of INLAs scores in the three self-report questionnaires plus the music therapy questions, and reflections on these scores will be included in the final assertions on the process and outcome of INLAs BMGIM therapy.

Table 7.5 INLA’s scores in the questionnaires

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Pre-test score</th>
<th>Post-test score</th>
<th>Follow-up score</th>
</tr>
</thead>
<tbody>
<tr>
<td>HADS Anxiety</td>
<td>12</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>HADS Depression</td>
<td>3</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>QLQ-C30 Quality of life</td>
<td>41</td>
<td>50</td>
<td>33</td>
</tr>
<tr>
<td>SOC total</td>
<td>138</td>
<td>143</td>
<td>140</td>
</tr>
<tr>
<td>SOC meaningfulness</td>
<td>45</td>
<td>42</td>
<td>46</td>
</tr>
<tr>
<td>SOC manageability</td>
<td>45</td>
<td>47</td>
<td>39</td>
</tr>
<tr>
<td>SOC comprehensibility</td>
<td>48</td>
<td>54</td>
<td>55</td>
</tr>
<tr>
<td>4 music therapy questions</td>
<td>-</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

Table 7.5 shows that INLAs anxiety score, as measured by the HADS; decreased from pre-test to post-test and remained stable at follow-up, which means that the score moved from the moderate to the mild group according to the HADS norms. The depression score increased two points from pre-test to follow-up, and decreased one point at follow-up, however with all scores being within the normal band of the HADS.

Quality of life, as measured by the QLQ-C30, increased from pre-test to post-test, however – like PIJØs score - it decreased to a level below pre-test at follow-up. Quality of Life, as measured by the SOC increased from pre-test to post-test, and even if it decreased from post-test to follow-up the last score was still higher than the pre-test score. Of the three subscales only comprehensibility increased from pre-test to post-test and remained high at follow-up. The scores on the music therapy question were maximum both at post-test and follow-up, revealing that INLA found all elements of the BMGIM process helpful.
Fig. 7.4 shows INLAs scores on all subscales at pre-test, post-test and follow-up. Some of the functional subscale scores increased from pre-test to post-test (PF, EF) while one decreased (RF) and two remained the same (CF, SF). From post-test to follow-up some scores remained stable (RF, CF, SF), while two increased (PF, EF). Quality of life increased from pre-test to post-test, but decreased from post-test to follow-up. The explanation cannot be found in the symptom subscales, since three of them (PA, SL, FI) decreased and were almost absent at post-test and follow-up.

Taken together the results of the quantitative investigation documented that BMGIM therapy had a positive influence on anxiety, as measured by the HADS, and on quality of life, as measured by the SOC, while the mixed result of the QLQ-C30 does not warrant any conclusions.

*Assertions on the process and outcome of BMGIM therapy for the participant*

BMGIM therapy was a productive, supportive and challenging process for INLA. Core metaphors and metaphors of the self emerged from the very first session and gradually they unfolded and developed through a process of configuration, enabling
INLA to explore and creatively play with the metaphors. In most music-listening periods the configuration type was the narrative episode where one or a few core metaphors were explored in a simple plot. This mimetic process enabled INLA to find deep meaning in the imagery, and to use her BMGIM experiences to redefine her personal power and strength, based on an integration of former conflicting elements in some of her strategies or scripts. INLAs scores on the HADS and the SOC confirmed that she had a positive outcome of the therapy, even if the differences between pre-test scores and post-test/follow-up scores were small. The increase in the Comprehensibility subscale of the SOC is noteworthy as an indicator of improved coping, which was confirmed in the interview. However, INLA was very critical towards the questionnaires and stated that they were not able to reveal the true significance of the BMGIM therapy for her.

Closing vignette
The images of the eagle had great significance for INLA. Among her things at home she found a very beautiful eagle made of fabric; her parents had brought it home from China years before. She hanged it under the ceiling in her living room, as a constant reminder of experiential qualities she never had access to before.

7.3 Similarities and differences
Both participants experienced a rich variety of images and metaphors, including core metaphors and metaphors of the self. Most of the metaphors were configured in narrative episodes and, especially in PIJØs case, in complete narratives. Cancer-related imagery was found with both participants, however it only played a minor role in their experience of the imagery process. The specific images were very different, even if nature and animals played in important role with both participants. Spiritual issues were significant in INLAs imagery and almost absent in PIJØs imagery. Fairy tale figures and characters were common in PIJØs imagery but not in INLAs. These differences are connected with the fact that existential issues represented by the metaphors and configured in the narrative episodes were deeply personal. However, important common features can be seen in PIJØs and INLAs handling of the experiences:
• the courage to confront dangers and problems emerging in the imagery
• the readiness to ask for and accept help in the imagery
• the capacity to find ways out in conflict situations and find solutions to difficult problems in the imagery
• the capacity to relate the imagery and the metaphors to the focus of the session and understand them as working tools in a psychological process of exploration and elaboration.

Both participants stated that they were not scared by even complex and dark metaphors. This means that they trusted the music and imagery process and had control over the imagery at a subconscious level.

In order to investigate how the questionnaires might shed light on the developmental process, I will make a closer examination and comparison of the two participants’ HADS scores from session to session. The purpose is to determine whether the development was gradual or random for the individual participant, and whether a developmental pattern can be observed. Fig. 7.5 and 7.6 show the Anxiety and Depression scores of the two participants.

**Figure 7.5 HADS Anxiety scores for PIJØ and INLA**

![HADS Anxiety scores: PIJØ and INLA](image)
In fig. 7.5 no common developmental pattern can be observed in the two curves illustrating the level of anxiety as measured by the HADS from session to session. INLA’s process documents a gradual decrease with only minor deviations from the general tendency. PIJØs process is much more uneven, and the spiky profile may indicate either that difficult issues were addressed in the therapy or that external influences, e.g. physical symptoms, influenced the score. The curve does not give information on how the 7 questions of the anxiety axis developed from session to session. (In general it can be observed in the material of all participants that no single answer given by a participant to each specific question moved more than one numerical step on a 0-1-2-3 Likert scale, however there are exceptions with a difference of two steps between sessions, like in PIJØs quite dramatic process from sessions #2-6.)

Figure 7.6 HADS Depression scores for PIJØ and INLA

In fig. 7.6 no common developmental pattern can be observed in the two curves. INLA’s scores are very stable throughout the whole process, and all the time within the “normal band”. The decrease between session 6 and 7, followed by an increase between 7 and 8 is a parallel to what can be seen in fig. 7.5. Again, PIJØs process is much more uneven, with great differences between sessions, and with dramatic increases between sessions 4 and 7. The curve does not give information on how the 7 questions of the depression axis developed from session to session. (In general it can
be observed, also in this axis, that no single answer moved more than one step, however there were exceptions with a difference of two steps between sessions, like in PIJØs quite dramatic process from sessions #2-6 and #8-10.)

Summary
Both participants declared in the interviews that the BMGIM therapy had contributed to an improvement in life quality. The questionnaires revealed that both participants improved their mood scores (anxiety and for PIJØ also depression), as measured by the HADS, and quality of life as measured by the SOC. The mixed results of the QLQ-C30 point at an important distinction between elements in ‘quality of life’. QLQ-C30 goes into details about functional and symptoms aspects of QoL, which means that primarily interpersonal and physiological aspects of QoL are addressed. The participants in this study experienced many problems with radiation damages and other functional issues. This was expressed in the development of the QLQ-C30 scores over time. However, the participants made it clear that the outcome of the BMGIM therapy was found primarily in intrapersonal areas such as: finding hope, finding the courage to confront problems instead of repressing them, activating inner resources and using them in a metaphorical framework enabling a creative exploration and rehearsal of new attitudes and strategies. Such intrapersonal changes are the premises for the development of coping mechanisms and changing inappropriate scripts – which is how the outcome of the therapy gradually appears in the interpersonal relationships. BMGIM may not have changed any symptoms or influenced the cognitive functioning of the participants, but the therapy has provided inspiration for a new and better way of living with the symptoms and limitations inextricably linked to the life of a person in cancer rehabilitation. The analysis of the imagery and its development showed how this intrapersonal process unfolded. Both participants went through the gates of the image world in their first session and adjusted themselves to the rules of this metaphorical realm of images, music and therapeutic dialogue. Core metaphors emerged, some of them metaphors of the participant’s self, and the metaphors were spontaneously configured into narrative episodes and sometimes in complete narratives founded on a plot. The meaning of this mimetic activity became gradually clearer for the participants who – especially in the postlude dialogue with the therapist – interpreted the imagery and related it to their focus and therapeutic goals. It does not seem to have been of vital importance whether
images were configures into narrative episodes or complete narratives. The crucial element in the BMGIM process was that core images emerged and were configured, because this is what enabled the participants to explore and work with their therapeutic issues at an emotional and embodied level. Both participants gave examples of how new insights from the therapy was transformed into new types of action in their daily lives. BMGIM therapy did not release the participants from their life with cancer; however, it helped them improve the quality of their life with cancer.

7.4 A grounded theory of six participants’ experiences of the BMGIM process

The aim of a grounded theory study is to propose a ”substantive-level theory” of the phenomenon (Creswell 1995), in this case the clients’ experience of the BMGIM process, as expressed in the qualitative research interviews and in the imagery of the music-listening periods of the sessions. Such a theory must be closely related to the phenomenon under investigation, and it must propose ”a plausible relationship among concepts and sets of concepts.” (Creswell 1995, p. 56). The coding process has been used to identify core categories that are meaning categories shared by all or most of the participants and focusing of outcomes as identified by the clients themselves. However, the outcome of this coding does not provide specific answers to questions and issues in the therapy process of the subjects in this study:

- What categories are foundational for therapeutic change
- What categories identify types of outcome in the form of therapeutic change?
- How are the categories related?
- In what steps does the therapeutic process progress?

These questions can only be answered ideographically for each of the six participants individually, as in the two case studies above. The proposition of a theory grounded in the data is an attempt to formulate a more general answer to the questions – a theory, i.e. ”a set of hypotheses or propositions” (Creswell 1995) of how the BMGIM process as a whole has ’worked’ for the six participants. This step in the grounded theory research format is also called ”selective coding”, where ”the researcher identifies a
‘story line’ and writes a story that integrates the categories in the axial coding model” (Creswell 1995, p. 57). The theory should include propositions about causal conditions, strategies, context and consequences. The following grounded theoretical proposal is based on theoretical reflections on the categories in the axial coding and on the case studies. It is an attempt to explain how the therapeutic BMGIM process works for cancer patients in rehabilitation. The theoretical proposal is limited by the data of this specific study, however it may also be relevant outside the specific context. The theory is presented (a) as a model of developmental steps in the therapeutic BMGIM process, based on the analysis of the interviews as presented in chapter 6.1, (b) as a model of image configuration types found in the therapeutic BMGIM process, based on the analysis of 6 participants’ music-listening periods, as presented in sections 6.2 and 6.3, and on the case studies in 7.1 and 7.2.

Table 7.6 A grounded theory model of developmental steps in the therapeutic BMGIM process, based on analysis of interviews with 6 participants.

<table>
<thead>
<tr>
<th>Step 0</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The necessary condition:</strong></td>
</tr>
<tr>
<td>The client acknowledges her need for help and support and seeks out a therapist.</td>
</tr>
<tr>
<td>(in this case she volunteers in a research project)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The therapeutic process enables the client to establish a new understanding of herself and her life situation.</strong></td>
</tr>
<tr>
<td>(= Improvement in quality of life A)</td>
</tr>
<tr>
<td>This ‘new understanding’ is based on experiences and insights from the BMGIM sessions, as reflected in the following core categories:</td>
</tr>
<tr>
<td><em>Enhancing hope</em></td>
</tr>
<tr>
<td><em>New perspectives</em></td>
</tr>
<tr>
<td><em>Improved mood and QoL</em></td>
</tr>
<tr>
<td><em>Improved understanding of self</em></td>
</tr>
<tr>
<td><em>(New) Love of music</em></td>
</tr>
<tr>
<td><em>Coming to terms with life and death</em></td>
</tr>
</tbody>
</table>
Opening towards spirituality

Intermediate step

The new (intrapersonal) understanding serves as basis for (interpersonal, extravert) action – but only
IF THE WILL OF THE CLIENT IS ACTIVATED
AND THE ENERGY IS SUFFICIENT

Step 2

The client develops new coping strategies and attitudes towards future,
based on experiences from the intermediate step,
supported and elaborated by the BMGIM sessions
(= Improvement in quality of life B)
This development is reflected in one core category:
Developing new coping strategies

In other words: The positive outcome of the therapeutic process is primarily the establishment of the psychological and intrapersonal prerequisites for new actions in the outer, interpersonal world. Some of these actions or strategies may already take shape during the therapy. However, there is no direct way from step 1 to step 2. This study does not give an answer to the question ’How is the will of the client activated?’, it only documents that some participants move all the way from step 0 to step 2. The question will be discussed in chapter 9.

In the interview (App. 6.4.1b) one of the participants (INLA) provided a very precise account of the elements and progression of step 1, with focus on the relationship between music and imagery. The researcher wishes to include this in a more elaborate form as a hypothesis or proposition of how the BMGIM therapy enabled not only INLA, but most of the participants to establish a new understanding of herself and her life situation.
Table 7. A grounded theory model of step 1 in the therapeutic BMGIM process.

| Images are evoked and supported by the music. |
| The images present themselves as acceptable and comprehensible metaphors of problems, potentials and prospects. |
| The imagery is emotionally charged. |
| The client is emotionally involved, she feels deeply and precisely how the situation is and what may be done. |
| Five steps can be identified in this process: |
| A core image is evoked, spontaneously and unexpected |
| The image is explored and identified from a distance |
| Interaction between image and imager |
| The imager identifies herself with/in the image |
| The image is integrated (an maybe later transformed) |

All five steps may take place (and can be identified) in the imagery, however a progression to the intermediate step (described above) requires that the client also understands and accepts the imagery as personal metaphors in a more cognitive way.

The next theoretical proposal is based on the results presented in section 6.2, 7.1 and 7.2.

In section 6.2 six core categories were identified, describing how the music-listening period of a BMGIM session unfolded for the six participants in the study. 18 subcategories were identified, describing how episodes of the music-listening period unfolded for the participants. It was documented that every participant had her own imagery ’style’, defined as a personal combination of the categorized experiences,
that cancer-related imagery emerged and were addressed without dominating the process, that core images emerged in all participants, and that narrative configuration could be found in the imagery of all participants.

In sections 7.1 and 7.2 the therapeutic process of two participants was investigated in order to determine how the BMGIM therapy influenced their mood and quality of life. The decisive element in the therapeutic process was that core images and self images emerged and were configured in narrative episodes whose metaphors were understandable and meaningful. For these participants the primary outcome of the therapy was found in intrapersonal areas such as: finding hope, finding courage to confront problems instead of repressing them, thus activating inner resources enabling a creative exploration and rehearsal of new attitudes and strategies.

Table 7. 8 A grounded theory proposal of image configuration types found in the therapeutic BMGIM process, based on the analysis of 6 participants’ music-listening periods.

| A series of 10 individual sessions is sufficient to stimulate the unfolding of a meaningful and rich variety of image types in all modalities. |
| (Only exception from this are clients who have difficulties in using the music and imagery technique. In this case ANHO is such a client) |

**Every client has her own, personal style of imagery**, however:

The music-listening periods unfold within a **limited spectrum of types**, as reflected in the following core categories:

- *music-listening periods with complete narratives*
- *periods composed of narrative sequences*
- *periods dominated by bodily reactions*
- *periods with no or very little imagery*

*mixed periods, composed of two or more subcategories of experiences*

**Most music-listening periods are a mix of two or three types** of music-assisted imagery experiences, as reflected in the following subcategories:

- *metaphorical fantasies*
- *explorative imagery*
episodes dominated by (inner) body work
thoughts, reflections and associations
meditations to music
transpersonal imagery

Metaphorical imagery is often combined with (more or less focused)

bodily reactions
emotions and/or
reflections on past, present and/or future.

**Cancer specific or related imagery is easily and safely addressed in BMGIM,** however the **participants’ imagery is not dominated by issues related to cancer,** rather to existential issues related to being a person in transition

**Core images or metaphors emerge during the process,** enabling the client to identify, creatively explore and come to terms with core issues in her inner and outer life.

**Narrative configuration is a common feature.**

With some clients imagery is only configured in episodes, typically framed by one piece of music.

With other clients whole sessions are configured as narratives (and the configuration may be continued over two or more sessions).

This theoretical proposal or grounded theory must be seen together with the proposal presented in section 8.4.

**Summary**

Chapters 6 and 7 have documented how the participants experienced the BMGIM therapy and its effects on mood and quality of life. Through grounded theory analyses of the interviews and the music-listening periods of the sessions types of psychosocial outcome and types of imagery experiences were identified and described. Based on these analyses a grounded theory of developmental steps in the therapeutic BMGIM process, and of image configuration types in the music-listening periods was presented.

In chapter 8 the role of the music in the therapeutic process will be analyzed.
8. Analysis of music and imagery

The last part of the qualitative investigation focuses on the relationship between music and imagery and the role of the music in the music-listening periods.

As described in chapter 4 data for this part of the qualitative study include: Mini-disc recordings of 53 music listening periods of the sessions and the therapist’s session notes (with minor corrections and amendments made by the researcher after listening to the recordings) of all 60 sessions.

The research question addressed in this chapter is:

*What elements are there that describe the relationship between the music and the imagery transformations?*

In order to answer this question I developed an eclectic method to investigate how music and imagery was interrelated. This method is presented in section 8.2, after an extensive review of the literature on qualitative methods of music analysis in music therapy research in section 8.1. The results of three specific analyses of music and imagery are presented in sections 8.3.1, 8.3.2 and 8.3.

The chapter ends with the proposition of a grounded theory proposal on the relationship between music and imagery in BMGIM (section 8.4).

8.1 Literature review

Surprisingly few research studies in music therapy include in-depth-investigations of the music itself (whether composed, recorded/performed live or improvised), or of the musical processes between therapist(s) and client(s). Transcriptions of music (whether

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53 Section 8.1 is related to my work on an chapter written for the 2nd edition of the handbook *Music Therapy Research* (ed. Barbara Wheeler), which is planned to be published in 2005. The chapter is entitled *Researching the music* and gives an overview of both quantitative and qualitative methods of music analysis used in music therapy research. For the purpose of this study the whole section on quantitative methods is omitted, and in the review of qualitative methods I have focused on the methods used to analyze composed music in receptive music therapy, including GIM, while methods to analyze improvisations are only surveyed.
exact transcriptions/scores or other types of notation, e.g. graphic) do not appear very often in the literature. To a large extent this is due to the research paradigm and interest of the researcher (Edwards 1999; Ruud 1980). If the research focuses on effects of a specific music/sound stimulus or on aspects of the therapeutic relationship it may not be relevant to give more than factual or broad descriptions of the music involved. The stance of the present author, however, is that the validity of a music therapy research study will always be enhanced by precise information on *which* music was used *how*, *when* and by *whom* in *what* context.

Researching the music is a different endeavour for a music therapist than for a musicologist. The traditional musicological dichotomy of autonomy and heteronomy (or referentialism) is not very relevant for a music therapist or researcher, for whom it does not make much sense to consider (applied) music a purely autonomous, aesthetic phenomenon, even if the music may have excellent aesthetic qualities. In music therapy it makes more sense to focus on musical experience as based on different aspects or properties of music; researching the music (whether as a material or intentional phenomenon, or as a psychological or cultural process) should thus be based on a broad concept of music and music experience in order to cover the different properties (Bonde 2002; Bruscia 1998; Ruud 1990, 2001; see also section 4.1.2).

In a short chapter in *Handbook of Music Psychology* McMullen (1996) stated that popular theoretical explanations of affective/aesthetic responses to music have never provided and still do not provide empirical researchers with effective guidelines for their studies. His assumption was that this is closely related to the question of research paradigm. Most research in the relationship between music and aesthetic/affective behaviour “has been undertaken within the causal perspective” (or positivist paradigm) of natural science “when the answer might lie within an alternative interpretative framework” (or post-positivist paradigm). McMullen suggested that two dimensions or polarities would form an interpretative framework for the study of affective/aesthetic responses: perceived stimulus activation (plus/minus) and evaluation (acceptance-rejection), enabling research that can be integrated with philosophy, psychology, and related disciplines. This is an ambition we will also find in the qualitative methodologies reviewed here.
8.1.1 Qualitative music research

In qualitative, post-positivist music research ‘music’ is not defined or understood as a variable that can be manipulated within experimental or behavioural research designs. Studying music as an intentional, semantic or pragmatic phenomenon means studying how music interacts with the body, mind and spirit of a person, e.g. a client in music therapy. Philosophical and methodological inspiration can be found in musicology, but with some caution, as musicologists have other interests than music therapists. However, music therapy and the so-called ‘New musicology’ (e.g. the emergent musicology that is influenced from post-modern ideas) do share some important basic assumptions. (See Ansdell 1997, 2001; Ruud 2000).

The challenge of music research is the “attempt to connect two separate yet inherently connected worlds; the personal and the musical” (Lee 2000). How can they be connected or bridged through music research? – Theoretically qualitative music research is often based on the axiom that a client’s music (experience) reflects his/her personality and pathology or problem (Bonde 2002; Bruscia 1994). Smeijsters (1999, 2003; see also section 3.6) has formulated a theory of music as analogy used within the framework of the double conceptualization of “pathological-musical processes” and “therapeutic-musical processes”. Bruscia (1987, 1994) has explored the analogies of musical expression and existential-psychological themes and he has transformed (even operationalized) them to the listening perspectives of the Improvisation Assessment Profiles and Heuristic Music Analysis (see below).

It is important to distinguish between description, analysis and interpretation of music. The Canadian music semiologist Nattiez (1990) introduced a model of semiological process levels. He defined the semiological tripartition as an analytic process covering three dimensions of a symbolic phenomenon, in this case music: the poietic dimension (the symbolic form as a result of a process of creation), the esthesic dimension (the assignment of meaning to the form by the “receivers”), and the trace (the physical and material form in which the symbolic form is accessible to the five senses). (Nattiez 1990, p. 11-12). Aldridge (1996) and Ansdell (1999) have demonstrated the relevance of the model and of Nattiez’ concepts of trace, esthesic and poietic analysis for music therapy research.
Nattiez operates with 6 analytical situations:

I. Immanent analysis: the neutral ground, the trace

II. Inductive poietics: internal observations of musical procedures

III. External poietics: external documents are used to highlight procedures

IV. Inductive esthesis: perceptive introspection, researcher as listener

V. External esthesis: information on other listeners’ perception

VI. A final complex synthesis.

Aldridge (1996. p. 163-172) introduced a distinction between three levels of constitutive rules and one level of regulative rules:

- Level 1 (preceding Nattiez’ analytical situations) is the sound, the performance and the experience itself.

- Level 2 (corresponding to Nattiez’ situations I-III) is the descriptive level of the ‘trace’ (e.g. an audio or video recording of an improvisation or a music-listening period of a BMGIM session, and our dialogue on, or indexing of the music. It is no longer the experience itself, but our language-bound description of it, meant for verification and lexical labelling: what happened in the music and in the relationship, as observed by the researcher and documented by the client and other participants?

- Level 3 (corresponding to Nattiez’ situations IV-V) is the level of interpretation and discourse. We try to understand and explain what happened, both through introspection and through interpretation systems with specific concepts and epistemology, e.g. clinical psychology or psychodynamic theory. Conclusions are drawn on the meaning of the music.

- At the level of regulative rules (corresponding to Nattiez’ situation VI) a synthesis is made, or in Aldridge’s own words: “therapeutic interpretation from a fixed point, but intuitively used in the therapeutic explanation”
This means that:

*Description* is never without influences, no matter how exact and objective the researcher tries to be: Like the map is not the territory, the score, transcription or even the recording is not the music, only a representation of some of its features within the framework of a chosen language or symbol/coding system. A transcription may be ‘accompanied’ by a verbal description and/or indexes of the episodes, events as they unfold in time. A phenomenological description is an attempt to describe the ‘Music as heard’ (Clifton 1983), as an intentional phenomenon unfolding in the here-and-now, as a virtual musical timespace (Christensen 1996) in the listener’s consciousness. The language may use musical terminology, but the point is the attempt to describe what happens in the music, while it is happening, as experienced by/in a listener’s consciousness.

*Analysis* goes beyond here and now and the real time description. Analysis seeks to identity and classifies observable and describable events and their relationship across the time-span: what is figure and ground, what is the role of a specific part in the whole? This is done through the study of similarities and differences: identification of musical patterns (in all parameters), repetitions and variations, types of experiences or interaction between parts or performers, the presentation and development of themes, motives and roles. According to Cook (1987) the purpose of music analysis (of art music) is “to discover, or decide, how it works”. Analysis is an act of re-creation, asking the music the right questions to make it unfold its secrets. Within musicology there are a large number of analytic methods, but in spite of their apparent differences the basic questions are very similar: is it possible to divide the whole “in a series of more-or-less independent sections… how do components relate to each other and which relationships are more important than other... and how is the influence of context” (Cook 1987, p.2). In principle the questions are the same when analyzing improvisations, songs or compositions in music therapy – the big difference is found in the answers (only in receptive models we may be dealing with composed musical masterpieces in elaborate form and with subtle harmonic properties), and at the level of interpretation. However, some extra questions must be added: how is the musical relationship of the players (active music therapy), or how is the interplay of music,

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54 This purpose is different from the purpose of CRDI real-time studies, focusing on specific aesthetic responses.
therapist and the (client) listener’s music experience (in receptive music therapy)?

Cook reviewed the most important types of musicological analysis, some of which are also used occasionally by music therapy researchers: Traditional methods (focusing on parameters like form, melody, harmony and rhythm), Schenkerian analysis (including both Schenker’s own method and later American applications of his ideas, focusing on ‘essential structures of music’), Psychological approaches (e.g. Leonard Meyer, Rudolph Reti), Formal approaches (set-theoretical analysis, semiotic analysis), and techniques of comparative analysis. – In other words: music as syntax/structure can be analysed in a number of ways.

Interpretation. In traditional musicology of the 19th and 20th century (frequently called ‘formalism’ or ‘structuralism’, see Ansdell 2001) researchers often had a positivist scientific ambition that made analysis of the ‘artwork as an independent universe’ the ideal, while interpretation of some sort of ‘meaning’ of the work was not considered proper. Kretzchmar’s popular “musical hermeneutics” was not taken seriously. The critical musicology of the 1970ies and 80ies and the post-modern ‘new musicology’ of the last 20 years have changed the picture: it is not enough to analyse the syntax. Meaning and context must be integrated (Ansdell 1997). – In music therapy this has always been obvious: any description and/or analysis of the music must be related to the context – the client’s personality, life story, culture, and of course pathology or problem area. However, as we shall see, this can be done in many ways, and thus the re-creation or construction of the meaning of an improvisation may reach very different conclusions, – one researcher using e.g. object relations theory, another using Jungian analytical psychology, a third cultural anthropology as framework of the interpretation. This was illustrated clearly in a series of articles published in the Nordic Journal of Music Therapy (1998-2000), where the first session of the famous Nordoff-Robbins case “Edward” was re-interpreted in several discourses.55

Music therapy research studies using qualitative methods often include description, analysis and interpretation of the music as part of the research. The following overview of selected methods will be divided in two sections: a brief introduction to

55 The series of re-interpretations of the ”Edward” case included the original case study by Nordoff and Robbins (1977), and contributions from the following authors: Rolvsjord, Aigen, Bergstrom-Nielsen, Neugebauer, Robarts, Forinash and Ansdell.

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methods intended for analysis of (primarily) improvisations in active music therapy, and a more extensive overview of methods to analyse (primarily) composed music used in receptive music therapy.

8.1.2 Qualitative methods focusing on improvisations in active music therapy.
Qualitative assessment procedures have been developed in several clinical areas: Loewy (2000) developed a model for music psychotherapy assessment, with 13 areas of inquiry: looking at the awareness of the self, others and of the moment, thematic expression, listening and performing, collaboration between client and therapist, degrees of concentration, range of affect, investment and motivation, the use of structure, integration, self esteem, risk taking and independence. Hintz (2000) developed an assessment procedure for geriatric patients, involving scoring and addressing five areas: expressive musical skills, receptive musical skills, behavioural/psychosocial skills, motor skills, and cognitive memory skills. Scheiby (2002) described an assessment procedure, in which the first step involves data within the following musical parameters: rhythm, melody, harmony, tempo, phrasing, themes, dynamics and choice/use of instruments (p. 130f). In the second step the following categories are identified and described, based on musical and verbal interactions: affective, relational, cognitive and developmental information, music released fantasies and images, transpersonal, aesthetic, kinaesthetic, creativity and energetic information. Aldridge (1996, chapter 9) discussed how assessment of musical improvisations may be a supplement to mental state examinations in area where those examinations are lacking, and he presents two tables comparing features of medical and musical elements of assessment, focusing on “intentionality, attention to, concentration on and perseverance with the task in hand are important features of producing musical improvisations and susceptible to be heard in the musical playing.” (p. 204)

Bruscia (1987, 1994, 2002) in his Improvisation Assessment Profiles (IAP) developed the most systematic and elaborated music assessment procedure. The analogy between the elements of music and the existential themes and qualities of human existence is a core construction in Bruscia’s IAPs. When developing this method for description and interpretation of clinical improvisations Bruscia looked for concepts that would give the 6 "profiles" – each being a specific listening perspective or a way
a music therapist or researcher may listen to client music – also psychological relevance: Salience, Integration, Variability, Tension, Congruence, and Autonomy. Through one, more or all of these profiles it is possible to analyse the relationship of different elements of music, and scales of musical parameters are used to identify important aspects in music making. Wigram (2002) made an adapted version of the IAPs based on the profiles of autonomy and variability, which he found most relevant for diagnostic assessment of communication disorder. Other researchers may choose other profiles as especially suited to their research questions. In a recent review of the IAPs Bruscia (2002) stated that the IAPs, even though they were developed for qualitative research, can be used fruitfully also in quantitative research, if measurable events are defined carefully. In the preface to the Norwegian translation of the IAPs Bruscia (1994) wrote, that the method gives guidelines for how the musical elements and the process of an improvisation can be interpreted, based on psychoanalytic and humanistic-existential theories (see section 3.6.1). The IAPs are used in the Bruscia Method of improvisation analysis, a procedure in (max.) 13 steps (Bruscia 1987). In this method as in many of the following the combination of open listenings, focused analyses and contextualized interpretation are key figures. However, there are also many differences.

Eclectic Music Analysis, inspired by Phenomenology.

In 1984 the music theorist Lawrence Ferrara published the article “Phenomenology as a tool for music analysis”, and Ferrara’s approach has inspired many music therapy researchers. Amir 1990; Arnason 2002; Bonde and Pedersen 1996/2000); Forinash and Gonzales 1989; Grocke 1999; Kasayka 1991; Ruud 1990; Trondalen 2003, 2004). Ferrara did not analyze improvisations; the object of his study was the avant-garde composition Poeme Electronique (1958) by Edgar Varese. For this untraditional piece Ferrara suggested an eclectic analytic procedure incorporating phenomenological description, formal analysis and hermeneutic interpretation in five steps: 1. Open listening, 2. Syntactical level, 3. Semantic level, 4. Ontological level, 5. Open listening, and followed by a meta-critique. Ferrara revised and expanded his method in a later dissertation (Ferrara 1991). This version is reviewed in section 8.1.3.

Ruud (1990) substituted ‘syntactical’ by ’structural’, and ‘ontological’ by ‘pragmatic’, and recommended an analytic procedure where the steps 1-4 are preceded by the
following preparations: 1. Information and associations concerning the session and its context are provided, including participants’ comments, 2. The session is divided into segments or episodes, and a summary of significant features is written (e.g. musical aspects, verbal comments, interpersonal elements), 3. Segments of particular clinical relevance are selected for musical microanalysis. Forinash and Gonzales (1989) also developed a 7 step procedure which they used in clinically based research, and Amir (1990) used this procedure for her study on meaning in improvised songs in two music therapy session with a traumatic spinal cord injured young adult.

Common features in the music therapy variations on Ferrara’s original model are summarized and discussed by Trondalen (2002, 2003, 2004), who in her latest review suggests a revised 9 step procedure focusing on musical and interpersonal levels:

I. Contextualization (introducing the client’s personal, social, biological, musical and clinical history)

II. Open listening 1 (focus on the whole, many repeated multimodal listenings)

III. Structural analysis (a. characterization of the sound as such; b. structural analysis of the music (Grocke’s SMMA, see below)

IV. Semantic analysis (a. description of musical structures in relation to other information from the session -> referential/explicit meaning, b. Interpretation of codes and symbols in the music -> metaphor and analogy/implicit meaning)

V. Pragmatic analysis (potential outcome of the improvisation)

VI. Phenomenological horizontalisation (listing important issues, musical cues and events)

VII. Open listening 2 (again with focus on the whole)

VIII. Phenomenological matrix (a descriptive summary of music, meaning and effect)

IX. Meta-discussion (including also interviews with the client, therapist’s self-reflexion and theoretical discussion).

In phenomenologically inspired procedures music analysis, including elements of syntax/structure as well as semantics, is considered part of a complex whole. It is debatable whether we can talk about a specific phenomenological framework.
"Structural Analysis of Post-Tonal Therapeutic Improvisatory Music" was a method developed by Lee (1990). Inspired by Schenkerian constructs in musicological analysis he demonstrates how microanalysis of e.g. metrical hierarchies, rhythmic and melodic patterns, and pitch classes can be used in the analysis of free clinical improvisations. Lee has developed the method in several publications (Lee 1995, 1996, 2002), and in the most recent he labels it A Method of Analyzing Improvisations in Music Therapy. While other methods focus on exterior influences on the music, Lee wants to examine “the music building blocks of improvisation as a means to better understand the intricacies of the process.” The method is a nine-stage procedure, including microanalysis inspired by musicological procedures.

Resonator Function (Resonanzkörper-Funktion) developed by Langenberg et al. (1995, 1996, 2003) is a psychoanalytically based method aimed at uncovering the latent content of improvisations. Through what she called “Resonator (or Sounding Board) function” observers can gain access to the hidden meaning of an improvisation. Triangulation of perspectives is used in the following procedure: 1. An improvisation is selected for analysis, based on clinical relevance, and the therapist writes a log, 2. A group of (3-5) observers (untrained in music therapy) listen without information and describe their feelings thoughts, images etc., 3. The client does the same, 4. Analysis of the three accounts, divided into qualities concerning the musical aspects (sounds, expressions etc.) and qualities referring to the reactions of the observers. A synthesis of motifs is identified, 5. Music analysis by musical expert(s), including transcription, 6. Comparison and summary of all data. 7. Presentation of the analysis as a case study.

Morphological Music Analysis (Tüpker 1988) has some similar features, even if the theoretical background is different. A group of researchers (music therapists and/or lay people) listen to a selected improvisation. Their discussion has four steps: 1. Open listening to the whole, common summary, 2. “Internal regulation”: the music is analysed in detail, and details are related to the whole, 3. “Transformation”: external information about the client is provided and music is ‘translated’ into psychology: how is the life world of the client present in the improvisation? 4. “Reconstruction”: A ‘local theory’ of the client is formulated. – The morphological model can also be used with informants or ‘co-researchers’ who are not music therapists.
An Eclectic Approach to the analysis of improvisations was developed by Arnason (2002). She gives guidelines for the examination of different levels of musical meaning through a series of six reflections or listenings: 1. Open listening, 2. Listening to the musical parameters and their combinations, especially with focus on the client’s way of playing, 3. Description of thoughts and feelings of the listener, 4. Imagery and metaphors elicited by the music, 5. Becoming aware of the client’s life world and external influences on his/her musical experiences, 6. Final open listening (synthesis). Corresponding to Ferrara’s meta-critique Arnason has included 2 reflections: one on the client-therapist relationship (before step 5) and one on the integration of musical and referential analysis with clinical context (after step 6). The presentation format is an “Improvisation narrative”, a type of interpretive musical description using “a mix of free verse poetry, prose, and abbreviated sentences to represent in words the dynamic and creative nature of improvised music.”

A number of the methods presented here are described and discussed by Mahns (1998, 2003) and Smeijsters (1997). A systematic overview of the “procedural multiplicity within a cores set of values” that characterizes qualitative improvisation analysis, and a description of 11 stages of decision-making are given by Bruscia (2001).

8.1.3 Qualitative methods focusing on composed and recorded music in receptive music therapy

Many of the features included in improvisation analysis as presented above are also found in the methods for analyzing composed and recorded music. The steps of open listenings, listening for syntax or structure of the music, listening for semantics or meaning content of the music, and an investigation of the pragmatic or therapeutic effect of the music are overall requirements for therapeutic music analyses. However, the formats vary with the purpose of the research and the intentions of the researchers. In his overview of music analysis methods used in GIM Abrams (2002) distinguishes between three approaches: musical, phenomenological, and heuristic, between music-centered and client/image-centered methods, and finally between methods aiming at understanding existing GIM music programs and methods aiming at creating new
programs. Before the review of the most prominent methods used in GIM three methods with a more general analytic purpose will be presented.

*An Eclectic Method for Sound, Form and Reference*

Ferrara’s first contribution to the development of a method for analyzing improvisations in music therapy was mentioned above (Ferrara 1984). However, Ferrara’s context was not music therapy improvisation, but (avant-garde) art music, and later he developed an elaborate version of his method (Ferrara 1991). The principal “openness to any level of music significance” and the distinctions between explanation of form, description of the sound-in-time and the interpretation of reference makes this elaborate method suitable for receptive music therapy also. The method is eclectic, because it combines analytic approaches from different traditions and epistemologies; however, these are applied at different steps and with specific purposes in the ten steps procedure:

I. Historical background (the composer’s dates, style(s) and significance)
II. Open listenings (orientation in the overall sound, structure and meaning of the work)
III. Syntax (analysis using conventional methods of music analysis)
IV. The sound-in-time (phenomenological description, introducing metaphorical language)
V. Musical and textual representation (Referential meaning 1: analysis of text and/or program)
VI. Virtual feeling (Referential meaning 2: hermeneutic analysis of how the music is expressive of human feelings in virtual symbols)
VII. Onto-historical world (Referential meaning 3: hermeneutic analysis of the composer’s intentions and context, as they are heard in the music)
VIII. Open listenings (bringing together the levels of sound, form, and reference)
IX. Performance guide (an aid to performer’s understanding of the work)
X. Meta-critique (a discussion of strengths and weaknesses of the outcome of the analysis)

*Neurophenomenology* is a method where systematic observation of the participants is combined with physical measurement. Lem investigated the flow of imagery evoked by GIM music during unguided music imaging (Lem 1998, 1999, 2000, 2002). EEG
was used to investigate potential connections between the structural variability and psychoacoustic qualities of selected GIM music (Pierné: *Concertstück*), the listener’s imagery and brainwave activity (Lem 1999). The analysis included a correlation of EEG activity (amplitude and frequency recording) and a structural analysis of the music, including the profile of affective expression in the 26 segments of the piece. Results indicated that visual imagery occurred to the listeners more frequently during rapid, large-scale releases of musical action. In another study focusing on the temporal relationships between the listener’s report and ANS arousal (SC), the author found that psychodynamic contour and instrumentation of the music selections were most frequently associated with imagery, and that music characterised by the release of tension and melodic descent were strongly connected to visual imagery and increased relaxation.

*Identification of musical parameters influencing listener’s preferences*

A quantitative method of music analysis will be also be mentioned here, because the identification of musical parameters and the analysis of their influence on listeners’ preference are relevant also for qualitative receptive music therapy research. In a large scale study of music preferences of Danish radio listeners (Bonde 1997) the following operationalization procedure was used: A panel of 7 music experts developed a theoretical model of 7 important parameters potentially influencing music preference in general:

- Power (intensity)
- Mood (applying a modified version of Hevner’s mood wheel with one extra category)
- Rhythm vs. Melody/Harmony (understood as the balance of the rhythmic versus the melodic-harmonic element)
- Text
- Performance (level of individuality/personal style of the performer(s))
- Style and Genre (20 genres were identified)
- Tempo.

Next step was the rating of many hundred examples in order to reach interrater reliability of all selections to be used in a sounding questionnaire of 70 items (3-5 selections within each genre/style, wit a duration between 25 and 30 seconds). The
selections in the sounding questionnaire encompassed an optimum mix of qualities within the parameters (e.g. jazz selections with differences in tempo, mood, power). Selections were rated by 519 participants aged 14-80+ on two Likert scales – one on familiarity (“How well do you know this kind of music?”), the other on preference (“How do you like the music”). The result of the study revealed, that only two parameters had significant influence on preference: Power (intensity); and Rhythm vs. Melody/Harmony. Performance and Text may have a marginal influence, while Mood, Tempo and Style has no influence on preference.

8.1.4 Qualitative methods used in GIM
In the years 1973-1989 Helen Bonny developed – or ”composed” – 18 GIM music programs (Bruscia and Grocke 2002, app. B.; Grocke 2002a, 2002b; see also the database GIM Music Programs on the cd-rom). In the so-called ““Monograph #2“ Bonny (1978) described the therapeutic meaning of the specific musical elements and designed a music-centered system of analyzing the music programs. Bonny identified the following characteristic features of the music used in GIM sessions:

1) the music is a catalyst for tension and release
2) the music is a container for the GIM experience
3) the music stimulates the flow and movement of the imagery
4) the music offers variability in the stimulus
5) the music conveys mood
6) the music is of the Western tradition of classical music” (see Grocke 1999, p. 149)

The features of tension and release, variability and mood are examined together with the primary musical elements of pitch, rhythm/tempo, timbre and melodic line for each music selection and for the program as a whole. These elements are primary, because they carry specific metaphoric implications for the listener, e.g. changing timbres may represent particular characters in the imagery experience. In the monograph Bonny also presented her idea of the ““Inner morphology“ of a music program in graphic ,affective-intensity profiles’ of selected programs. An example is given below: The music program Positive Affect.
Figure 8.2 The dynamic profile of the GIM music program *Positive Affect.*

The X-axis is the timeline, including all 6 selections in the program. The Y-axis does not measure or indicate anything exact. It attempts a graphical representation of experienced affect intensity – the rising, stable or falling mood and energy levels. This ‘contour model’ will be discussed later.

*Dynamics of experience.* Bonny’s graphic charts give the reader an overview of how the music of a complete program is sequenced to facilitate a specific dynamic affective experience. Bonde and Pedersen (1996/2000) elaborated the method into a graphic description of single music selections. The graph includes three levels of experience and indicates on a timeline (with descriptive musical cues and references to the score) how the music unfolds affectively-dynamically, thus indicating an important aspect of the specific music selection’s image potential.

Summer (1995) developed another music-centered method of analysis, however this method focused on the question how well the music selections of a program meet the needs of a client. The two core concepts are *holding* and *stimulation,* providing the understanding of the music as a “space” where all sorts of experiences may develop. Holding music is characterized by relatively stable episodes and gives the client a sense of safety, nurturance and “home”, while stimulating music is less stable and invites the client to go beyond the present limits of her state and being in order to explore new possibilities in the imagery. The researcher identifies salient formal
divisions in the music and examines the musical elements within each division with special attention to their metaphorical character of holding or stimulation.

Many researchers use *phenomenological description of music* as part of their music research method. The description may or may not use specific music analytic terminology. The purpose is to describe the unfolding music as heard in the lived experience of the analyzer. Good examples are provided by Bonny and Grocke (see appendix 6 and 7 in Grocke 1999b). Description of the imagery is the other core element in phenomenological methods. Image potential may be identified by the researcher when experiencing the music in a non-ordinary state of consciousness (from the client’s perspective), or client experiences may be included in the analysis and correlated with the music.

Kasayka (1991) developed *a phenomenological method to analyze GIM programs*. In the phase of exploring the music she followed the four steps of Ferrara’s (1984) five-step procedure. In the phase of reviewing client experiences to a program she followed five steps inspired by Forinash and Gonzalez’ (1989) procedure. Based on summaries from both phases the researcher investigates the interrelationships of music and imagery and makes assertions on how the music may promote and support particular kinds of experience.

*A Structural Model for Music Analysis* (SMMA) was developed by Grocke (1999) as part of her study of “Pivotal moments” in BMGIM, and as fourth phase of an analytic procedure related to Kasayka’s method. The SMMA leads the researcher to systematic comments and descriptions of the music selections in a program, addressing 15 parameters or categories: Style and form, texture, time, rhythmic features, tempo, tonal features, melody, embellishments, harmony, timbre/quality of instrumentation, volume, intensity, mood, symbolism/association, and performance. The 15 categories were based on Bonny’s unpublished sheet of “Musical Elements” (Bonny, n.d., included in chapter 9 as table 9.3). The SMMA analysis of four musical selections underpinning the pivotal moments of four clients allowed Grocke to identify the following common features: “there was a formal structure in which repetition was evident; they were predominantly slow in speed and tempos were consistent; there was predictability in melodic, harmonic and rhythmic elements, and
there was dialogue between solo instruments and orchestra, or between groups of instruments, or in vocal parts.” She found that strong, structured music in a musical form and from the romantic period provided the necessary musical support for pivotal experiences. (Complementarily Lewis (1986, 1999) found that transformative BMGIM experiences of a spiritual nature were more likely supported by impressionist music.)

Grocke also introduced the Event Structure Analysis (Tesch 1990) as a format facilitating the study of the relationship between music and imagery (coded as temporal or emotional events) as both unfold in time. SMMA and Event Structure Analysis was used by Marr (2001) in her analysis of the GIM music program “Grieving”, She correlated the results of the SMMA analysis with the imagery of four clients, using the Event Structure Analysis format.

Affective-intuitive listening or “Body listening” is a heuristic method developed by Bonny (1993, 2002). It was designed to facilitate analysis from an experiential-embodied perspective. Bruscia labels the method “A music therapy version of embodied phenomenology” (Bruscia, in press). Creative Music Analyses inspired by Bonny’s affective-intuitive perspective may use other modalities to gather information on the researcher’s or the therapist’s first-person experiences with the music, e.g. by making artwork, poetry, narratives or dramatic forms as interpretations of a music program.

Bruscia (1999, 2005 (awaiting publication); see also Abrams 2002) developed the two most elaborate methods of music analysis, especially designed for research in music experiences in BMGIM: Heuristic Music Analysis and Collaborative Heuristic Analysis of Music. Both methods are aimed at understanding how the GIM music programs are experienced by client and therapist during a session, and therefore the analysis involves that the researcher explores the music in four experiential spaces: in an alert vs. in a deeply relaxed state X focusing on the music vs. on the imagery (see figure 8.3). In the collaborative method the group of researchers experience the music program in all four spaces, both as guide and as imager.
Heuristic Music Analysis is (best) performed in dyads or in groups. Data from sessions are included and compared and the results are brought together in a final synthesis. An example of an analysis of a full program (*Creativity 1*) performed in a dyad and inspired by an early version of the method, is Bonde and Pedersen (1996/2000). Further details on these and other methods especially designed for the analysis of music programs used in the Bonny Method is given by Abrams (2002).

**8.2 Method**

*Introduction and selection criteria*

A review of the music used in the 60 sessions reveals that complete programs were only used now and then. Appendix 8.1 gives a total overview of music selections and music programs used, listed by priority. Nine different programs were used (in 15 sessions), but only once or twice, all rather late in the process (from session #5 onwards, apart from *Nurturing* that was used in two sessions #2). Twelve programs
were used partially (in 35 sessions, with one or two of the program’s selections left out). In other words: In almost half of the sessions the therapist chose music selections more intuitively, based on the ISO-principle and an ongoing evaluation of the client’s needs during the session. A total of 74 music selections were used – in comparison the cd series *Music for the Imagination* contains a total of 97 music selections. A few selections were used often and with all or most of the six clients, many were only used once or twice. Appendix 8.1 shows that two specific selections have been used often and with all six clients, namely Bach’s *Double Concerto*, 2nd movement and Brahms’ *Violin Concerto*, 2nd movement.

In order to determine the character of the music used a grounded theory inspired categorization of the therapeutic properties of the music was made. The results are presented in section 8.4. Figure 8.12 (in section 8.3.3) shows that supportive music has been used extensively, but that music of a more challenging character (included in “Basic programs” or from “Working Programs”) has also been used with all clients, predominantly in later sessions. (For an elaboration of this topic, see chapter 8.3.3 with Figure 8.12).

The two movements by Brahms and Bach were then chosen for the analysis of the interrelationship of music and imagery, not only because they were used with all six participants, but also because they belong to different categories or types of music: The Bach movement is purely supportive and very stable in mood and all relevant musical parameters, while the Brahms movement, though basically supportive, also present the client with some challenges for therapeutic work: it contains changes in mood as well as in certain musical parameters.

*Methods of music analysis applied in this investigation*

Many of the qualitative methods reviewed in section 8.1 are used in this investigation. All 4 perspectives (quadrants) of the Heuristic Music Analysis are present in the analysis of music and imagery in the two selected cuts from the *Mostly Bach* program:

1. (Lower left quadrant) In phenomenological descriptions of the music
2. (Lower right quadrant) In the imagery of the six clients
3. (Upper left quadrant) In a SMMA analysis, in mood analysis and intensity profiles

4. (Upper right quadrant) In the phenomenological description of the image potential.

Dynamics of experience are explored through the use of 'intensity profiles’. Event structure analysis is used to correlate imagery and music in fine temporal details. The procedures of the specific methods are explained from section to section.

8.3 Analysis of the interrelationship of music and imagery

The relationship between music and imagery will be subject to qualitative analysis in three separate analyses (chapters 8.3.1, 8.3.2 and 8.3.3). The methodology will be described in detail in each of the chapters.

8.3.1 Analysis I: Brahms Violin Concerto, Bach Concerto for 2 violins, slow movements

8.3.1.1 Heuristic Music Analysis: Music, Image potential and Client imagery in Brahms: Violin Concerto, 2. movement

All music selections from GIM programs are included in the database “‘GIM Selections” (Bonde 2002, the database is included on the cd-rom) with data on the recording and the work, often including short characterizations by Helen Bonny or other programmers. The Brahms movement is described as "Pure, intense, romantic". However true this is, it does not give sufficient information about the music and its therapeutic potential. A more comprehensive description can be found in Grocke (2002, p. 117): “There is a classic structure to the music, with first and second themes, a development section, and a recapitulation. “It gives a soaring quality, a quality of peacefulness and rest, but also if an individual is ready for it, a peak experience” (Bonny 1996). The second melody introduces a new aspect to the music, as if to offer a question and an answer. There is anguish, intensity, and strength in the violin part, as it soars throughout this section, building emotion and intensity in a dramatic and decorative way. The ending is particularly beautiful as the horns and woodwinds hold a long chord, and the violin has the final say.”
Following the guidelines of HMA the music will now be described from four
perspectives. The first perspective is a phenomenological description of the music and
some conclusions concerning the image potential of the piece.

**Table 8.1 Phenomenological description of the Brahms movement**

<table>
<thead>
<tr>
<th>PHENOMENOLOGICAL MUSIC DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRAHMS: Violin Concerto D major, 2nd movement (in F major)</td>
</tr>
</tbody>
</table>

**SHORT VERSION** (Long version can be seen in Appendix 8.8):
A long oboe cantilena unfolds with stable woodwind accompaniment. The melody is
simple, based on the three notes in the tonic major chord [a-f-c, often echoed by other
instruments, before the melody continues], yet sophisticated: phrases may be
prolonged or sequenced in an unpredictable, yet pleasant way. The slow adagio tempo
makes it easy to follow both the core melody and the accompaniment. This is very
safe – the only hint at tension and chromaticism is found in a) the transition bars
between the melodic phrases, where bass and treble marks the dominant function in
chromatic as/descending, b) the use of small crescendo-decrescendos.

The entry of the solo violin and the strings (prepared by two string bars of tonic and
dominant) is a beautiful restatement of the melody, with fresh echoes of the melodic
core motif in woodwinds, however this section quite fast (already shortly after the
beginning of 2nd statement in F) takes the listener into new realms: the key changes
suddenly to the remote G flat/F sharp not immediately identifiable as major or minor;
the mood changes correspondingly (from mood wheel category 3/4 to 7), and the
melodic line of the solo violin (even if the core motif is based on the ‘innocent’ motif
cell of bar 10) turns longing and plaintive, with many *seufzers* (a falling semi-tone
interval). This is intensified by an octave rise in the solo violin, by an unexpected
fermata, by the many rather dramatic crescendos and the short melodic-harmonic
sequences mowing upwards. The music is no longer stable and predictable, but
ambiguous and filled with chromaticism and other musical surprises. Also the tempo
rises, until a calando brings the movement back to adagio and the tonic F major.

When the oboe sings the well-known pastorale theme the violin joins in with soft,
elloquent embellishments of the melodic line. Diatonic and chromatic melodic
movements are integrated on the firm harmonic basis of F major. The violin restates
the core motif and through a series of small variations/sequences the movement is
brought to a comforting and affirmative close (with a surprising piano F minor chord (bar 113) as a last shadow of the drama from the second main section of the movement.

Conclusions concerning image potentials of the movement – are:

- The movement is in ternary form – A B A’ – yet the predictability of the outline is ‘blurred’ (in a very typical Brahmsian way) by the many unpredictable variations especially of the B section.
- The major shifts with potentials for image transformation or changes are at 2:15 The violin entry, section B; 3:52 The mood and key shift to a more dramatic and tragic episode; 6:11 The return to the secure base, harmonically and melodically, with the two solo instruments in harmony, integrating diatonic and chromatic elements.
- The movement is basically supportive and lyrical-pastoral in character, but the B section brings some challenges for the listener in the form of tonal/harmonic drama, dynamic tension and melodic longing.

The musical perspectives is summarized in an “Intensity Profile” – inspired by Bonny’s “Affective Contour/Profiles”: 
Figure 8.4 Intensity Profile of Brahms Violin Concerto, 2nd. movement

Music selection: Brahms: Violin Concerto in D, 2nd. movement ("Mostly Bach" cut 5)

Levels of Intensity:

<table>
<thead>
<tr>
<th>Peak</th>
<th>Climax</th>
<th>Building/Releasing</th>
<th>Tension</th>
<th>Plateau</th>
</tr>
</thead>
</table>

Time axis:

<table>
<thead>
<tr>
<th>0:00</th>
<th>1:00</th>
<th>2:00</th>
<th>3:00</th>
<th>4:00</th>
<th>5:00</th>
<th>6:00</th>
<th>7:00</th>
<th>8:00</th>
<th>9:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>0:00</td>
<td>1:00</td>
<td>2:15</td>
<td>3:21</td>
<td>3:52</td>
<td>4:14</td>
<td>4:56</td>
<td>5:50</td>
<td>6:11</td>
<td>7:11</td>
</tr>
</tbody>
</table>

Specific time:

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<thead>
<tr>
<th>0:00</th>
<th>1:00</th>
<th>2:15</th>
<th>3:21</th>
<th>3:52</th>
<th>4:14</th>
<th>4:56</th>
<th>5:50</th>
<th>6:11</th>
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<tbody>
<tr>
<td>A1</td>
<td>A2</td>
<td>A3</td>
<td>B1</td>
<td>B2</td>
<td>B3</td>
<td>B4</td>
<td>B5</td>
<td>B6</td>
<td>C1</td>
<td>C2</td>
<td>C3</td>
<td>C4</td>
</tr>
</tbody>
</table>

Bars:

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Form:</th>
<th>Cues:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st theme</td>
<td>Theme/Var. I</td>
<td>Pr. Instrument(s)</td>
</tr>
<tr>
<td>2nd theme</td>
<td>Var. II.</td>
<td>Oboe solo</td>
</tr>
<tr>
<td>2nd theme</td>
<td>Var. III.</td>
<td>Violin solo</td>
</tr>
<tr>
<td>1st theme</td>
<td>Recapitulation</td>
<td>Oboe+Violin</td>
</tr>
<tr>
<td>Coda</td>
<td></td>
<td>Oboe</td>
</tr>
</tbody>
</table>

Texture/Timbre:

<table>
<thead>
<tr>
<th>Woodwinds</th>
<th>Strings</th>
<th>Full orchestra</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oboe solo</td>
<td>Violin solo</td>
<td>Oboe+Violin</td>
</tr>
<tr>
<td>Clarinet</td>
<td>Flute</td>
<td>Fl./Horn/Clar.</td>
</tr>
<tr>
<td>Woodw.---</td>
<td>Woodw.---</td>
<td>Horn</td>
</tr>
<tr>
<td>Woodw.---</td>
<td>Woodw.---</td>
<td>Oboe</td>
</tr>
<tr>
<td>Woodw.---</td>
<td>Woodw.---</td>
<td>Violin</td>
</tr>
</tbody>
</table>

Tempo:

<table>
<thead>
<tr>
<th>Tempo I</th>
<th>Calando Tempo I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tempo I</td>
<td>Fermata</td>
</tr>
</tbody>
</table>

Tonality/Key:

<table>
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<tr>
<th>F</th>
<th>Gb</th>
<th>F#m</th>
<th>F</th>
<th>F</th>
<th>Bb</th>
</tr>
</thead>
</table>

Mood:

<table>
<thead>
<tr>
<th>I</th>
<th>III/II</th>
<th>VII</th>
</tr>
</thead>
<tbody>
<tr>
<td>III</td>
<td>IV/III</td>
<td>IV/IV</td>
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</tbody>
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Dynamics:

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<th>p</th>
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<th>p</th>
<th>p</th>
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</thead>
<tbody>
<tr>
<td>&lt;</td>
<td>&lt;</td>
<td>mf</td>
<td>&gt;</td>
<td>p</td>
<td>p</td>
<td>p</td>
<td>p</td>
<td>p</td>
<td>p</td>
</tr>
</tbody>
</table>

Other features:

"call/response"
This profile – or map of the ‘inner morphology’ of the Brahms movement – is based on the following analytic procedures:

- Phenomenological description of the movement (Table 8.1)
- Analysis of the musical form (auditory and visually, consulting the score)\textsuperscript{56}
- Mood Analysis (using Hevner’s "Mood Wheel")\textsuperscript{57}
- Analysis of the image potential.\textsuperscript{58}

Furthermore I have integrated material from an analysis that was undertaken during a workshop with 12 music therapy researchers\textsuperscript{59}. The participants in this workshop listened to the Brahms movement without any introductory information about the music. Individually they chose and worked through one of the following tasks:

- Auditory Analysis of the music (identifying salient musical features)
- Visual Analysis using the score (same purpose as a)
- Mood Analysis (using the Mood wheel)
- Analysis of the image potential (Questionnaire on the character of the listener’s personal imagery or free indication/suggestion of image potentials)
- Drawing a Mandala (+ comments).

The Intensity Profile is not an exact measurement of any single musical element. Tension and higher intensity level may be produced by volume (loud music is often, but not always experienced as more intense than quiet music; crescendos as intensifying), but also melodic movement and phrasing contributes (ascending movement often producing tension, descending relaxation), as does mood, texture etc. It is possible to make an exact graphic representation of the energy and tension level of the recording (measured in Volts), and the digitized wave-form (DW) profile of the Brahms recording is presented in Figure 8.4, enabling a visual comparison with the Intensity Profile:

\textsuperscript{56} This analysis is integrated in the Intensity Profile. The score used was: Heugel H 31406.
\textsuperscript{57} Also integrated in the Intensity Profile. Hevner’s Mood Wheel is enclosed as Appendix 8.10.
\textsuperscript{58} Based on the Phenomenological description and material from the workshop describe in note 4.
\textsuperscript{59} I would like to thank all participants in my workshop at the Ph.D.-course in Aalborg University, October 25th, 2003.
The DW-profile is in many ways close to the Intensity Profile: the climax is the same, and the three major shifts in intensity level are also located the same places. However, there are important differences: The “peak point“ indicated at the Calando is not reflected in the DW, as it is pp, and the intensity level of the B-section (higher than A and C) is not reflected in the ‘mechanical’ profile.

The Intensity Profile with cues make it clear that the music is composed of three interconnected, yet rather different sections. The tonally stable, lyric-yearning first section leads directly – and rather unexpectedly (B2, bar 46) – into the second section characterized by the initial building of dynamic tension and rather turbulent episodes (changing levels of dynamics and tension, alternation between major and minor, dramatic and passionate expression of the solo violin). The tonal and dynamic stability returns, and the movement finds a perfect balance and rest in the third section which has the character of a synthesis: the two solo instruments play together in dialogue (leading or accompanying the other, obbligato), and in the orchestral accompaniment we hear both the wind chorus of the first section and the string chorus of the second.

Even if Brahms included a certain ambiguity of form in this movement – it can be heard as a movement in ternary form (ABA’) or as a set of variations – this analysis points at a division in three sections with the most prominent transitions in bars 46
A very basic narrative pattern is found in this movement: A safe base → A journey/exploration or challenge → Return to base after new experiences. The image potential may be described in the following way: The stable plateau of the first section promotes a sense of security and confidence (e.g. positive memories) and the lyric-pastoral character may evoke nature scenes and landscape imagery. In the second section new images are bound to appear: the idyllic atmosphere is destroyed or threatened, and corresponding moods and emotions maybe evoked. In the final section a return is likely, or maybe the resolution of or new perspectives on a problem.

Two examples from the material of the expert group may illustrate the image potential and the narrative form:

(A) 1. A loving couple on a meadow at sunrise; 2. A dramatic scene in the hall of an old castle; 3. Return to the peaceful meadow at sunset.

(B) 1. A tiny white feather floats in the sunshine over an open landscape and a forest. 2. It floats over an old thingstead, would like to land, but the wind blows it on, over a black forest. 3. The feather is transformed into two white butterflies. They would like to land, but are blown upwards. They freeze and fall to the forest ground as tiny ice crystals.

The indicated image potential makes the music suitable for several therapeutic purposes. In the GIM program Mostly Bach the Brahms movement is cut 5 (of 6), following 4 emotionally demanding compositions by J.S. Bach (in Leopold Stokowski’s romantic orchestrations). It is quite common that clients experience the Brahms movement as a great relief or even reward after a lengthy period of ‘hard work’, and this is confirmed or extended by the last cut of the program: the slow movement from Bach’s Double Concerto, which almost exclusively is in mood 4 and in many ways a perfectly balanced composition – and program ending (This movement will be analyzed later in the chapter). The combination of safety/confidence and a certain challenge also makes the Brahms movement suitable
for assessment. In this project the therapist used the music to assess some of the participants, i.e. as the very first piece of music in their GIM process. We shall now have a closer look at the imagery of the six participants, when they experienced the Brahms movement for the first time, and as it relates to the flow of the music.

8.3.1.2 Event Structure Analysis (Brahms): The relationship between music and imagery

Tesch (1990) defines Event Structure Analysis (ESA) as a method to "examine and represent series of events as logical structures, i.e. as elements and their connections (including the assumptions that govern these connections) that can serve as explanatory models for interpreting actual or folkloristic sequences or events (Heise and Lewis, 1988, in Tesch 1990, p. 29). ESA, or 'Qualitative Sequential Analysis', belongs – like Grounded Theory – to a specific type of Qualitative research: Research in which Connections between the Identified and Categorized Elements are sought (Tesch, p. 85). It uses events "as the units of analysis. They are the elements among which the connections are sought. Events in real life or stories happen in a chronological order. However, there is an underlying 'logical structure' according to which they happen. It would not make sense for some events to occur at certain points, because certain conditions have not been met. Furthermore, the story or actual event takes one turn every time a prior event is completed, when there are actually several possibilities of events that could occur instead. That is the kind of logical structure the event analyst is interested in. David Heise calls these logical structures 'production grammars' (Heise, 1988, p. 187)...." (Tesch 1990, p. 88) They could also be called 'sets of rules'.

Within qualitative sociological research ESA is used by researchers who focus on chronological sequences and their relationship, based on choice making by people involved in the sequences. Abstract logical structures of events "can be generated and compared with actual events (...) Event analysis can be applied not only to actual incidents but to folk tales and other cultural narratives (Heise, 1988)" (Tesch 1990, p. 27). ".... a preferred method of data display are 'directed graphs' in which 'nodes symbolize elements, and lines between nodes show relations'\".

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ESA can be considered a qualitative enrichment of the quantitative ‘sequential analysis’. The focus of interest is "the dynamic aspects of phenomena, such as interactions between or among people or the unfolding of folk tales and other stories. The objective is to discover the structure of these processes, i.e., the 'rules' that govern the sequence of interactions or events. Quantitative researchers use statistics like transitional probability or time-series analysis to discover regularities in the sequence of events. Qualitative researchers are more interested in the conceptual logic of event structures, i.e., in models’ that show the relationships among events. David Heise calls the logical structures ‘production grammars’ (1988, p.187), since they are a set of rules. A production grammar is expressed either as a list of relations among events or depicted in a diagram” (Tesch 1990, p. 64, italics added by me). Tesch distinguishes between structural analysis and interpretational analysis, and ESA belongs to the first group.

Even if ESA is not defined by Tesch as a 'narrative method' it is obvious that ESA is well suited for the analysis of clinical events like BMGIM sessions. ESA has been used by Groke (1999) in her study of "Pivotal Moments in GIM”, and by Marr (2000) to analyse music and imagery sequences of four participants 'travelling' to the music program Grieving (Keiser 1986). ESA was applied "to discover how the temporal music sequence, and specific musical elements, influenced imagery processes and development” (Marr 2000, p. iii). In this analysis I use the same graphic table model as Marr, correlating musical episodes (based on the phenomenological description and the SMMA analysis) with the imagery sequences of the participants. The coding system is different from Marr’s. She made a distinction between temporal events (“imagery as it occurred in time, or as a chronological sequence”) and Emotional events (“images reflect emotional or feeling content, or the participant described or expressed emotion”). I find these codes too broad for my purpose, so in this analysis I use the code column for a registration of image modalities in order to study any eventual patterns in the distribution. ‘Comments’ indicate important correlations between music and imagery, based on my own hermeneutic interpretations of the music.

A necessary precondition for the ESA is a complete and very precise transcription of the imagery, as it unfolds in time. Only when this transcription is combined with the
score it is possible to see exactly when in a given episode an image occurs – and how it occurs or develops. (See Appendix 8.5 for an example page of this transcription).

The event structure analysis of the second movement of Brahms’ Violin Concerto is set out in table 8.2 with the columns defined in the following way:
Column 1: Episodes are corresponding with the phenomenological description and the Intensity profile
Column 2: Coding of the image modalities (V=visual, A=auditory, S=sensory-kinaesthetic, O=olfactory, G=gustatory, E=emotions, M=Memories, R=reflections and thoughts, T=transpersonal, Ot=Other, e.g. body tension).
Column 3: Cues referring to the phenomenological description and the Intensity profile
Columns 4-8: Imagery of six participants (1,1=First session, first music selection). ANHO and SAAA says very little, and so they share a column (ANHO in italics; SAAA in bold)
Column 9: Hermeneutic interpretations of music and image potential.
### Table 8.2 Event structure analysis. Brahms *Violin Concerto in D*, 2nd movement  
[Only a few guide’s interventions are included]

<table>
<thead>
<tr>
<th>Episode/Bars</th>
<th>Code</th>
<th>Music</th>
<th>INLA 1,1</th>
<th>ESMA 1,1</th>
<th>PIJØ 1,1</th>
<th>ANHO 2,1</th>
<th>WIFU 3,3</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1 (1-2)</td>
<td>V/E</td>
<td>F major chord</td>
<td></td>
<td></td>
<td></td>
<td>[Induction image: at the sea]</td>
<td></td>
<td>The little girl is always with me</td>
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<tr>
<td>A2 (3-14)</td>
<td>V</td>
<td>Oboe cantilena unfolding, 1st section of melody</td>
<td></td>
<td>I can see them.</td>
<td></td>
<td></td>
<td></td>
<td>The ‘safe base’ is established by this beautiful and predictable, yet flexible and dynamic melody in F.</td>
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<tr>
<td>A3 (15-31)</td>
<td>R/S</td>
<td>2nd section of melody</td>
<td>Very nice. Not really happy music, but OK. It’s very calming.</td>
<td>It is free. Good air. A little salt.</td>
<td>Sunset. A quiet day.</td>
<td>[What are you aware of in the music?] (No answer)</td>
<td>No matter where I go I just want to feel peace and calm inside. I feel calm...</td>
<td></td>
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<tr>
<td>G/S V</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V E</td>
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<td></td>
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<tr>
<td>B1 (32-45)</td>
<td>R/M</td>
<td>Violin takes over the cantilena and expands it. Many imitation of thematic core</td>
<td>Lovely music! Aahhh! The music is lifting me up now. Wings come to my mind – or I am drifting on a cloud. Wonderful lightness</td>
<td>I was thinking that I was walking at the beach, where a river runs out.</td>
<td>I see the light of the ocean. It twinkles down there. The last sunbeams make the surface twinkle. Fiery colours of the sun: bronze, red... Beautiful</td>
<td>I just sink down... in peace [Is that what you need?] I think so. [Therapist checks in later, but there is no reaction apart from a smile and a relaxed body]</td>
<td>.... in my whole body</td>
<td>Both a repetition and a new quality – of timbre and expression. Interaction of instruments</td>
</tr>
<tr>
<td>B2 (46-51)</td>
<td>V/E Ot</td>
<td>Unexpected key shift to G flat major. A small motif (oboe bar 12) is transformed and elaborated.</td>
<td>In the middle of the river there are rocks, the water gushing over them. The river is deep; I won’t risk jumping on the rocks to get over.</td>
<td>I feel tense, like if I have to produce something... and I cannot!</td>
<td>The first unexpected shift: without modulation the key changes to the dreamy world of G flat major. The violin responds by changes in the melody and the mood.</td>
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<tr>
<td>B3 (52-55)</td>
<td>E Ot V/E</td>
<td>Dynamic intensity and tonal shift. Crescendo &lt; f</td>
<td>A sentimental mood..</td>
<td>You ask me: 'What do you see?' – And I see nothing, and then...</td>
<td>The girl helps me clear away... Yearning and melancholy is intensified into a passionate expression</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>B4 (56-63)</td>
<td>R/V/S M/V E R/E</td>
<td>Violin presents theme variation in F3 minor. Passionate &quot;Call-Response&quot; dialogue between solo/woodwinds Surprisingly the episode ends with a fermata</td>
<td>I am aware of this violin being very comforting. It makes me think of.... dancing couples with swinging skirts – swinging to the music. But there is also melancholy in the music..</td>
<td>Reminds me more of a summer day with sailboats racing on the fjord. Old wooden ships. Great to watch them. There’s a tongue of land where you can watch them from above</td>
<td>But also beautiful I think I am alone I would like to have things cleared away... The new mood is melodically explored, new image potentials. The surprising fermata enables reflection.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B5 (64-74)</td>
<td>R M/R E Ot</td>
<td>Soft p start then dynamic changes &lt;&gt;, Melodic-hi...pushing or stimulating other moods. I prefer the lightness.</td>
<td>The sails being filled by the wind. There can be...</td>
<td>It is OK to be alone. [Can you allow the music to surround you?] Mmm.</td>
<td>An episode with many events and dynamic changes – a lot of energy is...</td>
<td></td>
<td></td>
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<tr>
<td>B6 (75-77)</td>
<td>R/V/S Ot</td>
<td>Long ritardando, bringing music back to initial tempo, mood and key. Solo violin in its highest register. Misterioso</td>
<td>But now it’s calm again</td>
<td>I am sailing in my kayak near (the coast at Moesgaard) Lyme grass. But no other people there.</td>
<td>[Let the music give you what you need] Mmm.</td>
<td>... new reflections. Without knowing for sure it feels like reapproaching the safe base.</td>
<td></td>
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</tbody>
</table>

| C1 (78-90) | V/R V/E V/E | Recapitulation and synthesis. First theme in oboe with violin embellishment, then roles change. Integration of | Now came autumn leaves. The last leaves are falling. The tree is tripped naked. A tree with big leaves – Maple! | I am walking on my beach. It can be rough down there sometimes. The wind is quite stiff. But you can go into the | Now it’s time for sunrise. It feels fine, not so sentimental anymore. It grows lighter. | In the recapitulation all elements of the movement is brought together in harmony. A beautiful partnership of the two solo instruments, joined by both groups |
| C2 (91-100) | diatonic and chromatic movements | It's all orange. On the earth lie the orange leaves. It’s beautiful, but also decline | plantation and find shelter. Walk there and feel good. There are brackens and bushes and everything. | of the accompanying orchestra. Serenity and harmony. |
| C3 (100-106) | Oboe sings the core motif + the epilogue in tonic F, accompanied by arp. and emb. in the solo violin, first in low then high register. Sparse acc., only | Actually I really like Autumn, like... accepting the melancholy. There is also death in this image: This tree stripped naked. But it doesn’t die, does it? [No it comes back] | I think this music changes a lot – between something stiff and something soft. | The music rests. The epilogue sounds confident first in the oboe... |
woodwinds

It comes back; it just hibernates to come back next year.

C4 (107-116) R R/E V/S

Solo violin sings the epilogue accompanied by strings (arco). A surprising f minor chord casts a shadow over the comforting and affirmative ending.

That cycle is absolutely fascinating! They are mutually dependent – of course I know!

Very good. This last bit was very comforting. Fine (laughs)

I start paddling down the coast ... near home, at Århus – Moesgaard beach.

I am relaxed now.

...then in the violin. The music comes to a harmonic closure, yet with a small reminder of the passion and the drama (the f minor chord).
The analysis of the unfolding imagery – or ‘events’ – may be done either vertical, i.e. following the imagery of one client, or horizontal, i.e. making comparisons between the clients within the episode.

**Vertical observations of the imagery of six clients.**

INLA initially focuses on the music and its features. A1->B1: She describes the mood of the music, which she likes, and allows herself to react spontaneously and bodily on the music. From the perceived beauty develops a feeling of lightness and freedom. When the music changes in B2->B3 she is silent, and then follows an image of a dancing couple (B4). However, INLA also recognizes other moods, which she identifies as melancholy (sadness) (B5, first part) and aggression (B5, second part). The Calando (B6) is recognized as a calm transition, and during the recapitulation (A’) she experiences a sequence of Fall imagery with clear metaphoric significance: In C1 the image of a naked maple tree leads to reflections of decay, in C2 INLA identifies with the tree and in C3 she confronts herself with thoughts of death/hibernation and rebirth/Spring renewal. C4 brings an acceptance and recognition of this life cycle; a reconciliation with aspects of sadness, death and loss.

ESMA is taken to ‘her beach’ by the induction and the music. A sequence of associations and memories follows: The fresh air at the salty inlet (fjord) (A3), the difficulties and danger connected to any attempt to cross the river (B2->B3), a boat race with a whole ‘armada’ of old sailboats (B4), reflections on the music that produces an ‘impetus to the movement’ (B5). In the recapitulation ESMA finds shelter for the stiff winds in a nearby plantation (C1) where she reflects on the polarity stiff <-> soft in the music (and in the winds of the beach). In the pause before the next music selection (Bach’s Double Concerto, 2nd movement) she declares that she feels fine and calm.

PIJØ follows the induction image – being at the sea. In the first sequence of her journey (->B2) she experiences a sunset at a well-known beach, with much light and many colours. When the music changes (B2->B5) she reports on being in a sentimental mood and being alone, which she accepts even if it is obvious that she
does not like this mood. As the music moves towards a climax (in B5) the experiential perspective changes and active imagery of sailing in kayak appears (PIJO did sail in kayak before she had cancer). Calmness and solitude returns (B6), and the recapitulation brings a sunrise (C1). The mood is no longer sentimental, and the experience of the last episodes is marked by a deep sense of calmness and clarity.

These three clients listened to the Brahms movement as the very first piece of music in their very first session. They were comfortable with the format and delved into their inner imaginative world without problems.

This was not the case for ANHO, who listened to Brahms as the first piece of music in her second session. Already in the first session it became obvious that even if ANHO was able to enjoy the music she had difficulties staying in ASC and holding on to the images, which was very frustrating for her. A theme of ‘having to produce something’ or ‘not being good enough’ is also evident in session #2, where the bodily tension is reported in B2, when the music turns more challenging. The therapist makes a choice and guides the client’s attention towards the music, suggesting that the client takes from the music what it can give her mind and body. In the end ANHO reports that she feels relaxed.

In contrast WIFU, who listened to the Brahms movement as the third selection in her third session, went deeply into the process from the very beginning of the session. The ESA shows that she talks very sparsely, but from the therapist’s log it is clear that this only reflects a need to be with the imagery without ‘interruption’ by the therapist. The emotional intensity is high, and the image of the little girl has great significance for the client (in the interview she states that the girl represents her own intuition and total confidence). The feeling of confidence is embodied from the beginning (A->B1). As the music changes and becomes more challenging (B2->B4) WIFU reports that she is engaged in a process of clearing-out, assisted by the girl, then follows a long silence. In C2, when the pizzicato accompaniment of the main theme begins, she talks about beautiful colours, whereupon a new silence follows.

SAAA listened to the movement as the fourth piece in her fourth session. At this point in session time, she is already in a state of deep relaxation beyond visual imagery, and
she only reports verbally that she feels serene and calm in the beginning of the piece. The rest of the time she is silent and apparently very comfortable.

*Vertical observation of similarities and differences.*

**Similarities:** four of the clients (the exceptions are ANHO and SAAA) experienced predominantly visual imagery, developing in spirals with reflections and emotions, and with the music coming to the foreground now and then, as described in Goldberg’s holographic field model (Goldberg 2002). Three of the clients had nature experiences in which they were alone (it is not possible to identify the place of WIFUs imagery, however it includes colours, maybe of flowers).

**Differences:** the focuses of the clients were of course individual, and so were the outcome of the imagery: Existential reflections (INLA, PIJØ), memories (ESMA), deep emotion (WIFU), psychodynamic awareness and frustration (ANHO) – as well as musical awareness (INLA, ESMA) and deep relaxation (SAAA).

*Horizontal observation of similarities and differences.*

**Similarities:** All imagery in episodes A->B1 are characterized by positive emotions and a slow tempo (of the imagery). The sudden changes in tonality, melody and dynamics from B2-B5 evoke new elements in the imagery: contrasts in mood, increased tempo, challenges, changing emotions. At the end of section B (B6) where the music is dominated by diminuendo, ritardando and calmness, the imagery slows down and most of the clients are silent. In the synthesis or recapitulation (C – where elements of A and B are integrated) a (corresponding) synthesis of positive emotions, slow tempo and new qualities is seen: recognitions, acceptance, and awareness. Four of the six clients experience imagery closely connected with the musical sequences, and the development of the imagery reflects the inner morphology of the composition (Intensity Profile).

**Differences:** The information density and the image modalities are very different from episode to episode. WIFU and SAAA speak very little, ANHO does not experience any imagery, PIJØ’s reporting is quite evenly distributed while INLA and ESMA are reporting very actively in some episodes (not the same). This makes the individual resonance to the music and the personal ‘travel style’ of each of the participants very clear.
This Event Structure Analysis shows that even if the imagery and ‘travel style’ of the clients is personal and individual many similarities and correspondences can be observed. Of primary importance is the observation that the unfolding and development of the imagery is not a matter of coincidence, on the contrary it follows the morphology of the music closely. Another important conclusion is that four of the five clients are able to use the music in a therapeutically productive way, even in their first session (three clients), and even if they have no music therapy experience and no special musical background (ESMA even described herself as ‘musically illiterate’).

Next step in the investigation is an attempt to answer the questions whether the imagery is related to the life world and problem focus of the individual client – directly or as metaphors, and if/how the images and metaphors are configured.

8.3.1.3 Metaphors and narratives in the music-listening periods
In this section some phenomenological-hermeneutic questions are addressed:
Is it possible to identify different types or levels of metaphors in the material?
What is the relationship between the images/metaphors and the problems/focus of the clients?

Images are – images! We cannot talk about metaphors before the images have been reported verbally in the therapeutic dialogue, during or after the music-listening period (Bonde 2000; see section 3.7), and we must distinguish between referential and metaphorical imagery. Parallel to image modalities we can operate with visual, sensory-kinaesthetic etc. metaphors. Symbols form a special type of image/metaphor: it cannot be reported or understood fully through verbal communication.

In section 3.7 three clinically relevant levels of metaphor, commonly observed in the GIM literature, were identified:

- The narrative episode configured round a core metaphor that characterizes the client’s problem in the real world.
- The narrative configuration of various parts of the client’s self in relation to a life problem or a therapeutic issue.
• The complete narrative, based on the configuration of several metaphors into a coherent story.

Through the analysis of the imagery found during only one piece of music it is in principle not possible to say anything definite about a client’s life problems. All three types or levels of metaphors can only rarely be identified in an episode based on one piece of music or even in one single session (Bonde 2000, 2003). However, with the inclusion of information from other sessions (Appendix 8.2) it becomes possible to say something about the significance of the metaphors presented in the ESA.

INLA: The naked maple tree is a core metaphor enabling the client to express her vulnerability. The recognition of the eternal cycle of Fall/Decline/Death and Spring/Rebirth/Life evoked by the tree metaphor is a good example of the second level of configuration: The client expresses her confidence in the music, the imagery and the metaphoric process.

ESMA: The experience of wind and sea at the “homely beach” is an episode configured around the core metaphor of the “beach wanderer”: In the surroundings of the well-known and beloved nature it is possible to reflect on the ups and downs of life; the wind blows cold or warm, and it is possible to find shelter.

PIJØ: The double position – and core metaphor of the “beach wanderer”/kayak rower is characteristic of an episode where the client may learn something new about being alone or isolated (as a cancer patient in rehabilitation). Looking at oneself from the outside and inside out enable the emergence of new perspectives.

WIFU: In this excerpt only a flash of light is shed on the client’s GIM process. In all ten sessions this woman is deeply involved and engaged in her imagery. Even though she only speaks very little in the session it is obvious that the interaction with the little girl has existential significance. The girl is a metaphor of a part of the client’s self (intuition, self-confidence) and is configured in several sessions.

ANHO: No images are configured in this session, but the psychodynamic problem of “being good enough” (without producing images) is present and dealt with.
SAAA: No images or metaphors are configured, however the state of deep wordless relaxation is helpful for the client who is often very demanding of herself.

*Identifying processes of narrative configuration.*

In the analysis I have identified four narrative episodes configured round core of self-metaphors. Two episodes were not of a narrative or metaphorical character. The ternary structure of the music mentioned in the music analysis has a parallel in a ternary dramatic structure in all four narrative episodes:


PIJØ: 1. Calm sea (seen from the beach) -> 2. Sentimental moods and emotions -> 3. Calm seas (seen from kayak)

WIFU: 1. Intimacy with little girl -> 2. Cleaning up (together with the girl) -> 3. Seeing beautiful colours.

(SAAA: Apparently no development in stages or sections)

In chapter 7 it was demonstrated how personal core or self-metaphors were configured during the therapeutic process, and how it was possible to identify emplotment. This analysis was based on Paul Ricoeur’s theories (section 3.2.2).

8.3.1.4 *Heuristic Music Analysis: Music, Image potential and Client imagery in J.S. Bach: Double Concerto, 2. movement*

In the *Music selections* database the Bach movement is described as “interweaving of two solo voices”. A more elaborate description can be found in Grocke (2002, p. 117): “The principle feature of the music is the interweaving of the first and the second violin parts. As one completes a phrase the other enters imperceptibly. Repetition is another key factor in this movement that helps the client bring a close to the imagery experienced during the program. It is a stabilizing piece of music and may often be used at the end of other GIM sessions where the client needs to integrate
an experience further before finishing with the imagery.” Like in the Brahms analysis, I will now follow the guidelines of HMA in order to uncover the image potential, and the music will be described from four perspectives. A phenomenological description is given in Table 8.3, and the musical perspectives are summarized in this Intensity Profile (Figure 8.6).

Table 8.3 Phenomenological description. J.S. Bach: Double Concerto, 2nd movement.

<table>
<thead>
<tr>
<th>Short description.</th>
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<tbody>
<tr>
<td>The movement is written for two solo violins of equal ‘birth’, accompanied by a small string orchestra with continuo. (The recording is from the sixties, in the romantic tradition, and it is often not possible to tell which of the soloists is playing what). It is written in a major key (but includes episodes in minor keys), and the structure is relatively simple, ternary form, however, it can also be experienced as themes with variation. The orchestra has a purely supportive role, stressing the soft and elegant siciliano rhythm (12/8) and moving either stepwise up- or downwards (including octave shifts, or in harmonic sequences. The soloists are perfect partners, and the distribution of their phrases is complementary (e.g. they switch parts in the recapitulation as compared to the exposition, – even if this can not be heard, only identified in the score). 4 themes are presented and rather freely sequenced melodically and harmonically (following the rules of counterpoint writing), and every new theme grows organically out of the preceding.</td>
</tr>
</tbody>
</table>

The first theme is a dignified and beautiful stepwise descending through an octave followed by a sequence of two fourths leading back to the starting note. The theme continues in a motive in semiquavers, going as a strain through the whole movement, either as an obligato counterpoint to the first theme or shaped as a melodic motive in its own right. The second theme forms a gentle melodic contrast, as it begins with a rising fourth followed by a falling sixth, held as a ‘seufzer’ to the resolution of a (minor or major) second. The third theme is also a sequence of three or four notes, this time with expanding ambitus, and presented as a close interplay of the two soloists. The fourth theme is a series of three octave notes, dropping two octaves, sequenced down- or upwards. There is also a small closing ‘formula’ between some of the episodes. The harmonic structure is predominantly consonant, and the harmonic and melodic progressions predictable. There are only minor deviations from the quiet and peaceful mood and the stable dynamics.

An Intensity profile has been drawn (Fig. 8.6).

The conclusions of both descriptions – concerning image potentials of the movement – are:

- The movement is in ternary form – A B A’ – however it may be experienced as theme(s) with variation, as the melodically poignant main theme reappears several times.
- There are not many shifts with potentials for image transformation or changes, however the third motive and its variant (bars 17-18 and 22-23) add a new energy, expansion and maybe tension to the music.
- The movement is supportive throughout and quiet-peaceful in character, and the perfect collaboration and equal interplay of the two solo violins gives the whole piece a very satisfactory character.
Figure 8. 6 Intensity profile – Bach’s Double Concerto for two violins, 2nd movement
Fig. 7.5* MUSIC ANALYSIS: INTENSITY PROFILE
Music selection: J.S. Bach: *Concert for two violins and strings*, 2nd movement

Levels of Intensity:

<table>
<thead>
<tr>
<th>Peak</th>
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</thead>
<tbody>
<tr>
<td>Climax *</td>
</tr>
<tr>
<td>Building/Releasing</td>
</tr>
<tr>
<td>Tension</td>
</tr>
<tr>
<td>Plateau</td>
</tr>
</tbody>
</table>

0 = No music

Time axis: 0:00 1:00 2:00 3:00 4:00 5:00 6:00 7:00

Specific time: 0:00 0:35 0:55 1:25 2:19-26 3:06 4:30 5:04 5:30 5:57 6:50 7:20

Bars: 1 3 7 10 13 16 17 22 31 36 41 47

Motives V1: a x b x x a x x c x c x x d x - d - a x c d x - a b x
V2: - a x a x x a b c’ b c d x x x d x a x x c x d a x b

Cues:
Key: F d Bb F C a F
Instrument(s): 2 solo violins + accompaniment throughout
Tempo: Largo throughout
This profile – or map of the’ inner morphology’ of the Bach movement – is based on the same procedures as the Brahms analysis:

- Phenomenological description of the movement (see Table 8.6)
- Analysis of the musical form (auditory and visual, consulting the score)
- Mood Analysis (using Hevner’s ”Mood Wheel”)
- Analysis of the image potential.

The profile with cues makes it clear that there is a certain ambiguity of form, even if the structure is ternary ABA’. The ‘closing formulas’ do not correspond with the formal division in three main sections. This means that there are no really prominent transitions in this very stable and rather predictable music, the only element of tension inviting to some elaboration in the imagery is the third theme (c) with its energetic gestures and close interaction of the soloists. Even if there is a basic narrative ABA’ pattern, seen from a formal point of view, this pattern is weakened by the stability of the mood and the sequencing of the same themes and motives throughout the piece.

The Intensity Profile may be compared with the digitized waveform profile of the recording:

Figure 8. 7 Digitized wave-form profile of J.S. Bach: Double Concerto, 2nd movement

The DW-profile shows clearly differences as compared to the Brahms movement: This is not a very ’profiled’ piece of music! The ’climax’ (WHERE??) is clearly identified at the same point as in the Intensity Profile, and like in the Intensity Profile there is no clear indication of the formal structure. A very significant difference is the
closings section: The DW-profile indicates that the movement ends with a building-up. This is clearly not the case from an experiential point of view.

8.3.1.5 Event Structure Analysis (Bach): The relationship between music and imagery
Appendix 8.1 shows that this movement was the selection used most often, 29 times in total, and that each participant listened to it for a minimum of two times (SAAA), up to a maximum of eight times (ESMA). For this analysis I have selected material from sessions in the middle of the therapeutic process (i.e. sessions #4,5 or 6), with the exception of SAAA. She only listened to this movement twice, and since the second time in session #4 followed just after the Brahms experience analyzed above and brought nothing new, I have chosen material from session #1 instead.

The event structure analysis of the second movement of Bach’s Double Violin Concerto is set out in table 8.4 with the columns defined in the following way:
Column 1: Episodes are corresponding with the phenomenological description and the Intensity profile
Column 2: Coding of the image modalities (V=visual, A=auditory, S=sensory-kinaesthetic, O=olfactory, G=gustatory, E=emotions, M=Memories, R=reflections and thoughts, T=transpersonal, O=Other, e.g. body tension).
Column 3: Cues referring to the phenomenological description and the Intensity profile
Columns 4-8: Imagery of six participants (1,1=First session, first music selection). ANHO and SAAA says very little, and so they share a column (ANHO in italics; SAAA in bold)
Column 9: Hermeneutic interpretations of music and image potential.
<table>
<thead>
<tr>
<th>Episode/ Bars</th>
<th>Code</th>
<th>Music</th>
<th>INLA 5,5</th>
<th>ESMA 5,4</th>
<th>PIJØ 6,7</th>
<th>ANHO 4,7</th>
<th>WIFU 6,3</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1 (1-4)</td>
<td>V</td>
<td>Violin 2 introduces the perfectly balanced main theme and violin 1 answers with the same theme in the dominant, accompanied by a semiquaver obligato in violin 1.</td>
<td>I am going nowhere. [Allow yourself to stay where you are and play with it] Heaven is light blue now, together with the pink.</td>
<td>[Now come the two violins, who speak so well together. Pay attention – they might say something to you]</td>
<td>[What do you see?] They are busy in there. They don’t notice me.</td>
<td>[Would you like to stay with the image of dancing?] Mmm.</td>
<td>(Before music starts) I cannot see what is in the garden. Only contours. [Can you allow yourself to let it be like that? Concentrate your awareness on sitting on the bench with them] the little girl and the bear? [Mm] That’s what’s important. (Tears) [Don’t mind the garden].</td>
<td></td>
</tr>
<tr>
<td></td>
<td>V/V</td>
<td>[Would you like them to?] No.</td>
<td>5 There are small white clouds, cotton wool clouds.</td>
<td>7 [It is so important to feel the strong emotions connected to sitting there]</td>
<td></td>
<td></td>
<td></td>
<td>The music introduces two partners of ‘equal birth’ playing a theme of great beauty and well-balanced shape. The mood is quiet and peaceful (4).</td>
</tr>
<tr>
<td>A2 (5-6)</td>
<td>V/R</td>
<td>Second theme (falling sixth ending with a ‘seufzer’) is introduced by V1, acc. by the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The ‘seufzer’ theme introduces a new quality of expression: longing or yearning (mood 3).</td>
</tr>
</tbody>
</table>

Table 8.4 Event structure analysis. J.S. Bach *Concerto for two Violins BWV 1043*, 2nd movement  [Only a few guide’s interventions are included]
<table>
<thead>
<tr>
<th></th>
<th>semiquaver-motif</th>
<th>(WIFU cries)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A3</td>
<td>E V S</td>
<td>First theme returns in V2, now in minor, continued in a variant of the semiquaver-motif, as subject for a dialogue between the soloists</td>
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<td></td>
<td></td>
<td>7 And I am playing. That’s the only thing I’m doing up there. I have no other goal than finding joy.</td>
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<td>8 They almost dance around the machine.</td>
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<td></td>
<td>7 [How do you feel right now?] 8 I have a ring of distress around my neck. [What are you aware of?]</td>
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<tr>
<td>A4</td>
<td>E V S M R</td>
<td>The first episode in minor amplifies the yearning quality.</td>
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<td></td>
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<td>Main theme in V1 – now in Bb major, answered tonally by V2 in F major, in both cases accompanied by the obbligato semiquavers.</td>
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<td></td>
<td></td>
<td>10 No purpose, and that’s why it is so important that am going nowhere. Joy is all that matters, being positively useless and unproductive. 13 [Do you feel the joy?] Yes, clearly.</td>
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<td></td>
<td></td>
<td>10 I can see them from all sides. [What can the machine do?] It has a handle – which you can pull.</td>
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<td></td>
<td>10 It is like wearing an iron ring. [What would you like most to happen for you now?] To get rid of it. I went back to my youth. I listened very much to this kind of music, when I was young. [So memories come?] Yes, sadness mixed with being in love.</td>
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<td>13 That is what I need.</td>
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<td>However the initial quiet light of the main theme comes back and may be intensified by the two rounds in Bb and F major.</td>
</tr>
<tr>
<td>14-16</td>
<td>Second theme in V2, ending with the first ‘closing formula’ (in F, the tonic)</td>
<td>15 It is important that I am alone up there. I am in my own world, exploring the element. But I am not lonely.</td>
</tr>
<tr>
<td>17-21</td>
<td>A new, third motive is heard in an immediate interplay between the soloists. This section is more dynamic and supported by the ‘organ point’ of the continuo. It is smoothly continued in the second motive, accompanied by the obbligato, and ending with the ‘closing formula’.</td>
<td>20 This is music for drifting!</td>
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### B2 (22-25)

<table>
<thead>
<tr>
<th>V</th>
<th>A</th>
<th>V</th>
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<tbody>
<tr>
<td>The third motive returns in interplay, this time a fifth higher. Continues with the fourth theme (leaping octaves) accompanied by the obbligato in V1.</td>
<td></td>
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<tr>
<td>23 Now I become a pixy, a tiny pixy climbing towards heaven on a big white braided rope, larger than myself. 25 Now I climb it.</td>
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<td>24 They say: 'Open up and accept it' – can you hear that? [I can]</td>
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<td>23 It was like ...it wasn’t properly fixed. It just fell down. 25 Like if it wasn’t correctly connected.</td>
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<td>Allow yourself to be moved by the music</td>
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<tr>
<td>This is even intensified here, as the third motive appears a fifth higher.</td>
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### B3 (26-30)

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<thead>
<tr>
<th>V</th>
<th>R</th>
<th>V</th>
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<tbody>
<tr>
<td>In this episode the fourth motive and obbligato semiquaver dialogues replace each other. There is some tension towards a cadence in the last bar.</td>
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<tr>
<td>27 A tiny, happy pixy indefatigably climbing upwards, even if the end of the rope is invisible.</td>
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<td>26 [How is it for you to hear that?] It is affirmative. 28 I think it is the most important thing I have to learn. 29 I am not supposed to give all the time. I must also be able to accept what others give me.</td>
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<tr>
<td>[How is that for you?] 29 Now I can fix it and make it work. I turn it on, and then it is like a lot of steam is let out.</td>
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<tr>
<td>This episode with the fourth theme has more the character of ‘fortspinnung’: the dialogue moves on, but without important new information.</td>
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### B4 +t (31-36)

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<tr>
<th>V/R/E</th>
<th>R/M</th>
<th>V</th>
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<tbody>
<tr>
<td>First theme returns, in V2, now in a minor,</td>
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<tr>
<td>31 Now comes a swallow – a swallow of prey,</td>
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<td>32 [It is OK to accept?] Yes-almost a task in itself.</td>
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<td>32 [And now it works?] Yes, the steam is coming</td>
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<tr>
<td>This might be experienced as a recapitulation, as the</td>
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<tr>
<td>B5</td>
<td>V/R</td>
<td>Interplay of semiquaver-phrases replaced by third motive.</td>
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<td>R/M/V</td>
<td>... into heaven. 38 To God or whoever resides there. I don't kick so much about, I accept that the swallow has grasped my in its beak.</td>
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<td>[If you relate ‘accepting’ to the story of your mother-in-law I can understand it. She ‘accepted’ – but not the right way.] No she was demanding – and that’s not the way.</td>
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<td>37 It fills the entire room. [So you made the machine work?] Mmm.</td>
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<td>Energy and a little tension come back with the third motive and the close interplay of the soloists.</td>
</tr>
<tr>
<td>B6</td>
<td>R</td>
<td>.... continued, but also including the fourth motive.</td>
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<td></td>
<td>R</td>
<td>40 I wonder where it is taking me....</td>
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<tr>
<td></td>
<td>V</td>
<td>[And it is not your way] Maybe it was my way. But now I</td>
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<tr>
<td></td>
<td></td>
<td>41 It is like... through the steam a lot of tiny... well,</td>
</tr>
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minor mode is gentle and soft. However, the episode is quickly closed by the ‘formula’.
| C1+t | V | Modulation back to… | 41 It is flying out of my sight, becoming smaller and smaller, just a tiny spot in the sky. 44 Now it is gone, and so am I – being the pixy in the beak of the swallow. 41 It is my task to believe that. 45 (smiles) [Anything more?] 45 Yes, flowers in pots, things from a dollhouse. It is alive, but... [A lot of things are let out here!] Certainly! | furniture ... and people are spit out (smiles). | The transition back to tonic F is short and maybe a little surprising. However, the recapitulation is perfect, and the two soloists switch roles – as an extra manifestation of their equality. |
| (41-47) | R | V | |
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I was irritated, not wanting to start anything new, just staying with that book.

Steven! Steam and the colours and the furniture rise up from the hole, I was in (from the beginning).

light: You may walk now!

Nice to end here. The music reminds me of joyful voices on a tape I had – and how my daughter loved it, almost in awe, when she was little.
**Vertical observations of the imagery of six clients.**

Travel styles, modalities and reporting styles are very much the same as documented in the Brahms analysis.

INLA: The imagery here illustrates an exploration of being free in a space of opportunities and playfulness. The images are primarily visual, but there is also a lot of kinaesthetic sensation (flowing, drifting) and emotion (joy). Two important shifting moments can be observed: When theme c is introduced it brings the image of a pixy and a new sequence where the pixy climbs upwards, but then it is snatched by the yellow "'swallow of loneliness" (bar 30). The 'abduction' is not dramatic, but leading to accept of the situation: It is OK that something is stronger than INLA.

ESMA: In the beginning of the travel the guide makes a reference to an earlier session, where she (on the client’s wish) guided ESMA more directly into the musical dialogue. This time she gets the message of the violins: ‘‘Open up and accept‘’. The rest of the session brings reflections and memories connected to this existential theme – the client experiences the message as an invitation to find a new way of interacting with other people. And a remark from the therapist leads ESMA to a somewhat distracting, but humorous image of a Danish TV commercial parodying the well-known L’Oreal motto ‘‘Because you’re worth it!‘‘

PIJØ: The client is coming to the last episode of a long metaphorical fantasy. Earlier in the session she has been at ‘the bottom‘ of her existence, gradually climbing upwards, and now her visual imagery presents a laboratory, where experiments are taking place. The client enters the scene and pulls a handle, thus experiencing how she suddenly can control the situation and watch how ‘a lot of things are let out’ in a colourful steam. A snake (from imagery earlier in the session) appears to be a helper, and finally PIJØ can climb out of its nostrils and get an overview of the whole landscape (or situation).
ANHO: The client still has difficulties with spontaneous imaging, however, with the support of the music and the therapist a significant image is evoked near the end of the movement: “Green light” is also recognized as a metaphor of letting go.

WIFU: The client is involved in a deep emotional experience of being together with two of her imaginary supporters: the little girl and the bear. The quality of their close relationships makes it unnecessary to explore the grey garden (of death?) further.

SAAA: The client wants to continue an image of dancing, but the music evokes memories from her youth: this is music she listened to when she was young and in love. The sweet sadness of the memories leads to reflections on having lost contact with some of the friends. And the beauty of the music reminds her of a situation where her daughter as a child expressed awe for similar music in a touching way.

Vertical observations of similarities and differences
The coding shows that there is no unified or collective experience about the imagery as a whole or in the specific episodes. Two clients experience predominantly visual imagery (INLA, PIJØ), one is clearly emotional (WIFU), one memorizes (SAAA), one reflects (ESMA) and one has difficulties with imaging (ANHO). A clear similarity is that all imagery develops slowly but surely, that the clients all experience positive moods and emotions. All travels end in harmony (even if an extender is used with WIFU). There are no dramatic shifts in the imagery, as in the music itself.

Horizontal observation of similarities and differences.
While the first and second theme seems to facilitate experiences of calmness or peacefulness, the third theme (c) with its upwards motion, drive and energy seems to stimulate action and change: PIJØ draws the handle, SAAA stretches her body in dancing movements, ESMA receives the message of the violins, and INLA is transformed into a climbing pixy. The recapitulation brings each individual’s travels to a meaningful and satisfactory end. – But the imagery and the existential themes of the clients are highly individual.
8.3.1.6 *Metaphors and narratives in the music-listening periods*

INLA: The pixy is clearly a metaphor of a part of the client’s self – and recognized as such: a hard-working creature with a lot of confidence in itself and in the work (heading upwards – towards God).

ESMA: There are no metaphors in this episode, and the message received is of an existential (unmetaphorical) nature.

PIJØ: The long travel from the bottom of the pit to the top – and beyond is a complete narrative. The last episode with the laboratory and the machine may be an image of how the client understands her process in hospital. But here she (re)acts and takes the lead.

ANHO: One important metaphor is reported after the music finishes: the “‘Green light” indicates that the client is developing confidence in the therapeutic process.

WIFU: This is an emotional exploration of two parts of the client’s self: the little girl (intuition, confidence) and the bear (strength, kindness).

SAAA: There are no metaphors in this episode – though the dancer may be interpreted as part of the client’s self. The memories and reflections seem helpful.

*Is it possible to identify processes of narrative configuration?*

The configuration is not as clear here as it was in the Brahms example. This may be related to the predominant unity in mood, dynamics and thematic material in the Bach movement. However narrative configuration can be found in INLA and PIJØs travels, reflecting the ternary form ABA’.

INLA: A. The client establishes herself in a floating state of wellbeing and joy, even if she is alone -> B. She is transformed into a climbing pixy that is taken by a swallow -> C. The client finds peace in the situation, even if she lost control.

PIJØ: A: A problem is identified: experiments are going on in a laboratory -> B. She takes action and solves a problem: The handle works again -> C. The machine produces surprising things and the client ‘climbs out’ to get an overview.

8.3.1.6 *Conclusion*

The main research question for this analysis was: *What elements are there that describe the relationship between the music and the imagery transformation?*
For the five of the six participants who experienced spontaneous music imagery throughout the music selection the analysis shows that

- The imagery was always influenced by the music. Other explanations of the changes and transformations of the imagery were not identified through this analysis.
- The relationship between music and imagery was influenced by the ‘travel style’ of the client.
- The more the client reported the clearer the relationship between music and imagery was seen.
- If the client reports very little and/or entered into a state of deep relaxation or meditation it is not possible to document the role of the music with the methodology used here (video recording to monitor facial expressions and bodily activity, and/or physiological measures would be required).
- If the music includes challenging elements – i.e. contrasting sequences from a musical point of view – this is reflected clearly and immediately in the imagery: the client reacts with a delay of a few seconds. Music introducing higher intensity and tension is reflected in the imagery in many ways: a change of perspective, manifest action, emotional outlets, sudden insight (“messages”), a new direction to the imagery etc. (Chapter 7 investigated this from the theoretical perspective of ‘narrative emplotment’).
- The clearer the narrative structure of the music, the clearer this will be reflected in the imagery.
- Some modalities lend themselves more easily to metaphorical and narrative imagery than others: visual/auditory (/gustatory/olfactory)/memory modalities are more closely connected to metaphoric and narrative sequences than sensory-kinaesthetic and emotional imagery.
- It is possible to identify a “logical structure“ in the relationship between music and imagery. On one level the material analyzed confirms Goldberg’s Field Theory: The ongoing sequence of Music->Image->Emotion. On another level the ‘production grammar’ of BMGIM seems to be that if the basic mood of the music is matching the client’s needs and energy level (ISO principle, see section 3.7) the imagery will develop with the music. Any change in the levels
of intensity and tension (as indicated in the Intensity Profiles) is reflected in the imagery. The image potential of a music selection will become manifest as related to the individual focus and ‘travel style’ of the client.

In other words: This identifies the role and different functions of the music as ‘Co-Therapist’.

8.3.2 Analysis II: Content analysis of selected music and episodes

The analyses in section 8.3.1 indicated that the relationship between music and imagery is a more general feature on an abstract formal or morphological level. Narrative matrices found in the configuration of the metaphors had a certain correspondence to formal matrices found in the music. Another issue related to the research question is more concerned with content than with form, namely whether it is possible to identify similarities of image content between participants to specific music selections? ‘Similarity of image content’ could be within any of the image realms: visual, auditory, emotional etc. – Based on App. 8.1 I have examined the recordings and transcripts related to the 13 music selections that four or more of the six participants were noted to use on one or more occasions. This was done in order to determine whether data that include music selections experienced by four or more participants indicated a similarity of content between participants, as based on the imagery reports in the session logs.

I have identified two music selections that invite such an analysis. The two Bach chorales included in the program Mostly Bach (cuts 2 and 3) seem to evoke imagery related to loss, death and dying. In the following analysis I will investigate how the imagery of four participants (WIFU, INLA, SAAA, ANHO) may be related to properties of the music. The analysis comprises:

- Music analysis of the two chorales, with special attention on a) the relationship between musical expression and text in Bach’s original compositions, b) the properties of the orchestral arrangements by Leopold Stokowski, used in the sessions. This analysis includes data from a workshop with students in GIM level three training.
• Analysis of the image potential of the two chorales. This analysis also includes data from the workshop mentioned above.
• Intensity profiles of the two pieces.
• Event structure analysis: a presentation of the imagery of four clients correlated with the episodes identified in the music analysis.
• A summary and discussion of how music and imagery may be related on a content level.

8.3.2.1 Music analysis
Bach composed and arranged a variety of chorales, hymns and songs based on Lutheran lyrics. Komm, süßer Tod (BWV 478) and Mein Jesu! was vor Seelenweh (BWV 487) both belong to the collection of Geistliche Lieder (Sacred Songs or Hymns) known as Schemellis Gesangbuch (Schemelli’s Songbook) published in Leipzig 173661. The author of Komm, süßer Tod is unknown, while Schemelli is the author of Mein Jesu. A modern recording based on principles of historical performance was made in 2000 by the tenor Christoph Pregardien and the bass Klaus Mertens accompanied by Jaap ter Linden (cello) and Ton Koopman (chamber organ). This recording (Teldec 8573-81145-2) is probably close to the sound and performance style Bach had in mind when he composed the music. The orchestral arrangements by Stokowski, used in the GIM music programs, are very different. There is no vocal part, and the arrangements for string orchestra or full orchestra belong to the romantic tradition of baroque interpretation initiated by Mendelssohn and brought to a climax in Mahler’s arrangements of Bach scores. The vocal line is distributed between instrument groups, the tempo is very slow (durations of the two Koopman recordings are 3'05 and 2'42, while the durations of the Stokowski recordings are 5'50 and 5'03), and the Stokowski performance style has very distinct non-baroque features in

61 G.C. Schemelli: Musicalisches Gesangbuch (Leipzig 1736) had the following complete title (English translation): Musical Hymnbook containing 954 spiritual hymns and arias, both old and new, with well-wrought melodies in treble and bass. J.S. Bach composed and arranged music to 69 of the hymns. For each hymn there was a melody and a figured bass. According to Marx (sleeve notes of the Koopman recording) Bach only composed 3 of the 69 melodies, among them Komm, süßer Tod. The remaining 66 melodies were taken from other sources, and Bach made only minor revisions and amendments. Schemellis hymnbook is a conscious mixture of well known and traditional orthodox Lutheran hymns and modern Pietist hymns. There is also an important musical difference between the hymn styles. While the orthodox hymns were mainly diatonic and meant for congregational singing the new Pietist hymns were set to a triad based music, with big melodic leaps, and with auxiliary and passing notes. This expressive, aria-like style was more suitable for the domestic devotional practices of Pietism.
dynamics as well as phrasing: expressive effects are obtained by the use of subito piano, crescendi and decrescendi, accelerandi, ritardandi, allargandi and not the least a bowing technique linking all phrases together and (in most cases) not leaving a natural space for breathing between phrases.

In the GIM music selections database the two pieces are characterized in the following way: “Stokowski instrumental transcriptions add a patina to Bach through orchestral colour and tone”. “The arrangement of Komm, süsser Tod gives the opening section most affectingly to divided strings, and reserves the entry of winds, brass and harp to the melody's reprise.” “The fervour and emotional depth of Mein Jesu show that Bach was not only a master of fugue, polyphony, and all technical resources of his time, but was a supreme poet of impulsive rhapsodic feeling, in whom heart and mind were equally powerful.” (GIM Music Selections Database 2004).

Bach’s arrangements of melody and accompaniment were closely related to the Protestant/Pietistic dichotomy between the sufferings of earthly mortal life and the eternal blessings of the heavenly life, as expressed in the texts. In this Pietistic tradition death was not an enemy, but a friend, as such welcomed and embraced by the dying subject of the Komm, süsser Tod text. A compassionate subject in Mein Jesu expresses the experience of Jesus in Gethsemane. It is almost like an eyewitness describing and identifying with the suffering and anguish of the Christ. Bach’s music is expressive of these experiences, and follows the principles of the baroque Affektenlehre. Musical affects were meant to be objective renderings of basic and composite emotions, and this was achieved through the systematic use of specific rhythmic and melodic patterns plus harmonic setting. It is possible to see how Bach correlates the text with the music in the finest details, both melodically and harmonically. Typical examples can be found in the second half of Mein Jesu! The extreme anguish of the Christ is expressed in the tense sequence of eight semi-tone quavers (bars 8-9), first descending then ascending, and the whole sequence is transposed one tone up, and accompanied by a fierce modulation from F major in the beginning of the section, over g minor to a minor (variant). This is followed by a stable d minor phrase (bars 12-13), where the ascending melodic line illustrates the text line “And lift in misery to heaven your hands”. These musical intentions are amplified almost extremely in the Stokowski arrangements. (App. 8.8 and 8.9 include
Text and music with accompaniment written out in two staves. The scores of the Stokowski arrangements were not available.)

8.3.2.2 Workshop62

11 GIM level three students, one trainer and two GIM therapists participated in a workshop on Mein Jesu. The music was not identified until after they had listened to it over loudspeakers in a small auditorium. Before listening participants had chosen one of a set of tasks including

1) an image questionnaire, based on the experience of the music in a relaxed state (5 participants),
2) an image potential sheet, based on the experience of the music in an alert state (2)
3) a sheet for identification of salient musical features, as identified by auditory
   analysis only (3)
4) a sheet for identification of salient musical features, as identified by both auditory
   and visual analysis (including score of the original song, not the arrangement) (1),
5) a mood analysis, based on Hevner’s mood wheel (2),
6) a mandala drawing based on the music experience (1 participant).

8.3.2.3 Results of the workshop

All five participants in group one reported on a 5 step Likert that the music evoked or stimulated imagery “very much” (maximum), and that the dominating image modalities were visual and emotional. Emotions mentioned were: sorrow, loneliness, anger, strength, thankfulness, caring, sadness, heaviness, hope and well-being. Three participants reported comprehensive narratives. One narrative included a drowning scene (Cinderella) and Snow White in her glass coffin. Another included saying goodbye to parents who appeared as old persons in the imagery. A third narrative included climbing a mountain and after this strenuous effort being taken care of with food, wine and nurturing, interpreted by the imager as a birth-death-rebirth process.

62 This workshop was based on the same principles as the researcher workshop described in 8.3.1. I wish to thank the participants of the GIM training workshop for their generous and valuable contributions to this section. The workshop was part of a presentation of this project focusing on the clinical dimension, and the Danish-Norwegian group have given their permission to include the data in the study.
The two participants in group two reported that the first (repeated) sequence (-> 1’57) was experienced as an opening towards a meeting or a vast space, while the next sequence (-> 4’26 or 4’43) was a further expansion and exploration or a dialogue, where emotions could be activated. The final sequence brought the experience to a conclusion – with the option of further exploration.

The total of four participants in groups three and four together identified the musical form as binary. The A sequence (bars 1-6, repeated) is in three separate phrases, with an overall descending melodic line, beginning in d minor and ending in F major. The B sequence is longer (bars 7-14, repeated), more expressive and modulating from F to a minor (variant), before it ends in d minor. However, the Stokowski arrangement has an extra half B sequence, not included in Bach’s original, bringing the music to a quiet and comforting end in D major. The dynamics and the texture are variable, with different string groups exposing the melody, and with octave transpositions upwards between sections or repetitions as an important feature, and with the use of subito piano on two occasions (2’20 and 3’40; NB this feature is dependent on the recording/interpretation) as a surprise effect. The dark colours of the minor mode dominate the movement, and the long phrases are connected in an everlasting legato.

The two participants of group five identified the basic mood as category 2 in Hevner’s mood wheel (appendix 8.11): sad, tragic, melancholy, depressing, dark; with shorter sections in categories 8 (majestic), 1 (spiritual, dignified, serious), or 3 (longing, yearning).

One participant made a mandala entitled “Letting go of the burden”. Tears, groups of people, a grey coffin with a cross and dark colours (brown, blue, black) are main elements.

8.3.2.4 Intensity profiles

The two intensity profiles are made by the researcher as a summary of musical observations including the development of specific musical parameters in the two compositions. An intensity profile of each composition is a graphic representation of a
section of music that visually illustrates the building up and release of tension, the
duration and level of intensity plateaus and the presence of climaxes and peaks.

**Figure 8.8 MUSIC ANALYSIS: INTENSITY PROFILE**

Music selection: J.S. Bach: *Komm süßer Tod* BWV 478
(Orchestral arrangement by L. Stokowski). Recording: Australian version of *Mostly Bach*

**Levels of Intensity:**
- Peak
- Climax
- Building/Releasing Tension
- Plateau

**Time axis:**
- 0:00 1:00 2:00 3:00 4:00 5:00

**Specific time:**
- 0.00 0:55 1:21 2:01 2:51 3:37 4:02 4:40 -> 5:50

**Episode:**

**Bars:**
- 1-------7  8--10  11----16  17-------24  1-------7  8--10  11----16  17-------24

**Motives:**
- Only the melody line is in the foreground.

**Cues:**
- String orchestra in 1st stanza
- Full orchestra + harp in 2nd stanza

**Key:**
- c -> Eb Eb-> g f ---- Bb Eb -> c c -> Eb Eb-> g f ---- Bb Eb -> c

**Melody:**
- Woodwind Violin Woodw. Violin

**Mood:**
- Adagio molto throughout, very flexible tempo

**Tempo:**
- Adagio molto throughout, very flexible tempo

**Dynamics:**
- p <mp> < > p mf < > <f < > p

The primary artistic effect of the Stokowski arrangement is the shift in texture
between the 1st and 2nd stanza of the chorale. The 1st stanza is arranged for strings
only, and the intensity curve is very stable, allowing the listener to react on the subtle
nuances of the melodic development, the tempo and the dynamics. The 2nd stanza is
scored for full orchestra with harp, with an interesting mix of wind instruments
playing the melody alternating with the violins. The intensity curve follows the
dynamic development quite closely, and a climax is reached at the melodic culmination.

**Figure 8.9 MUSIC ANALYSIS: INTENSITY PROFILE**

Music selection: J.S. Bach: *Mein Jesu! was vor Seelenweh* BWV 487 (Orchestral arrangement by L. Stokowski) Recording: Music for the Imagination

*Levels of Intensity:*
- Peak
- Climax
- Building/Releasing
- Tension
- Plateau

0 = No music

**Time axis:**
- 0:00
- 1:00
- 2:00
- 3:00
- 4:00
- 5:00

**Specific time:**
- 0.00
- 1:00
- 1:56
- 2:45
- 3:11
- 3:35
- 4:00
- 4:28
- 5:02

**Episode:**
- A
- A1
- B
- B1
- B’
- B1’
- B1”

**Bars:**
- 1--6
- 1--6
- 7--11 12--14
- 7--11 12--14 12--14

**Motives:**
- Only the melody line is in the foreground.

**Cues:**
- Key: d ->F d ->F F ->g ->a d--d F->g ->a d--d d D

**Instrument(s):**
- String orchestra throughout

**Melody:**
- Cello
- Violin
- Cello
- Violin
- Cello

**Mood:**
- Adagio molto throughout, very flexible tempo

**Tempo:**
- Adagio molto throughout, very flexible tempo

**Dynamics:**
- p
- mp< mf>mp
- p < mp > p
- mf
- sub.p
- mp
- p > pp

The second song without words is scored for strings only and has a different profile with a steady increase in intensity through the main sections. The very slow tempo blurs the otherwise clear AAB structure of Bach’s composition, and Stokowski has added both a repetition of the B section and a coda, repeating the last three bars pianissimo and ending in D major. Intensity and dynamics are closely related here, however a specific intensity feature is the subito piano surprisingly appearing at 3:35 – here identified as the intensity climax and possible peak. Another important
intensity increasing feature is the chromatic melodic quavers of the B section, enabling the listener to go deeply into experiences of anguish and yearning.
8.3.2.5 Event Structure Analysis

Table 8.5 Event structure analysis. J.S. Bach *Komm süßer Tod* BWV 478 and *Mein Jesu* BWV 487 [Most guide interventions are included]

First column: Episodes are corresponding with the phenomenological description and the Intensity profiles
Second column: Coding of the image modalities (V=visual, A=auditory, S=sensory-kinaesthetic, O=olfactory, G=gustatory, E=emotions, M=Memories, R=reflections and thoughts, T=transpersonal, Ot=Other, e.g. body tension).
Third column: Cues referring to the phenomenological description and the Intensity profiles
Fourth-seventh column: Imagery of four participants (1,1=First session, first music selection). Eight Column: Results from workshop (*Mein Jesu* only), Ninth columns: The researcher’s hermeneutic interpretations of music and image potential.

<table>
<thead>
<tr>
<th>Episode/Bars</th>
<th>Code</th>
<th>Music</th>
<th>INLA 6,2-3</th>
<th>WIFU 8,4-5</th>
<th>SAAA 10,2-3</th>
<th>ANHO 9,4-5</th>
<th>Workshop</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Komm süßer... A (1-10)</td>
<td>V S R</td>
<td>Strings only. Melody in violas dominates the sound. Soft violins on top, Celi and Double basses play the bass line. 2xTwo bars phrases minor- &gt; major, the three bars phrase minor- &gt;major. Last three bar phrase major - &gt; minor.</td>
<td>(I am sitting on the bench,) with the little girl and the angel.  Allow yourself to feel how that is. The big grey bushes... Can you say more about them?</td>
<td>(I am aware of my fingers.. they are itching to do something .... sometimes it’s like running away from...  Maybe you can find out what your fingers want to do?</td>
<td>I feel cold very often in my daily life. It irritates me. (Komm süßer not included)</td>
<td></td>
<td>The tempo is very slow, molto adagio, but there is a pulse. Phrases of two or three bars all end on a long note or fermata. The first three long notes are all on major chords, corresponding to the content of the text: death is sweet, death is quiet, and death is peace. The fourth phrase ends on a minor chord: the world has made me tired.</td>
<td></td>
</tr>
<tr>
<td>B (11-21)</td>
<td>E E</td>
<td>As A.</td>
<td>What are you ...are</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The tempo is very slow, molto adagio, but there is a pulse. Phrases of two or three bars all end on a long note or fermata. The first three long notes are all on major chords, corresponding to the content of the text: death is sweet, death is quiet, and death is peace. The fourth phrase ends on a minor chord: the world has made me tired.
Small bass crescendo in bar 12. Allargando in the last 5 bars. 

aware of?

opportunities given to me by life... and death (tears).

so that I don’t show what I can.

makes the melody earnest, and the soft tone of the violas in the middle register gives it a rhetoric quality.

I’m curious: what does this music want to give me? A requiem? It is SO slow, like a coffin being carried in slow tempo, in a black mood…

Death is as real as life. I wish to see it in a positive perspective. Do you feel it positive? I think so (tears).

(The neck, what’s happening?)

Mother. I choked her. I got rid of guilt and shame.

The entry of the harp and the wind instruments intensifies the music. The arpeggios stress the solemnity of the statements. The special mixed timbre of oboe + muted trumpet adds to the intensity.

…but also a lot of caring. It reminds me of feet, carefully being sat down and lifted again in this slow tempo. I don’t know what their mission is, but I like them. Pink and gold. A requiem – that

Allow yourself to feel that. The music is there for you.

I thought I would try to remember something positive, something without shame and guilt... My memories are all bad – it is all black (tears).. I want to be positive, but…. 

I am fighting to keep my eyes shot

Turntaking adds a feature of dialogue to the experience. Violins lift the melody towards heaven as a prayer.
was black... I would like to hear more of this kind of music. *Would you like to hear it again?*

The angel and the little girl are there. They will also follow me into death.  

*Can you allow yourself to let it be as it is, right now?*

---

<table>
<thead>
<tr>
<th>Komm süsner... (2nd time, INLA)</th>
<th>R V</th>
<th>E V</th>
<th>E</th>
<th>E</th>
</tr>
</thead>
</table>
|  | Yes. *Then allow yourself to focus on whatever is useful for you in this music.*  
  This is serenity. I wrap myself up in a membrane, like a pupa. It’s grey. Nothing I need to do.  
  Huge wings. Heavy and moving in the slow tempo of the music. I only see the wings, not the bird.  
  *How is that for you?*  
  It’s fine, that the wings are grey, not pink or gold. |
<table>
<thead>
<tr>
<th>Section</th>
<th>Notes</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B1</strong></td>
<td>V R</td>
<td>I linger with them. A golden sun rises over the horizon – the wings fly in that direction. Lingering – that’s what I need and want.</td>
</tr>
<tr>
<td><strong>Mein Jesu</strong> A1 (1-6)</td>
<td>E R S V</td>
<td>Strings only. They sound soft and muted. Cello plays the melody. The bowing is continuous. Now I feel sadness. <em>Allow yourself to feel that. Where do you feel the sadness?</em> In my head. <em>I want Death to be my friend.</em></td>
</tr>
<tr>
<td><strong>A2 (1-6 rep.)</strong></td>
<td>V R E</td>
<td>Violins take over the melody, one octave higher. I see an elephant. It is huge and tired, moves heavily. The battle is lost. <em>What battle?</em></td>
</tr>
<tr>
<td><strong>B1 (7-14)</strong></td>
<td>V/E E/A S</td>
<td>Celli take over the melody again. The chromatic quavers end with the first The battle about managing everything. That’s why it is sad. - I am the elephant. It is light and mild - like the angel: It says: ‘Be not afraid!’</td>
</tr>
<tr>
<td><strong>Mood:</strong> 2 - <em>sadness, sorrow, loneliness. Opening towards a meeting or a vast space.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expansion and exploration – dialogue is possible. Minor mood</strong></td>
<td></td>
<td>The sad and sombre mood from the previous song is deepened by the soft and earnest voice of the celli.</td>
</tr>
</tbody>
</table>
breathing point. Second breathing point is before the last phrase. didn’t succeed. It will be shot, I think. It has given given it up. A lotus suddenly appears.

| B2 (7-14 rep.) | E/V E | Violins take over. Dynamic intensity, both in crescendi and in diminuendi. Surprising subito piano in the end of the chromatic phrase. Just above the head of the elephant. *How does that feel?* Very confident. The lotus is a sign that someone holds his hand over it, even if it can’t see it… I can see it. |
| B3 (Coda) | E R | Last three bars are repeated, with celli playing the melody. Ends on a D major chord. *How is it for you to be aware of that?* (Coughs). It feels safe. |
| Mein Jesu 2nd time, SAAA A | R/E | I don’t think I ever will reach the other side. (tears). It is not realistic – and what is the other side? (tears). |

changes: 1 (spiritual, dignified, serious), or 3 (longing, yearning).

Images of death/rebirth or saying goodbye are possible.

The celli repeat the final phrase in an introverted confirmation of the necessity of prayer. The final major chord offers comfort.
<table>
<thead>
<tr>
<th>B</th>
<th>E</th>
<th></th>
<th>side? (tears) How is it for you right now? Both difficult and OK Allow yourself to accept both sides... How is it now? It feels OK now – I have lived it through. (Body and breathing is freer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3</td>
<td>E</td>
<td>S</td>
<td></td>
</tr>
</tbody>
</table>
The experiences of three participants (INLA, WIFU, SAAA) are dominated by visual imagery related to death and dying and by related emotions, thus confirming the observations of the GIM group on image potential of *Mein Jesu*. The fourth participant (ANHO) also experienced visual imagery related to the death theme, however she did not want to explore these images or go into the emotions.

After preliminary reflections and observations on the music, described as a funeral march or requiem type, INLA explored a new self image, the dying elephant. The imagery was charged with emotion, and the metaphor was explored further, enabling INLA to experience what Ricoeur called the “tension between identity and difference in the interplay of resemblance”. The elephant had, like INLA herself, lost “the battle about managing everything”, and acknowledging this brings feelings of sadness. However, as a possible resonance of the comforting and reassuring qualities of the music, the image of a lotus appears and brings the sequence to a positive and safe end.

Before the Bach experience WIFU was already deeply involved in well-known core images related to her fear of death. The metaphor of the grey garden was explored in an intense emotional atmosphere during *Komm süsser Tod* leading to a positive attitude towards death as an opportunity for growth. During *Mein Jesu* Death was personified and a friendship was established, enabling WIFU to let go of her fear.

SAAA brought a new theme to her last session, and her relationship with her mother was explored in a surprising and quite dramatic way. During *Komm süsser Tod* SAAA was able to identify what her itching fingers wanted to do, and she reported that she had choked her mother in the imagery. Emotions of guilt and shame were provoked and the music allowed SAAA to relate them to her childhood and youth, when the mother had never found SAAAs performance good enough. During *Mein Jesu* the complex combination of negative childhood memories and the fear of “not reaching the other side” in adult life were addressed. The therapist encouraged SAAA to stay with the mixed emotions, and during a repetition of *Mein Jesu* the issue seemed to be resolved or “lived through”.

ANHO had the sensory experience of being cold during *Komm süsser Tod*. Like in daily life it caused irritation, and she did not want to stay with the experience. *Mein*
Jesu evoked images related to death, however ANHO did not want to explore them, and she experienced a state of bodily tension.

Three of the participants seemed to be resonant with the specific combination of anguish, yearning and comfort in the music, and this may be what enabled them to explore the challenging death-related imagery with a positive outcome. The fourth participant did not seem to be ready to explore the imagery at that specific point in time, and thus she did not experience an emotional release similar to the other participants.

8.3.2.6 Summary and discussion
The two songs or hymns analyzed here are very different from the two music selections in section 8.3.1 The narrative structure here is the simplest possible: Strophic songs without refrain. However, the orchestral arrangements blur the simple structure with their extremely slow tempi and the use of changing textures and melodic lead instruments. The very slow tempo of the music seems to invite to delve deeply into the emotional realm, and the mood of the music becomes the most influential therapeutical parameter. Three of the four participants seem to react unconsciously to the text-related affective impact of the Bach-Stokowski arrangements. It is not surprising to meet images of funeral marches, cemeteries, death and murder here. I find it more interesting that three of the participants are resonant to the combination of anguish, yearning and comfort in the music, as this enables them to explore the challenging imagery with a positive outcome. The fourth participant did not seem to be ready to explore the imagery at this specific point in time.

8.3.3 Analysis III: Supportive vs. Challenging Music
Data analysis.
In order to get an overview of the music (programs and selections) used in the 57 sessions a diagram was made, showing which music selections and programs were used in what sessions. The diagram is in seven columns which go in order: name of the selection or program (programs and program excerpts used are listed in the end of the diagram); mood (as identified by the researcher); an indication of the music’s therapeutic character – whether the music is predominantly supportive, mixed, or
predominantly explorative/challenging (as identified by the researcher); and finally
the specific information on when the music was used with which client. (Appendix
8.1).

For a validation of the categorization of the music (‘supportive’ vs. ‘challenging’ and
‘mixed’) I have made a self inquiry, using the RepGrid qualitative research program
/software; Shaw and Gaines 1993) in order to elicit my perception of these basic
constructs (Fig. 8.10). This method has been used in music therapy research to reveal
‘tacit knowledge’, i.e identifying properties of contrasting experiences or
phenomenons without addressing them directly (D. Aldridge 1996; G. Aldridge 2004;
Abrams 2002). I selected 4 examples of what in my pre-understanding was more
supportive and respectively more challenging GIM music. These eight music
selections (including the two analyzed in section 8.3.1) served as elements in the
investigation of constructs, ending with a total of nine constructs (polarities), some of
which seem to be closely related.

Figure 8.10 RepGrid Focus grid

The Focus grid in Figure shows the researcher’s construing of supportive vs.
challenging properties of the music, identifying Vaughan Williams’ Rhosymedre and
the slow movement of Bach’s Double Concerto as the most supportive selections, and
Vaughan Williams’ In the Fen Country and the Andantino movement from Debussy’s
*String Quartet* as the most challenging of the 8. The constructs seem to correlate quite well with what Wigram (2002, p. 138f) identified as relaxing vs. stimulating music. An interesting detail is that the slow movement of Brahms’ Violin Concerto (analyzed in 8.3.1) is identified as the ‘most challenging’ of the four supportive music selections.

The PrinCom diagram (Fig. 8.11) shows the interplay of the constructs and the eight music selections.

**Figure 8. 11 RepGrid PrinCom diagram**

The PrinCom diagram (Fig. 8.11) shows how the constructs and the music selections correlate in the researcher’s understanding.

Based on the documentation of used music selections and programs (App. 8.1) it is possible to deduce a grid showing the distribution of supportive/challenging music in the therapeutic process. The purpose is to examine if and how the character of the music chosen by the therapist developed during the process of each of the clients. This makes it possible to compare the music choice of this study to normal clinical principles followed by trained GIM therapists: supportive and/or image evoking music should be chosen in the first sessions, and – based on the client’s reaction to the music and the GIM format, the client’s therapeutic goals and his/her ego strength – more challenging programs and selections may be introduced. (Table 8.5).

63 Unfortunately. I have not been able to make the graphic more clear!
Table 8.6 The use of supportive and challenging music in the sessions.

<table>
<thead>
<tr>
<th>Client:</th>
<th>Supportive music selections</th>
<th>Mixed supportive/challenging selections</th>
<th>Challenging music selections</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA</td>
<td>WI</td>
<td>AN</td>
</tr>
<tr>
<td>Sess. #</td>
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<td>4</td>
<td>1</td>
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<tr>
<td>10</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>27</td>
<td>24</td>
</tr>
<tr>
<td>1-4</td>
<td>15</td>
<td>13</td>
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<tr>
<td>4-7</td>
<td>10</td>
<td>9</td>
<td>11</td>
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<tr>
<td>7-10</td>
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<td>1-4</td>
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<td>5-7</td>
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<td>8</td>
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</tr>
<tr>
<td>8-10</td>
<td>8</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 8.6 gives an overview of the music selections used in all sessions, categorized into three types: 1. Predominantly supportive selections; 2. Selections with both supportive and challenging episodes; 3. Predominantly challenging selections. Principles for this categorization and its validation were given in the method section.

The grid shows clearly – no matter whether the segmentation Sessions 1-4, 4-7, 7-10 or 1-4, 5-7, 8-10 is chosen – that the use of supportive music dominates in the first (early segment), while the use of challenging music increases during the process and culminates in the third (latest) segment. There are individual differences between the six participants, however the tendency is clear.

Figure 8.12 shows how the three types were distributed in each of the ten session rounds.
Together, the overviews in Table 8.5 Figure 8.12 establish the following conclusions:

- all three types of music are used with all clients
- supportive music is used more than both mixed and challenging music in all cases
- the direction of supportive music falls over sessions 1-10, while
- the direction of mixed music is stable throughout the therapeutic process, however
- the direction of challenging music rises over sessions 1-10
- these totals are reflected in the distribution of selections within each of the six participants’ processes, with a few reservations: ANHOs numbers are influenced by the lack of music in sessions 6-8, there is also an interesting use of strong, challenging music already in her session 3; in PIJØs case the use of all three types is quite stable in all three periods; and in ESMAs case the use of supportive music is stable in all three periods; however, there are no marked individual deviations from the general tendencies.
The conclusion is that the music is chosen and used in accordance with general principles in GIM: In the first sessions supportive music is dominating, while the client get used to the format and mutual trust/a therapeutic alliance is established. Gradually more challenging music is used when appropriate. Examples of the therapeutic potential of challenging music were given in section 8.3.2.

8.4 *A grounded theory of the relationship between music and imagery in six participants’ BMGIM experiences.*

The analyses of music and imagery has documented that

- three types of music selections were used in the music-listening periods of the sessions. They were labelled with the constructs ‘supportive’, ‘mixed’ and ‘challenging’ music
- at least five of the six participants had imagery experiences that were related to the narrative form or matrix of the music
- at least four of the participants had imagery experiences related to the expressive content of the music (in Kivy’s terminology: what music was expressive of).

However, the outcome of the analyses does not provide specific answers to questions and issues in the music and imagery experiences of the subjects in this study:

- How is the type of music related to the development of the imagery?
- How do musical forms or styles influence the development of the imagery?
- What is the influence of specific musical elements and parameters on the imagery?

Even if it would only be possible to answer these questions specifically for each participant the proposition of a grounded theory is an attempt to formulate a more general answer, a theory-carried or analogical generalization (Smaling 2003). The following proposal is based on theoretical reflections on the three types of music and their influence on the imagery of the participants. However it may be relevant also outside the context of this study.
Table 8. A grounded theory model of how different categories or types of music influenced the imagery.

<table>
<thead>
<tr>
<th>Type of Music</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supportive music</strong></td>
<td>is used to create a safe framework around the music-listening experience. It is used throughout the therapy, predominantly in the first five sessions. Supportive music is stable, fairly predictable and stays within the mood spectrum of categories 3-4-5-6 in Hevner’s mood wheel. The form types are typically strophic (variations), ostinato-based, dual or ternary. The imagery evoked and sustained by supportive music is easy and safe and has a static quality or develops slowly, whether it is memories, nature imagery or metaphoric fantasies. Emotional imagery is often comforting and reassuring.</td>
</tr>
<tr>
<td><strong>Mixed supportive and challenging music</strong></td>
<td>is used to assess the client’s readiness to explore problem areas and new realms. Mixed music has a supportive beginning and end, however some episodes may present the participant with a challenge, typically by changes in mood (also including categories 2 or 7), tempo and volume, which also produces an increase in intensity. The form types are often more elaborate ternary forms with contrasting middle sections, or more rhapsodic forms. The images evoked and sustained by mixed music include core images and self images pointing at problem areas or developmental potentials. Mixed music can be used throughout the BMGIM therapeutic intervention. All GIM music programs include one or more selections of this type that may lead to more difficult emotional realms.</td>
</tr>
<tr>
<td><strong>Challenging music</strong></td>
<td>is introduced when the participant is comfortable with the BMGIM format and has proved resonant to different musical styles and able to work with therapeutic challenges. Challenging music serves as a large musical container for therapeutic work with problem issues and difficult emotions. Challenging music is highly intense. It can be powerful, dramatic, but also sustained in a certain mood, typically categories 7, 8, 1 and 2 of Hevner’s mood wheel, inviting the participant to confront problems or explore emotional dilemmas. The forms of music here are often developmental (sonata form, metamorphosis) and include contrasts in many musical parameters.</td>
</tr>
<tr>
<td></td>
<td>The three types or categories are independent of musical style and client preferences.</td>
</tr>
</tbody>
</table>
Table 8. A grounded theory model of how musical forms and styles influenced the development of the imagery

If the basic mood of the music is matching the client’s needs and energy level, as suggested in the ‘ISO principle’, the imagery will develop with the music. Any change in the levels of intensity and tension, as indicated in the Intensity Profile of the movement, is reflected in the imagery. Images are evoked, sustained and configured independently of musical form and style. However, musical form and style does influence the development of the imagery.

GIM music selections in baroque style are often clearly structured and focused in one or two moods, reflecting the principles of Ars rhetorica and Affektenlehre. The images and emotions evoked are often correspondingly focused. Music selections in classical style are also clearly structured, however the moods are more varied, reflecting the principles of thematic dualism and development. This may add a more dynamic quality to the imagery. Romantic music (including Stokowski’s Bach arrangements) may on the one hand be very mood oriented and focused, in that case inviting the client to explore a certain mood in depth, while on the other hand it may include extreme contrasts, high intensity, and many shifts in dynamics and intensity, in that case inviting the client to an examination of complex issues that may lead to pivotal experiences. Impressionist music is a challenge to some clients because the absence of a tonal centre and the often free form with many changing sections makes them insecure and evoke images they cannot relate to or control. For other clients the colourful and unpredictable impressionist music can be a liberating experience, evoking new and interesting images. The GIM music repertoire includes some 20th century music in different styles: impressionist, expressionist, neo-baroque, neo-classical and neo-romantic. The majority of these music selections represent a challenge for the client, either because the timbres may be somewhat unfamiliar or because there may be a meta-level included in the music: references to style conventions may appear as irony or pastiche. As with impressionist music this may influence the imagery both negatively and positively.

The clearer the narrative structure of the music is, the clearer this is reflected in the imagery. When the music includes challenging elements – developmental or contrasting sequences from a musical point of view – this has immediate influence on
the imagery: the client reacts with a delay of a few seconds. (This can only be documented when the client is continuously reporting his/her experience). Music introducing higher intensity and tension is reflected in the imagery in many ways: a change of perspective is seen, manifest action may replace hesitation or stuckness, emotional outlets may follow reflections, sudden insight (“‘messages’”) are experienced, or the imagery develops in a new direction.

Musical form and narrative form are closely related. A ternary form in the music may impose a ternary narrative or dramatic structure on the imagery. Simplicity and complexity are complementary in the development of music and imagery.

Simple musical forms with many repetitions tend to stabilize the imagery, inviting to extended descriptions and differentiation of qualities.

Complex or developmental forms with many changes or transformations tend to impose a dynamic process on the imagery.

Table 8. 9 A grounded theory of how specific musical elements and parameters influenced the imagery

| Helen Bonny developed the ‘affective contour’ model to represent the course of intensity in a GIM music program in a clear graphic form. In this study I have used the ‘intensity profile’ to give an easily understood graphic representation of the course of intensity in a specific 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 musical elements and parameters with the greatest influence on intensity, and thus on the imagery, were mood, form, volume/dynamic change and melodic conciseness. |

Summary

Chapter 8 documented how music influenced the imagery of the six participants in many different ways. Through heuristic music analyses and event structure analyses of selected music and imagery sequences it was demonstrated how the music
influenced both the course and the content of the imagery, and that major changes in the musical development, as indicated in the intensity profiles, had immediate impact on the imagery. Through a grounded theory analysis of all the music selections used in the sessions three categories or types of music were identified: supportive, mixed and challenging music had specific therapeutic influence on the imagery in different stages of the therapeutic process. Based on these analyses a grounded theory of how music influences the imagery in BMGIM was proposed.
9. Discussion

“..Where the mind is there is the treasure”
(The gospel of Maria Magdalene)

This study was based on the research questions presented in chapter 4. The three first sub-questions were addressed by a quantitative investigation with fixed design, including 10 hypotheses, while the last four sub-questions were addressed by a qualitative investigation with flexible design. The formulation of the first three questions and the ten hypotheses remained the same during the research process, following the tradition of fixed design research. In research based on flexible design research questions serve more as guidelines for the process, and the actual wording of the questions may be revised to reflect changes in the researcher’s ongoing process of understanding and reflection, including the identification of biased assumptions and results of the triangulation procedures used to enhance the validity of the study. These revisions will all be comprehensively addressed in this discussion.

The study involved the collection of data from different sources: self report questionnaires, audio recordings, interviews with participants, session transcripts, therapist’s session notes, and music analyses. Thus, the study is not only based on multiple methods, but also on triangulation. Three types of triangulation are included: Data triangulation, methodological and theoretical triangulation (Robson 2002). The fourth triangulation type, observer triangulation, was not used systematically. However, material from independent observers was included in the heuristic music analysis. Two potential data sources (Mandala drawings and therapist interviews) originally intended to be included in the study have been discarded due to the total amount of the data. These mandala drawings of the participants and two interviews with the therapist will therefore not be processed in this study. However, problems and consequences arising out of this decision will be addressed.

The discussion chapter is structured in the following way. A summary of the results of the study is given in section 9.1, including results of both the quantitative and the qualitative investigation. In section 9.2 the findings are discussed and related to the theoretical base knowledge presented in the literature reviews of chapters 2 and 3.
9.1 Findings

The main question of this study was: *What is the influence of ten individual BMGIM sessions on mood and quality of life in cancer survivors?* Results of the quantitative and the qualitative investigations undertaken to answer the question are summarized separately, based on the sub-questions and hypotheses addressed in the study.

9.1.1 The efficacy of BMGIM in cancer rehabilitation

The first subquestion was: *Can ten BMGIM sessions improve the mood of the participants?* This subquestion was tested by the HADS questionnaire, with four hypotheses stating that participants would report reduced anxiety and depression at post-test and follow-up compared with pre-test. The results reported in section 5.1 showed that the BMGIM series reduced the reported anxiety in five of the six participants, with a significant effect found from pre-test to follow-up (p = .045), and with a very large treatment effect at both post-test (ES = 1.09) and follow-up (ES = 1.33). A similar effect on depression was not found, however effect size calculations suggested a treatment effect over time for these participants (ES = 0.72 at follow-up).

One important aspect of these results is that the participants’ pre-test scores on anxiety were much higher than their depression scores. Only one of the six participants was within the “normal band” of the HADS anxiety subscale at pre-test, and she (ESMA) was the one whose score did not decrease. Five of the six participants were within the “normal band” of the HADS depression subscale at pre-test, and the score of the three participants with the highest depression pre-scores all decreased at post-test and further at follow-up (table 5.2). Therefore the participants in this study reported anxiety as a much more severe problem than depression, yet it was
possible to show a decrease in both anxiety and depression for the participants who suffered most in both areas. This is a promising result from a clinical point of view.

The second sub-question was: *Can ten BMGIM sessions improve the quality of life of the participants?* This sub-question was tested by the QLQ-C30 and the SOC questionnaires, with four hypotheses stating that participants would report increased quality of life (QoL, as defined by the two questionnaires) at post-test and follow-up compared with pre-test. The results reported in section 5.2 showed that the BMGIM series led to increases in mean score both in the functional scales and QoL of QLQ-C30, however there were many individual differences between participants, and no significant effects were found. The results reported in section 5.3 showed that the BMGIM series led to increases in the total SOC scores of all six participants, and a significant effect was found at both post-test (p = .028) and follow-up (p = .027). The Comprehensibility subscale revealed particular improvement (p = 0.27 at follow-up), and the SOC effect size was medium (ES = 0.623) at post-test. The results indicate better coping and improved life quality as a result of the BMGIM series. However, it is important to note that the SOC questionnaire was not explicitly designed as an instrument for investigation of QoL. The “global attitude” towards life can be more or less coherent, so the implication of using SOC as a QoL measurement tool is that a more coherent sense of life can also potentially lead to an increase in QoL.

The third sub-question was: *Can music and imagery help the participants in their rehabilitation process?* This subquestion was tested by four specific questions on the participants’ experience of imagery and music, with two hypotheses stating that participants would report at post-test and follow-up that music therapy had been helpful in their process. The results reported in section 5.3 showed that all six participants found the BMGIM series helpful in their rehabilitation process. It was also shown that both music and imagery had meaning for them.

### 9.1.2 The participants’ experience of BMGIM

The fourth sub-question was: *What is the experience of the participants of BMGIM and its effects on mood and quality of life in the rehabilitation process?*

This subquestion was addressed in semi-structured interviews with all six participants. Transcriptions of the interviews were then subject of a content analysis based on the
principles of grounded theory. The original project description said that "Qualitative, semistructured research interviews with two or three of the participants and the GIM therapist will be conducted after the termination of the quantitative study and (if indicated) again after the content analysis (…) in order to identify the potential of GIM with this population, as experienced by the patients.” And the original research questions were: “Do cancer survivors experience GIM as an intervention supporting psychosocial well-being and development? If yes - how?” and “Do cancer survivors experience the music and the imagery as meaningful? If yes - how?”. The influence of the flexible design is clearly seen in the revisions of procedure and the reformulation of research questions that took place during the processing of data.

The decision of making interviews with all participants, enabling a grounded theory based analysis, was made after the first interview with the therapist, halfway through the session series. Already at this point in time it was clear that the individual differences between participants were extensive, and that it would not be possible to chose two or three participants as ‘typical’ in some way. Another reason to interview all participants was that they all continuously made comments about the questionnaires, and their difficulties in completing them. (These problems are addressed in section 8.3). Finally, I decided that the interviews could be used also to validate and discuss the preliminary findings of the quantitative investigation, as descriptive statistics were calculated immediately after follow-up. Another effect of this revision was that I decided to include two comprehensive case studies in the design, based on both quantitative and qualitative data (chapter 7).

The result of the interview study reported in section 6.1 was the identification of five core categories documenting how all six participants experienced the effects of the BMGIM series on mood and quality of life. The core categories were: New perspectives, Enhanced coping, Improved mood and quality of life, Enhanced hope, and Improved understanding of self. Additional core categories identified in five of the interviews were: (New) Love of music, and Coming to terms with life and death. These findings also contributed to the proposition of a grounded theory model of developmental steps in the therapeutic BMGIM process.
9.1.3 The role of music and imagery

The fifth sub-question was: *What is the specific nature of the imagery or image configuration of cancer survivors in GIM?*

The sixth sub-question was: *How does the imagery develop and/or is re-configured during GIM therapy?*

The seventh sub-question was: *What elements are there that describe the relationship between the music and the imagery transformations?*

Sub-questions 5 and 6 were addressed in qualitative analyses of the imagery experiences of the participants during the music-listening periods of the sessions, while sub-question 7 was addressed in analyses of the interrelationship of music and imagery in selected music-listening periods.

The original project description related to question 5 and 6 said, “The quality and development of the imagery of the patients will be analysed, based on the principles of (1) phenomenological analysis (Giorgi) and (2) hermeneutic investigation (Ricoeur).” The original research questions were: “What is the specific nature of the imagery [image configuration] of cancer survivors in GIM [if any]?” “Does the imagery develop [is it re-configured] during GIM therapy? If yes: How?” and “Is it possible to identify specific imagery and specific imagery transformation patterns in GIM with cancer survivors - as compared to the literature on other psychosocial interventions with cancer patients (i.e. Guided Imagery or Visualization)?” Again, the flexible design made it possible to revise procedures and formulations to make them corresponded better with the actual nature of the data. The originally intended combination of phenomenological procedures with hermeneutic analysis and interpretation was discarded in favour of a combination of grounded theory procedures and hermeneutics that worked much better for texts. The research questions were made more precise and less focused on the expected (cancer) specific nature of the imagery. Already in the open coding it became clear that the imagery was not predominantly cancer specific, and that it would not be meaningful to compare it with imagery from other intervention forms.

The main result of the imagery study reported in section 6.2 was the emergence of six core categories describing the nature and configuration type of the complete music-listening periods in the material (table 6.5). Cancer specific imagery was identified in
14 of the 53 sessions, but as it was always episodic and appeared across the spectrum of other categories, it was defined as a subcategory, not as a core category. In other words, specific cancer-related images or issues did not dominate the participants’ imagery. The distribution of core categories by participants and sessions (table 6.9) showed that mixed music-listening periods composed of two or more subcategories was most frequently found, and that all six participants had their personal imagery profile. Experiences structured as narrative sequences were found in 17 sessions, with four participants, and complete narratives were found in 7 sessions, with two participants. Core images or metaphors were identified in 29 sessions, including all six participants. In summary narrative development and configuration was found in a little less than half of the sessions, however not with all participants. In order to give a more detailed answer to sub-question 6, the two case studies that were conducted as part of the triangulation procedure (chapter 7) included a thorough analysis of the imagery and its development. It was shown that core metaphors emerged and how the metaphors were spontaneously configured into meaningful narrative episodes or even complete narratives founded on a plot. A grounded theory model of image configuration types found in the therapeutic BMGIM process was proposed.

The original project description relating to question 7 said that “The relationship between imagery and music will be investigated focusing on how specific metaphors and narrative configurations may be connected to metaphoric properties of musical parameters and the 'musical narrative'. The original research question was: “What elements describe the relationship between the music and the imagery transformations [if any]?” An eclectic methodology was developed for the analysis (8.2), based on a specific literature review (8.1). The research question was revised slightly, because it became clear very early that there was definitely a relationship in most of the sessions. The music and imagery study reported in section 8.3 documented the influence of the music on the participants’ imagery. It was shown through detailed analyses of the interplay of music and imagery how the music influenced both the course (the configuration process) and the content (the metaphors evoked) of the imagery, and how major changes in the music had immediate impact on the imagery. Three types of music, or therapeutic categories of music, were identified: Supportive music, Challenging music, and Mixed (supportive and challenging) music had
specific therapeutic influence in the imagery in different stages of the therapeutic process. A grounded theory of the interplay of music and imagery was proposed.

An eighth sub-question originally included in the study was: What elements describe the participants’ GIM processes, as experienced from the therapist’s perspective? The question was addressed in two interviews with the therapist, however it was later decided to discard sub-question 8 from the study. It became clear that the originally intended inclusion of the therapist’s perspective and the role of therapeutic relationship would demand a more thorough research design. However, the consequences of excluding this dimension will be discussed in section 9.3.1.

9.2 Findings in relation to previous research and the theoretical basis

9.2.1 The overall efficacy of BMGIM in cancer rehabilitation

As reported in chapter 2 previous studies of BMGIM in cancer rehabilitation were predominantly case studies. Only two efficacy studies were identified (Burns 1999, 2001; Clark and McKinney 2004). Burns’ study indicated that 10 individual BMGIM sessions might effectively improve mood and life quality of cancer survivors. It was a small-scale study with 8 participants (all living with breast cancer, 4 in the treatment group, 4 in the control group). In the present study there were 6 participants (4 living with breast cancer, 2 with abdominal cancer) and no control group, and different questionnaires were used to measure mood and QoL influences of BMGIM. In order to build on previous research, the clinical trials in the treatment condition in the two studies were administered in a similar way, and the results are also consistent. Clark and McKinney’s study [10 participants, all women living with non-metastatic breast cancer] indicated that 6 individual BMGIM sessions might reduce depression and increase emotional and social well-being. However, the observed positive changes at post-test were not sustained through the 6-week follow-up. Clark and McKinney concluded that a minimum of 10 sessions (as in Burns’ study) is needed to sustain the positive effect of BMGIM on mood and QoL. Given this, and the similar findings in the present study, the results suggest that 10 individual BMGIM sessions are potentially sufficient to improve mood and QoL of cancer patients in rehabilitation.
and to sustain the effect over time. Further controlled studies with a much larger sample, and with different types of cancer, are recommended.

9.2.1.1 The efficacy of BMGIM on mood, functions and symptoms

The self-report questionnaires HADS and EORTC-QLQ-C30 were selected for this study, because they are recommended in European psycho-oncology research. This choice had some disadvantages, however, and in the context of this study it was unfortunately not possible to make a direct comparison with the mood effects in Burns’ or Clark and McKinney’s studies. An important strength of QLQ-C30 is the large pool of reference data. Fig. 5.6 showed that all (cancer) patient groups scored lower than the normal population in the functional scales and QoL. It also showed that the pre-test scores of the participants in this study were markedly lower than all reference groups in all subscales except Physical Functioning, and that the most important relative improvements at post-test and follow-up were found in Emotional Functioning and QoL. In emotional functioning the participants in this study were close to the two patient reference groups at post-test and follow-up, and in Quality of life they were close to the normal groups at post-test. These findings lend support to the positive influence of BMGIM on emotional functioning and quality of life. The QLQ-C30 was designed to examine many health parameters relevant in studies of cancer patients from the beginning of the treatment phase, yet the detailed examination of functions and symptoms may not be so relevant in the rehabilitation phase. Unfortunately, the QLQ-C30 manual does not give information about the time lapse between the reference population’s discharge from hospital and the scores of the questionnaire. This makes it difficult to interpret and compare the results with the reference population. Nevertheless, results seem to indicate that BMGIM was an effective intervention in adjusting the participants’ Role Functioning, Emotional Functioning and Cognitive Functioning. The Symptoms profile was more uneven, but in most of the subscales the participants in this study had lower scores than both reference groups. It is interesting to observe that the normal population in general had higher symptom scores than the participants in this study. The results based on the QLQ-C30 questionnaire seem to suggest that BMGIM therapy had a positive influence on the symptom scales with a high pre-test score: Fatigue, pain, and financial problems all decreased. While this appears to represent a promising result, it is difficult to come to any conclusion as to why BMGIM therapy would have a direct
or measurable influence on the participants’ financial affairs. However, since anxiety decreased, it might be possible that perceived financial problems lessened due to the decrease of anxiety, in other words, the financial problems were no longer perceived as very significant. In general, influences of BMGIM therapy on these specific symptoms were not considered in the original hypotheses, therefore no explanation can be offered as to whether the effects observed were caused by the therapy.

9.2.1.2 The efficacy of BMGIM on Quality of Life

The study used two different measures of QoL. In the QLQ-C30 questionnaire QoL is addressed in two questions, and it is possible to compare scores with reference groups. In the SOC there is no specific definition of QoL, and there are no cancer reference groups.

In QLQ-C30, the comparison of the study participants’ mean scores with a breast cancer reference group (fig. 5.7) showed that the study participants had a much lower QoL pre-test score than the reference group, while at post-test it was higher than the reference group (and even close to the normal population reference group), while at follow-up it was close to the breast cancer reference group. This result is important from a clinical point of view, as it supports the beneficial influence of the BMGIM interventions as reported in Burns’ and McKinney & Clark’s studies, in the larger perspective of reference groups. A validity issue in using QLQ-C30 to measure QoL is that QoL is only addressed in two very broad questions, and the QoL score is calculated as a mean of the two, one asking the participant to rate her “overall health”, the other her “overall quality of life”. This pragmatic ‘definition’ of QoL may not always correspond with the participants’ or the researcher’s ideas of what QoL is. An example is ESMA who scored maximum (100) at pre-test, because she felt fine that week, physically as well as psychologically. Thus there was no possibility of an increase in her score, and actually it decreased slightly at post-test (and not one single maximum score was recorded during the process).

The SOC was used in the present study to explore the influence of BMGIM on the participants ‘sense of coherence’, understood as (an important aspect of) QoL, as found in previous studies by Körlin and Wrangsjö (1995, 2001) In both studies the increase of the SOC scores indicate the effectiveness of BMGIM in enhancing coping
skills, however, the results are not directly comparable. The findings of this study included significant increases in the total SOC score from pre-test to post-test and pre-test to follow-up, with the most marked improvements demonstrated in the scores from the Comprehensibility subscale, whereas Körlin and Wrangsjö found the most marked improvement in the Manageability subscale (Körlin and Wrangsjö 2001).

According to Antonovsky it is difficult to change a person’s SOC through psychotherapy. “One’s orientation to the world, formed over the course of decades, is too deeply rooted a phenomenon to be subject to change in such encounters.” (Antonovsky 1987, p. 124). However, Antonovsky also expressed sympathy for interventions aimed at what he considered temporary and limited improvements: “…for this too we must be grateful.” (p. 125). According to Antonovsky stable improvements are only possible, if the intervention “equips people to seek out, within the scope of their lives, what I would call SOC-enhancing experiences. This would be true for any therapeutic mode that facilitates a long-lasting, consistent change in the real-life experiences that people undergo.” (p. 126) The findings of this study suggest that BMGIM may be such a facilitator.

In their study, Körlin and Wrangsjö investigated how a BMGIM series influenced psychological functioning and SOC in client volunteers who were rated as ‘functional’ or ‘dysfunctional’ based on SCL-90 criteria. In SOC, they found that both functional and dysfunctional groups showed moderate effects in the Manageability subscale, interpreted as a reflection of increased imaging competence (Körlin and Wrangsjö uses the concept ‘imaginal competence’) while Comprehensibility was unaffected. According to Körlin and Wrangsjö, SOC is not unaffected by psychotherapy (as suggested by Antonovsky), and the scale seems to measure outcome similar to the other measures, although with less sensitivity to change. Contrary to Körlin and Wrangsjö’s findings, it was found in this study that especially the Comprehensibility subscale was markedly increased from pre-test to post-test in five of six participants, while Manageability scores increased slightly from pre- to post-test in all participants, and the Meaningfulness scores increased in three and decreased in three participants.
As these findings are not consistent with Körlin and Wrangsjö’s results, it raises important questions. How can QoL be positively influenced by an increase in Comprehensibility, and why there is a difference between the two groups of participants (cancer survivors vs. more or less psychologically ‘functional’ volunteers), especially where the clients in the two studies seem to share the capacity of working with egodystonic material, that may directly relate to the nature of the BMGIM method, where most of the processing is done directly in and with the imagery and less in the client-therapist relationship?

The difference at subscale level may reflect the different needs and problems of the participants in the two studies. While the participants in the Swedish study seem to be faced with gradually developed or existential problems without any shock factor, the cancer survivors in this study have experienced multiple, concrete stressors (through the stages of pre-diagnosis, diagnosis, treatment and post-treatment (survivorship), from the onset with a shock-like effect due to the sudden and unexpected confrontation with a life-threatening disease. The BMGIM experiences did not make it more ‘meaningful’ (i.e. emotionally motivating) for the participants that their life situation is forever deeply influenced by cancer, including the possibility of relapse. However, the results indicate that the participants developed a broader comprehension of their life situation, however difficult it may be, and that they have learned to control aspects of it through music and imagery, as reflected in the core categories of the interview analysis such as New perspectives, Enhanced hope etc. Therefore, the results indicate that coping – primarily a more realistic and coherent attitude to life with cancer – has been enhanced by BMGIM, thus contributing to an improvement of life quality. The increase in imaging competence is also addressed in a discussion of the role of will in section 9.2.3.2.

9.2.2 The efficacy of BMGIM as compared to other types of psychotherapy (or treatment modalities)

A further source of data that can be considered within this discussion are the participants’ comments on the issues related to “GIM compared to other types of therapy or psychosocial support” from the qualitative interviews (see checklist, table 6.1), and was addressed by all six participants. Documentation can be found in the interview transcripts (App. 6.4). All six participants said that they had experienced
other types of psychotherapy or complementary therapies before they entered BMGIM: verbal psychotherapy, visualization, meditation, and healing were mentioned. Some of them also attended other therapies in the project period, including verbal psychotherapy (with a psychologist) and/or meditation. Physiotherapy was also mentioned as a treatment modality.

When encouraged to describe the difference between the BMGIM process and other therapeutic processes participants underlined the qualities and effects of the music in the process: the music made it easier to let go of physiological and psychological tension; it would evoke, stimulate and even ‘push’ the imagery in a productive way; the BMGIM session was considered a deeper emotional experience than the more intellectual, ‘technical’ or cognitive outcome of visualization techniques or verbal therapy sessions. Images familiar from visualization were described as ‘coming to life’ and unfolding in a dynamic way in BMGIM. Participants found it most important that the BMGIM process was not focused on the participant as a ‘cancer patient’ or ‘cancer survivor dealing with symptoms’, but as a whole person, with physiological, psychological and spiritual needs, in a process focusing on resources and directed towards the future. One participant described the BMGIM experience as close to healing, enabling the participant to reach a state of self-awareness and serenity, including a rich experience of potentials, clarity and development. The experience was described as more playful with music than without (as in healing).

The comments made by participants on the issue “Potential of GIM in other treatment phases” from the interviews (see checklist table 6.1) was addressed by five of six participants, and offers important issues for consideration in this discussion. All five participants assumed that they would have benefited from BMGIM earlier in the process, i.e. after diagnosis, in the treatment phase, during radiation or chemotherapy. This phase is especially characterized by anxiety, depression, and emotional chaos (as one participant said “It is hard work to be ill in a hospital!”), and participants suggested that BMGIM sessions in this phase might have a revised format and purpose: sessions should be shorter and music primarily gentle and supportive, with the process more focused on relaxation, anxiety and stress management. In this way BMGIM sessions could function as a complementary intervention, and it was suggested that sessions should be scheduled in the weeks between chemotherapy or
radiotherapy treatment. These comments are very useful for the planning of new research protocols aimed at investigating the effect of BMGIM in the treatment phase (see 9.6).

The comments made by participants on the issue “Weekly/biweekly (fortnightly) sessions” from the interviews (see checklist table 6.1) were also addressed by all six participants, and is relevant to frequency of treatment. The project design included biweekly sessions, however the participants were told that it was possible to have other time intervals between sessions, if this would meet their needs better. As a whole, the participants expressed satisfaction with biweekly sessions. Weekly sessions were described as useful in periods (e.g. in the beginning of the therapeutic process), but in general biweekly sessions had the advantage of enabling the participant to work on her own, if she wished to do so, with continuous processing (conscious or unconscious) of the imagery. In Burns’ study weekly sessions were used, while the design of Clark and McKinney’s study included biweekly sessions. A discussion of advantages or disadvantages was not included in the research reports. Based on the participants’ comments in this study a flexible administration of sessions, meeting the client’s present needs, is recommended.

9.2.3 Findings related to the theoretical basis.
In this section several theoretical issues from chapter 3 are brought forward and further discussed. In section 9.2.3.1 the relevance of metaphor theory and narrative theory for BMGIM theory and practice is discussed based on the results of the qualitative investigation. In 9.2.3.2 the role of the will in the therapeutic process is discussed in relation to the grounded theory proposed in chapter 6.

9.2.3.1 The relevance of metaphor theory and narrative theory
In chapter 3 metaphor was identified as the starting point for a narrative understanding of the BMGIM process. It was also shown how metaphor theory and narrative theory could connect BMGIM theory to current psychotherapeutic and psychological theories, enabling a dialogue and opening new theoretical vistas. In the overview of theories of music as analogy, metaphor and narrative it was shown how the cognitive metaphor theory of Lakoff and Johnson might serve as a common inspiration for the study of music and meaning in musicology and music therapy.
Within this study musical understanding is understood essentially as metaphorical (as in Cook (1990)), based on the experience of “the musical body” (Aksnes 2001), and it is shown how metaphor has clinical and theoretical relevance in music therapy.

This study is the first to apply Paul Ricoeur’s hermeneutic theories of metaphor and narrative on experiential material from BMGIM session series. Based on Ricoeur’s ideas three levels of metaphors in BMGIM were suggested and exemplified by the clinical literature. The levels were called 1. The narrative episode; 2. The narrative configuration of the ego and the self; 3. The complete narrative. In the empirical study of the imagery in 53 music-listening periods these metaphor levels were identified and reframed as core categories and subcategories, among other categories grounded in the data. Ricoeur’s theory of mimesis was used in the analysis of image configuration and as a theoretical framework for the understanding of the participants’ therapeutic process. A summarizing discussion of the relevance of Ricoeur’s theory to BMGIM theory follows after a discussion of how the three levels of metaphors and the categorization of the imagery may relate to existing categorizations of images and narrative structures.

Goldberg (2002, p. 360) defines “music, imagery, and emotion as the primary elements of the BMGIM experience.” “Imagery” includes “images in all sensory modalities…” as understood to be visual, auditory, olfactory, gustatory, tactile; and “… kinaesthetic images, body sensations, feelings, thoughts and noetic images (an intuitive sense of imaginal events that arise outside of other imagery modes.” (Ibid.) With slight variations in the wording this definition is a standard categorization, found in GIM course manuals or introduction folders and used to explain “imagery” to clients as well as students. Grocke (1999) suggested a more comprehensive categorization system with 15 categories of experiences: 1. Visual experiences, 2. Memories, 3. Emotions and feelings, 4. Body sensations, 5. Body movements, 6. Somatic imagery, 7. Altered auditory experiences, 8. Associations with the music and transference to the music, 9. Abstract imagery, 10. Spiritual experiences, 11. Transpersonal experiences, 12. Archetypal figures, 13. Dialogue, 14. Aspects of the Shadow or Anima or Animus, 15. Symbolic shapes and images (for Grocke’s complete description of the categories, see Appendix 9.1). All categories of imagery suggested by Goldberg and 14 of Grocke’s 15 categories are present in the material of
this study (the only exception being Grocke’s category 7). The main difference between these categorizations and the categories presented in tables 6.5-6.8 as results of the grounded theory analysis is that Goldberg’s and Grocke’s descriptive categorizations deal with image modalities and content, while the categories suggested in this study deal also (and primarily, due to the hypothesis tested) with imagery processes, also called configuration. The systems are not conflicting, they have different focus, and the categorization suggested in this study is not merely descriptive; it is based on hermeneutic analysis. The BMGIM literature also includes some applications of narrative structures on clinical material. Thus, in section 6.3 it was possible to relate PIJØs BMGIM process to some of the narrative structures identified in the literature: Clark (1995) examined Campbell’s Jungian account of the Hero’s Journey as a powerful mythological pattern often found as unconscious patterns in BMGIM clients’ travels and therapeutic processes. The complete stages of a hero’s journey according to Campbell were found in PIJØs music-assisted imagery, both in the complete narrative of one session and in the therapeutic process as a whole. Wesley (1998-99) also relies on Campbell’s description of the Hero’s Journey in a BMGIM case study, however she makes a concentration of the seven stages to three ‘major components’: departure, initiation, and return. These components, understood as a ‘process matrix’, are present in many of the sessions analysed in this study. Short (1996-97) describes how the fairy tale may be one narrative form of the developmental process Jung called Individuation. In a case study she identifies how the fairy tale “Snow White and the Seven Dwarfs” served as a (partial) matrix for her client’s process. In a similar way, many fairy tale elements were present in PIJØs 10 sessions, and especially sessions #4-5, #6 and #9 unfolded as narrative patterns close to fairy tales, the most prominent of which was “Thumbelina” in session #4. A basic narrative structure found in fairy tales and other tales is represented in Propp’s ‘Actant model’ (Larsen 2003, see section 3.3). The protagonist is the subject who has a problem and a project, namely the solution of the problem. The object is what the protagonist is aiming at. The helper is a person or creature that supports the subject, while the opponent or antagonist tries to prevent the subject from reaching her goal. The identification of helper and opponent is a core issue in the explorative BMGIM experience. Good examples are “the dragon fly” and “the grey mist” in PIJØs session #4. From a different perspective Bunt (2000) describes how the pattern of dying and being reborn can be identified in stages of loss and dissolution, through fragmentation
and final transformation as rebirth (parallel to stages 11-12-1 in *The Great Round of the Mandala*). A good example of this is “the maple tree” cycle from INLAs very first session.

All in all it is evident that many different narrative matrices can be used to describe and understand the deeper meaning and dynamics in the processes of transformation in BMGIM. A more extensive theoretical suggestion would be that narrative matrices or structures are inborn potentials related to what Horowitz called the “image” and the “lexical” representational systems (table 3.6), and that ‘metaphor’ is the bridge between the systems, as it is the basic component of the healing narrative, rooted in the non-verbal image experience.

Not all BMGIM sessions are characterized by crystal clear metaphors or full and beautiful narratives. On the contrary, in many sessions images and metaphors just ‘pop up’ and disappear; or smaller, well-defined but isolated narrative episodes are configured (level one or two in the suggested three-level model). These very common features are reflected in the image categorization systems of Goldberg and Grocke. In this study, examples of levels two and three in the author’s model have illustrated the relevance of Ricoeur’s theories in BMGIM. In the interviews, in the analyses of imagery from the first sessions of three participants, and in the case studies the participants’ description of their life situation before entering the project and their interpretations of imagery from the first session present the prefiguration of *Mimesis*1. It has been shown how narrative episodes or complete narratives are configured in the music listening periods – spontaneously and guided non-directively by music and therapist – according to the dynamic principles of *Mimesis*2. Emplotment was shown, and transformations following the well-known narrative rules of hero(ine) myths and fairy tales were identified. The refiguration of *Mimesis*3 is present in the participants’ interpretation of core images in the interviews and developed in the core categories of the interview study. It would have been possible to use the metaphor theory of Lakoff and Johnson, or the clinical perspective of psychotherapist Ellen Siegelman (1990) to go deeper into the analysis of the discrete metaphors. However, this would still be an investigation on only one or two of the three levels suggested. The strength of Ricoeur’s theory is that it encompasses all three levels and gives a satisfactory explanation of how metaphors are configured into narratives in a dynamic process,
and why they are comprehensible and productive to clients. The ‘emplotment’ concept has a special relevance in psychotherapy, because this brings a new clarity to the client’s problems and their life story. The time dimension of the mimesis model is both crucial and enigmatic. What is actually happening when the configuration of episodes or elements from past and present are synthesized in a plot pointing towards the future? What is the role of the music – the virtual timespace – in the ‘unlocking’ of the time dimension and the stimulation of the narrative flow? These questions are addressed later in the discussion. Ricoeur does not leave space for emotion in his theory, and this may be surprising, since *katharsis* was a core concept in Aristotle’s theory, and since the ethical dimension of the refiguration in *Mimesis*3 must be closely connected to the emotional qualities of the configurations in *Mimesis*2. Refiguration cannot be considered an intellectual or purely cognitive matter.

Polkinghorne (1988) writes: “The effectiveness of narrative truth is linked more to its persuasiveness than to its truth”. The emotional dimension of the BMGIM experience can be very persuasive – as documented in this study. Experiential therapy defines insight as an integration of cognitive and emotional recognition.

“Psychoanalysis is not merely the listening to an analysand’s story. It is a dialogue through which the story is transformed. The plot brought by the analysand lacks the dynamic necessary to create a sequence, or design, that integrates and explains. The fuller plot constructed by the analytic work leads to a more dynamic, and thus more useful, plot which serves as a more powerful shaping and connective force. The new story must above all be hermeneutically forceful and must carry the power of conviction for both its tellers and its listeners”.

(Polkinghorne 1988, p. 179)

“The new story” is also the goal of reconstructive BMGIM therapy. However, a defining difference between the narrative in psychoanalysis and BMGIM is that the BMGIM therapist would never make ‘authoritative’ interpretations or retell the story of the client, even if that could be considered helpful. In BMGIM the mimetic work is performed by the client: he or she provides the metaphors, and assisted by the music and the therapist he or she may construct a new plot and configure the story anew. Formulated as a Ricoeur paraphrase: The narrative opens a world we can live in. It reconstructs our world of action. It is an attempt to solve our problems by indicating
possibilities for a better life. Ricoeur identified the mimetic structure and dynamics of
the narrative. This structure and dynamis are also found in the BMGIM session, and
Ricoeur’s theories and concepts have proven useful in the imagery analysis.

However, on a meta-theoretical level it is important to stress that in a
phenomenological-hermeneutical study such as the current one, the process of
understanding is always more important than the result of the investigation (Alvesson
and Sköldberg 2000). Even if interpretations appear as more or less solid results of a
structured and clear analytic procedure, these results are always provisional, more or
less opaque snapshots of moments in a process with a long prehistory and an
unknown future. The process of understanding itself, and its implications for future
investigations in the field is the primary goal of such a study. In this study it was
obvious that the participants’ imagery style and the types of image configurations
were highly idiosyncratic and personal. The analytic procedures and hermeneutic
interpretations of the imagery presented here are more interesting from a method point
of view than from a strict outcome oriented point of view, since results of future
studies may vary highly as to content categories of the imagery.

9.2.3.2 The role of Will and Willing in the therapeutic process
This study demonstrated that BMGIM therapy resulted in existential transformations
– or refigurations – in at least five of the six participants. The grounded theory
proposed in Table 7.7 was an attempt to describe and explain the dynamics of this
process. However, it is necessary to discuss a specific and very important aspect of
the theory - the role of a participant’s “will” and how BMGIM may influence that. A
common feature in INLAs and PIJØs experiences emerged. Both participants had the
courage to face their problems (in the imagery, turning round and facing xyz, not
running away). INLA managed to heal a split between two conflicting aspects of her
worldview – represented in the imagery by a ‘split screen’ that was dissolved. PIJØ
had the courage to explore dangerous and emotionally challenging imagery, such as
‘the polluted lake’ and ‘the tangle surrounding the castle’, in order to learn something
new. Both participants were able to establish a trustful, sometimes even playful
relationship with their core metaphors and to acknowledge and enjoy their returns and
transformations. It does not seem to have been of vital importance whether images
were configured into narrative episodes or complete narratives. The important thing
was that core images did emerge and were configured into meaningful episodes, because this enabled the participants to explore and work with their therapeutic issues at an emotional and embodied level. Both participants gave examples of how new insights from the therapy were transformed into new types of action in their daily lives.

Formulated as an analogical generalization, the BMGIM client’s ability and readiness to acknowledge (“own”), understand (“interpret”) and process (“use”) the imagery experienced in the music listening periods is a crucial factor in the activation of the will to change. Bruscia (1996) has given a both poetic and precise metaphoric description of how clients may deal with metaphors in the music travel (“The Door”, appendix 8.3). A more prosaic characterisation of the client’s attitude towards the imagery may include the following types (going from therapeutically unproductive to productive).

Table 9.1 Evaluation of Responses to Imagery in Clients

- The client rejects the imagery as futile or meaningless.
- The client is sceptical and unwilling to adopt the imagery
- The client appeals to the therapist for help to understand and adopt the imagery
- The client adopts the imagery and is willing to work to understand and integrate it in collaboration with the therapist
- The client adopts the imagery, understands it intuitively and can relate it to the focus

The open and daring attitude of the last type of client attitude is present in some clients from the beginning. With others it must be gradually established, and the ‘types’ may also describe ‘stages’ in the therapeutic process. A successful process demands that the client takes responsibility for the imagery and its messages. Only in this way can intrapersonal changes experienced in the imagery be transformed into the development of coping mechanisms and changing inappropriate scripts – which is how the outcome of the therapy gradually appears in the interpersonal relationships. Because of the emergence of this very important aspect from the results of this study,
I would like to broaden the perspective of this discussion by a theoretical discussion of the will, and its relevance to BMGIM treatment.

“The will to change is evoked when the security of old pains is no longer enough”.

This Danish proverb addresses one of the most interesting and important, yet enigmatic aspects of the therapeutic process. In the grounded theory proposed in section 7.3 the mobilization or activation of the client’s will is defined as the factor determining whether the client moves from step one to step two of the therapeutic process, thus being able to found or develop new coping strategies on the therapeutic experiences expressed in the five core categories belonging to step one. In the discussion section above I have suggested how this process may have worked in this study. But what is “will”, and how can it be activated in BMGIM? In the context of life-threatening illnesses like cancer the relationship between control – locus of control, loss of control, and eventually regaining control – and will is a core issue. The aim of psychosocial, supportive interventions is to help participants involve themselves in a process enhancing their experience of coping or being in control. This study documented that all participants experienced enhanced coping, and that at least four of them (WIFU, SAAA, ESMA, INLA) moved from step 1 to step 2 during their process. However, the study has not given a clear answer to the question ‘How is the will of the client activated?’. If BMGIM activates the participant’s will to live and responsibility to change, how is it done? This question needs a more thorough theoretical discussion. Yalom (1980, chapter 7) states that all therapeutic change is based on the client’s responsibility to act in the outer world in a new and more appropriate way, and responsibility depends on the client’s will - the “Response” + “ability”. However, ”will” has not been a clarified or even an accepted term in analytical or behaviouristic psychotherapeutic theory, according to Yalom because will is closely linked to freedom. Will cannot be determined, and “free will” has always been a controversial issue in psychological theories leaning on determination of behaviour and causal explanations. The situation is not made easier by famous philosophical definitions of “will” – like Schopenhauer’s understanding of will as the “nonrational force, a blind striving power whose operations are without purpose or design” (Quote from The World as Will and Representation, Yalom p. 290), or Nietzsche’s equilvalation of “will” and power or command. Thus, it is understandable if the clinician prefers a concept like ‘motivation’ to ‘will’. Yalom argues that there is
actually no alternative to “will”, and he proposes several definitions of this psychological component addressed by the psychotherapist, including the “trigger of effort”, “responsible mover”, “mainspring of action”, “seat of volition” and, quoting Hannah Arendt, “the organ of the future” (as opposed to memory as “the organ of the past”, Yalom 1980, p. 291) The therapist addresses and tries to influence this organ, but this can very rarely, if at all, be done by simple persuasions, admonitions, injunctions or appeals to the client’s responsibility. In order to determine how the therapist may influence the will of the client and thus promote change Yalom sketches a theoretical framework for a “clinical understanding of will”. His considerations are based on the theories of Rank, Farber and May, who represent different perspectives on a will-influencing psychotherapy. Rank developed an understanding of the will as a “positive, guiding organization which utilizes creatively as well as inhibits and controls the instinctual drives” (Yalom p. 294) and he defined three stages in the development of the will: (1) negative or “counter will, opposition to another’s will, (2) positive will, willing what one must, (3) creative will, willing what one wants”. Stage three is the goal of all child rearing (Yalom p. 295). Farber thought that Rank overestimated the conscious dimension of the will and made an important distinction between two domains or “realms of will”: (1) The realm of unconscious decisions or choices, not directly open to influence from other people, (2) the realm of conscious considerations and decisions, object-directed and utilitarian in character. Only the second realm can be influenced therapeutically by cognitive interventions and appeal to reason. However the first realm is dominating and can only be influenced in an indirect way; it “must be approached obliquely” (Yalom p. 298-99). May contributed to the psychology of will by including the ‘wish’ as an element prior to will: the wish is “the imaginative playing with the possibility of some act or state occurring” (Yalom p.300). Wish and effort are separate stages in the process of willing, and the client may fail in both stages. This is why experiential therapies focus on the expression of emotions: experiencing and expressing emotions may lead to a better relationship with self and others, and the ability to wish may be improved.

It is not possible here to summarize the chain of arguments in Yalom’s theory. The main components in this context are that psychotherapy must first address and enhance the client’s ability to wish through a training enabling the client to endure the anxiety related to ‘simultaneous ambivalence’ of having conflicting wishes; second,
psychotherapy must support the client in the process of making a decision and transform the decision to manifest action. The therapeutic work primarily addresses the first of Farber’s two domains, and a successful decision may often be of the type, William James called the “decision based on change of perspective” (Yalom p. 315) This activation of the will cannot be planned or predicted, it may follow as an unexpected effect of deep experiences influencing the client’s view of him/herself and the world. What the therapist can do is to support the client in the process of “freeing the will”. This can be done, irrespective of therapeutic techniques, by communicating or promoting four messages: (1) “Only I can change the world I have created.” (2) “There is no danger in change.” (3) “To get what I really want, I must change”. (4) “I have the power to change”. (p.340-41) Thus, Yalom concludes that therapy must make the client fully aware of his or her wish because the wish is the jumping-off point of any decision or choice – to act and thus make change a reality.

In the case of clients confronted with a life-threatening disease the situation is complicated by the sudden and shocking fact of the diagnosis. It is very difficult or even impossible for the client to accept a diagnosis as part of “the world she has created”, and since psychotherapy cannot cure cancer, aids etc, the client needs to have a different perspective of what change can be. “Decisions based on change of perspective” seem to be the only possible goal here. Any change must be based on the client’s accept of the fact that what can realistically be changed is the attitude to living with cancer, aids etc. The qualitative investigation of this study documents how this can be done through BMGIM. The therapeutic format allows exploration and expression of emotions and enables the client to explore her own resources and new perspectives through the imagery and its configurations in more or less clear plots. Based on the music and imagery experiences the client and therapist may formulate interpretations that have “more explanatory power, are more credible, provide more mastery, and therefore better catalyze the will. Interpretations, to be truly effective, must be tailored for the recipient” (Yalom, p. 344). Referring to the cancer patients he worked with, Yalom writes that some of them were “very much aware of making a decision every day to remain alive. My impression is that awareness of this decision enriches life and encourages one to commit oneself to the task of living as fully as possible” (p. 333). The same type of decisions and commitment are present in some of the participants in this study.
9.2.3.3 The proposed grounded theories

The discussion above of will and wish and their role in the therapeutic process is related the purpose of proposing grounded theories. “The centrepiece of grounded theory research is the development or generation of a theory closely related to the context of the phenomenon being studied.” (Creswell 1995, p. 56) However, theories are not always proposed in music therapy research studies based on GT methodology (e.g. Amir 1992, 1993; O’Callaghan 1998, 2001). I find the challenge of proposing theoretical explanations of the findings – what Straus and Corbin (1994) called “a plausible relationship among concepts and sets of concepts” – both exiting and difficult. The categories and subcategories identified and constructed in the analytical process may be interesting and valid qualitative findings in themselves. On the other hand, I think it is also important to take the last step and explicate the reflections of the researcher on both the relationship between the categories of the particular analyses – the interview study, the music analyses, and the case studies – and on the possibility of making analogical generalizations (Smaling 2003), going beyond the scope of the present study. This process of theoretical sampling is reflected in the proposed theories.

The grounded theories proposed in 7.4 and 8.4 include several limitations and problems. The sample of this study is very small, only 6 participants as compared to the typical n=20-30 interviews or cases (Creswell 1995). It can be questioned whether 6 interviews are sufficient to ‘saturate’ the proposed categories. Actually, this is why a ‘quantitative’ criterion or perspective was included in the coding procedure. I wanted to make it clear, when a core category was based on segmented or categorized information from all or only some of the participants. A systematic validation or verification of the core categories and the grounded theory was not included in the procedure. This could have been done through a second round of member checking with the participants and/or an examination of the concepts, subcategories, core categories and proposed theories by independent observers (observer triangulation).

Creswell describes a typical grounded theory study as a “zigzag” process (p. 57), and this was certainly also true for this study. Information was gathered in several rounds,
and even if the participants in this study was not chosen by theoretical sampling, they made excellent contributions to the development of the proposed theory.

It is interesting to compare the grounded theories proposed here with the proposals of Torben Moe (Moe 2002), who investigated GMI with schizotypical patients in a psychiatric hospital. Even if the population and the group format of Moe’s study are very different from the present study there are some similarities in the proposed categories and theory. Moe found that restitutionsal moments supported by the GMI therapy occurred at four specific levels: cognitive, emotional, interpersonal and as “Images which express core problems” (Moe 2002, p. 157) Categories on the cognitive level include self knowledge, effort to solve problems and improved self-coherence. Categories on the emotional level included installation of hope, “feeling the feelings” and ability to contain ambivalent emotions. Moe’s theoretical proposition is that GMI facilitates a development from concrete to abstract thinking through the enhancement of symbolic self-representation in the individual music and imagery experiences, and contained by the group. “The role of the music is partly to function as a safety-providing factor, and thereby a structuring element, and partly as a projection screen.” (Ibid, p. 159) “The image formation symbolizes the patient’s inner object (con)figurations, and the development of the patient is reflected in the transformation and reconfigurations of the images.” (p. 161) The ego strength of the participants and their ‘defensive manoeuvres’ in the present study was at a very different level. Using Wilber’s Fulcrum model64 Moe’s patients can be described at level two, with severe psychological and interpersonal problems requiring structuring-building techniques, while the participants in this study can be described at level five and six, with identity problems being addressed through introspection and existential therapy. And yet, there are similarities in the categories and in the therapeutic function of music and imagery identified in the studies. Improved self-knowledge, installation of hope and the emergence of core metaphors are common factors, and in principle the role of the music and the imagery are the same.

64 It would be possible to relate the proposed theory to relevant psychological theories, not only to Wilber’s Fulcrum model (Wilber 2000; see Bonde 2002), but also to Kohut’s theory of music as self object (Sand and Levin 1992). It is not possible to go into such a discussion here, but it is my impression that the proposed theory is not in conflict with either of the mentioned theories.
This leads to the critical question: Are the proposed categories and theories in reality more an unconscious repetition of clichés in the literature than original contributions to the development of theory and clinical practice? David Aldridge at the 6th European Music Therapy Conference in Jyväskylä raised this problem. He has also addressed it in a chapter from his seminal book on music therapy in medicine (Aldridge 1996, chapter six). In order to secure validity, i.e. to provide “a strong, robust argument” (p. 124) the researcher must establish the premises of the work very clearly, and trustworthiness in qualitative research is “to show that the work is well grounded, to make transparent the premises that are being used, to develop a set of sound interpretations and relevant observations, and to make these interpretations credible.” (Ibid, p. 125). Applying these principles to grounded theory studies means that they must clarify how categories were identified and how they are synthesized in the theory. Aldridge developed a methodology for eliciting constructs and categories, based on Kelly’s Personal construct theory, using the so-called RepGrid software program. In this study the RepGrid was used to elicit the meaning of the categories “supportive” and “challenging” music in a self-inquiry by the researcher. However, the categories of the interview study were not processed in the same way. And this takes us back to Aldridge’s critical remark. Certainly, the core categories of this study are close to categories introduced in the literature, e.g. in chapter ten of Aldridge’s book (1996) where ‘fostering hope’, ‘improved mood’, ‘reconstructing a positive sense of self’, ‘a sense of a new identity’, ‘stimulation of creativity’, and ‘the need for faith in self, others and God’ are mentioned as themes of music therapy in the treatment of life-threatening illness. But are these themes clichés? And are the core categories of this study just repeating clichés? I do not think so. In my opinion the common features of core categories in this and other studies reflect a shared potential of creative, psychosocial interventions, as experienced and expressed verbally by participants. The wording or the formulation of the categories may be more inventive or poetic than found in this study. I think this is the case in the qualitative study by Short (2003), who identified five “Grand themes” in the reported BMGIM imagery of the participants in her study (post-cardiac surgery patients): “Looking through the frame”, “Feeling the impact”, “Spiralling into the unexpected”, “Sublime plateau” and

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65 Aldridge made the comment in a discussion following a presentation by Leslie Bunt, in which Bunt presented categorizations of cancer patients’ experience of music therapy at Bristol Cancer Help Centre, results of an interview study (not yet published). The results of the Bristol researchers have many similarities with the categories identified in this study.
“Rehearsing new steps” (Short 2003, p. 101). However, core categories always represent the researcher’s interpretation and wording of common themes in the experiential data. The suggested core categories in this study may not bring many new aspects to our knowledge of how music therapy, in this case BMGIM, may contribute to the rehabilitation process of cancer survivors. On the other hand, they add to the substantial evidence which participants with diverse problems and experiencing different types of music therapy articulate when describing the effect of the interventions. The similarities between interpretations of empirical data add to the validity of categories.

Is it possible to make analogical or theoretical generalizations beyond the scope of the present study? Smaling (2003) discusses the problem of case-to-case generalization. He suggests that when inductive generalization (e.g. statistical generalization) is not possible or sufficient, explicit analogical generalization may be used. He suggests six criteria to evaluate analogical argumentation:

1. The relative degree of similarity (more similarities than differences)
2. The relevance for the conclusion (similarities are more relevant for the conclusion than differences)
3. Support by other, similar cases (in the case load)
4. Support by means of variation
5. The relative plausibility of the conclusion on its own (a probable conclusion enhances the validity of analogical reasoning.
6. Empirical and theoretical support (from the literature)

Smaling defines ‘analogical generalization’ as good analogical reasoning when research results from one case are to be generalized to another case. Yin (1984) used the concept ‘analytical generalization’ to characterize the process in which a theory proposed in one case becomes a vehicle for generalization to other studies that have not been studied. Smaling, (2003, p. 5) suggests ‘theory-carried generalization’ as a more precise term for this type of generalization, where the purpose is to cover the variation between cases and is based on inductive reasoning in a broad sense. It implies that the researcher knows in which sort of cases the theory will probably hold (p. 10). "Good analogical reasoning is of special importance for diverse forms of generalization".
The proposed grounded theories covering the experiences of six participants in this study may be transferred to similar cases by the researcher – or by the reader – through analogical generalization. The case studies and the interview study have invited the researcher to reflect on how the results of this study may have broader implications for the applicability of BMGIM therapy. The discussion above, of how BMGIM may have influenced the participants’ ability to wish and will to change, is one possible theoretical generalization of the findings of the study. The more specific clinical applications are discussed in section 9.5.

9.3 Limitations

The most important limitations of the study from the viewpoint of the fixed design tradition are that the number of participants is small and that it does not include a control group. This means that none of the findings reported in the quantitative investigations can be ascribed to the BMGIM therapy with any statistical confidence. From the viewpoint of the flexible design tradition these limitations are not crucial, even if six participants may not be sufficient to saturate a grounded theory investigation. In order to support and validate the findings of the qualitative investigation several triangulation procedures were followed, as described above.

Three specific limitations of the study will be addressed in the following sections: The consequence of not including an analysis of the therapeutic relationship (9.3.1), limitations in the study of the relationship between music and imagery (9.3.2), and problems in the suggested categories of supportive, mixed, and challenging music (9.3.3). Questions of validity and reliability as raised by the participants is presented in a separate section (9.3.4)

9.3.1 The role of the therapeutic relationship

One of Yalom’s maxims is that “It is the relationship that heals” (Yalom 1980, p. 401). The exploration of past, present and future are activities used to develop the relationship between patient and therapist, which is the real agent of change, as expressed in the second maxim “The goal of psychotherapy is to bring the patient to the point where he can make a free choice” (ibid). I agree with Yalom that the therapeutic relationship plays a crucial part in the therapeutic process, also in
BMGIM. However, this aspect was discarded from the study, and it is necessary to discuss the rationale behind and consequences of this limitation.

As mentioned earlier, in relation to the original research question #8, two interviews with the therapist were undertaken to explore her perspective of the elements present in the participants’ GIM process, one halfway through the sessions, and one 6 months after follow-up. The intention was to transcribe the interviews and find the essence, thus also addressing the importance of the therapeutic relationship from the therapist’s perspective.

Neither an analysis of the therapist’s influence on the process nor the therapeutic relationship was included systematically in the research design. However, several of the participants made spontaneous comments on these issues in the interviews, and it would have been highly relevant to include them in the study. The rationale for not doing so is pragmatic: The issues should have been included properly in the research design, and the available, unsystematically recorded data are not sufficient to address them in a satisfactory way. The following discussion based on examples from the interview data is limited to sketching how data and background knowledge might have framed a systematic investigation.

Research has very consistently documented that the outcome of psychotherapy is closely related to the client’s experience of the therapist’s personal presentation and to the relevance of the therapeutic issues (Hougaard 2004). Often the therapeutic model is less important than the therapeutic relationship, and Rogers’ well known “facilitative conditions” have been empirically documented as important parameters for the outcome. (Hougaard 2004, p. 162).

Not only the therapist’s personal presentation, but also all elements of a session may influence the experience of the client. This was expressed very precisely by INLA, who described how “doors were opened” for her:

“It’s the music! No, it is not only the music, I have been thinking a lot about this, because it surprised me how much the process gave me. Music in itself would not have been enough. It is the combination of (...) the physical setting, a
beautiful room with candles, flowers and tea... this is what attunes me and
invites me to be introvert – and that is the purpose. And a person... with whom I
could communicate and speak openly, at least a couple of times. I needed to
adjust myself to Ellen; I do not open myself that easily to other people (...) I
really wanted her to question me. There was a certain confidence.”

She added the following comments on the therapist as facilitator during the music-
listening period: “She really succeeded in making me trust the music. She would say
‘Let the music give you what you need’”.

Other participants did not explicitly mention the setting. However, being confident,
and experiencing a relationship based on trust, is mentioned by all participants as a
basis for being able to let go of tension, for being deeply emotionally involved in the
imagery, and for addressing complex psychological issues. Other facilitator qualities
were mentioned: “Ellen has been very very competent in asking questions without
going too far (...she) has been able to connect imagery between the sessions, also
connections I wasn’t aware of myself.” (SAAA) “I was able to let go, and it really
surprised me.” (ESMA) “It is nice to have a person who can ask the right questions
(...) Ellen was a very good listener. This is extremely important... to help people
identify what they need to address today...” (PIJØ).

WIFU described how she experienced that both therapist and she herself adjusted and
found the right way to proceed together. One participant (ANHO) never felt safe
about the music imagery, and she experienced the dialogue with the therapist during
the music-listening period part of the session as disturbing. However, she described
the verbal dialogues with the therapist as helpful and productive. Four of the
participants described how they learned to use cd’s with selected GIM music at home.
They would use the music and self inductions to relax and image, “but it is better,
when Ellen is there” (ESMA).

In summary, the participants found the therapist’s approach and therapeutic style
helpful and productive, and the influence of the therapeutic relationship on the client’s
process must never be underestimated. These issues may be addressed in a future
study with a design including such a focus. Among other things it would be necessary
to include audio taping of the complete sessions if the research question required a comprehensive analysis of the interaction between therapist and participant. In this study focus was on other aspects of the BMGIM process.

9.3.2 The relationship between music and imagery
Analysis of the relationship between music and imagery in this study was limited in several ways due to the problem that there is no direct way leading from music to imagery, and it is not possible to predict what will happen, individually, in the spontaneous BMGIM experience (for further discussion of this problem, see section 9.4.2). This raises issues about inevitable individual differences and a consequent lack of potential generalizability of relationships between music and imagery.

This study showed how music by Brahms and Bach influenced the imagery of the six participants in many different ways. A ‘production grammar’ of BMGIM was suggested, based on the repeated observation that the imagery of the participants developed with the music, given the premise that the music matched the participants’ mood and energy level (ISO principle). A further validation of the music’s role as ‘Co-Therapist’ in these particular cases would demand that independent expert observers studied the audio recordings and Event Structure Analyses with the aim of identifying correlations between music and imagery from both a narrative and a clinical point of view. A grounded theory of the influence of musical forms and styles on the imagery was proposed in table 8.8, and a theory of the influence of specific musical parameters was proposed in table 8.9. The theories are based on a limited number of comparative analyses and can only be considered preliminary. They may serve as ‘hypotheses’ or guidelines for more comprehensive studies of BMGIM clients’ imagery experiences to the same music selections.

9.3.3 Supportive vs. challenging music
In section 9.3.3 three categories, “supportive”, “challenging” and “mixed (supportive/challenging)” music selections were constructed, based on musical criteria, and their distribution in the sessions was shown. Signatures on the y axis represent levels of intensity in plateaus and in building and releasing tension, while
eventual climaxes and peak points can be added when appropriate. A typical Intensity profile of each of the three categories can be drawn (Fig. 9.1).\textsuperscript{66}

\textsuperscript{66} If the typical IPs suggested are compared with Bonny’s contours of the music programs “Positive Affect”, “Death-Rebirth”/”Peak Experience” (Bonny 1978) some interesting similarities can be observed. The contours match very well, indicating homologies at macro- and micro-level.
Figure 9.1 Intensity profiles of supportive, mixed, and challenging music

Intensity

**Peak**

Climax

Building/Releasing

Tension

Plateau

0 = No music

Time axis:

Episodes:

Cues:

(Bars / Themes / Form)

(Primary/secondary instruments, texture, key, mood, dynamics)

**Type 1: Supportive music**

**Type 2: Mixed supportive-challenging music**

**Type 3: Challenging music**
The three categories illustrated in fig. 9.1 do not directly correspond to anything known in the BMGIM literature, but they can be related to the categorization of music programs as presented in training manuals (e.g. Bruscia 1996; Moe and Bonde 2004) and discographies. A distinction is made there between ‘basic’, ‘working’ and ‘special’ music programs, and in level one training only the use of ‘basic’ programs is recommended. It requires more advanced guiding skills and musical awareness to use ‘working’ and ‘special’ programs. ‘Basic’ music programs are not composed exclusively of what I call ‘supportive’ music. Even in the most ‘supportive’ of the ‘basic’ programs ‘mixed’ selections are included. In the program called “Nurturing” the very first cut, Britten’s Sentimental Saraband from Simple Symphony, is a ‘mixed’ piece. As suggested in the grounded theory (table 8.7) the three categories have specific therapeutic functions, which require musical awareness of the guide. The study did not include a validation of the categorization by other BMGIM therapists, and I am sure that individual differences will appear in such a validation procedure.

For instance, the names of the categories can be questioned. In a discussion BMGIM therapist and music programmer Linda Keiser Mardis (Mardis 2004, personal communication) stated that it is highly individual what clients experience as ‘supportive’ and ‘challenging’. Even Bach’s Double Concerto, 2\textsuperscript{nd} movement may be experienced as challenging, if a client for some reason finds it disturbing and unpredictable. It can also be very ‘supportive’ to ‘challenge’ a client with more demanding music in the right point of time. This discussion points to the necessity of further validating of the categories and their clinical relevance.

Such a discussion may relate to ideas and concepts suggested by Summer (1992, 1995). Summer (1992) makes a distinction between music “supporting the “Me” Experience”, “Expanding beyond the “Me” experience”, and “the “Not-Me” experience”. The latter category is also called “evocative”, and in BMGIM such music is used to create “an evocative musical space”. Summer (1995) expands these ideas and uses adjectives like “matching”, “holding” and “stimulating” to describe the functions of the music, stressing the parallels between musical and psychological development.
A RepGrid self inquiry was made in order to elicit the researcher’s perception of the constructs ‘supportive’ and ‘challenging’. The nine polarities identified in this procedure may serve as reference elements in a comprehensive RepGrid inquiry involving experienced BMGIM therapists from Denmark and abroad. I have not seen the RepGrid used in self-inquiries, and the results are no doubt biased by my pre-knowledge of definitions of relaxing vs. stimulating music.

9.3.4 Validity and reliability issues raised by the participants.
As mentioned in section 6.1 all six participants brought forward critical remarks to all three questionnaires, and they addressed problems related to both reliability and validity. During the process the participants often made comments on the difficulties they experienced when filling out the questionnaires, after the termination of a session. Even if the participants were often quite concerned about this issue, both the therapist and the researcher decided to bracket the problem and would just repeat the instruction for filling out the questionnaire – as indicated in the introductory remarks: “How has your last week been?” (HADS, QLQ-C30) or indication of the “here-and-now experience” (SOC). This meant that the problem issues were not addressed until the interviews, where they were included as a specific theme (see the interview guide App. 6.1).

Reliability problems in the questionnaires:
An important reliability problem is formulated by PIJO: “Another difficulty is to distinguish between how I must answer (here-and-now, honestly) and how I would like to answer (it would be nice, if...)”. This dilemma exists in different versions: “Maybe you want to present yourself in a more positive way.” (WIFU). “In the beginning I included the fact that my life has changed since the operation, but later I thought that it is because of the operation I deal with these problems... this made me insecure: what am I actually indicating with my answers? (...) I forget many things, even problems I had! This may influence the score in a positive direction.” (SAAA). “You answer here-and-now, but your answer may be influenced by the session you just experienced. Maybe it would be better to fill out the questionnaires before the session?” (WIFU). “I know definitively, that the so-called ‘lack of change’ in my
scores are influenced by my negative attitude towards questionnaires like these – I don’t feel they are illustrative of me and my process.” (INLA)

This does not mean that the scores are considered neither arbitrary nor dependent on pure coincidence. But it means that caution is warranted when interpreting especially high and low (or no) outcomes.

**Validity problems in the questionnaires:**
The participants’ critical comments included both problems connected to the formulation of the questions (concept validity) and problems of how ‘processes of change can be linked to therapeutic processes’ (internal validity, Smeijsters 1997 p. 29). Here are a few examples of concept validity comments: “What is ‘a long/short walk’”? (SAAA); “Emotions are not addressed appropriately, and indicating QoL with a number does not tell what actually has been going on.” (ESMA) Then follows some examples of internal validity comments: “The questions don’t grasp the ”in-betweens” - the movements up and down between more stable periods.” (ESMA); “I cannot indicate that I was really low 4 days ago, but fine now (or the opposite). The many changes within a week cannot be scored.” (ANHO)

The external validity of the findings presented in this study is unknown. The sample is small, there is no control group, and the six participants cannot be identified as representative in any way. The grounded theory presented in section 7.3 is limited to this particular group of participants. Fundamentally the validity problems could only have been minimized by the inclusion of a larger sample and a control group.
Changes in the scores of the six participants may be attributed to many other factors than the music therapy. However, the combination of questionnaires and interviews allowed the participants to comment on the scores and relate them to their actual experience. This made it possible to see that the two participants who ‘changed the least’ according to the questionnaire scores, actually experienced a lot of change attributed to the music therapy, - changes that were inexpressible through the questionnaires. The four participants whose scores showed major changes (improvements) were allowed to comment on them, and they all validated the specific changes when the researcher presented the pre–post–follow-up changes in the interviews.
Short excerpts from the interviews with ESMA and SAAA can illustrate two typical validity problems.

ESMA came to music therapy one and a half month after remissal from hospital. Her baseline/pre-score on the QoL dimension of QLQ-C30 was maximum! In other words: improvement was not possible. ESMAs explanation: “I was not given the opportunity to answer a question like ‘How many times during the last week or period have you been really down?’ It is only about the last week, so you can’t report a ‘depression’ from the week before.” LOB: “According to two of the questionnaires the music therapy had no effect for you. But now you tell me that it did?!” ESMA: “Yes, it has been.. well if not the most important outcome in my whole life, then at least in the later part of my life. That’s for sure.”

In other words: ESMA was free of pain and found her QoL high at baseline. However, the BMGIM experience had profound impact on her life. The only way she could express this was to add personal comments to the questionnaires, e.g. she would answer the HADS question “Do you enjoy things as much is you did before”: with maximum score “as much as before” – and the comments (written in the margin): “even more than before”, and “also other things than before”.

SAAAs SOC score was almost unchanged from Pre-test to Post-test. Could this be interpreted as an indication of unchanged QoL after the ten sessions? SAAA explains what seems to be a contradiction in this way: “I have experienced the music therapy as very, very good and beautiful. It may not be reflected in the questionnaire – maybe even the opposite, because [the therapy] has allowed me to feel exactly how and what I felt. This may have resulted in a descending line [in the questionnaire], but there is nothing bad in that.”

In other words: The outcome of the therapy for this participant could not be expressed through the categories and questions of the SOC questionnaire: That the BMGIM process made SAAA more realistic about her situation, finding peace and balance with the hardships and symptoms of the cancer survivor instead of just wanting them to ‘go away’, turning her attention inwards to existential questions and thus discovering complexities of the therapeutic issues not identified (and included) at baseline.
9.4 The development of new theoretical and methodological ideas based on the results

This section contains an overall appraisal of the multiple method design (9.4.1) and a discussion of the Heuristic music analysis as compared to other methods (9.4.2). Then follows a more specific discussion of three specific methods used in the music analysis, namely the Intensity profile (9.4.2.1), the Structural Model of Music Analysis (9.4.2.2), the Mood wheel (9.4.2.3), followed by a discussion of how the ideas of analyzing the music in this study correspond with Helen Bonny’s original ideas (9.4.2.4).

9.4.1 Appraisal of the multiple method design used in the study.

The overall research question of the present study is a good example of Robson’s statement that “a research question can in almost all cases, be attacked by more than one method.” (Robson 2002, p. 370) My epistemological and ontological considerations on combining fixed and flexible designs in a multiple method design were outlined in chapter 4. The research sub-questions derived from the overall question were complementary and demanded different designs, and even if it was a small scale study it made sense to choose a fixed design to investigate some of the subquestions (1-3) and a flexible design for others (4-7). Robson lists several approaches to combining qualitative and quantitative methods in a multiple method study (ibid. p. 372), and the present study has used the following approaches: Triangulation (interviews, transcripts and session notes, analysis of recorded music-listening periods, heuristic music analysis, etc.), Provision of a general or more complete picture (both process and outcome are analyzed, and I suggest that some of the results may be relevant also outside the specific study), Structure and process (music analyses, case studies as well as horizontal and vertical comparative analyses are included), Researcher and participant perspectives (two, or sometimes three, sets of interpretations of the same material), and Facilitating interpretations (using quantitative scores as material for qualitative interviews). Triangulation seems to be at the core of multiple methods, not only as a specific qualitative procedure to enhance validity, but also as a means of establishing a dialogue between quantitative and
In this study different data sources, different methods and different theories were included to look at the research question through many different ‘lenses’.

One important advantage was the combination of self report questionnaires and semi-structured interviews. Even if the participants in the study had many reservations and critical remarks to the validity and reliability of the questionnaires they acknowledged the scores as a source of information on their process. The interviews took place shortly after follow-up, i.e. approximately 2 months after the last session/post-test and 7 months after the pre-test. At the time of the interview not all participants had a clear memory of how their state of anxiety etc. was more than half a year before. Some of them even questioned that it would be possible to see anything out of the questionnaires. However, as shown in chapter 4, a positive development was documented in several domains. When confronted with this in the interviews participants readily accepted the effect and gave detailed and rich descriptions of their therapeutic process, thus facilitating interpretation of the quantitative data and adding participant perspectives to the study.

The Event Structure Analysis method was another ‘cross-over’ method that allowed qualitative data to appear in a form enabling comparison between different data sources in a very strict form enabling replication. Replication, for instance in the form of parallel analyses made by independent observers, was not included in the study, but the ESA format lends itself easily to such a procedure.

The multiple methods applied in this study did not solve the problems of validity connected with the small sample and lack of control group. The participants in the study may have had a special motivation influencing the results in a positively biased way, and this problem was not accounted for in the design. However, the quantitative data made it possible to compare results from this study with results from other studies and relevant reference groups. I think this is a very important dimension of using multiple methods when studying effects of psychosocial interventions.

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67 I am aware that ‘triangulation’ involves three factors, while a ‘dialogue’ only involves two. As far as I know, there is no established research terminology to characterize procedures parallel to ‘triangulation’ in multiple method research. This is an important issue and needs clarification if for instance the Cochrane research standards or ‘hierarchy’ should be challenged (Edwards 2004).
9.4.2 Heuristic music analysis as compared to other types of music analysis

There is no direct way leading from music to imagery - apart from the first order experience of what happens, individually, in the spontaneous BMGIM experience. It is not possible to infer the image (or therapeutic) potential of a piece of music from a phenomenological description or a structural analysis of the music. A combination of phenomenological, hermeneutical and heuristic procedures is needed when a therapist or researcher wants to establish a deeper understanding of the therapeutic potential of a music selection or program, or the role of music as ‘co-therapist‘. The multiple perspectives of Bruscia’s Heuristic Music Analysis enable a rich understanding of music as existential message and therapeutic agent. Music in BMGIM is not a stimulus leading to a predictable response. The music stimulates, supports and frames the multimodal imagery, and the images can serve as metaphors of psychological or existential problems and solutions. The music itself can also be experienced and understood as metaphor of human being and interacting.

In many studies Bruscia has developed a theoretical, yet clinically based, understanding of analogies between musical elements and parameters (‘components’ in Hegi’s terminology) and existential-emotional qualities, primarily in his Assessment-System IAP (Improvisation Assessment Profiles) (Bruscia 1987, 1994). In his preface to the Norwegian edition Bruscia (1994) writes that “...each musical element provides a musical metaphor – or perhaps archetype – for expressing a particular aspect of ‘being-in-the-world’ (...) Thus each musical element has its own range of possibilities for expressive meanings which are different from other elements.” Examples: Musical form may serve as metaphor of ‘being-in-the-world’, texture (mono-, homo- or polyphony) as metaphor of ‘being-in-space’, melody as ‘expression-of-self’ etc. Following Bruscia’s hermeneutic interpretations of music as metaphor the main theme of the Brahms Violin Concerto, 2nd movement might be characterized as an entity/being or gestalt with

- a clear identity
- an ability to collaborate
- a flexibility of structure
- an ability to re-establish balance after episodes of dynamic tension
• credibility and sincerity
• precision and shading
• organic yet complex features

A parallel characterization could be made of the main (dialogue) theme of the Bach
Concerto for Two Violins, 2nd movement or specific elements of other music
selections. They would all have a specific metaphoric profile. – In many of the music
listening periods analyzed in this study a dialogue is born between the musical entity
and the client. The specific outcome of such a dialogue cannot be predicted, but the
analyses show how the careful choice of music selections matching the participant’s
needs and level of experience may increase the options. Thus, the Heuristic Music
Analysis gives access to the field of existential and therapeutical meaning in music in
a unique way.

9.4.2.1 The intensity profile
The “Intensity profile” (IP) was proposed in section 8.3.2.4 as an easy to grasp
graphic representation of experiential features of a specific piece of music. The
profiles are meant to show especially how musical and psychological tension is built
and released and to inform the therapist whether there are experiential plateaus and
climaxes or peaks in the music. The IP was inspired by Helen Bonny’s “Affective
(program) contours” which function as graphic representations of the intensity
profiles of complete music programs. It was shown how the three categories of music,
“supportive”, “challenging” and “mixed”, had their specific typical intensity profile
(fig. 9.1).

In contemporary music psychology there is no consensus of what “intensity” in the
music experience is, how it can be measured or represented in graphs. The differences
between the exact, digital measures of what Lem calls the “Digitized wave-form” and
the IP was shown and discussed in relation to the analyzed movements of Brahms and
Bach. It is difficult to draw and validate an IP in an intersubjective perspective, yet I
am sure that music therapy researchers and clinicians need a tool of this type. The IP
can also be used as an effective tool to represent the intensity of therapist’s and
client’s playing in improvisational music therapy, as demonstrated by Trondalen (2004).  

9.4.2.2 The SMMA

The “Structural Model of Music Analysis” (SMMA) was developed by Grocke (1999) to identify common features of specific music selections. Grocke was inspired by Bonny’s unpublished sheet of “Musical elements to listen for in the GIM tapes” (Grocke 2004, personal communication). This sheet is included as Table 9.3., and I agree with Grocke that some of the elements in the sheet do not fit together. Grocke focused on the structure and form of the music selection as well as the elements of the music, with the aim of identifying features of the music, which could underpin pivotal moments in the clients’ BMGIM experiences. (p. 190). Grocke suggested that the SMMA could be used as an “assessment tool for analyzing the elements or effects of the pre-recorded music in future GIM studies” (p. 216).

In this study SMMA was used as a procedure integrated in the heuristic music analysis. The advantage of the SMMA is that it is very inclusive and precise, and that it enables a comparison of musical selections in all relevant musical parameters. Thus it can be used to explain some of the musical features specific in ‘supportive’ or ‘challenging’ music. It also enables a dialogue with musicologists because it uses well-established terminology. All relevant musical elements and parameters are present in the (revised) model, and it gives a systematic overview of them in a concentrated form. The disadvantages or (better) limitations of the SMMA are connected to three very different aspects of its use. First, the SMMA requires that the researcher/therapist masters the terminology of traditional musicology, including specific musical terminology and traditional methods of analysis. Second, the SMMA does not describe the music as a dynamic temporal sequence and experience; it is more like a static summary of salient musical features. Third, the SMMA does not inform the reader about the clinical or experiential significance of the musical elements described.

68 I have discussed the name of this graphic representational tool with Trondalen on several occasions. In earlier versions of this study I called it a “Profile of Affective Expression” (PAFEX, a construct used by Lem). Trondalen’s ph.d. dissertation was published in the Spring of 2004, and I decided to adopt the name she advocated in her study, namely the IP. Trondalen’s understanding of the IP can be found in section 3.4.3.2.1 of her dissertation (p. 66-72).
The SMMA was not designed to stand alone as an analytic tool. Grocke also used phenomenological descriptions of the music, while the SMMM was used methodically to assess the various elements of the music selections (Grocke 1999, p. 219). In the context of this study it served well as one source of analytical informations to ground the Intensity Profiles. Together with the phenomenological descriptions of the music the SMMA qualified both the IAPs and the hermeneutic interpretations of the music.

9.4.2.3 The Mood Wheel
Hevner’s Mood wheel is one of the oldest devices of experimental music psychology still in use. It was designed in the early 1930ies, and it is still in use as a tool to identify one very important aspect of the affective expression of the music (for a discussion, see: Gabrielsson and Lindström 2001, Juslin and Sloboda 2001). However, a critical question is whether important affective qualities are missing in the mood wheel, and whether the ‘wheel’ construct is sufficiently validated (Bonde 1997; Wosch 2002, 2004). Especially it is relevant to make an inquiry about the qualities of anxious/anxiety and angry/anger in a mood analysis, as they seem to be missing in Hevner’s system (Wosch 2004). Part of an answer may be that Hevner designed the mood wheel to identify the mood expressed in the music (or better: the mood the music is expressive of), not the mood or affect of the listener, as influenced by the music. Music is not ‘a sentient being’ (Kivy 1990), and I agree with Hevner (and many others) that music cannot express/be expressive of anxiety or anger. However, music in mood category 7 or 8 may very well evoke or support feelings of anger or rage in a client (example: The special GIM Program Affect release was designed to support anger work. It begins with the movement Mars from G. Holst’s symphonic suite The Planets, followed by two movements from Orff’s Carmina Burana). Anxiety may be evoked – or provoked – by music in different mood categories, often music that is ambiguous, with more than one layer of expression and meaning, with alien timbres etc. (example: 2nd movement of Menotti’s Piano Concerto and excerpts from Shostakovich’s 5th symphony; both included in the program Emotional Expression II).
Anxiety and anger are very important mood states or emotions in BMGIM therapy, and even if these states are not included in the mood wheel they can be evoked and supported by the music. Thus I find Hevner’s mood wheel compatible with other systems of emotional categorization (see the discussion in Wosch 2002, 2004). Anger or anxiety is not present in the music and imagery episodes analyzed here, however, these emotional qualities were present in other sessions, where they were framed and supported by matching music.

9.4.2.4 Helen Bonny’s view of the musical elements

Helen Bonny created 18 music programs in the period 1973-1989 (Grocke 2002). They were categorized according to their functions in individual BMGIM sessions.

“GIM is: The purposeful use of prepared classical music by a guide or facilitator to evoke sensory and emotional responses in the listener/participant. These responses, in the form of imagery, symbols, feelings, past and present life review, sensations, unfolding metaphors and transformative experiences become the heart of the session. Through the guide’s use of relaxation, verbal intervention and knowledgeable application of the music the traveller receives insights which lead to healing and therapeutic resolution.” (Bonny n.d.69)

The “knowledgeable application of music” includes an expert identification of the music’s salient elements: “The therapeutic value of music is dependent upon its psychophysiological effects, especially those concerning tension and relaxation, and its psychological effects, especially those concerning mood.” (Gutheil 1954 p. 53). Bonny underlined this quote in her working log, and her work at Maryland Psychiatric Research Center included investigations of both psychophysiological and psychological effects of music (Bonny 1972). Hevner, the inventor of the ‘Mood Wheel’, discussed the Relative importance of six musical variables [Mode, tempo, pitch, rhythm, harmony, melody] on the categorization of moods [Dignified/Solemn,

69 This and other unpublished quotes come from notes by Helen Bonny found in The Bonny Archives at Temple University, PA. This definition was dated 11/88)
Sad/Heavy, Dreamy/Sentimental, Serene/Gentle, Graceful/Sparkling, Happy/Bright, Exciting/Elated, Vigorous/Majestic

In her working log Bonny wrote:

"Music may be defined as a carrying wave demanding fluidity of response. A time-metered and measured event, which is a linear progression, yet filled with spiralling forms and multileveled progressions. In the listening to music or in the playing of it we are dependent upon the moves of the composer, his ability to entice and satisfy our expectations, or to thwart them. We feel drawn on through tension-release mechanisms and, as in physical exercise, experience a reward in the resultant exhaustion." (Bonny n.d.)

Bonny suggested a categorization of the music programs based on either their primary function within a BMGIM series: Basic/beginning; Sustaining affect; Working, Exploration, and Advanced Working; or according to their appropriateness to the client’s therapeutic issues: Anger, Interpersonal relationships, Grieving, Life assessment, Resistance to uncovering processes (Grocke 2002, p. 91-92). She also identified six characteristics of the music chosen for the programs:

- music as a catalytic agent that creates tension and release
- music as a container for the clients imagery experience
- music stimulating the flow and movement of the imagery experience
- music as a variable stimulus the imagery
- music conveying a variety of moods
- music from the Western classical tradition only (multi-layered, predictable yet variable, dynamically descriptive of human emotion, creating ambiguity, entering the composer’s creative imagination, more or less familiar, performance quality has importance.

Table 9.2 Bonny’s six characteristics of the music chosen for the GIM music programs (Bonny 1996; Grocke 2002, p. 92-95)

- music as a catalytic agent that creates tension and release
- music as a container for the clients imagery experience
- music stimulating the flow and movement of the imagery experience
- music as a variable stimulus the imagery
- music conveying a variety of moods
- music from the Western classical tradition only (multi-layered, predictable yet variable, dynamically descriptive of human emotion, creating ambiguity, entering the composer’s creative imagination, more or less familiar, performance quality has importance.

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70 Ex. Vigorous: Fast 6, Low 13, Firm 10, Complex 8, Descending 8. The number indicate the relative weight of each musical factor. Mode was not an influential factor in this mood category. For a discussion, see Gabrielsson and Lindström (2001)

71 Typed note in the folder "Art" in The Bonny Archives – maybe a quotation.
Bonny found that the musical elements with the strongest influence on the therapeutic process of the listener was: “pitch, rhythm and tempo, vocal/instrumental mode, melody and harmony, timbre” and mood (Bonny 1978/2002 p. 302; Grocke 2002, p. 95).

In the grounded theory of how specific musical elements influence the imagery, suggested in table 8.9 “mood, form, volume/dynamic change and melodic conciseness” are considered the most influential elements. The differences may be due to the fact that Bonny’s appraisal of the musical elements was seen in the perspective of a complete program, while my appraisal was seen in the perspective of a single musical selection. I do not see them as in conflict with each other; on the other hand I think Bonny underestimated the element of form as a narrative matrix. Form (or structure) was actually included as an important element in Bonny’s lectures, as documented by this transparency sheet\textsuperscript{72}, which also is a link to the SMMA.

**Table 9.3 Musical Elements to listen for in the GIM tapes (Bonny)**

1. TEXTURE: harmonic/melodic
2. TENSION/RELEASE: Dynamics, Amplitude – loud/soft
3. MOVEMENT: Tempo – fast/slow, Time – Rhythm Patterns. Directionality
4. MOOD/MODE Happy/Sad/Exalted. Consonance/Dissonance
5. STRUCTURE: Style/Form. Simple/Complex. Repetition/Diversity
6. TONAL: Resonance/Timbre. Instrumental/Vocal Colour. Volume
7. PITCH: High/low. Intervals
8. SYMBOLIC/ASSOCIATIONAL: Images. Memory
9. EMBELLISHMENTS: Rests/No sound. Legato/Pizzicato

\textsuperscript{72} From the Bonny Archives at Temple U. Found in a folder with transparency sheets used in Bonny’s music lectures
Bonny also considered the metaphorical aspects of music from the early years, as documented in the following quote:

“There the metaphor (image) comes and undresses as it sheds meaning, meaning within meaning. Music as co-therapist reveals, closes, entices, expands, proposes, lulls, demands, challenges, confuses, opens, salutes, etc. The metaphor in response to music opens into the emotion. Sometimes the metaphor is not present. The emotion may be the metaphor, or emotion comes before metaphor (or vice-versa).” (Bonny n.d.)

In the quote Bonny uses metaphor and image as synonyms. I have not found any elaborations of the metaphor theme in Bonny’s published writings. However, I think that the present study provides empirical evidence to the original ideas proposed by Bonny more than fifteen years ago.

9.5 Clinical applicability of the findings

Clinical BMGIM practice has included people confronted with life-threatening diseases from the very beginning of the model (Bonny 2002), as documented in chapter 2 and by the literature database. The classical BMGIM session format was used in this study, as it was in the two identified clinical efficacy studies with cancer survivors (Burns 1999, 2001; Clark and McKinney 2003). The findings of this study support that ten individual BMGIM sessions in the standard format are sufficient to improve mood and enhance quality of life in cancer survivors. However, clinical relevance of the research findings may be discussed at several levels. Descriptive and inferential statistics have been used to provide evidence of the effect of BMGIM on anxiety and quality of life in the participants. Given the lack of a control group the clinical relevance can only be indicated quantitatively, however the qualitative data

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74 Section 9.5 is based on a paper presented at a public symposium on ”The clinical relevance of music therapy research” at Aalborg University May 2004. In the paper I discussed ”Types of relevance” and suggested a distinction at four levels (illustrated with examples from Ph.D. research projects at Aalborg University): 1. Clinical issues addressed in or by the research, providing evidence; 2. Clinical issues derived from the research, 3. Direct clinical effects; 4. Communication of new evidence. See Appendix 9.1 for a presentation of these levels. Level 4 will not be addressed in section 8.5, even if there has already been extensive communication of results in media, professional groups and at national and international conferences.
support and explain how BMGIM can be a beneficial psychosocial intervention with cancer survivors. Core categories of client-defined outcome were identified and described, providing a catalogue of clinical outcomes as experienced by the cancer survivors themselves. Core metaphors and image configuration were documented, identified and described using a terminology that can easily be adapted in clinical practice and training. From a clinical point of view a very important result was that the imagery was not predominantly cancer-specific. This suggests that a supportive and reconstructive process must not necessarily focus on specific issues related to the disease, rather on more general issues of self-understanding and coping in a period of transition, where a change of perspective is of great importance. The participants in this study were ‘beyond treatment’, in a stage of ‘moving on’ from a status as ‘cancer patients’, and in this transition phase they might find it attractive to let go of thoughts and images related to the disease. Following this line of thought, the image categories and types of processes identified in the music-listening periods can be considered a descriptive catalogue of imagery experiences not only of cancer survivors; it is probably applicable to survivors of other medical conditions as well. However, the study also documented that the ‘imagery profiles’ (the ‘travel style’) of the participants were highly personal. This underlines the importance of the therapist’s awareness, not only of the client’s needs as reflected in the content and transformation of the imagery, but also of the client’s predominant image modalities and ‘modes of experience’, as reflected in the categorization of the imagery. The proposed grounded theory of the BMGIM process (table 6.11) places the activation of the client’s will to change as the pivotal point in the therapeutic process, and the discussion above includes suggestions for how the clinician may focus on the client’s ability to wish and how the BMGIM experiences of music and imagery may stimulate this ability. It does not seem to be possible to influence the development of new coping strategies in a direct way.

The overview of the music selections and programs used in the sessions is one of the first documentations of how the music in BMGIM is actually used by an experienced practitioner in multiple cases. As mentioned earlier, in BMGIM training the gradual development from ‘basic’ programs to ‘working’ programs and ‘special’ or ‘advanced’ programs is taught, but I have never seen a major documentation of the actual use of the three program categories or levels in the literature. (In case studies
programs used are normally identified, but comparative or comprehensive overviews are rare). In this study it is documented how the therapist used a variety of selections and programs, with a concentration of full standard programs towards the end of the process, and with a more ‘improvisational’ choice of music selections or parts of programs in the beginning of the process. Through the categorization of the music as ‘supportive’, ‘mixed’ and ‘challenging’ it was possible to document how the use of mixed and challenging music increased during the process. This is a reflection of how the participants gradually became familiar with the format and with the influence of the music on the imagery, allowing the therapist to choose more demanding and complex music to serve as ‘co-therapist’ in the later phases of the therapy. The three music categories have been discussed above from a more descriptive or phenomenological perspective. From a clinical perspective they may serve as a practical working tool for the BMGIM therapist who wants to work more freely with the composition of music sequences, and it is suggested that the BMGIM training includes information on how intensity profiles of single movements are made, as such profiles may serve as a graphic ‘key’ to the understanding of the music’s therapeutic potential.

‘Improvisational’ selection of music in BMGIM may be a controversial issue, as it is not addressed in the literature in its own right. The only reference I know is Ventre (2002, p. 34) who writes that some “therapists choose to follow the client wherever the client goes, thus making music choices as the client progresses through the session”75. On the other hand modifications of GIM music programs, as applied to the standard 50 minutes session of clinical psychology, have been discussed (Vaux 1993; Thöni 2002), and Helen Bonny suggested a number of short music programs based on the cd series *Music for the Imagination* (see database entries for the programs *Imagery, Positive Affect, Body Tape* and *Explorations*). The therapist’s choice of music in this study is not in conflict with the modifications suggested in the literature, however the free, improvisational choice of music may serve as a source of inspiration for experienced BMGIM therapists.

75 And I remember a wonderful workshop on “BMGIM as Improvisation”, conducted by Ventre in Stockholm, September 1999.
9.6 Directions for future research

The indicated effect of ten individual BMGIM sessions on mood and quality of life of cancer survivors needs to be supported by evidence from randomized controlled studies with a larger sample. It is also necessary to study the effect of BMGIM on people with different types of cancer separately, to investigate differences and similarities of male and female participants, and to distinguish between the effects of BMGIM in the specific phases of cancer treatment.

The participants in this study recommended the inclusion of BMGIM also in the treatment phase. In order to determine whether receptive music therapy (BMGIM) can improve mood and quality of life in cancer patients with different diagnoses during chemotherapy or radiotherapy randomized controlled trials (n= min 75) are recommended. They should be conducted in collaboration with oncological wards at selected hospitals. Participants could be randomly assigned to either individual BMGIM therapy (10 individual sessions, Condition A), relaxation induction and unguided listening to preferred music (10 individual sessions, Condition B), or the hospital’s standard care (Control). Mood could be measured with POMS-38 and the HADS self report questionnaires, enabling comparisons of American and European studies. Quality of Life could be measured with the EORTC-QLQ-C30, because side effects are important issues in the treatment phase (or other frequently used questionnaires like the MAC scale); with the Antonovsky SOC self report questionnaire (e.g the short form SOC-13) or other relevant, standardized QoL questionnaires in the rehabilitation phase; with Hearth Hope Index or similar in the palliative phase. The hospital’s standard evaluation forms should measure performance and side effects in the treatment phase. Measures could be taken pre-therapy (baseline), after 3 sessions (prognosis), after 6 sessions (mid), after the last session (post-test) and two months later (follow-up). Selected participants should be interviewed after follow-up. Some of the sessions in condition A and B, for example the 1st, 3rd, 6th, 9th and 10th sessions, should be audio recorded for qualitative analysis of image configuration, with the categories suggested in this study as a point of reference.
It would also be interesting to compare the efficacy of individual BMGIM therapy and Group music and imagery (GMI) in cancer rehabilitation. Pienta (1998) was the only identified group study, and the results were preliminary. Referring to the five-phase model of clinical outcome research by Robey and Schultz (1998), as paraphrased by Pring (2004) the study of the efficacy of GMI in cancer rehabilitation is still in phase one and needs further clinical small group investigations. The use of the groups as focus groups after the termination of the small group studies is recommended as a step towards phase two where attempts to define how the therapy works is the main issue (Pring 2004, p. 287).

A major problem in large-scale efficacy studies of BMGIM or GMI therapy is how to reach a satisfactory sample size. Grocke (2004) suggests national multi-site collaboration studies as a solution. Another solution might be international collaboration on joint or coordinated protocols (Bonde 2004).

The study of the relationship between music and imagery would also benefit from national or international collaboration of BMGIM clinicians and researchers. Required data would be audio recordings of music-listening periods of sessions using the same music programs or selections. Event structure analyses, Heuristic music analysis combined with interviews of both therapists and clients would provide a strong database enabling comprehensive and comparative studies of the role of “music as co-therapist”.

A study of the role of the therapeutic relationship in BMGIM with cancer patients requires (audio or video) recordings of complete sessions (as in Short 2003). The role of empathy, interpersonal exchanges, supportive and challenging interventions76, ways of finding a focus for the session, guiding principles, modes of addressing the meaning of imagery and music and their implications for the client’s or participant’s therapeutic process can only be studied through carefully designed analyses of the communication, including interaction patterns, discourses and metaphors. Again, a

76 “Question: What do patients recall, when they look back, years later, on their experiences in therapy? Answer: Not insight, not the therapist’s interpretations. More often than not, they remember the positive supportive statements of their therapist.” (Yalom 2001, p. 13) Yalom’s notion of “support” is not standardized, but highly individual: “All therapists will discover their own way of supporting patients.” (p. 15).
comparative analysis including a number of BMGIM therapists working in oncology would be preferable. A protocol could either be based on multiple method or on qualitative procedures only, and a sample of 20-30 participants would enable in-depth analyses of relevant aspects of the therapeutic relationship.

An interesting cross-disciplinary perspective opened by the study is how the BMGIM experiences and therapeutic processes may be connected to contemporary learning theory. The therapeutic processes and outcomes described here could be related to what Hermansen (2003) calls “existential learning” and “narrative learning”. The common factor is that interpretation and creation of meaning are essential elements in a person’s relationship with self and others. The narrative theories of McAdams (1996) and Ricoeur (1984) can serve as a foundation of any study of how the unknown and strange is transformed into something well known and familiar. Theoretical clarification of similarities and differences between learning (in learning theory) and insight or change (in psychotherapy theory), or more specific between music education and music therapy, is needed before empirical studies can be designed (Bonde 2002).

“Expliquer mieux, c’est comprendre mieux” (Ricoeur)

9.6.1 My personal process
With my academic background in the humanistic traditions of musicology, theatre and literature studies I have found this project a challenge in many ways. It was my first meeting with cancer survivors in a clinical research project and it was my first attempt to use multiple methods. The six participants have broadened my understanding of cancer as a life-threatening disease and of the psychosocial and spiritual needs of cancer survivors. I have seen how BMGIM can contribute to the process of healing complex issues of loss, grief and anger. This process has made me decide that I want to devote at least the next three years of my life as a researcher to multi-disciplinary studies of music therapy in oncology.

A very special element in this project has been the collaboration with my wife, Ellen Thomasen, who was the BMGIM therapist doing all the sessions. We had to develop a style of communication during the treatment phase, and that was not always easy. We
both found the process very exiting, and there was a permanent temptation to discuss clinical issues and processes in a more professional perspective, but I think we managed to separate supervision issues – which Ellen took to her clinical supervisors – and research issues which we discussed when necessary. I also resisted the temptation to begin processing the data before the clinical processes were terminated, as this might have made me try to influence Ellen in her clinical work. It has been a privilege to present the study together with Ellen. We have done this on several occasions, both in Denmark and abroad. The combination of a research and a clinical perspective gives each presentation an extra dimension, and I want to express my gratitude to Ellen for that.

The only validity problem I see in the collaboration with a person so close to me is related to the discarded aspect of the therapeutic relationship and its role in the processes of the six participants. I think Ellen has made a highly professional contribution as BMGIM therapist, and it was documented earlier in this chapter that the participants have appreciated her work deeply. I chose Ellen as the project’s therapist because I found her the best qualified available. But if some of the therapeutic relationships had been cumbersome or participants had expressed dissatisfaction it would have been difficult for me to analyze the therapeutic relationship. Thus, I have no reservations to continuing the collaboration with Ellen in future projects but one: if the therapeutic relationship is included, as a research another researcher than me should perform theme the data analysis.

From a methodological and philosophical point of view the study has taught me a lot about both fixed and flexible designs and the potentials of combining them in one investigation. This experience has also convinced me that music therapists, both clinicians and researchers, need basic training in quantitative as well as qualitative methods. Descriptive statistics were not new to me, but inferential statistics were. The scrutiny and precision needed in the collection, processing and presentation of quantitative data has been a very important addition to my skills as a researcher and to my understanding of the positivist paradigm. On the other hand it has been very rewarding to explore how more well-known hermeneutic and heuristic approaches could lead to other types of new knowledge in the field of music therapy in cancer rehabilitation. My intuitive understanding of the therapeutic potential of music and
music listening has been substantiated by this study’s multi-layered empirical investigations of how music and imagery lend themselves to deeply personal processes of self-exploration and how music may serve as a unique ‘Co-therapist’. There are still many questions to answer, but I have got a reassuring glimpse of the reality behind Auden’s poetic and wise words on the music experience:

\[ \text{....Where hope within the altogether strange} \\
\text{From every outworn image is released} \]

9.7 Conclusion

This study examined the influence of ten individual BMGIM sessions on mood and quality of life in six cancer survivors. Using multiple methods methodology the “influence” was studied (a) as the effect of ten sessions on selected variables in a quantitative investigation, while (b) it was attempted to understand the processes underlying the “influence” in a qualitative investigation using analytic procedures from hermeneutics and grounded theory. A few music therapy studies have previously documented a decrease in anxiety and an increase in quality of life in cancer survivors after ten BMGIM sessions, however this was the first study to include a study of types of psychosocial and therapeutic outcome as experienced by the participants, a study of the configuration of the imagery in the music-listening periods of the sessions, and a study of the relationship between the music and the imagery in a developmental perspective.

In returning to the initial questions of the study presented in chapters 4 and 5, the following statements summarise the findings:

Can ten BMGIM sessions improve the mood of the participants?
Five of six participants in the study decreased their level of anxiety from pre-test to post-test and follow-up. The decrease was significant, and the effect size was very large. Five of six participants decreased their level of depression, however this decrease was not significant, and the effect size was small to medium.
Can ten BMGIM sessions improve the quality of life of the participants?
The participants varied in their responses to the two questionnaires used in this study, and in their responses to different aspects of the questionnaires. Four of six participants improved QoL as measured by the EORTC-QLQ-C30 questionnaire, however the results were not significant, and the effect size was small. Results within other subscales of the QLQ-C30 varied very much, and no significant effects were found in the functional scales or in the physical symptoms scales. All six participants improved their QoL as measured by the SOC questionnaire, even if increases varied considerably between participants. The increase was significant from pre-test to both post-test and follow-up, and the effect size was medium.

Can music and imagery help the participants in their rehabilitation process?
All six participants reported that music and imagery held meaning for them and helped them in their rehabilitation process.

What is the experience of the participants of BMGIM and its effects on mood and quality of life in the rehabilitation process?
Five core categories characterizing all six participants’ experiences were identified: Through the BMGIM process the participants developed New perspectives, Enhanced coping, Improved mood and quality of life, Enhanced hope, and Improved understanding of self.

What is the specific nature of the imagery or image configuration of cancer survivors in GIM?
This study did not document any specific nature of the imagery and image configuration as related to cancer. Cancer-related imagery was observed in some sessions, however the predominant character of the imagery was non-specific and much more related to psychosocial and existential issues.

How does the imagery develop and/or is re-configured during GIM therapy?
The analyses show that core metaphors emerged with all six participants, and that configuration of metaphors in narrative episodes or longer, coherent narratives could be identified in five of the six participants. A grounded theory of developmental steps in the therapeutic BMGIM process was proposed.
What elements are there that describe the relationship between the music and the imagery transformations?

The analyses uncovered of a close interplay of music and imagery/metaphors: the configuration of the metaphors followed the narrative matrix of the music. Three categories of music were identified: supportive, mixed and challenging music, each category with specific therapeutic potentials. A grounded theory on the therapeutic function of music in BMGIM was proposed.

The use of multiple methods, including both fixed and flexible designs to investigate complementary aspects of the research question, was productive and promising.
ENGLISH SUMMARY

Introduction and motivation

Cancer rehabilitation is an extremely important area within the health care system. After termination of medical treatment most cancer survivors have very few options for support, especially if they need psychological or psychosocial support. In Denmark the large-scale, private organization Kræftens Bekæmpelse offer support groups and verbal counselling, and all cancer survivors are – in principle – entitled to a one week stay at Dallund Castle, a rehabilitation centre open to people living with all types of cancer, and their relatives. Besides this resource, there are small-scale private organizations supporting cancer survivors in different ways. In Denmark, music therapy has not yet been integrated into psychological or psychosocial support work, and the clinical protocol in this study was the first attempt to investigate how cancer survivors might benefit from music therapy – in this case The Bonny Method of Guided Imagery and Music (BMGIM). Six volunteers, all women recruited by announcements in local oncology wards and Kræftens Bekæmpelse’s counselling office, participated in the study. Videnscenter for Forskning i Alternativ Behandling (ViFAB; Centre for Research and Information on Complementary Therapies in Denmark) funded the clinical part of the study. Abroad, especially in the USA, Great Britain, Australia and Germany, some studies and programs have indicated that BMGIM has a potential as a supportive psychological and psychosocial intervention with cancer survivors. The inspiration and motivation for this study was grounded in the results and reports from these studies and programs. This study is a systematic investigation of how BMGIM may influence selected variables and aspects of problems experienced by cancer survivors, as expressed in the main research question:

*What is the influence of ten individual BMGIM sessions on mood and quality of life in cancer survivors?*

In order to operationalize this question the investigation addresses the following sub-questions systematically:
1) Can ten BMGIM sessions improve the mood of the participants?
2) Can ten BMGIM sessions improve the quality of life of the participants?
3) Can music and imagery help the participants in their rehabilitation process?
4) What is the experience of the participants of BMGIM and its effects on mood and quality of life in the rehabilitation process?
5) What is the specific nature of the imagery or image configuration of cancer survivors in BMGIM?
6) How does the imagery develop and/or is re-configured during BMGIM therapy?
7) What elements are there that describe the relationship between the music and the imagery transformations?

Subquestions 1-3 are addressed in a quantitative investigation with 10 hypotheses, while subquestions 4-7 are addressed in a qualitative investigation in three parts:

Part I with focus on the participants’ experience of the BMGIM therapy,
Part II with focus on the imagery,
Part III with focus on the interrelationship between music and imagery.

**Theoretical foundations**

A comprehensive review of the literature on music therapy in cancer care is presented, with a focus on the application of BMGIM to the discrete phases of cancer treatment (diagnosis, curative medical care, rehabilitation, palliative care) (chapter 2). The review shows that many case studies have indicated the potential of BMGIM and adaptations of the model in rehabilitation and palliative care of cancer patients and other patients living with a life-threatening disease. However only two effect studies were identified, one of which was a controlled study.

A comprehensive review of the literature on metaphor and narrative in cognitive psychology, psychotherapy, musicology and music therapy is presented (chapter 3). The purpose of the review is to establish a theoretical framework and database for the qualitative investigation. The review includes a presentation of Paul Ricouer’s
hermeneutic theories of metaphor and narrative (‘Mimesis’) and its possible application in psychotherapy and BMGIM. A theoretical understanding of music as metaphor and analogy is outlined with examples, and a clinical theory of three levels of narrative configuration of metaphors in BMGIM is suggested, with many references to the BMGIM literature.

**Method**

As indicated above, the study is using multiple methods, with one investigation (or section of the study) based on what Robson (2002) calls ‘fixed design’, and one investigation (or section) based on ‘flexible design’.

The quantitative investigation was developed with a multiple case study design where the clinical trials involved Pre-Post-Follow-Up measures. The participants were six women, 40-65 years old, in cancer rehabilitation. They entered the project 1.5 (7 weeks) to 18 months after discharge from hospital. Each participant received 10 biweekly, individual BMGIM sessions conducted by a BMGIM therapist (Fellow of the Association of Music and Imagery). The setting was the therapist’s private practice, in a room equipped with a couch, a music system, chairs and a table. The standard BMGIM format (two hours sessions), and the standard GIM music repertoire (programs and selections) was used. The music-listening periods of the sessions were recorded (mini-disc). The therapist made standard transcripts and summaries of the sessions. The drawing of Mandala by participants during the session was optional, and therefore not included in the data material.

In the data sampling three standardized and one specially constructed questionnaire (self reports) were used:

(a) The Hospital Anxiety and Depression Scale (HADS),
(b) The European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30),
(c) Antonovsky's Sense of Coherences Scale (SOC)
(d) Related to subquestion (3) four specific BMGIM questions were formulated in a questionnaire design similar to the HADS.
After every session questionnaires (a) + (b) + (d) were completed. At pre-test, post-test and follow-up (6 weeks later after last session) all questionnaires, including (c), were completed. Two to four weeks after follow-up all participants were interviewed.

The qualitative investigation includes the following data:

a) Six semi-structured interviews with the participants, carried out, transcribed and translated by the researcher
b) The therapist’s session notes and overview of all sessions, reported in a specific five-columns format
c) Mini-disc recordings of the music-listening parts of the sessions
d) Recordings and scores of selected music used in the sessions.

The qualitative analyses comprises:

1) A grounded theory analysis of the six semi-structured interviews,
2) A grounded theory analysis of images and metaphors in all sessions,
3) Two case studies – a hermeneutic/mimetic analysis of the imagery and its development in two participants, and related to quantitative data
4) An event structure analyses of the interrelationship of music and imagery in four music selections,
5) A grounded theory inspired categorization of the music used in the project.

Results

Results of the quantitative data analysis (chapter 5) were presented through descriptive statistics of the sample scores, calculation of Effect size, and inferential statistics (Wilcoxon Signed Ranks Test) calculated on (selected) scores of the three questionnaires. The results here revealed changes in the way subjects reported anxiety, depression, quality of life and global attitude to life when comparing pre-test with post-test, and at follow up. Anxiety scores reported in the HADS decreased for five of the six participants, and a significant effect was found from pre-test to follow-up (p = .045). The size of the effects of treatment on anxiety over time was very large at both post-test (ES = 1.09) and follow-up (ES = 1.33). Depression scores decreased for two participants at post-test, and for four participants at follow-up. No significant effects
of treatment on depression were found, and the size of the effect of treatment on depression was small at post-test (ES = 0.29), and medium to large at follow-up (ES = 0.72). While the results of non-parametric analysis revealed a significant effect on anxiety only at follow up, and no significant effect was found on depression, the effect size calculations suggest there is a treatment effect over time which, while it should not be generalised further, was evidently important for the effects of BMGIM on anxiety and depression for these subjects. The results from the EORTC QLQ-C30 questionnaire found increases in mean score in the functional scales and the quality of life subscale, and decreases in mean scores in most of the symptom scales. However, individual differences between participants were many, and no significant effects were found. The results from the SOC revealed that the total individual raw scores and mean score for all six participants increased, three of them markedly, and a significant overall effect was found at both post-test (p = .028) and follow-up (p = 0.27). Of the three subscales, Comprehensibility improved markedly at post-test and follow-up, while Manageability improved slightly at post-test, but the effect reduced at follow-up. Significant effects were found from pre-test to both post-test and follow-up for overall SOC mean scores and for the Comprehensibility subscale. Effect sizes were small to medium (Pre-post ES = 0.62) and Pre-F-U ES = 0.41). The results indicate better coping and improved life quality. The scores in the specific questionnaires subjectively reporting the value of BMGIM of all participants indicated that music and imagery had “very much” meaning for them. All participants indicated the music therapy helped them with ‘going on’ with their lives, four of the participants reporting “very much”, and two of them reporting “to a certain extent”.

Results from the qualitative data analyses (chapters 6, 7 and 8) included grounded theory analyses of interviews, images and metaphors, and the music selections; hermeneutic analysis of image configuration; and two comprehensive case studies. In the analysis of the semi-structured interviews with the six participants (chapter 6) the following core categories emerged, describing the experienced meaning of the therapeutic process: New perspectives on past/present/future (all 6 participants), Enhanced coping (6 participants), Improved mood and Quality of life (6), Enhanced Hope (6), Improved understanding of self (6), (New) Love of music (5/6), Coming to terms with life and death (5/6), Opening towards spirituality (3/6).
The analyses of metaphors and images (based on Ricoeur’s hermeneutic theories) showed that core metaphors and self metaphors emerged with all participants, and that configuration of metaphors in narrative episodes or longer, coherent narratives could be identified in 5 of the 6 participants.

The case studies (chapter 7) documented in detail how core metaphors and self metaphors emerged, and how the metaphors were spontaneously configured into narrative episodes and sometimes in complete narratives founded on a plot. The analysis of these two cases demonstrated how the meaning of this mimetic activity became gradually clearer for the participants who – especially in the postlude dialogues with the therapist – interpreted the imagery and related it to their focus and therapeutic goals. It does not seem to have been of vital importance whether images were configured into narrative episodes or complete narratives. The crucial element was that core images emerged and were configured, because this was what enabled the participants to explore and work with their therapeutic issues at an emotional and embodied level. Both participants gave examples of how new insights from the therapy was transformed into new types of action in their daily lives. BMGIM therapy did not release the participants from living with cancer; however, it helped them improve the quality of their life with cancer. A grounded theory of developmental steps in the participants’ BMGIM process was proposed.

The interrelationship between music and imagery was analysed in a comparative analysis of the imagery of all 6 participants, and of the relationship between music and imagery (chapter 8). The analysis includes two specific GIM music selections: Brahms’ *Violin Concerto, 2nd movement*, and Bach’s *Concerto for two violins, 2nd movement* – used very often in the sessions and representing two different types of therapeutic music: a more challenging and a more supportive selection.

In a comparative content analysis of 4 participants’ imagery to two of Bach’s *Geistliche Lieder*, namely *Komm süsser Tod* and *Mein Jesu!* (in orchestral arrangements by L. Stokowski) the following analytic procedures were included:

- A transcription of minidisc recordings (inserting transcribed dialogue in scores)
• A Heuristic Music Analysis of the music selections (including Phenomenological description, a Structural Method of Music Analysis (SMMA) and Intensity profiles

• An event structure analysis, correlating the imagery of the clients with the findings of the music analysis

• A grounded theory analysis of the imagery/narrative (types and configurations of the imagery)

Results of the music and imagery study included the identification of three categories of music: supportive, mixed and challenging music, each category with specific therapeutic potentials. A close interplay of music and imagery/metaphors was uncovered: the configuration of the metaphors followed the narrative matrix of the music. A grounded theory on the therapeutic functions of music and musical elements in BMGIM was proposed.

The discussion (chapter 9) relates the findings of the study (chapters 5-8) to previous research (chapter 2) and to the theoretical basis (chapter 3). This study supports the suggestion from previous research that ten BMGIM sessions may be sufficient to improve mood and quality of life in cancer survivors. And it suggests that this effect may partially be as a result of the reconfiguration of metaphors and narratives in the therapeutic process, as suggested by Paul Ricoeur’s theoretical models adapted to psychotherapy and BMGIM. Important themes discussed are the role of will and the participants ‘willing’ for therapeutic change, in psychotherapy in general and in BMGIM in specific. It is suggested that BMGIM is especially well suited to stimulate the participants’ capacity to wish, which is the necessary precondition for mobilizing the will.

The discussion also included defining the limitations of the study, clinical applications and directions for further research. The most important critique of the study, from the viewpoint of the fixed design tradition, was that the number of participants is small and the design did not include a control group or a control condition. This meant that none of the findings reported in the quantitative investigations can be ascribed to the BMGIM therapy with any statistical confidence. However, from the viewpoint of the flexible design tradition, these limitations are not crucial, even if six participants may
not be sufficient to saturate a substantive grounded theory investigation. In order to support and validate the findings of the qualitative investigation several triangulation procedures were followed, as described above. The role of the therapeutic relationship in the process was not included systematically in the research design. However, all participants made comments on this issue, and it suggested that further studies should include this aspect in the design. Questions of validity and reliability raised by the participants were also presented and discussed.

Several clinical applications are suggested based on the findings from this study. Core categories of client-defined outcome provide a catalogue of clinical outcome types as experienced by the cancer survivors themselves. Core metaphors and image configuration were documented and described using a terminology that can be adapted in clinical practice and training. From a clinical point of view a very important result was that the imagery was not predominantly cancer-specific. This suggested that a supportive and reconstructive process must not necessarily focus on specific issues related to the disease, rather on more general issues of self-understanding and coping in a period of transition, where a change of perspective is of great importance. The study also documented that the ‘imagery profiles’ (or ‘travel style’) of the participants were highly personal. This underlined the importance of the therapist’s awareness, not only of the client’s needs as reflected in the content and transformation of the imagery, but also of the client’s predominant image modalities and ‘modes of experience’. The categorization of music selections as ‘supportive’, ‘mixed’ and ‘challenging’ may be used as a ‘clinician’s tool’ to determine the choice of music in a more improvisatory and empathic way, based on the notion that the use of mixed and challenging music is more appropriate in later stages of the therapeutic process.

Further studies, including studies with larger samples, different types of cancer and all stages of treatment, and randomized control trials are recommended. The use of multiple method, including both fixed and flexible design, is considered well suited for this type of psychosocial research, combining the study of therapeutic effect with the study of therapeutic process and participants’ experiences.
DANSK RESUME

Baggrund, formål og indfaldsvinkel


Denne afhandling handler om det første danske forsøg på at undersøge, om cancerpatienter i rehabilitering kan have gavn af musikterapi – i dette tilfælde The Bonny Method of Guided Imagery and Music (BMGIM), som er en receptiv musikterapiform, hvor klienten lytter til specielt udvalgt klassisk musik i en afspændt, let ændret bevidsthedstilstand, i stadig dialog med terapeuten om sin indre billedoplevelser.

Seks frivillige deltagere, alle kvinder, blev rekrutteret gennem informationsmateriale på onkologiske afdelinger og på Kræftens Bekæmpelses rådgivningscenter i Århus. Videnscenter for Forskning i Alternativ Behandling (ViFAB) støttede den kliniske del af projektet økonomisk.

I Danmark er musikterapi ikke integreret i det somatiske sygehusvæsen, men flere steder i udlandet, især i USA, Australien, England og Tyskland findes der integrerede behandlingsprogrammer og forskning, som indikerer at BMGIM kan være en effektiv psykologisk og psykosocial interventionsform i forhold til cancerpatienter i rehabilitering. Denne afhandling er en systematisk undersøgelse af, om og givet fald
hvordan BMGIM kan have en positiv virkning på nogle af de problemer, cancerpatienter i rehabilitering oplever. Dette kommer til udtryk i undersøgelsens hovedspørgsmål:

_Hvilken indflydelse kan ti individuelle BMGIM sessioner have på stemningsleje og livskvalitet hos cancerpatienter i rehabilitering?_

For at operationalisere undersøgelsen differentieres hovedspørgsmålet i 7 underspørgsmål:

1) Kan 10 BMGIM sessioner forbedre deltagernes stemningsleje?
2) Kan 10 BMGIM sessioner forbedre deltagernes livskvalitet?
3) Kan musik og billeddannelse hjælpe deltagerne i rehabiliteringsprocessen?
4) **Hvordan oplever deltagerne BMGIM og dens virkning på stemningsleje og livskvalitet i rehabiliteringsprocessen?**
5) **Hvilke specifikke karakteristiske træk har billeddannelsen og billedernes konfiguration i BMGIM hos cancerpatienter i rehabilitering?**
6) **Hvordan udvikler billeddannelsen sig og hvordan rekonfigureres den i BMGIM?**
7) **Hvilke karakteristiske træk er der ved forholdet mellem musikken og billeddannelsen, som den udvikler sig i BMGIM?**

De første 3 spørgsmål besvares i en kvantitative delundersøgelse med 10 hypoteser. Denne delundersøgelse er baseret på kvantitative metoder i et på forhånd fastlagt undersøgelsesdesign (Robson (2002) taler om ’fixed design’).

De sidste 4 spørgsmål besvares i en delundersøgelse baseret på kvalitative metoder i et mere åbent, fleksibelt (’flexible’) design. Denne delundersøgelse har tre elementer:

- En undersøgelse med fokus på deltagernes oplevelse af BMGIM-terapien.
- En undersøgelse med fokus på billeddannelsen, dens udvikling og betydning.
- En undersøgelse med fokus på forholdet mellem musik og billeddannelse.

**Underøgelsens teoretiske grundlag**

Der foretages indledningsvis en omfattende gennemgang af litteraturen om musikterapi i cancerbehandling, med fokus på anvendelsen af BMGIM i cancerbehandlingens forskellige faser (diagnostik, kurativ behandling, rehabilitering...
og palliativ pleje) og i behandlingen af andre livstruende sygdomme (kap. 2). Litteraturgennemgangen er baseret på nogle specifikke litteraturdatabaser (elektroniske bibliografier), som forskeren har opbygget gennem de seneste år. Gennemgangen viser, at BMGIMs terapeutiske potentiale primært fremgår af case studies fra rehabiliteringsfasen og palliativ pleje. Der blev kun fundet to effektundersøgelser, og kun den ene af disse var en kontrolleret undersøgelse (RCT).

Grundlaget for den kvalitative undersøgelse fremlægges i en omfattende gennemgang af litteraturen om metaorer og narrativer i kognitiv psykologi, fortælleteori, psykoterapi, musikvidenskab og musikterapiteori (kap. 3). Via litteraturgennemgangen formuleres en teoretisk rammeforstædelse, som bl.a. rummer en præsentation af den hermeneutiske filosof Paul Ricoeours metaforeteori og 'mimesis-teori'. Den narrative mimesis-teori overføres til psykoterapi og BMGIM. Herefter skitseres der en teori om musik som metafor og analogi med udvalgte eksempler, og kapitlet afsluttes med et udkast til en klinisk teori om tre specifikke niveauer i konfigureringen af metaorer i BMGIM, men mange referencer til BMGIM-litteraturen.

Metode

Som antydet ovenfor er undersøgelsen metode-pluralistisk. En del af undersøgelsen er baseret på hvad Robson (2002) kalder ’fixed design‘, mens en anden del er baseret på et ’flexible design.

Den kvantitative delundersøgelse er designet som en klinisk effektundersøgelse med data fra præ-, post- og follow-up-tests. Det er en multiple case study baseret på deltagernes selvrapportering under anvendelse af standardiserede spørgeskemaer. I bearbejdelsen af svarene anvendes deskriptiv statistik og i forhold til udvalgte variable beregnes signifikansen af ændringer fra præ-test til post-test og follow-up, ligesom effect size beregnes.

Deltagerne var seks kvinder i alderen 40-65, to behandlet for underlivskræft, tre behandlet for brystkræft og en med ubehandlelig brystkræft. Der var gået fra halvanden til 18 måneder fra udskrivelse til projektstart. Hver af deltagerne fik ti

Der blev anvendt tre standardiserede og et specielt konstrueret spørgeskema, som alle blev udfyldt af deltagere selv:

- The Hospital Anxiety and Depression Scale (HADS), til stemningsleje
- The European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30), til livskvalitet
- Antonovsky's skema til bedømmelse af Oplevelsen af sammenhæng (OAS; engelsk: The Sense of Coherences Scale (SOC), til livskvalitet
- I forhold til underspørgsmål (3) formulerede forskeren fire specifikke BMGIM-spørgsmål i et design af samme type som HADS.

Efter hver session udfyldte deltagerne skemaerne (a) + (b) + (d). Ved præ-test, post-test og follow-up (6 uger efter sidste session) blev alle spørgeskemaer, inklusiv (c) udfyldt. To til fire uger efter follow-up interviewede forskeren alle seks deltagere om deres oplevelser i BMGIM-terapien.

Den kvalitative delundersøgelse er baseret på disse interviews. Det komplette datamateriale består af:

- Seks semi-struktererede interviews, udført, transskribet og oversat af forskeren.
- Terapeutens sessions-noter og sessionsoversigter over samtlige sessioner i det særlige fem-kolonne-format (for hver deltager angives sessionernes dato og nummer, fokus, induktion, musikvalg og billeddannelse/metaforer).
g) Mini-disc optagelser af sessionernes musiklytningsdel.
h) Indspilninger af og partiturer til udvalgte anvendte satser.

Der gennemføres flere kvalitative analyser:

1) En grounded theory analyse af de seks semi-strukturerede interviews.
2) En grounded theory analyse af billeder og metaforer i sessionerne.
3) To case studies – en hermeneutisk/mimetisk analyse af billeddannelsen og dens udvikling hos to af deltagerne, også relateret til resultater fra den kvantitative undersøgelse.
4) En Event structure analyse af sammenhængen mellem musik og billeddannelse i 4 udvalgte satser fra BMGIM-repertoiret.
5) En grounded theory inspireret kategorisering af den i sessionerne anvendte musik.

Resultater

I kap. 5 fremlægges resultaterne af den kvantitative delundersøgelse. Kapitlet indeholder deskriptiv statistik af samtlige scores på spørgeskemaerne, beregninger af effekt size, og statistisk signifikansberegning (Wilcoxon Signed Ranks Test) af udvalgte variable. Undersøgelsen viser en række ændringer i deltagernes angivelse af angstniveau, depression, livskvalitet og oplevelse af sammenhæng fra præ-test til post-test og follow-up. Angstscoren i HADS faldt for fem af de seks deltagere, i de fleste tilfælde markant, og der blev fundet en signifikant effekt fra præ-test til follow-up (p = .045). Effect size målt over tid var meget markant (‘very large’) både ved post-test (ES = 1.09) og follow-up (ES = 1.33). Depressionsscoren faldt for to deltagere ved post-test og for fire ved follow-up. Der blev ikke fundet nogen signifikant effekt på dette område. Effect size målt over tid var begrænset (‘small’) ved post-test (ES = 0.29), og medium til stor (‘large’) ved follow-up (ES = 0.72). Selv om resultaterne af den non-parametriske analyse ikke viste signifikant effekt i forhold til depression, og for angst kun en signifikant effekt ved follow-up, indikerer effect size-beregningerne, at der har været om en behandlingseffekt over tid. Selv om denne ikke kan generaliseres, er det tydeligt at der har været tale om en effekt på angst og depression for deltagerne i undersøgelsen. Analyserne af deltagernes EORTC-QLQ-
C30-scores viste stigninger i gennemsnitsscoren på de funktionelle skalaer og livskvalitetskalaen, og fald i gennemsnitsscoren på de fleste symptomskalaer. Forskellene mellem deltagerne var imidlertid store, og der blev ikke fundet nogen signifikante effekter. Analysen af deltagernes OAS/SOC-scores viste, at såvel gennemsnitsscoren som de seks deltageres individuelle total-score steg, tre af dem markant, og der blev fundet en signifikant generel effekt, både ved post-test (p = .028) og ved follow-up (p = 0.27). Af OAS-skemaets tre underskalaer forbedredes Begribelighed markant ved post-test og follow-up. Håndterbarhed forbedredes en smule ved post-test, men effekten formindskedes ved follow-up. Der kunne ikke ses nogen effekt på Meningsfuldhed. Der blev fundet en signifikant generel effekt på AOS gennemsnitsscoren og på underskalaen Begribelighed fra præ-test til både post-test og follow-up. Effect size blev beregnet som lille til medium (Præ-post ES = 0.62) og Præ-F-U ES = 0.41). Resultaterne indikerer at deltagerne har forbedret mestringen af deres livssituation og forbedret deres livskvalitet. Alle deltagere angav på de specifikke musikterapispørgsmål, at musik og billeddannelse ”i høj grad” havde betydning for dem. Fire deltagere angav at BMGIM ”i høj grad” hjalp dem med at komme videre, to deltagere ”i nogen grad”.

Resultaterne af den kvalitative undersøgelse (kap. 6,7 og 8) består af (a) grounded theory analyser af deltagerinterviewene, af forestillingsbilleder og metaforer og af den anvendte musik, (b) hermeneutiske og mimetiske analyser af billedkonfigurationen, (c) to dybtgående case studies.

Resultatet af analysen af de semistrukturerede interviews (kap. 6) var et antal kernekategorier, dvs. meningskategorier som udtrykker deltagernes oplevelse af den terapeutiske proces: Nye perspektiver på fortid/nutid/fremtid (alle 6 deltagere bidrog til kategorien), Forbedret mestring (6), Forbedret stemningsleje og livskvalitet (6), Stærkere håb (6), Forbedret selvforståelse (6), (Ny) Kærlighed til musikken (5 af 6), At komme overens med livet og døden (5), Spirituel åbning (3 af 6).

Analyserne af metaforer og forestillingsbilleder var baseret på Ricoeours hermeneutiske teorier og viste, at kernemetaforer og selvmetaforer kunne identificeres hos alle 6 deltagere, og at konfigurering af metaforerne i kortere eller længere narrative episoder eller i længere, sammenhængende narrativer kunne påvises hos 5 af de 6 deltagere.
I de to case studies (kap. 7) blev det nuanceret og detaljeret påvist, hvordan kernemetaforer og selvmetaforer dukkede spontant op under musiklytningen, og hvordan metaforer konfigureredes til narrative episoder og – af og til – i sammenhængende narrativer baseret på et plot. Det blev påvist, hvordan den mimetiske aktivitets betydning gradvist blev tydeligere for deltagerne, som – især i sessionernes afsluttende samtale med terapeuten, men også senere i interviewene – var i stand til at fortolke billeddannelsen og relatere den til deres fokus og terapeutiske mål. Analyserne tyder ikke på, at det var af afgørende betydning om metaforerne konfigureredes i episoder eller sammenhængende narrativer. Det afgørende var at der fremkom kernemetaforer og at disse blev konfigureret, for det var dette aspekt af BMGIM terapien som satte deltagerne i stand til at udforske deres terapeutiske temaer på et følelsesmæssigt, kropsforankret niveau. Begge deltagere gav eksempler på, hvordan nye indsigter fra terapien var blevet transformeret til nye typer handlinger i deres dagligliv. BMGIM kunne ikke fritage deltagerne for et liv med cancer, men terapien kunne bidrage til at forbedre kvaliteten af deres liv med cancer. Som afslutning på kapitlet blev en grounded teori om udviklingsfaser i deltagernes BMGIM-proces fremlagt.

Sammenhængen mellem musik og billeddannelse blev analyseret i to komparative analyser af deltagernes billeddannelse til udvalgte stykker musik (kap. 8). I den første analyse undersøges alle 6 deltageres billeddannelse til to af de i forløbet hyppigst brugte musikstykker: Brahms’ *Violinkoncert, 2. sats* og Bachs *Koncert for to violiner, 2. sats*. De to satser repræsenterer også to typer terapeutisk musik: sidstnævnte fungerer overvejende støttende, mens førstnævnte også rummer psykologisk udfordrende elementer. I den anden komparative analyse undersøges 4 deltageres billeddannelse til to af Bachs *Geistliche Lieder*, nemlig *Komm süßer Tod* og *Mein Jesu!* (i orkesterarrangementer af L. Stokowski) – begge satser virker udfordrende og tematiserer sorg, tab og død.

Følgende analytiske fremgangsmåder blev anvendt i analyseerne:

- Transskription af minidisc optagelserne (den transskriberede dialog blev derefter korreleret med partituret).
• Heuristisk Musikanalyse (Bruscias metode) af den enkelte sats (i analysen indgik bl.a. fænomenologisk beskrivelse, strukturel analyse (Grockes SMMA) og udarbejdelse af Intensitetsprofiler.
• En event structure analyse, som muliggjorde korrelering af deltagernes billeddannelse med resultaterne af musikanalysen.
• En grounded theory analyse af billeddannelse og de forskellige typer konfigurationer og narrativer.

Blandt resultaterne af analyserne af sammenhængen mellem musik og billeddannelse kan nævnes: (a) Identifikation af tre forskellige typer musik (kategorier): Støttende, Udfordrende, og Blandet støttende/udfordrende musik, hvor hver af kategoriene har specifikke intensitetsprofiler og terapeutiske potentialer. (b) Et tæt sammenhæng mellem musik og billeddannelse blev dokumenteret, og det blev påvist at konfigureringen af metaforer ofte følger musikkens narrative matrix. (c) En grounded teori om musikkens og de musikalske elementers terapeutiske funktion i BMGIM blev fremsat.

**Diskussion**

I kap. 9 bliver undersøgelsens resultatet (kap. 5-8) forbundet med den fremlagte viden om tidligere undersøgelser (kap. 2) og med den teoretiske basis (kap. 3). Denne undersøgelse støtter den i nogle få tidligere, kvantitative undersøgelser fremførte antagelse, at 10 BMGIM sessioner er tilstrækkeligt til at frembringe varige positive forandringer af stemningsleje og livskvalitet. Den kvalitative delundersøgelse peger på at denne effekt kan være forbundet med rekonfigureringen af metaforer og narrativer i den terapeutiske BMGIM-proces, sådan som den blev påvist med inspiration fra Paul Ricoeours teorier. Et meget vigtigt tema tages op til diskussion, nemlig viljens rolle i og betydning for terapeutisk forandring, generelt i psykoterapi og specifikt i BMGIM. Det fremføres, at BMGIM-processen er særdeles velegnet til positivt at stimulere deltagernes evne til at ønske, hvilket iflg. Yalom m.fl. er den nødvendige forudsætning for at mobilisere viljen til forandring.

Diskussionskapitlet indeholder også afsnit om undersøgelsens begrænsninger, kliniske anvendelsesmuligheder og retningslinier for kommende undersøgelser. Den væsentligste begrænsning ved undersøgelsens kvantitative del er, at deltageraantal er meget lavt, og at der ikke var inkluderet en kontrolgruppe. Dette
betyder, at ingen af de i kap. 5 fremlagte resultater med nogen statistisk sikkerhed kan tilskrives musikterapien. Denne begrænsning påvirker ikke nødvendigvis gyldigheden af de resultater, der blev fremlagt i kap. 6-8, selvom 6 deltagere kan anses for et utilstrækkeligt grundlag til at ”møtte” en grounded teori. For at støtte og validere de kvalitative undersøgelsesresultater blev der gennemført en række (overfor beskrevne) trianguleringsprocedurer. Den terapeutiske relations betydning for BMGIM-processen indgik ikke systematisk i undersøgelsen, og det er en klar begrænsning. Imidlertid berørte alle deltagerne uopfordret dette aspekt i interviewene, og nogle af disse bemærkninger inddrages i diskussionen, ligesom deltagernes kritiske bemærkninger vedrørende spørgeskemaerne (reliabilitet og validitet) fremlægges og diskuteres. Der foreslås flere forskellige kliniske anvendelsesmuligheder af undersøgelsen og dens resultater. De i interviewanalysen fremanalyserede kernekategorier kan fungere som et ”effekt-katalog”, som BMGIM-terapeuter kan orientere sig i. I analyserne af kernemetaforer og billed-konfigurering lanceres en terminologi, som uden vanskeligheder kan overføres til klinisk praksis og terapeutuddannelse. Et vigtigt resultat i den forbindelse var, at deltagernes billeddannelse ikke var domineret af cancerspecifikke billeder og metaforer. BMGIM-terapeuten skal således ikke nødvendigvis som udgangspunkt for en støttende og forandrende proces fokusere på sygdommen, men snarere på klienten som et helt menneske, på mere generelle tilværelsesaspekter som selvforståelse og mestring, vel vidende at cancerpatienten i rehabilitering befinder sig i en overgangsfase, hvor perspektivskift kan have afgørende betydning. Undersøgelsen viste også, at deltagernes ’billedprofiler’ (eller ’musikrejse-stil’) var meget personlig. Dette understreger nødvendigheden af at terapeuten er opmærksom ikke bare på klientens behov og på indholdet af billeddannelsen, men også på klientens dominerende billedmodaliteter og særlige oplevelsesstil. Den foreslåede kategorisering af de enkelte musikstykker som ”støttende”, ”blandet” eller ”udfordrende” kan diskuteres, ikke mindst de valgte betegnelser, men de specifikke intensitetsprofiler og terapeutiske potentialer vil kunne fungere som et værktoy, hvis terapeuten ønsker at vælge musik på en mere improvisatorisk og empatisk måde end de standardiserede programmer tillader. Som retningslinier for kommende undersøgelser foreslås det, at disse skal arbejde med flere deltagere, med forskellige typer cancer og i alle faser af cancerbehandlingen, og det anbefales at randomiserede, kontrollerede undersøgelser indgår, hvor det er muligt og hensigtsmæssigt. Brugen af metodepluralisme vurderes
som velegnet til psykosociale undersøgelser, der ønsker at kombinere effektstudier med undersøgelser af den terapeutiske proces og dens betydning for deltagerne.
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Appendix 4.1 Data on six participants and their GIM processes.

**WIFU**: 59 years old, married, with three adult children, recently retired from her job, stable economy, untreatable breast cancer. During the project she attended medical control.

WIFU underwent a remarkable BMGIM process and scored higher than any other participant in the quantitative study. In the interview she made it clear that BMGIM had been an extremely important factor in her rehabilitation process....however, after termination of the project she ‘relapsed’, and underwent chemotherapy treatment – in other words: even if she somehow met the criteria for inclusion, she is (and maybe was) not a rehab patient. Her imagery was highly concentrated and often very emotional, and she had the courage to confront difficult issues of death and dying. WIFU also touched the transpersonal realm in her imagery.

**ANHO**: 52 years old, divorced, with three adult children, unemployed, unstable economy, abdominal cancer with relapse. Enters the project five months after remissal from hospital.

ANHO would probably not have continued in BMGIM therapy, if it wasn’t for the project. It was difficult for her to imagine to the music (the session notes report many disrupted and difficult sequences). ANHO much preferred the verbal parts of the therapy to the music journeys, and the therapist chose to change format in some sessions during the process – verbal sessions and 'body listening were used with good results. In spite of the problems mentioned there is no doubt that ANHO benefited from the – predominantly psychodynamic – process. The BMGIM process gave her a lot of support and guidance, and she developed new insight and resources – however the music played a minor role in that process.
INLA: 44 years old, two children living with her, works (reduced hours), breast cancer, enters the project eleven months after remissal from hospital.

INLA did not improve much according to the quantitative study. However, this very bright lady (the only academic in the group) realized – like SAAA – that she had left some illusions behind during the GIM process and developed a much more precise idea about her own situation and potentials. Her imagery was very concentrated and consistent, and she also touched the transpersonal realm.

PIJØ: 41 years old, divorced, one child, student, unstable economy, abdominal cancer, enters the project six months after remissal from hospital.

PIJØ is a tiny, and seemingly very fragile, woman with a very soft voice – sometimes it is hard to hear what she reports in the sessions (recordings). When she entered the study she had low self esteem and faced many problems. However, she delved beautifully into the BMGIM process. Her image production was stunning – predominantly metaphoric imagery, and she was very sensitive to the music. She did not always understand her imagery immediately, so BMGIM was also a learning process for her: 'I have this strange, but rich world inside – what does it mean?’ PIJØ developed a fine understanding of the imagery.

SAAA: 46 years old, married, 3 children, unstable economy, breast cancer, Enters the project 21 months after remissal from hospital.

SAAA did not show much improvement according to the quantitative study. However, after the BMGIM process she stated in the interview that she was now much more realistic about her situation and in a fine balance with herself. She went very deep in most of the sessions – and this is almost a ’technical’ problem, since she reported very little during the music travels – most of the reports were given in the postlude discussions and in the mandalas (and later in poems)! The therapist has written a small case report on this remarkable woman (in Danish), who found a new path in her life.
ESMA: 65 years old, married, three adult children, pensioner, stable economy, breast cancer, Enters the project seven weeks after remissal from hospital.

ESMA lives in the countryside and has quite a life story behind her. She volunteered for the project, because she had a very unusual experience during her operation: in order to calm her down a co-patient had given her a cd (guitar arrangements of evergreens) that was played during the operation. The music stabilized all physiological parameters, however, suddenly alarming patterns appeared on the monitor – but then the nurse discovered that the cd had run out. She turned it on, and everything was OK again!

ESMA described herself as a ’music illiterate’, nevertheless she reacted perfectly natural to all GIM selections, either producing appropriate imagery or making astonishing comments on the music’s properties and qualities. She made the therapist change the session format now and then, asking her to give more instructions about the music and what it might say. Dialogues often appeared between music selections. This ‘old’ lady is very much alive and has ”expanded her awareness” through an exemplary existential exploration. She even started writing poems.
Appendix 4.2 Patientinformation (in Danish)

Vi vil gerne invitere dig til at deltage i et forsøg, der går ud på at finde ud af, om musikterapi kan have en positiv virkning på udskrevne kræftpatienters stemningsleje og livskvalitet.

Hvad er musikterapi?
Musikterapi opdeles ofte i active og receptive metoder. I aktiv musikterapi synger og spiller terapeut og patient(er) sammen; i receptive musikterapi lytter man til musik sammen og taler om de oplevelser, den fremkalder. Guided Imagery and Music/GIM, som benyttes i dette forsøg, er en receptive metode, hvor patienten lytter til klassisk musik i en afspændt tilstand. Det er en psykoterapeutisk metode, som i udlandet har været anvendt til kræftpatienter, både i forbindelse med smertebehandling og sammen med kemoterapi, men også som angstdæmpende og styrkende behandling i tiden efter den medicinske behandlings afslutning.


Hvilket udbytte kan man få af musikterapi?
Musikterapi/GIM er en behandlingsform, der skal hjælpe dig med at komme videre i dit liv i en vanskelig overgangsperiode. Musikken og dialogen med terapeuten kan være en vej til en forbedring af dit stemningsleje og din livskvalitet, og du får et nyt redskab til at styrke din selvopfattelse og være mindre påvirkelig af stress og negative tanker.

Kan alle have glæde af musikterapi?
Du behøver ikke være vant til at lytte til klassisk musik for at få glæde af musikterapi, bare du ikke er negativ over for det. Nogle mennesker har vanskeligheder med at danne indre billeder og kan derfor have svært ved at få udbytte af denne form for musikterapi. Derfor bliver du tilbudt en prøvetime, så du kan finde ud af, om det er noget for dig.

Er der nogen risiko ved musikterapi?
Når man arbejder med sit indre univers, kan man komme i kontakt med noget, man ellers ikke er i kontakt med eller måske har fortrængt. Det kan være både skremmende og udfordrende, og derfor er det vigtigt at musikterapeuten er med dig gennem processen og hjælper dig med at samle det hele op bagefter, så du ikke føler dig fortapt eller overvældet efter musikterapien.
**Hvordan foregår forsøget?**


Musikterapien finder sted en gang om ugen, og hver session varer halvanden til to timer. Du vil blive bedt om at udfylde de samme spørgeskemaer efter hver session, efter afslutningen af forløbet og 6 uger senere.

Alle sessioner optages på audiobånd til dokumentation.

Det er naturligvis frivilligt at deltage i undersøgelsen, og du kan nårsomhelst trække dig ud igen uden at det har nogen konsekvens.

Samtalerne med musikterapeuten, audiobåndoptagelser og besvarelserne af spørgeskemaerne vil blive behandlet anonymt.

Efter afslutningen af forløbet vil du evt. blive kontaktet med henblik på et uddybende interview om din oplevelse af forløbet. Et sådant interview vil også blive behandlet anonymt.

Yderligere oplysninger om tavshedspligt, aktindsigt, evt. klageadgang, erstatning og kompensation er beskrevet i folderen "Før du beslutter dig", som du har fået udeleveret i forbindelse med prøvesessionen.

Såfremt du har nogle spørgsmål kan du til enhver tid henvende dig til lektor Lars Ole Bonde, Aalborg Universitet, Institut for musik og musikterapi, Kroghstræde 6, 9220 Aalborg Ø, tlf. 96359102 (eller pr. mail: lobo@musik.auc.dk).

Undertegnede giver hermed samtykke til at deltage i ovennævnte undersøgelse.

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**Informerende medarbejder:**

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### Appendix 4.3 The HADS questionnaire (In Danish)

#### HADS - dansk version

Vælg ét svar for hvert spørgsmål/påstand i nedenstående liste og sæt kryd ved det svar, der kommer tættest på, hvordan du har haft det den sidste uge

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<thead>
<tr>
<th>Spørgsmål nr.</th>
<th>Spørgsmål</th>
<th>Helt bestemt og meget voldsomt</th>
<th>Ja, men det er ikke så slemt</th>
<th>Lidt, men det bekymrer mig ikke</th>
<th>Slet ikke</th>
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<td>Næsten hele tiden</td>
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<td>Engang imellem</td>
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<td>Helt bestemt og meget voldsomt</td>
<td>Ja, men det er ikke så slemt</td>
<td>Lidt, men det bekymrer mig ikke</td>
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<td>4. JEG KAN LE OG SE DET MORSMOME I EN SITUATION</td>
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<td>Helt klart ikke så meget nu</td>
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<td>5. JEG GØR MIG BEKYMRINGER</td>
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**SPØRGSMÅL VEDRØRENDE MUSIKTERAPIEN**
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### EORTC QLQ-C30 (version 3.0)

Vi er interesserede i at vide noget om Dem og Deres helbred. Vær venlig og besvare alle spørgermålene selv ved at sette en ring omkring det svar (tal), som passer bedst på Dem. Der er ingen "rigtige" eller "forkerte" svar. De oplysninger, som De giver os, vil forblive strengt fortrolige.

Skriv venligst Deres forbehold i det tilfælde, Deres forbehold er stramt (dag, måned, år):

Dato for udfyldekse af dette skema (dag, måned, år):

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Vær venlig af fortsætte på næste side
### Appendix 4.5 Antonovsky’s SOC questionnaire (in Danish)

**Bilag: OAS-spørgeskemaet**

Table of the questionnaire:

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<th>Response Options</th>
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<tr>
<td>Q5</td>
<td>1, 2, 3, 4</td>
</tr>
<tr>
<td>Q6</td>
<td>1, 2, 3, 4</td>
</tr>
<tr>
<td>Q7</td>
<td>1, 2, 3, 4</td>
</tr>
</tbody>
</table>

Note: The table represents the questionnaire in Danish, with each question and its corresponding response options.
Appendix 5.1 QLQ-C30 Profiles of six participants

The QLQ-C30 questionnaire addresses many aspects of the participants’ daily life, also many that were not within the focus of this investigation. This means that the individual “QLQ profile” of each participant is very specific. This appendix contains information on pre-test, post-test and follow-up scores of each participant.

Fig. 5.13 ANHOs QLQ Profile

Fig. 5.13 shows how ANHO scored on each of the subscales at pre-test, post-test and follow-up. Increased scores in all functional scales except SF and in QoL can be seen both at post-test and follow-up, while there is no clear pattern in the symptoms scale scores.
Fig. 5.14 shows how ESMA scored on each of the subscales at pre-test, post-test and follow-up. Decreased scores in two of the functional scales (RF, EF) and in QoL can be seen both at post-test and follow-up, while PF, CF, an SF are stable. ESMA had very few symptoms.

Fig. 5.15 shows how INLA scored on each of the subscales at pre-test, post-test and follow-up. Increased scores in all functional scales except RF, CF and SF and in QoL can be seen both at post-test and follow-up, while there is no clear pattern in the symptoms scale scores, even if PA, SL and FA decrease markedly.
Fig. 5.16 PIJØs QLQ profile

Fig. 5.16 shows how PIJØ scored on each of the subscales at pre-test, post-test and follow-up. Decreased scores in all functional scales except CF can be seen, while there is no clear pattern in QOL or in the symptoms scale scores.

Fig. 5.17 SAAAs QLQ profile

Fig. 5.17 shows how SAAA scored on each of the subscales at pre-test, post-test and follow-up. There are no clear patterns, neither in the functional scales, in QOL or in the symptoms scale scores.
Fig. 5.18 shows how WIFU scored on each of the subscales at pre-test, post-test and follow-up. There are increases in all functional scales except CF and SF (only at post-test) and in QoL, while there is no clear pattern in the symptoms scale scores.
Appendix 6.1 Interview-guide

INTERVIEWGUIDE + Bemærkninger om klientens forløb Klient: _____ Dato: ___

(1) SPØRGESKEMAERNE
Hvordan var det at udfylde dem? Hvad synes du de (ikke) fortæller?
Hvad er din fornemmelse af udviklingen? Hvad betød det, at det var en undersøgelse?

(2) REFLEKSIONER I TILBAGEBLIK
Hver/anden uge? Formen (lære GIM at kende).
Stemning og livskvalitet som fokus – hvad siger du selv? Overraskelser?

(3) DE FIRE MT-SPECIFIKKE SPØRGSMÅL (I HADS)
Hvad har du kunnet bruge dine oplevelser og erfaringer til?

(4) SÆRLIGT VIGTIGE OPLEVELSER (BILLEDER/MUSIK)
Kernebilleder for dig (positive/negative)? [Billederne gennemdiskuteres]
Hvilken musik har du særligt haft glæde af – også uden for terapien?
b) MT IFT ANDRE BEHANDLINGSTILBUD – OG IFT hospitalsbehandlingen.
Er der specielle fordele/ulemper ved MT ift andet du har prøvet?
Hvordan skal tilbudene tilgodeset ekstistentielle/QOL?
Kunne GIM have været et godt tilbud tidligere i forløbet?
c) HVAD ER DET VIGTIGSTE DU TAGER MED DIG? (Vendepunkter?)
d) ANDRE PERSONLIGE TILFØJELSER (Hvem kan have glæde af dette?)

******************************************************************************
Klientens forløb:
SOC: Præ: ____ Post: ____ FO: ____
HADS A: Præ: ____ Post: ____ FO: ____
HADS D: Præ: ____ Post: ____ FO: ____
C-30 QLQ Præ: ____ Post: ____ FO: ____
C-30 FAT Præ: ____ Post: ____ FO: ____
C-30 PA Præ: ____ Post: ____ FO: ____
Udbytte/MT Præ: ____ Post: ____ FO: ____ Formål:

Bemærkninger:

Kernebilleder:

Andet:
### Appendix 6.2 Illustration of the developing coding procedure

<table>
<thead>
<tr>
<th>SUBCATEGORIES FROM OPEN CODING</th>
<th>PRELIMINARY CORE CATEGORIES</th>
<th>FINAL CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Images of cells/organs being damaged</td>
<td>Imagery related to the experience of radiation</td>
<td>Cancer-related imagery</td>
</tr>
<tr>
<td>Images of cells/organs being cleansed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Possible cancer treatment metaphors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Images of death as a person or gestalt</td>
<td>Imagery referring to facing death</td>
<td>Explorative imagery directed towards death</td>
</tr>
<tr>
<td>Funeral images</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive reflection of past events</td>
<td>Music-listening periods composed of non-narrative sequences</td>
<td>Music-listening periods dominated by thoughts, reflections, or associations</td>
</tr>
<tr>
<td>Cognitive thinking of present situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive thinking – what will I do if...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete metaphorical narrative</td>
<td>Metaphorical fantasies: complete narratives</td>
<td>Music-listening periods with complete narratives</td>
</tr>
<tr>
<td>Connected metaphorical episodes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exploring body parts</td>
<td>Music-listening periods dominated by body work: a. exploring the body, b. deep relaxation</td>
<td>Music-listening periods dominated by bodily reactions</td>
</tr>
<tr>
<td>Deep bodily relaxation (no imagery)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metaphoric images of the participant</td>
<td>Personal metaphors</td>
<td>Core metaphors</td>
</tr>
</tbody>
</table>
Appendix 6.3 (missing)
Appendix 6.4 Interviews with the participants (transcriptions)

Alle interviews er skrevet ud fra minidisc. Der er anført minuttal undervejs (= cues) [Lars Oles spørgsmål og bemærkninger står i kantet parentes. Ofte er det kun angivet hvad han taler om, hvis det er en længere bemærkning eller kommentar].

Deltager-udsagn er i normal skrift. (Ekskurser om emner som ikke er direkte relevante for projektet er refereret og anbragt i parentes).

Udskriften fastholder talesproget, men en del sætninger er strammet op, og nogle pauser er udeladt. (....) angiver længere pauser eller afbrydelser.

The interviews were based on the interview guide (App. 6.1). They were transcribed by the researcher from the mini-disc recordings. The transcriptions stick to the spoken language, however some sentences have been edited slightly, and some pauses have been omitted. 

[The researcher’s questions and comments are in sharp brackets.]

Appendix 6.4.1 Interview med INLA 26.5.2003

[0:00-> om spørgeskemaerne og om LOB/ETs foredrag på konference i Bergen]  
2:20 [Hvad tror du selv spørgeskemaerne viser?]  

Og du har selekteret de to, fordi der er en bevægelse?  
Og du har selekteret de to, fordi der er en bevægelse?  
[Ja, der er en bevægelse – den er gået ned, og det skal den jo også helst... SOC med de 29 spørgsmål er stort set uændret, det gælder også QLQ-C30. Det eneste der er markant ændret er smertescoren. Du angiver en del smerte i starten af forløbet – men det regner jeg ikke har noget med dette forløb at gøre.....]  
4:30 Det har det heller ikke! Og det er jo lige præcis det der er, synes jeg, vanskeligt ved den type spørgeskemaer, at de ændringer der sker whatsoever de er umulige at
henføre dem entydigt til noget som helst! Og jeg VED definitivt, at min manglende såkaldte udvikling den har at gøre med dels, at jeg ikke bryder mig ret meget om sådan nogen spørgeskemaer, men altså. Jeg er ikke godt til at svare på dem. Fordi mange af spørgsmålene: jeg forstår ikke hvad der bliver ment, og jeg kan fortolke dem for skelligt fra gang til gang – og hele den der effekt! Men noget andet er, at jeg sikkert, garanteret havde haft det endnu værre – jeg havde sikkert scoret dårligere på nogen af de her ting hvis jeg ikke havde været her. Det tredje er at oh. jeg tror at jeg via musikterapien - og både musikterapien og Ellens og min udfoldning sådan bagefter er kommet til at ha en større, et større nærvær med mig selv, og det betyder at der faktisk er nogen af de der trælelse ting jeg er blevet mere bevidst om! Og der er ufatteligt mange ting, som gør at – ja – det er derfor!

[Det synes jeg er fantastisk vigtigt, og jeg bilder mig jo ikke ind at de her spørgeskemaer kan vise så meget... Jeg har fundet ud af, at de egentlig er udærkede som afsæt for et interview! Så vi kan få det her frem. De er ligesom a vende det om. Jeg ser ikke sådan på det at det her er de hard facts, mens alt det andet er bløde facts.]

Nej det er jo det der er udfordringen ved at skulle lave noget såkaldt videnskabeligt, ikke. At det der er det sprog folk taler i.....

[LOB fortæller lidt om de andres scores -> 7:10]

Hvis jeg skal kigge på mit liv sammenlignet med hvornår var det nu vi startede [oktober] så er jeg da glad for at jeg er her hvor jeg er lige nu. Jeg har det godt. Og jeg er ikke depressivt, og jeg er ikke ved at springe i havnen. Der er en masse ting der er svære, men der er også en masse ting, der går rigtig rigtig godt. Ja. Men de er ikke særligt illustrative, de der spørgeskemaer i forhold til mig. Jeg tror meget mere du kan bruge det ellen har gjort og sagt. Hvis jeg kigger på mine egne gennemslag af det hun har skrevet ned under mine musikrejser, så er det helt, helt fantastisk for mig hvad der er sket.

[Fortæl noget om det. Hvad synes du selv, der er sket?]

8:13 Det er jo et stort spørgsmål. Jamen...

[Hvad er der sket med din oplevelse af dig selv i forhold til kræften?]

(INLA siger det er svært, for hun kan ikke helt huske hvad hun fokuserede på før forløbet startede)

[Det du bl.a. fokuserede på der i starten var at du gerne ville have noget kraft – nok ikke så meget i fysisk som i psykisk forstand. Det var noget af det du forventede.]

OK. Det hjælper mig. For det er der overhovedet ingen tvivl om at jeg har fået. Det er jo ikke musikterapien alene, og det er også noget af det der gør det vanskeligt. Det har jo været et enormt privilegeret forårs for mig, men at jeg både har været hernede og syntes at det har jeg fået vanvittigt stort udbytte ud af.... Men i kombination med at jeg har været i et enormt godt forløb med min psykolog, og at jeg stadigvæk har været i et regelmæssigt meditationsforløb. Så det er jo også det der kan gøre det lidt vanskeligt: Jeg har valgt at gøre flere forskellige ting, og det har i allerhøjeste grad båret frugt. Selvom de der spørgeskemaer altså ikke viser det! (Begge ler).

Og det har det bl.a. med henblik på at få... – ordet kraft og styrke siger mig mere nu end det gjorde. Men der er stadig mange ting, som jeg ikke har overskud til og stadigrigt mange ting der kan vælte mig. Og jeg er stadig ekstremt træt, i allerhøjeste grad, og det er selvfølgelig også med til at påvirke min mentale oplevelse af kraft, fordi det er så snottirriterende ikke at ku det jeg gerne vil. Men når det handler om at handskes med mit liv – altså at mestre mit liv – så er der ingen tvivl om at jeg fører jeg har fået meget ud af at være hernede. Jeg har haft nogen små glimt af ”dårlig samvittighed” over for min dygtige psykolog, fordi nogen af de ting jeg har arbejdet med hos hende, de er første kommet til at fulde sig ud hernede, jeg har sådan

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indimellem var det meget optaget af at være her. Det har næsten været sådan en barnlig følelse af at have to kæreste på en gang! (Begge ler). Den måde musikterapien arbejder på, den har givet mig noget, jeg ikke ville have kunne få andre steder. Det står mig meget meget klart.

[Hvad er det der er forskellen. Hvad er det der folder sig ud?]


Ja, men jo ikke inden for cirkelrammer – jeg har haft meget mere lyst til at tegne noget figurativt. Så stakkels Ellens mandala, som hun jo hver gang havde tegnet op til mig, den blev mange gange tegnet over, eller vendt om eller... [Hvordan havde du det med at gå ud over rammerne?]

Det havde jeg ikke nogen problemer med.

[Det er mit indtryk, at du godt kan lide de store bevægelser – og da er cirklen jo begrænsende]
Ja. Hvert eneste gang har det været billeder fra min rejse: særligt kraftfulde symboler fra min rejse, og de har sjældent kunne passe ind i den mandala-ramme.

[LOB viser et eksempel fra samlingen – med “nissen der blev fløjet væk”]

18:30 Så altså for at vende tilbage til det der har virket, så har det været kombinationen i stor udstrækning. Jeg lytter meget til musik derhjemme, og jeg har været meget glad for de to cder, Ellen har indspillet til mig. Jeg bruger dem når jeg skal slappe af: Jeg bruger dem meget når jeg arbejder. For selvom jeg ikke kommer ud at rejse – det gør jeg ikke herhjemme – , så kan jeg mærke at jeg i kortere eller længere gøjt får adgang til den samme ro som jeg har haft, når jeg har været hernede.

De er simpelt hen medicin for mig de to cder. Det er ikke bare hyggemusik. (...) Mit problem har så konstant været at det trods alt har været vanskeligt for mig at lade det vare helt til næste gang jeg skulle hernede. Jeg tror såmænd godt at jeg kunne ende med at udvikle en form for afhængighed af det her musikterapi. Og det er jo egentlig ikke så godt! Det er jo meningen at man skal blive selvhjulpen, ikke. Men fordi det har været så stærke oplevelser og positivt stærke oplevelser hernede. Men det har så samtidig været en kilde til irritation, at jeg ikke altid har kunnet bringe det med mig hjem – jo jeg har kunnet bringe det med hjem, men så har virkeligheden trængt sig så meget på eller en anden del af virkeligheden... Og det er måske derfor mine spørgeskemaer er kommet til at se ud som de gør. Jeg er jo ikke gået rundt i en salig rus af ro hele tiden. Jeg har oplevet det samme, faktisk som jeg ofte har oplevet hos min psykolog, hvor jeg nogen gange er kommet og nærmest skældt hende ud.

'Var det for helvede ikke meningen at jeg skulle få det bedre af at gå hernede, og det gør jeg jo ikke'. I hvert fald ikke altid. Hvor hun jo så netop svarer med at sige – og det ved jeg jo godt at det handler ikke om – det er jo ikke en entydig definition. Det handler jo om at jeg er i større kontakt med en række ting. Og også har mod til ikke at fortrænge dem. Og det er udtryk for styrke, at der en række ting jeg har turdet se i øjnene hos mig selv, som jeg ikke har turdet før.

[Og hvorfor får man det bedre af det?.... der er sket noget ved at gå ind i noget vanskeligt. Hvorfor er det sådan- i dit tilfælde?]

Jeg er skruet sådan sammen, at ting jeg ikke konfronterer mig med eller jeg ikke italesætter, de får større magt over mig. Så jeg mere jeg får ligget på tinge, jo mindre bliver de også. Det er vel en ret banal psykologisk mekanisme, ikke. Når jeg tænker tilbage på de seancer jeg har haft med Ellen, så synes jeg mest det er gaver jeg har fået. Altså... smukke billeder, som jeg ikke vidste jeg havde i mig. Jeg har selvfølgelig også grædt nogle gange.

[Det har egentlig ikke været konflikttemaer?]

[Nej konfrontation er nok et forkert ord i sammenhænge. Men kan man så sige det sådan, at når du har fået så mange gaver som du siger du har, kan det så hænge sammen med at du har haft modet til at be’ om det? Sige at det var det du havde brug for?]

Ja det tror jeg. Alle os der har været med i forsøget har vel haft modet til at sige ’Jeg har brug for hjælp’, og der er da – ellers er det da en hård erkendelse, at ’hold kæft, er jeg så langt ude at jeg skal være pilot- eller forsøgspatient!’ Så der er da et mod i at sige ’Ja tak’ og turde tage imod.

[Og altså ikke kun på det intellektuelle, kognitive plan, som du siger, Præcis.

[Det virker så som om den ’kalden’ har fået et svar?]

Det har den i allerhøjeste grad – det er der ingen tvivl om.

[og på en måde, som verbal terapi ikke kan give i sig selv?]


[Og alligevel er det anderledes, når det bliver sat ind i den ramme?]


[Vi forstår det jo sådan.... ]
Det er meget rigtigt. Jeg har jo ikke lyttet til musikken i ret mange minutter, før jeg har fået billeder. Så det musikken har givet mig er billeder! Det er ikke afslapning eller ... det er simpelthen de der fantastiske billeder.

[Hvor tror du de kommer fra?]
Jamen jeg ved at de kommer inde fra mig. Det er jeg ikke et sekund i tvivl om. Og de er blevet... kaldt frem af musikkens hånd, altså musikkens omsorg, musikkens hjælp. Så det er billeder indefra mig, og jeg tror da og jeg tror da også – Gud har jo været meget blandet ind i billedet – så hvis du spørger hvor de SÅ kommer fra , de billeder, (...) altså om det er nogen jeg altid har haft, som jeg først får øje på nu, eller nogen jeg skaber nu, fordi jeg har brug for at skabe dem – og det ved jeg egentlig ikke. Jeg tror der er et tidsperspektiv i det. Jeg tror mange af dem er billeder jeg har nu [som du ikke har haft før?] Ja. Måske ville jeg have haft billeder før, som dækkede over de samme temaer i mit liv, men de ville ikke have set sådan ud. Jeg tror de er på et højere stadie – eller mere nuancerede. Jeg tror det er nogen andre billeder trods alt, fordi jeg i allerhøjeste grad er i gang med en udviklingsproces og har været det i mange år. Oh hvem er det så der gør at jeg udvikler mig, osv.? Der er da klart en guddommelig dimension i det. Men guddommelighed er jo noget, som er både noget der er udenfor og indeni, ikke.

[Det skal vi heldigvis ikke komme med nogen... (begge ler) men det er meget sjovt at jeg begynder med at spørge om hvordan det her havde medført nogle ændringer i dit liv med kræften, og det vi sidder og taler om nu er noget helt andet, det er sådan generelt. Det handler mere om hvordan dit liv er som menneske i meget bred forstand. Kan man sige at fokus er blevet flyttet væk fra kræften?]
Egentlig ikke. Lige præcis det du sætter fingeren på her, er noget jeg ret ofte har italesat over for Ellen, fordi jeg nogen gange har sagt til hende 'Jeg er bange for at det her ikke giver jer ret meget til jeres projekt. For jeg har selv været bevidst om at det har handlet om alt muligt andet - der er jo ikke ret mange referencer til at jeg har haft kræft, så jeg har da været lidt bekymret for indimellem om I kunne få det ud af min deltagelse, som var meningen.

[Og hvad var meningen?]
Det var meningen, forhåbentlig da - Jeg håber da I kan bruge det til at vise, at musikerterapi virker på kræftpatienter, så det kan blive en formaliseret del af et behandlingsforløb. Det kan være at jeg er virkeligheden ... er skide ligeglad med dig og dit projekt. Måske ville jeg bare gerne have, at det jeg sagde bidrog til at det blev sådan. Og så ville du også kunne få noget ud af det.

34:47 Men det har været meget eksisterentielle ting, og sådan er det i hvad jeg laver i øvrigt også, også i mit psykologforløb og i meditation. På trods af at begge dele er noget jeg er gået i gang med for anledningen af at jeg har været syg. Og egentlig synes jeg ikke det gør noget. Jeg synes ikke man kan trække sådan et enkelt element ud af et menneskes liv og blot kigge på om hvordan det nu går med det.

[Men det er jo det man gør når man laver noget meget målrettet... (I know) Men det jeg kan sige at I 6, som har været med her, I har været forskellige steder i forhold til hvordan I har oplevet kræften og jer selv. Og det betyder at I er startet på forskellige tidspunkt og på forskelligt niveau i jeres arbejde. Og derfor har I fået noget forskelligt ud af det. For nogen har det handlet meget snævrere om kræften, for andre har det – ligesom for dig – ikke handlet ret meget om kræften, men om alt mulig andet] Det er der sikkert et tidsaspekt i. Hvor tæt - Hvis det havde været for et år siden, så ville jeg også have svaret anderledes. Jeg ville slet ikke have haft overskudd til at koncentrere mig om andet end min kræftsygdom. Det er heller ikke rigtigt at sige at fokus er blevet flyttet væk. Det er lige så meget et grundvilkår for mig. Der går ikke
en dag hvor jeg ikke tænker over det. Hvis jeg lige nu siger ordet ’kræft’ 5 gange, så
begynder jeg at græde. Så det er ikke en … vægtskål. Det fylder lige så meget, men
jeg har måske fået nogen ressourcer et andet sted, som har fået mig til at se, at der
og-husat end det. Sådan at det ikke vælter mig.

[Hvad betyder det så, når du anbefaler at man skal integrerer musikterapien hvornår
skulle man starte?]

Jeg tror jeg ville have fået lige så meget ud af det. Jeg ville bare have fået noget andet
ud af det. Det ville formentlig have været langt tættere knyttet til at jeg havde kræft og
min angst for at få det igen. Min angst for at gå til kontrol og den der – ja,
dødsangsten […] Både det og sådan en – hvis det havde været for et år siden – det
ville have bidraget til en.. – det kunne have været en hjælp til at leve det liv, man nu
engang kommer til at leve når man har haft kræft, altså de nye livsvilkår - En hjælp
til tilpasning til det. Og som tiden går så bliver jeg trods alt også bedre til at acceptere
det. Selvom der er meget jeg bliver irriteret over at jeg ikke kan. Så bliver jeg bedre til
at acceptere det. Og når jeg accepterer det, så bliver der også plads til at kigge på
nogen andre ting. Men altså, alt det andet, de andre ting også er en del af den måde
jeg håndskes med min kræftsygdom på. Så det er meget vanskeligt at adskille dem.
Men jeg tror du har ret i at hvis det var for et år siden, så ville det i hvert fald verbalt
have handlet meget mere om kræftsygdommen

[men du kunne også have brugt musikterapien i den fase også?] det kunne jeg sagtens.
[Det er et vigtigt spørgsmål for os – hvor er det vi skal fortsætte, hvis vi skal det?] JEG
synes det ville være så ærgerligt at skulle vælge, om det skulle være det ene eller
et andet tidspunkt. Det her – hvis det var for halvandet år siden, så kunne det have
hjulpet til at jeg hurtigere var kommet ud af min rekonvalsescen. I dag er det
rehabilitering; det er der det ligger i min livsfase. Men det betyder ikke at der er
mindre behov for det.

[Men én deltager har sagt, at det måske er for overvældende i den fase – at få
mulighed for at bruge noget der virker så stærkt som det her gør.] Den forestilling kan jeg fint følge med i. Men jeg tror det handler om hvordan
musikterapien bliver brugt. – At så skal det styres – hvis man kan styre det – måske
skal det være kortere tid ad gangen, eller noget andet musik. Og jeg ved så ikke, om
man kan styre det så forfinet. [Man kan sagtens justere] Jeg ved da f.eks., at Ellen hen
imod slutningen satte nogle særlige forløb på, hvor det var meget meget tydeligt for
mig, at dem havde jeg ikke kunnet håndtere i begyndelsen. Så hvis man kan nuancere
det, så har jeg ikke nogen problemer med at forestille mig at det kunne være fint. Men
det skal også - Det er en meget rigtig pointe, min med’kombattant¨ kommer med.

Og måske også en større styring – f.eks. af den initiale samtale. [Ja, det gør man
f.eks. med psykiatriske patienter – man folder ikke det hele ud] (....)
41.50 Jeg håber da, at mit interview giver noget andet end mine spørgeskemaer! […]
Jeg var jo med i et lille... projekt, da jeg fik min kemo – og jeg tror også jeg nævnte
Bobby Zachariae – med visualisering, og hvor der også var nogle psykologsamtalers
nyttet til. Og noget af det der måske var godt, og som også kunne bruges her, det var
at de psykologsamtalers var fuldstændig snævert centreret til at handle om ’Hvordan
har du det med din kemo’. Jeg blev så røvirriteret og ville snakke om alt muligt andet!
Det kan jo lade sig gøre. Og jeg kunne da godt have brugt visualisering bagefter.
Lynhurtigt efter…. Det skide behandlesystem gør jo kun noget ved os mens vi lige
får behandling. Så bliver vi sedt ud, fuldstændig ligesom psykiatriske patienter, totalt
overladt til os selv og barmhjertige omgivelser. Det duer simpelthen ikke. - Jeg er i en
brystkræftgruppe. I skulle simpelthen komme og lytte en dag. Der er ingen der er på

[Det er også en af de meget enkle tanker, som det er svært at være uenig i... men som ingen tager højde for]

Jeg er simpelthen så chokeret over den korte tidshorisont behandlingssystemet har i forhold til os. Og der er så mange af os, vi bliver flere og flere, og så skal i sidde her og fnalre med et sølle pilotprojekt om noget, der burde have været realiseret for 10 år siden!

[Det er sådan over hele verden...]

Nu har vi fået Dallund [kort snak om det....] Men det er også KB, og Århus amt sender ingen patienter dertil mere. For amtet mener at de er ved at udvikle et rehabiliteringsstilbud, som så ligger i amtsligt regi. Det er der bare ingen læger der ved. Min overlæge på Onkologisk siger at der er en fis i en hornlygte. Hun aner ikke hvad de snakker om. Amtet har kun sendt patienter til Dallund en gang, på en engangsulje. (....) Dallund er fint, men hvad så?


Jeg kan f.eks. huske en udvikling i den måde ørnen viste sig for mig på. I starten havde jeg ikke lyst til at være den ørn, og hvis ikke Ellen bagefter mundtligt havde udfordret min negative fortolkning af den ørn, så... er jeg ikke sikker på at jeg var kommet til at valorisere den positivt. Jeg ville ikke være den ørn, fordi jeg syntes den var meget ensom. Og den var sådan et rovdyr, der åd små mus! Den ville jeg ikke have noget at gøre med. Jeg opfatter mig selv som sådan et meget fællesskabsorienteret menneske, meget dialog-afhængigt menneske, så det var et billede, der repræsenterede noget jeg ikke ville kende ved. Hun fandt i symbolleksikonet ’Der kan du høre, hvad der står! bababa’. Og det passede perfekt, og der var også noget med en slange, som også var mig. Det passede stort set med alle verdens religioner

[Hvad var det for en dimension, det lukkede op for? Som gjorde, at du...igen?] Jamen en.. de næste billeder med ørnen var ... det allerførste billede var meget stationært. Der stod ørnen stille, det var sådan meget immobilt, måske var det kun hovedet jeg så? ... Jeg var meget optaget af det der store, grimme næb, som virkelig kan slå ihjel. De næste billeder husker jeg som nogle med meget mere bevægelse i. Og den første afdeling af de billeder med bevægelse, hvor ørnen floj... ja, der var den med nissen! Hvor den floj væk med nissen, og hvor jeg også var nissen. Og hvor jeg kom til at se nogle... dels nogle styrker ved at være ensom eller alene. Men også – jeg kan huske Ellen sagde, at ørnen jo også har overblik. Og det der med at flyve oppe i himlen og

[Hvis vi nu prøver at lave en tolkning på det? Hvad betyder det så at ørnen flyver væk med nissen?]

Jamen uden at jeg kan huske hvad jeg lagde i den nisse, ud over at det var mig selv, at så ligger der en enorm befrielse – jeg kan huske den udfrielse, der lå i den følelse af jamen der også ting her i verden, jeg bare må slå mig til tåls med. Og det kunne sagtens være et billede på min kræftsygdom. Der er ting her i verden, jeg ikke kan kæmpe imod, og jeg kan lige så godt lade være. De er bare sådan. Slut – prut – finale! Selvom jeg er stærk og kan en hel masse ting og jeg har mange blablabla– så er der bare en masse ting jeg ikke kan lave om på. Og det er spild af krudt at forsøge på det. [Det kræver overblik?]


[Du skriver, at det var en ny fornemmelse du fik: En "Ingentingsligevægt".]

(INLA smiler) Dejligt ord. Nye perspektiver, hmm. - Det her viser, hvad jeg mener. Der dukker noget op, og man skal bruge lidt tid på at identificere hvad det er, finde ud af om man kan tage det til sig. Så begynder der en interaktion. Der begynder at ske noget. Og så ender det måske med en identifikation – ’Det her er mig’. Så har man lige som integreret...


[Alle de her metaforer, de handler om livskvaliteter, ikke? ..]

Helt sikkert. Og om det så er noget der er skabt via musikterapien kom jeg til at tænke på igen – det er umuligt at vide. Og det er heller ikke så vigtigt.

[Men det er interessant at i musikterapien kan man altså aktivere dem.] Det kan man!


[Det virker som om han er i familie med nissen]

Det tror jeg muligvis også han er. Det er de vel også rent mytologisk – der er noget nar over det. Men jeg har hellere villet have med den mand at gøre end med nissen.
Ham ville jeg godt hilsen velkommen: Han var klog. Han var vis. Med alle de der klassiske symboler på visdom. Sådan lidt undselig, man lægger ikke så meget mærke til ham. Han står der med sin lille kuffert, hvori der sikkert er en hel masse gode ting til mig.

Og så har der været alle de der besøg jeg har haft i diverse kirker. Der har næsten ikke være en gang uden... Jeg har skændtes med Gud, jeg har skældt ud på ham, jeg har haft trapper op til, jeg har haft andre gange hvor det var helt tydeligt at han skulle ned til mig, og hvor jeg netop ikke skulle op til ham. Jeg har råbt af ham, som sagt.

[Det er da fantastisk, at der guddommelige ikke bare er noget fjærnt, statisk, men noget dynamisk. Noget man kan sige noget til, få noget fra..]

Det har jeg haft meget adgang til.

[Hvad med den der ”blomst?” (INLA: Ikke den, lyserøde, æteriske lotusblomst (referer til et andet billede) – jeg har altid hadet lyserødt. Det er en farve, jeg også har fået kontakt med. Jeg har købt lyserøde blomster derhjemme)]


[(Herfra kun delvist udskrevet)]


[Jeg synes altid det er så spændende når der dukker et foster op – en embryo. Det er efter at du har mødt ørnen første gang – så ser du dig selv som foster. Stor kontrast til ørnenes næb.]


67:00

Det er sgu spændende... Er det også en af mine? Den allerførste...Jeg synes jo der er enormt meget glæde i de her billeder, når jeg kigger på dem. Det her er jo også meget. Både den materielle granokgle og lotussken. Her har jeg haft lyst til at bruge mandalaen. Så jeg synes sørme godt man kan konkludere at jeg har fået integreret nogle ting!

68:35

[Omkring det med intervallerne. Hver uge -> hver anden uge?]
70:05 Jeg kunne måske have brugt ugentlige sessioner – eller hver 1o. dag. Måske
kunne der være lidt variation i det. 3 gange i rap i én periode... Mon ikke det for de
fleste har noget at gøre med at finde hul i kalenderen. Jeg tror jeg synes en uge ville
have været i underkanten (for tæt). Men hver fjortende dag..

[Er der nogen ulemper ved det her]
Næ. Det synes jeg ikke. [Afhængighed?] Det mener jeg seriøst. Man skal kunne
frigøre sig fra det. Og jeg har savnet de ØER AF GLÆDE der har været på den briks
deroppe. Men udover det – der kan være en ulempe ved at det ikke nødvendigvis er
sjovt. Jeg har været træt nogen gange når jeg er gået herfra, har været helt fyldt af
nogen følelser. Så det er ikke bare noget man gør og så går på arbejde bagefter. Man
skal have en vis form for overskud for at kunne bruge det sådan som jeg har fået lov
til at bruge det.

[Hvad er det vigtigste du tager med dig?]
Det vigtigste er de billeder, jeg har fået. Som jeg aldrig har set før. De vil altid blive
hos mig. Jeg kan mærke nu, hvor nemt jeg har ved at genkalde mig dem. Med lidt
stikord fra dig vælder de frem. Det er billederne – med den styrke og kraft de har
fortalt mig, at jeg rummer.

[Er der noget du selv vil tilføje?]
Hvor ligger grænsen mellem det terapeutiske og det ikke-terapeutiske? Jeg har nogen
gange været i tvivl om hvor mange ting i mit liv jeg skulle bringe ind. Dte var jo ikke
hele mit liv det handlede om. Men måske også fordi jeg har været i tvivl om... Jeg har
ikke tænkt på det som terapi, men underligt noget som noget jeg gjorde, fordi jeg har
haft kræft.

(afbrydes meget pludseligt, da båndet løber ud)

Appendix 6.4.1b Interview with INLA (Translation LOB)

The complete interview in Danish is App. 6.4.1a and includes time references. The
translation is edited slightly, omitting most repetitions and all digressions.

The interview was based on the interview guide (App. 6.1). It was transcribed by the
researcher from the mini-disc recording. The transcription sticks to the spoken
language, however some sentences have been edited slightly, and some pauses have
been omitted. [The researcher’s questions and comments are in sharp brackets].

[What do you think the questionnaires may show about your process?] I don’t think
they show any particular development, and I often thought about that while I filled
them out. Questionnaires like these don’t really fit with me. I often thought it was a pity. Maybe I should cheat a little, because – as I remember the scoring – there has been no development within their framework. And that cannot directly be correlated with the music therapy. On the contrary! And that is very important.

[Yes, very important. You are also right about your scoring. If we take the questionnaires one by one: HADS first – anxiety scores have decreased, depression is about the same.] Have you selected those, because there is a development? [Yes, there is a development – HADS anxiety has decreased, as it should. SOC is almost unchanged, and the same goes for QLQ-C30. The only marked change is the pain scoring. You reported some pain at pre-test, and the score has decreased, but I guess the decrease is not related to the music therapy process?] Certainly not! And this is precisely what I find so difficult about these questionnaires – the changes I have experienced cannot be attributed to any single influence. I know definitively, that the so-called ‘lack of change’ in my scores was influenced by my negative attitude towards questionnaires like these – I don’t feel they illustrate me and my process. And it is difficult for me to fill them out. I am not quite sure about the meaning of many of the questions, and I can interpret them differently from time to time, and all that!

Another thing is that I am sure I would have felt worse and I might have scored lower on several items, if I had not participated in this project. A third thing is that through the music therapy (…) I feel more connected to myself, more present, and this means that I have become more conscious about some of the more tiresome or difficult things [in my life]. A positive change may not be indicated in the scores, but this cannot be linked to the music therapy, it is almost the other way round.

[That is very important, and personally I am not sure how much these questionnaires may show. On the other hand I find them a very productive basis for an interview! It enables this discussion. I don’t think the scores are ‘the hard facts’, while the rest of the study deals with ‘software’. ] No, I guess that is the challenge of so-called scientific work. To adapt the specific language… (…)

If I take a look on my life now as compared to when we started [October] I am glad that I am where I am now. I feel good. I am not depressive, I do not consider drowning myself in the harbour. Many things are difficult, but many things are working very well. Yes. But the questionnaires – they cannot really show that. I think it will be more useful to look at Ellen’s notes. If I look at my own copies of the transcripts I think it is absolutely fantastic what has happened.
[Tell me more about what happened to your awareness of yourself as related to cancer (...) In the beginning your focus was that you wanted power – I think psychologically more than physically. That was one of your expectations.] OK. It helps me to be reminded of that. Because there is no doubt that I have got that. Not through music therapy alone, and this is also what makes some of it so difficult [to talk about]. This Spring I have felt myself as a privileged person, being here and benefiting incredibly from this process... in combination with an excellent process with my psychologist, and a continuous meditation process. You see how difficult it makes it:

I have done different things, and they have come to fruition - even if this cannot be seen in the questionnaires (both laughs). I did these things in order to get... ‘power’ and ‘strength’ means more to me now than they did before. I still don’t have the reserve of strength to do certain things, and I can still be knocked over by many things. And I still feel extremely fatigued, very much, and of course this has influence on my mental experience of power, because it is so extremely irritating that I can’t do what I want to do. But when it comes to handling life – I mean coping with my life – there is no doubt that I have benefited a lot by coming here. I even had small glimpses of ”bad conscience” towards my bright psychologist, because some of the issues I have worked with in the sessions with her did not really unfold before I came here.

Sometimes I have been very engaged in coming here, it has almost been a childish feeling of having two lovers! (Both laugh). The music therapy process has given me something I couldn’t have got anywhere else. That’s very clear.

[What is the difference? What has been unfolding?] The principal thing is that it is not only verbal. The outcome is nor primarily intellectual or cognitive. I have got access to qualities of my self that I didn’t know about. Unknown sources. Some of the images have been fantastic, extremely powerful. Especially the eagle! I would never have thought that I had it in me. As I told Ellen I found a very beautiful eagle made of fabric; my parents brought it home from China. I have hanged it under the ceiling in my living room. This image gives me so much that I had never access to before. Or it has been created now, I don’t know, but it is very new to me. There have been many images of myself as... not only as power, because I know I am powerful – it may be one of my problems that I have too much power, if you know what I mean? But the eagle – and many other images of birds – I would never have thought it possible. If you had asked me what kind of symbols I would see I would have suggested other things. Doors have been opened, and they couldn’t have been opened anywhere else –
it is the music! No, it is not only the music, I have been thinking a lot about this, because it surprised me how much the process gave me. Music in itself would not have been enough. It is the combination of a beautiful space, light, flowers, tea, music (...) and an attentive person that attunes me and invites me to be introvert – and that is the purpose. A person... with whom I could communicate and speak openly, at least a couple of times. I needed to adjust myself to Ellen, I do not open myself that easily to other people and that’s how it is with resourceful persons whom you involve in your life. I wanted her to question me. There was a certain confidence. Simple questions like 'What do you bring for today? What is your wish for this session?' are very productive. Not only as documentation, also for development. Then comes the relaxation, and I really felt how it helped me to enter this 'underworld’, not in any negative way, I really wanted it every time. And then the music! After four seconds... And the final debriefing which was extremely important. Talking about the experience, finding meaning in some of it, interpreting it sorting it out somehow. I haven’t been a 'decent student' concerning the mandala. I didn’t want to use the circle form – only once – I wanted to draw what I had seen. [How was it for you to go beyond the borders?] I had no problems with that. [It is my impression that you like the big movements while drawing – and the circle must be limiting?] Yes. In every session there were images, like especially powerful symbols from my travel, and they rarely fit into the mandala circle. (...)

Coming back to what was effective, it was the combination of elements [in BMGIM]. I often listen to music at home, and I have been very happy with the two cds Ellen provided. I use them for relaxation. I use them a lot when I work. Even if I don’t travel while listening – and I don’t travel at home – I can feel that get access to the serenity I experienced [in the music travels], at least for some time. The cds are kind of medicine for me. It is not just happy music. My problem has been that the effect was not always sustained until next session. I guess I could be dependent of music therapy. Not so good! The idea is to make the client self-reliant, isn’t it? But it’s because the experiences have been so strong and positive. But it has also irritated me that I couldn’t always bring it home with me, reality (or another part of reality) has pushed itself forward. That may be an explanation to how the questionnaires came out. I haven’t been in a state of blissful serenity all the time. I often had the same experience as I have had with my psychologist. Sometimes I would almost scorn her: ‘I thought the idea was that I would feel better by coming here, and I don’t!’ At least
not all of the time. And of course she answers that there is no unambiguous definition of 'feeling better', and I know that. I have improved my contact with different things – and I have found the courage not to repress the unpleasant aspects of my life. This is an indication of strength.

[And how does that make you feel better? How can it be productive to confront difficult issues – in your case?] I am a kind of person who needs to confront and verbally address things in order to prevent them from overpowering me. The more I explore things, the less the problems are. I guess it is quite banal from a psychological point of view. When I recall the sessions with Ellen I think it was like gifts. I mean... beautiful images, I didn’t know I had within me. And of course I cried sometimes. [There were not many conflict issues?] I don’t think so. I got access to [my own] strength – and to beauty and harmony. Not only harmony, but also caring and gentleness. Conflicts too, but also an end to conflicts. In my second session I had the image of a small car driving through a cloud, and it rained in the cloud. I am the car facing this pouring rain. But I drive through the heavy thunder shower. The point is that I drive through it. The cloud is small and limited, and I see myself coming out on the other side. I think this has been characteristic of all unpleasant things that I have faced in music therapy – every time there was a door in the other end. Or upwards, towards God – I have been in churches many times. In relation to music therapy I cannot say precisely why it is better to confront negative issues, as this is not what stands out for me as an essence of the music therapy.

[Confronting may be the wrong concept in this context. Could it be a better formulation that the many 'gifts' you say you received were connected to your courage to ask for them? Express what you needed?] I think so. I guess all participants in this project had the courage to say 'I need help'. It is hard to acknowledge that 'I am in a state where I need to be a pilot- or experimental patient'! It takes some courage to say 'Yes, please’ and accept what you get. [Not only at an intellectual or cognitive level, as you said earlier?] Precisely. [So the 'call for help’ was answered?] Certainly – there is no doubt about that. [And in a way that verbal therapy cannot provide?] I don’t think it can. Maybe I could have got all the non-musical aspects of a [BMGIM] session in other contexts. But the music – the music does something to me that I have not experienced anywhere else. And I have done many strange things in my life, also before I got cancer. I wonder what it is about the music – and why it could not be rock or jazz – I am very curious about that.
Maybe it influences me so strongly because I am used to classical music, and I am very open – I understand myself as a sensuous person, not intellectual in the classical sense. Music has a great influence on me! I can cry – and I can conduct an enormous symphony orchestra (laughs). It influences me, it touches me deeply, and so it did before I came here.

[And yet it is different within the BMGIM framework?] Certainly! The music is carefully selected. I felt that the music Ellen selected for me really spoke to me. It touched me - I really felt there was a dialogue between the music and myself, with Ellen as a facilitator, a translator of my needs. She really was a mediator, there was no accidental music at all. Sometimes she would repeat a piece of music, either because I wanted it or she felt that I needed it. That is very – process oriented. (...) The dialogue has been different from time to time. And the music has changed during the process. I really felt that the music was my 'helper' or my 'friend'. She really succeeded in making me trust the music. She would say 'Let the music give you, what you need'. She also wrote that sentence on the cover of one of the cds. Because she knows that was a challenge for me, I am used to be the one who saves the situation! It is a core issue that the music becomes sort of an ‘energizing’ factor, it is not passive consumption in any way. I only listened to the music for a few minutes, and then the images came. So what the music gave me was images! Not relaxation or.. but incredible imagery.

[Where do you think they come from?] The images come from within me. I don’t doubt that a second. They have been evoked by the music’s hand, I mean, the caring of the music, the helping hand of the music. I also think God has played a role. And if you ask whether I have had the images before, or whether I create them now, because I need them – well, I don’t know. I think there is a time perspective in this. Maybe I would have images related to the same themes in my life before, but would have been different. I think they are at a higher level and more differentiated. They are different because I am in a deep developmental process hat has been going on for years. And who is it then that helps me develop? There is definitely a divine dimension to this. But divinity is both something external and something internal.

[I am glad we don’t have to define that influence… (both laughs). It is interesting that I started asking you a question on how this process influenced your life with cancer, and we are talking about something quite different. It is more about your life in general, broadly speaking. Has your focus moved away from cancer?] Not really. I
have often discussed the issue you raise there with Ellen, saying e.g. ‘I am afraid this doesn’t give much material for your project.’ Because it has been clear to me that it has been about other issues – there haven’t been many references to cancer, so I have been a little worried about the usefulness of my participation according to the purpose of the project.

[And what was the purpose?] The purpose was – I hope – that you can document that music therapy is effective with cancer patients, so that it can be a formalized element in a treatment process. Maybe I don’t care a damn about you and your project. Maybe I just wanted to contribute to that documentation. And then you could use it, too. But the issues have been very existential, and so it is in my sessions with the psychologist, and in the meditation. Even if I didn’t start any of these activities before I was sick.

[For some of you participants cancer has been in focus, for others not.] There is probably a time dimension in that. If this had been a year ago, my answer would have been different. I would not have had the amount of energy to concentrate on anything else than cancer. I would not be correct to say that my focus has moved away from cancer. It has become a basic condition of my life, and not a day passes by without me thinking about it. If I say ‘cancer’ five times, I’ll start crying. So it is not some sort of scale. It still takes a lot of space in my life, but I have some resources now that enable me to see that there is more to life than cancer.

[What are your ideas about how to integrate music therapy in cancer treatment, then?] I think I would have got the same out of it [if it had been earlier in the process], but the issues would have been different. I guess they would have been closely connected to having had cancer and my fear of relapse. My anxiety in connection with the medical control – and, well, fear of death. A year ago I think music therapy could have been a help to live the life, you face as a cancer patient – adjusting yourself to your new life conditions. As time goes by it is easier for me to accept it, even if it irritates me that there are many things I can’t do. (...) If it had been a year ago, it would have been much more focused on cancer, at least verbally. And if it was a year and a half ago, it could have helped me to come faster through convalescence. Today it is rehabilitation - that is where it is in my present phase of life. But it does not mean, that I need it less.

[One participant thought that music therapy might be too overwhelming in the early phase, because the effect is so strong?] I can follow that, however I think it is a matter of how music therapy is administered. Maybe it needs to be more directive, or maybe
the music should be different. (…) I know that Ellen chose some music programs for me in the last phase that I could not have handled in the initial phase. So it is important to control the conditions, e.g. the prelude. – I hope this interview provides more complete information than the questionnaires! I participated in a visualization project during chemotherapy, including some sessions with a psychologist. I think it was good that the verbal sessions were completely focused on ‘How do you cope with your chemo?’, even if it irritated me intensely and I wanted to talk about anything else. But it was possible, and I could have used visualization immediately after. This treatment system is limited to the hospital treatment. Then we are remised, completely on our own and on the conditions of the surrounding world, just like psychiatric patients. It simply doesn’t work. – I am a participant in a breast cancer self-help group. You should listen to us. None of us are abreast of the situation yet, two to three years after. None of us work full time, I am the one who works the most. People get spare jobs. We still discuss complete banal issues, like going to a swimming bath when you have lost one breast. I am lucky to have both breasts saved, I only have scars. But I have gained a lot of weight because I have to eat stupid hormone pills to prevent relapse. Nobody knows how bad things are! We really need a safety net. It would also save society a lot of money (e.g. to psychological consultation) in the long run, because it would prepare people better. I think I take better care of myself, the better I am supported. (…) I am shocked at the narrow time horizon of our treatment system. There are so many cancer patients, the number is increasing, and you have to fiddle with a small project on something that should have been a reality 10 years ago.

[Let’s talk about some of the images that were important for you, e.g. the eagle (…) Why did it emerge? Do you remember how it emerged?] I remember a development in the way it merged. In the beginning I did not want to be the eagle, and had Ellen not challenged my negative interpretation of the eagle… I’m not sure I would have been able to validate it positively. I didn’t want to be the eagle, because it was so lonely. And it was a bird of prey, swallowing mice! This was not company for me. I consider my self a community-oriented person, very dependent on dialogue, so this was an image representing something I could not acknowledge. Ellen looked in the dictionary of symbols ‘Listen to this… etc. etc.’ And it made perfect sense. There was also something about a snake that was also me. The eagle was honoured in almost all religions of the world. (…) The very first image of the eagle was very static. It stood
still, it was very immobile, maybe it was only the head I saw? I was fascinated by this big, bad beak, that really can be used to kill. The following images I remember as much more dynamic. In the sequence with the pixy the eagle flew away with the pixy, and I was the pixy. It made me realize some qualities of loneliness or solitude. I also remember Ellen saying the eagle has a breath of view. Flying high in the sky with a great outlook – that’s actually very very good. It was also fine that the eagle carried the pixy away. It dropped me in the end [“I resign [accept] myself. Over and out”, quote from transcript] Yes. The pixy represented something in me which has come to an end, “the poor chap”.

[Let’s make an interpretation. What does it mean that the eagle carries the pixy away?] I don’t quite remember how I experienced the pixy, apart from the pixy being me, but it was a great release, I remember the feeling of liberation by acknowledging that there are things in this world I have to resign myself with. It could easily be my cancer. There are things in the world I can’t fight, and I might as well accept it. Roger – over – and out! Even if I have power and can do a lot of things… there is plenty of things I cannot change. And it is waste of energy to try. [It takes a breath of view?] It takes a breath of view to realize that! It was also a physical release. I used the phrase ‘being set free’ several times. It is like being presented with a new perspective on life. [You described you feeling with a novel concept: a “Balance of nothing”?] (Smiles) Lovely concept. New perspectives, hmm. This really shows what I mean: Something is evoked, and you need a little time to explore and identify it and ask yourself whether you can accept it. Then comes an interaction, something starts to happen. It may end with an identification – ‘This is me’. And this is sort of an integration. – When I had integrated the image of the eagle a further development occurred. I had images of flying, where the playful element of the eagle became the focus. It would circle in the air being held by the winds, it was an exploration of an element new to me. I can still recall the feeling. Like when a child as fascinated by ‘What happens to my finger, if I do so and so.’. In that session solitude was self-imposed. There was challenge, and there was curiosity, there was play and there was a carrying capacity. Yes I could rely on the winds of the air.

[All these metaphors are about quality of life, aren’t they?] Absolutely. It is impossible to know whether they were created through the music therapy. And It is not very important either. [But you can activate them trough music therapy?] Yes, you can!
[Are there other images that you…?] There have been many birds and flying things, insects, winged objects of all sorts. The air element is new to me. If you look at my horoscope there is no air at all. I have never been in love with people belonging to an air sign, actually i always thought that this was not for me (both laugh). It’s true! So all these bird images have been exiting.

Then there was a little man with a cylinder hat – sometimes near the end. A waddling little man. [He reminds me of the pixy.] He may be a relative of the pixy. I guess they are form a mythological perspective, there is a ‘joker’ quality to them. But I liked him better than I liked the pixy, he was welcome: he was wise. He had all the classical attributes of wisdom. A little shy, he doesn’t stand out in the crowd. He stands there with his little suitcase, in which he has a lot of good things for me.

And then there were all my visits to different churches. Almost no sessions without a church.. I had arguments with God, I have scorned him, there were staircases up to him, in other sessions it was obvious that he would come down to me, I was no going up to him. I have yelled at him! [It’s quite amazing the divine is not just something remote and static but something dynamic. You can talk to it, get something from it…] I have had access to that.

[The there was the flower]. First there was the pink lotus. I always hated pink. Now I have established a contact with that colour also. I’ve even bought pink flowers to take home. Then there was the final flower. I think that the flower itself was not the most important. I am the heart of the flower, the stamens, the core. There was a feeling of the flower unfolding. And it was purple, or blue, like a tulip. And then it was not a flower anymore – it became a grey-blue rock, which I had the strength [to control]. The whole image is about strength.

The there was a sunset – this pink-orange stuff. It feels so poor to talk about it. I still have that image in me. [And there was an embryo, after you met the eagle the first time. A huge contrast to the eagle’s beak.] I am glad you mention that. It represents a different track. Like the images where I lay in a leaf with eyes closed, unconscious of the dangers in my surroundings. There was the same feeling in the embryo image: to be unprotected, but unconscious of all the danger – innocent, like before the Fall of man. The protecting membrane is so frail and thin, yet strong enough. It represents a quality of being, the opposite of what the eagle was in the beginning, but what it became in the end: the eagle can be like a child, surrender itself completely and be childish, playful. I think the two tracks were connected in the end.
[Lars Ole shows her some mandalas] Are these also mine? How exiting. The first one.. I think there is so much joy in these images, when I look at them. Also this one. Both the spruce cone and the lotus. Here I liked to use the mandala form. I think it is possible to conclude that an integration process took place!

[How did it influence you that your process was part of a study?] I don’t think it had any consequences. I had the opportunity to talk to Ellen about it, and that was enough.

[What do you think about the intervals between sessions?] I might have used weekly sessions, or every tenth day. Maybe the interval could have been changing. On the other hand every week could have been too close in some periods.

[Do you see any disadvantages with music therapy?] I don’t’ think so. [You mentioned dependency earlier?] Yes, and that was seriously meant. You have to be able to let go of it. Now and then I really miss my ’Islands of joy’ on the couch...

But apart from that – it may be a disadvantage that it is not always funny. Sometimes I have been very tired when I left, complete filled with emotions. It takes some extra energy to use it the way I was allowed to use it.

[What was the most important experience for you?] The most important is the images I got. Images that I had never seen before. They will always stay with me. I can feel now, how easy it is for me to recall them. With a few cues from you they gush forth. The imagery – with the strength and power they have told me I possess.

[Is there anything else you would like to add?] I wonder about the difference between the therapeutic and the non-therapeutic. Sometimes I was in doubt about how many issues of my life I should include. I mean, it was not about my whole life. Actually I didn’t think about the process as therapy, Justas something I did because I had cancer.

Appendix 6.4.2a  Interview med PIJØ 6.5. 2003

[Mange af jer syntes, at det var underligt at udfylde spørgeskemaerne?] 1:20 Spørgeskemaerne er utroligt svære at svare på selvom det ser så nemt ud. Det er afhængigt at hvordan man lige har det i situationen. Og så kan jeg aldrig bestemme mig! [...] Jeg kan godt se de kan lave en gennemsnitsbetragtning, men alligevel – og nogle af sp. var svære at svare på. De dækkede ikke særlig godt...

[Hvilke? Alle 3? LOB siger noget om forskellene...]
Ja det tror jeg. Hvor er det lige jeg er... det er jeg ofte i tvivl om, om jeg får svaret ordentligt på dem..

Det kan jo også være du oplever en mening, når du ser på det samlet. [Ja, og jeg synes godt jeg kan se en udvikling? Har du selv en fornemmelse af hvilken retning det er gået i?]

4:50 Min fornemmelse er... at det er gået i en positiv retning – i betragtning af at mit helbred svingede utroligt meget.... I en periode mellem to sessioner har det tit været megen svingning, og hvis jeg så var kommet 3 dage før havde det hele måske set anderledes ud. (...) ”Hvordan har du haft det den sidste uge?” -> Suverænt godt de første tre dage, men så?

[Man kan se du har haft det hårdt i perioder, ....men kurven går samlet pænt op. Og ender med en noget mere positiv score end i starten. Er det en rimelig dækkende beskrivelse?]

Ja, det vil jeg nok mene, at det passer godt nok, selvom helbredet er gået meget op og ned.

[SOC er meget stabil, mens de andre går op og ned, og fra starten over normalt gs.] Jeg kommer til at tænke på noget andet svært ved spørgeskemaerne er at skelne mellem det jeg ’skal’ svare (erligt, her og nu) og det jeg gerne ville svare. Det ville være rart hvis jeg kunne svare sådan eller sådan, og hvad var det nu lige jeg svarede...

[Du har udbygget fornemmelsen af SOC iflg skemaet. Er det sådan du oplever det?]

Det er da rart at høre! Jeg synes nok jeg oplever en udvikling. Det er meget ukonkret at snakke om... for hvad er det jeg scorer...

10:00 [spørger mere specifikt: Der kan ske noget med ens forståelse af hvordan man har det? Er man kommet mere overnes med problemerne? Har du fået flere redskaber?]

Det tror jeg nok jeg har. Men det kommer sådan i nogen bølger. Den der magtesløshed kan overvælde en, hvad skal man gribe og gøre i. Så kan jeg være ved at drukne i det igen, og på et tidspunkt i forløbet var jeg ved at drukne i de der stråleskader osv. og ved ikke at kunne finde nogen redskaber til at tackle det med. Men da jeg fik et nyt problem med nogle andre stråleskader efter at vi var holdt, og det synes jeg, jeg har kunnet tackle langt bedre. –Det er et billede på at jeg har kun tage noget med mig til noget andet. [?Eksempel?] Følelsen af at opgive, at det hele kan være lidt lige meget..., men nok følelsen af ikke at drukne- så meget, når der sker nogle svære ting. [Det er også en metafor, det med at drukne. Der var meget vand, f.eks en vigtig SØ i dine billeder].


14:00 [Problemerne er ikke forsvundet, men den måde du tackling det på virker anderledes – jvf. dit mål: få udbygget dit håb og tro på fremtiden, + turde være svag. Det lyder som om det præcis er det vi sidder og snakker om]
Det ku jeg ikke huske, men ja: Jeg har haft det meget med at sku være stærk, at kunne klare det hele. Og det er lige før jeg tror man kan blive syg af det. Jeg syntes selv det var en styrke, hvis jeg turde. Jeg synes nok... Jeg har jo også erfaret, hvor netværket er henne ift at være svag, at få lov til at blive der, ikke kæmpe hele tiden. Kunne sige: Jeg trænger til fred og ro.

Oplever du det som en væsentlig ændring?

Jeg oplever, at jeg er bedre til at være i nuet generelt, ikke bekymre mig så meget om hvordan jeg lige skal klare det. Tidligere ville sådan noget som mine økonomiske problemer have væltet mig omkuld, nu siger jeg lige som OK – det kommer kun i små toppe; det skal nok gå på en eller anden måde. [Du lader dig ikke vælte så meget] Nej. I forbindelse med stråleskaderne gik jeg ned til Henrik på KB, som jeg tidligere har talt med. Men han gad jo kun se mig en gang! (Latter) Når jeg var svag og... Det at turde be om hjælp har for væltet meget svært for mig. Det kan jeg nu – og det er så en anden side af sagen, at det kun var nødvendigt med en gang. Bare det at gøre det og turde sige 'Nu trænger jeg til det'. Det er måske også e billede på det.

17:50 [ Hvordan er det gået med dine kræfter og Uddannelsen?]

Det gik bedre, og det er gået langsomt fremad med stråleskaderne. Og jeg skulle stadig se bøgetræerne springe ud, det var vigtigt! Og det har jeg jo nået, og det sørger jeg for at levne noget plads til. Så på trods af den senere stråleskader skal jeg op til eksamen – og jeg har skrevet en ansøgning! Det er meget stort at jeg har fået gjort det.... Bare det at jeg har turdet.... Det ligger klar til at poste. (Søger om job på Arbejdsformidlingen) Nu tror jeg på det! Nu kan jeg prøve at sælge mig selv. Det kan godt være det ikke lykkes, men jeg tør godt (latter).

[19:50 Hvordan er det gået med dine kræfter og Uddannelsen?]

Ikke så meget det at jeg er med i en undersøgelse. [Der er et misforhold mellem hvad man skal svare og hvad man vil svare (jvf. tidl.)]. Men det er ikke selve det at være med i en unders. der er problemet! Ikke så meget om jeg lyver for dig, mere over for mig selv! [Har du været ærlig?] Jeg har været nogenlunde ærlig (latter). [LOB bekræfter det].

[21:30 ? Hvordan er det gået med dine kræfter og Uddannelsen?]


[Hvorfor er det et problem? ]

Måske synes jeg, jeg skulle ha’ brugt det!? Men det har nok arbejdet i underbevidstheden i stedet for, men jeg ku godt få lidt dårlig samvittighed....

24:10 Vi havde egentlig lagt op fra starten at det skulle have været ugentlige sessioner.

Jeg tror nok, det var rigtigt med hver anden uge. For mig var det med transport 3-4 timer det drejede sig om. Og så kan jeg forestille mig, at det skal have den tid til at bundfælde sig på den ene eller den anden måde. Og billederne kan jo dukke op. De dukker op på de mærlige tidspunkter. Den første, der merede mig, det var den med nissen. Og sådan kan der komme flere. Også det sidste: med at nå stjernet og plukke dem ned. Det var ret fantastisk. Men sådan gør mine almindelige, sovende
drømme jo også – de kommer også i hvad jeg kalder ”lys billeder” ind i mellem. Jeg
har altid haft det med drømme, som lige pludselig – ‘det er da en gammel drøm’. Jeg
ved ikke hvor de kommer fra og undrer mig over

[Der er jo nogle menneske. Der dukker nogle eventyrmønstre frem. Tømmeliden – som
jo ikke optræder ved navn. Er de dukket op igen bagefter?]

Ikke sådan bevidst. Jeg har aldrig synes det var underligt eller skræmmende. Jeg
synes det var spændende at ligge og lave de der bilder.. og et eller andet sted gav det
god mening. Men det er da rigtigt, der var ikke så meget hverdag i billederne. Så det
at have dem, det har været fint nok. Ikke noget problem.

[Var der nogen billeder du blev specielt overrasket over? Eller synes var meget
vigtige?]

Den med at plukke stjerne ned til sidst, – den var særdeles vigtig. Nej, der har været
flere undervejs, der gjorde et stort indtryk, men meget forskelligartet. Jeg er heller
ikke blevet skræmt af billederne...

Rørende, måske, men de satte ikke gang i at jeg blev bange eller ked af det. Jeg blev
helt bange for at være unormal (smiler).

[Men hvad tror du så grunden kan være til at det ikke var skræmmende?]

Jeg ved ikke, hvad grunden... Det er noget jeg ser, men jo altid samme ikke oplever som
om jeg er lige midt i. Det er jo mere billeder. For hvis jeg var fuldstændig midt i det,
så var det måske lidt for svært at tackle. Den er nogen billeder på, hvordan man ser
hvor jeg er, men trods alt alligevel ser det udefra også, ikke. Selvom noget ser man
indefra! [Indre og ydre på samme tid. Men ikke en fortælling, du ville fortælle i dit
ydre liv].

(Sml. Ikke som med sovende drømme, hvor man kan gå med en negativ følelse hele
dagen) 32:00 Sådan har jeg ikke gået med nogen negative følelser derfra. Det har
været de positive følelser. – Jeg var nok lidt spændt på, om man ville blive bragt ud af
balance og så i balance igen. Men sådan har det ikke været. Det er gået meget op og
ned.

[Det følger meget musikken, kan jeg se. Hvordan ser du tilbage på musikken]

Jeg var ikke særligt bevidst om musikken når jeg lå der. Når jeg hører den på cd kan
jeg sagtens genkende den. Men jeg kan kun huske en gang eller to hvor jeg bevidst
oplevede at jeg skiftede med musikken.

[...] 

Jeg synes jeg er rimeligt god til at fange stemninger, så stemningerne i musikken går
nok også rent ind. Jeg synes det er fint, når billederne dukker op igen.

[Den lille nisse] [Var det et billede af dig selv?]

Jeg grinede næsten hele vejen hjem. Jo, den der lidt forvirrede, som ikke rigtig vidste
hvor den skulle hen og styttede rundt, a la Pyrus.

[Søen]

Vand har altid betydte utroligt meget for mig. Umiddelbart ville jeg mere have troet at
det var havet, men det var altså søen. Den havde ligesom en afgøringspå, men så
alligevel nogle mulighed for at komme ind ... det foregik ret langt nede – i søen eller
hullet. (Der var langt op).

[Da den dukker op første gang er den foruren. Og så bliver den mere og mere –
renset. Der sker en form for transformation]

Det kom sådan... det var i starten, ikke. Den der jordfarve der var rundt i kanten... men
også meget grønt. Det er nok de farver der hører til søen. [Det giver mening for dig
stadjivæk? Ja det synes jeg nok.

[Der er nogle dyr: en slang og en snegl]

40:00 Jo det var der hvor der var ro og hvile, og så var der lange vej, og den vej jeg ikke kunne se – som ikke var en aktual mulighed på en eller anden måde. Så det var noget med at trænge til hvile og ro, have lyst til at lægge sig over i rabatten og være i solen, men det førte ikke rigtig nogen steder hen. Hvor den anden førte et eller andet sted hen, hvor der også var lys forude, men der var bare så hulens langt (begge smiler). Det der så var lidt skægt – jeg gik der fra og følte et eller andet sted, med god samvittighed, kunne sige, at jeg orker ikke mere. Jeg vil ikke gå i skole mere, jeg vil bare have fred og ro. Lægge mig over i græsset og slappe af. – Og så gjorde jeg det ikke alligevel. Så kunne jeg ikke lige finde ud af om det var fordi jeg ikke turde, eller om det var fordi jeg fik det bedre igen. Så jeg valgte alligevel den lange vej. Der er stadig lang vej, men lyset kom nærmere.

[Så sneglen og dens dilemma – det er et meget præcist billede på hvordan dit dilemma i tilværelsen har været?]
Ja, meget, på det tidspunkt. Og den sidste vej fandt jeg aldrig rigtig ud af. [Smh. mellem sneglen og slangen? Muligheden for at komme op den vej?]
Jeg så den som en hjælpsom slange.. der kunne hjælpe mig. [Hvad kunne den repræsentere hos dig selv?] Jeg ved det ikke. [LOB fortælle om lægestandens stav] Det kan jeg måske godt se... Men den hjælp mig ikke helt op, resten af vejen skulle jeg selv klare.


[Dette virker som om det er godt hver gang du indtager et rum?]
Ja. Men det er da også noget med en ny s... afkrog i mig selv. Finde et nyt sted, trænge igennem et vildnis, komme ind på den anden side. [Forfatteren du, mindre metaforisk, at du har indtaget nogle nye rum?] Det er noget med hele tiden at lære nogle nye sider af mig selv at kende, bedre. På nogen måde – større sikkerhed ved at være i nogen af rummene.

[46:30 Kroppen er også et rum... er der sket noget med det?]
I forhold til min kropsfornemmelse og det hele – den gik jo ligesom temmelig meget flojten. I den periode sidste gang inden jeg blev syg, jeg dyrkede sport og havde det godt at være i min krop, og så blev den jo fuldstændig maltrakteret, indefra og udefra – det var nærmest som om den blev offentlig ejendom. Men det er blevet bedre igen. Og så har jeg jo haft kræft et sted som ikke er så sjovt at snakke om. [Du har fået nemmere ved at snakke om det?] Folk har i hvert fald sagt 'Du er god til at snakke om det’. Og det nok også hjulpet med til at kropsfornemmelsen er blevet bedre. Det går godt fremad. [Du har en vis reservation ift. hvad du kan bruge musikterapien til... "I nogen grad"] Det er fordi jeg er en god jyde! Ja, fordi hvad er det (at bruge det)? Jeg har jo ikke bevidst brugt det, det er ikke særlig konkret. Så det er egentlig bare en måde at sige det på – på jysk.

[Trekanten billeder – musik – terapeut: er det gået op i en højere enhed for dig, eller har noget betydet mere end andet?]

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De hører fuldt ud sammen. Hvis man bare hører musik alene, så er det jo ikke det samme [LOB taler om ”musica humana”] Jo, men... For at få det bearbejdet, så er det jo rart at have nogen der kan stille de rigtige spørgsmål. Det er det der er med til at give det mening. [LOB taler om Musikterapi vs. Musik-medicin]

[53:00 Hvordan vil du karakterisere dette tilbud ift andre typer tilbud til kærpatienter?] For det første synes jeg jo ikke der er så mange tilbud til at tage sig af den side af sagen. Der er KB og så ellers? Jeg synes det er vældig godt. Der er en vældig mangel på hospitalet... Musikken og mange andre ting mede helbredende virkning - det er katastrofalt for sygehusystemet at der ikke findes mere.

[Så du synes det ville have været godt at have på hospitalet?] Ja, sørme!

[Det er noget vi har diskuteret meget. Er der overskud til det?] Det er vældig hårdt arbejde at gå på hospitalet og være syg. Sygeplejerskerne har været gode til at have tid – men alligevel [Hvornår skulle man så sætte ind?] Det er svært at sige. Første gang jeg fik en voldsom kemokur havde jeg det dårligt i lang tid, så jeg kunne ikke have klaret musikken lige på det tidspunkt. Men jeg havde i hvert fald brug for noget til at holde tanken ud om at jeg skulle på den igen et par uger efter. Så jeg kunne forestille mig at jeg kunne have brugt det mellem de to perioder. Og så havde noget med, man kunne bruge næste gang man lå der! Bruge det som ”medicin”. Jeg skal ikke kunne sige om jeg kunne have brugt det første gang. Om jeg kunne have klaret musik der. Men jeg havde brug for et eller andet redskab til at klare den første uge. Uret flyttede sig ikke ud af stedet. Det var lang tid.

[Hvad er det vigtigste som du tager med dig fra det her forløb?] 57:00 Det er jo lidt det der med, at det lader sig gøre at flytte sig. Selvom det er et dårlig liv (?) er der noget der flytter sig alligevel og er positivt. Selvom det har været noget møg, så har der været masser af gode ting, masser af gode billeder og masser af håb, som har været med til at holde det på den rette vej.

[Vi har sat i projektet sat fokus på stemningsleje og livskvalitet. Var det også de to faktorer der betød mest....?] Ja. [Kan du sige noget mere om det?] (...) Jeg ved ikke hvad jeg skal sige (ler). For mig er det også noget med at holde fast i, være i nuet, bare kigge ud af vinduet. Den følelse det giver mig at se ud af vinduet, at noget er sprunget ud. Jeg bliver virkelig så stjerneglad når jeg går ned i skoven. Jeg oplever tingene mere intenst. Og gudskelov også de positive ting. Jeg blev opereret for kræft 1. gang for 4 år siden, og da oplevede jeg det også lidt, men ikke i samme grad – der troede jeg at jeg var unormal, fordi jeg havde det måske for godt. (...) Det har noget at gøre med det der med at opleve intenst – også det positive Det er svære at være positiv i den her sammenhæng, for det har været meget lange, men sådan noget som musikterapien har måske hjulpet med at holde fast små ting, der bare kan fylde så meget og så godt. Og det er selvfølgelig typisk nok, og det er selvfølgelig også den medicin man skal tage, når man er syg.

[Er der noget du har lyst til at sige til Ellen eller til os, hvis vi skal fortsætte med det her?] Ikke noget jeg har tænkt over inden du kom her. (Pause) Jeg har ikke tænkt over at noget skulle være anderledes. .... Det som jeg synes var godt, var at Ellen var god til
at lytte. Det er utrolig vigtigt, – prøve at fange, hjælpe folk med at fange de der ting de kommer med, for hvad er det lige man vil i dag... nogen gange har jeg ikke anet hvad jeg skulle, og så er det igen terapeuten kommer ind: ’Er det det, du har brug for?’ Og så kan man mærke om det er rigtigt eller forkert.

[LO runder af.]
Jeg kunne da godt tænke mig at høre lidt mere om, hvad du generelt finder ud af.

[LO fortæller lidt om hvad han er optaget af: billeddannelsen som en måde at blive klogere på sig selv på,... (taler ret længe om det, mens PIJØ lytter, bl.a. om ”Tommeliden”, eventyrstrukturer og den slags...) -> 68:00]

SLUT 72:20

Appendix 6.4.2b Interview with PIJØ (Translation LOB)

The complete interview in Danish is App. 6.4.2a and includes time references. The translation is edited slightly, omitting most repetitions and digressions.

[Some of you participants had difficulties with the questionnaires?]
I found the questionnaires difficult to work with, even if it looks easy. It depends on how you feel in the situation. And I can never make up my mind! I understand that it is possible to calculate a mean, but anyhow – many questions don’t cover the issues very well, and this makes them difficult to answer. [All three questionnaires?] I think so. I was often in doubt about my answers. Maybe you can see some meaning or a trend when you look at all of them?

[Yes, I think I can see a development. What is your own impression of how the process developed?] My impression is that there was a positive development – even if my state of health changed a lot on the way. I the period between two sessions there could be a lot of change, so if I had answered the questionnaires 3 days before it might have looked differently. “How would you describe your health during the last week?” I was great the first three days, but then.... 
[The questionnaires indicate that you had hard times on the way, but the final outcome is an increasing curve. Your final scores are more positive than at pre-test. Does that describe your process?] Yes, I think that is true, even if my health went up and down a lot on the way.

[The SOC scores are very stable, while the other scores go up and down, and from the beginning you SOC-score is higher than average.] This makes me think that another difficulty is to distinguish between how I 'must' answer (here-and-now, honestly) and how I 'would like to’ answer (it would be nice, if..)”. I am not always sure how I chose to answer.. [According to the SOC questionnaire you have improved your sense of coherence. Does that cover you experience?] Well, I’m glad to hear that! I think I do experience a development. On the other hand it is rather intangible, I mean, what is it I am scoring? [Something may change in your understanding of how you feel. Have you come to terms with some of your problems? Have you been given some tools?] I think I have. But it comes like in waves. The feeling of disempowerment can be overwhelming, it is almost like drowning. At a certain time point during the process I was almost drowning in some of the radiation damages, and I couldn’t find a way of handling them. But when I got a new problem with other radiation damages after termination of therapy I found myself able to handle them much better. This is a picture of how I took something with me and used it in a different situation. [Can you give other examples?] The feeling of giving up, that you don’t care any more... is changed to a feeling of not drowning so much, when things are difficult. ['Drowning’ seems a good metaphor to me. And there was a lot of water in your imagery. There was a certain lake?] I remember after the last session, where I had been ’reaching high’, that I went for a walk. I walked energetically and climbed the highest hills I could find. In that way I 'rehearsed’ the image, the feeling of 'being on top’ or ‘at your peak’. But also the feeling of going down to the bottom [of the barrel. This is a reference to a specific image]. It was very much up and down. I succeeded in finding ways to get up again. At a certain time I had problems with my boyfriend, we were almost drowning in this and that, but we found the strength to say: 'We don’t want it to work at any price. It has to be a steady way.’ We shall not stay together because I am afraid of being alone. Addressing the problem explicitly made it end in a better way. This is also a way to find inner strength: I dare risk something, even if I am extremely vulnerable. I found courage to do that [and it gave results?] Yes.
[The problems have no disappeared, but the say you handle them seem to be different. You formulated your goal for the therapy as: enhancing your hope and belief in the future plus allowing yourself to feel weak, and isn’t that exactly what we are talking about?] I didn’t remember that, but yes: Before I felt very much that I had to be strong, that I had to handle everything. I almost think it can make you sick to live like that. I have also experienced how people in my network react if I am weak. It is OK to be in that state and not fight al the time. Be able to say: I need peace and rest. [Do you consider that an important change?] I feel that I am much better to live here-and-now – and not worry so much about how I manage. Previously things like my financial problems would have knocked me down, now it’s like I’m saying ’It’s going to be OK somehow’. [You don’t get knocked down so often?] No. When I suffered from the radiation damages I consulted H. from Kræftens Bekæmpelse, whom I had spoken with previously. he said he didn’t want to see me again after the first time! (laughs). It has been very hard for me to ask other people for help. I can do that now, and it is a different matter, that one consultation was enough in this case. Just doing it and sayin ”Now I need this”. That may be another picture of the change. [Have you had the strength to finish your education?] It was gradually better, and the radiation damages diminished. I wanted to experience Spring, that was very important. I managed that, and I leave space open for the experience. In spite of my radiation damages I am taking my exams – and I have written an application! I believe in it now. I can try to ’sell’ myself. Maybe I don’t succeed, but I dare do it (laughs). [Did it influence your process that the therapy was part of a project?] The problem is not so much being involved in project. It is not such much whether I lie to you, but more if I lie to myself! [Have you been honest?] I have been fairly honest! (Laughs). [What do you think about the process, an month and a half after the last session?] I think it was a fine offer, an exiting chance. When I started I hadn’t thought much about how it would be, but I was a little nervous – because… there was a certain performance anxiety. I wondered if I could produce anything worth while. I do listen to music, but it is doesn’t take a lot of space in my life. I like classical music, so that was not new to me. So I think it was… very exciting to participate, and time passed quickly. My problem was that I didn’t consciously use it or thought much about it between sessions. [Why is that a problem?] Maybe I think I should have used it!? I
guess it has been working in the subconscious instead, but some times I felt a little guilty….

[Originally we planned the sessions to be weekly…] I think fortnightly sessions were better. Including transport every session took three or four hours for me. And I think it takes some time for the experience to become established in your mind. The images may emerge at the strangest times. The pixy was the first one that amused me. And more may images may rise to the surface. Also the last image: reaching out for the stars and pick them down. That was quite amazing. I recognize something from my dreams. They also come like what I call ‘slides’ now and then. And sometimes I recognize an ‘old dream’. I don’t know where they come from and it really makes me wonder.

[I see certain patterns in your imagery. Like fairy tale patterns – Thumbelina for instance, even if the name is not mentioned. Did they emerge later on?] Not consciously. I never thought it was weird or frightening. I found it exiting to lie there and produce these images, and somehow they made sense. It is true that there was not so much ‘every-day-life’ in the imagery. But having them was fine. No problem.

[Did any of the images surprise you – or made you exited?], in the last session, that was very important. Several images during the process made in big impression, but in very different ways. I was never frightened, felt touched maybe, but never sad or afraid. I almost thought I wasn’t normal. (Smiles)

[Why do you think the images didn’t frigthen you?] I don’t know what the reason is… It is something I see, but it don’t experience it like being in the middle of it. They are images. If I was completely absorbed in them it might be too hard to handle. They are images of where I am, on the other hand they are also seen from the outside. Although some of it is seen from the inside! [Internal and external at the same time, yes. But not a story you would tell in your outer life?] It is not like nightly dreams that can give you a negative feeling all through the day. I have not carried negative feelings with me from the music therapy. It has been positive feelings. Maybe I expected that you would be loose your balance in the beginning and then find the balance again later. But that was not how the process was. It has been very much up and down.

[I can see that your imagery is closely connected to the music. What do you think about the music now?] I was not much aware of it while I lay down. When I listen to the music on cd I can easily recognize it. But I only remember once or twice where I
had a conscious experience of following the music. I think I am quite good at catching moods, so the moods in the music reach me very precisely, I guess. (…) 

[The pixy – do you consider it a self-image?] I laughed almost all the way home. Yes, I recognized this rather confused person, running around, not really knowing where it was going.

[The lake] Water has always been very important for me. Spontaneously I would have thought it was the sea, however it was a lake that emerged. It had some sort of demarcation, but also possibilities of entry… what I experienced was quite deep in the lake of the hole. There was along way up. [First time the lake emerges it is polluted, and then it becomes cleaner and cleaner. Some sort of transformation goes on.] It came rather… it was in the beginning, wasn’t it. The earth colours on the borders of the lake… but also a lot of green. These are probably the colours that belong to the lake. [Does it still have meaning for you?] Yes, I think so.

[Then there are some animals, a snake and a snail?] The snail was in the end. Everything was a little difficult. But it had also meaning – it was very heavy stuff for me, difficult to make a choice and find a way. Vulnerable. [But the snail could choose to move forwards in the verge?] Yes, that was where there was comfort and rest, and then there was the long road, and the road I couldn’t see – like it was not an option right now in some way. So it was about needing rest and quiet, and wanting to lie in the verge and feel the sun, but it didn’t really lead anywhere. Whereas the long road led somewhere, and there was a light in the horizon, it was just so damn far away (both smile). What was funny was that I went from the session feeling that I, with a clear confidence, could say that I was too exhausted. I don’t want to go to school anymore, I just want peace and quiet. I wasn’t quite sure whether it was because I didn’t dare, or whether it was because I felt better – but after all I chose the long road. There is still a long way to go but light is coming nearer. [So the snail and its dilemma is a very precise image of a dilemma in your life?] Yes, very much, at that time. I never really found out what the last road was about.

[Is there a connection between the snail and the snake?] To me it was a friendly snake that could help me. But it didn’t help me all the way up, I had to manage the last bit myself.

[There was also a castle with some rooms to be discovered.] I have always been fascinated by castles and fortresses. So I guess the images came from the fascination. Houses and rooms also emerge in my dreams, and it can be quite difficult to get out of
them, many stairs and things like that. Difficult to get in, difficult to get out – a lot of strange rooms. [You know that they are there, and that it is possible to get in?] Yes. [To me it seems like a good experience for you every time you capture a new room?] Yes, it is something about new sides… Finding a new place, penetrate a tangle, and get through to the other side. [Do you feel, less metaphorical, that you have captured new space?] It is like acknowledging new aspects of myself all the time, knowing them better, with greater security of being in the rooms.

[What about the body as a room – has anything happened to that?] My body feeling almost disappeared when I was sick. In the period before I was sick I engaged in sports and felt good about my body. But then it was complete molested, from the outside and from the inside – it was almost as if my body was public property. But it has become better. Another thing is that I had cancer in a part of my body that is not so easy to talk about. [Has it become easier for you to talk about it?] Well, people tell me that ‘It is easy to talk with you about it.” It has been helpful that my body feeling has improved. The progress is fine.

[You have a certain reservation when you answer the question about how much “The music therapy helps me to get on“?] That is Jutish understatement! I mean, in what way has it helped me? I haven’t used it consciously or in a specific way. That’s my way of expressing it – very Jutish.

[Imagery – music – therapist, a triangle: Did you experience that they were a unity, or was one element more important than others?] They are a unity. It is not the same just to listen to music. If you want to work with your experience you need someone to ask the good questions. Then it becomes meaningful.

[What do you think about music therapy/BMGIM as compared to other options for cancer patients?] In the first place there are not many options. Is there anything besides Kræftens Bekæmpelse? I think it is a great option. There is a sad lack of music and other healing influences in the hospital, and I think it is a disaster for the health system… I could have used it as “medicine”

[So you would have liked BMGIM in the hospital?] Certainly! [But does a cancer patient in hospital have the energy required?] It is hard work to be a patient. The nurses do a good job, but anyway… The first time I had chemotherapy I felt bad for a long time, so maybe I could not have managed the music at that point of time. But I needed some sort of support in order to bear the idea of going through the next round a few weeks later. I think I could have used it between the [chemotherapy] sessions.
And then bring something. some music that could be used as “medicine”. I can’t tell you whether I could have used it the first time. But I needed some sort of tool to get through the first week. The clock didn’t move at all. It was very long time.

[What was the most important experience for you in this process?]

I guess it is that is possible to change. Even if life is bad something can change into something positive. Even if there were a lot of bad things, there were also a lot of good things, lots of good images and plenty of hope, keeping the process on the track.

[The project focused on mood and quality of life. Was that also the elements that meant most to you?] Yes. [Can you say more about that?] I don’t know what to say (laughs). To me it is about being here-and-now, just looking out of the window. The feeling it gives me to look out of the window and see everything burst [in Spring]. I am filled with joy when I walk in the woods. I experience things more intensely now, luckily also the positive things. I was operated the first time four years ago, and I had the same experience then, even not quite as strong. I thought I wasn’t normal, because I felt ‘too good’. It is important to have intense experiences, also positive experiences. It is more difficult to be positive in this context, because the [physical] process has been worse, but things like music therapy has helped me to focus on small things that can be abundant and wonderful. That is the medicine you need, when you are sick.

[Is there anything you want Ellen or me to know, if we go on with the project?] I haven’t thought that I wanted anything to be different…. It is nice to have a person who can ask the right questions (…) Ellen was a very good listener. This is extremely important… to help people identify what they need to address today… Sometimes I didn’t know at all, what I should do, and then when the therapist asks you ‘Is this what you need’ you can feel if it is right or wrong.

[Closing remark]

Fairy tales and fantasy is exiting. Actually I wrote an essay on fairy tale when I was a student at the teachers college. An old friend of mine who has lived a very good life without any great problems said to me a few years ago that she could almost envy me. I think I understand what she meant.
Appendix 6.4.3 Interview med ESMA 9.5.2003

0:00

… støtte mig til et eller andet, der kunne bære mig igennem. Og tænke på en anderledes måde [Hvad mener du med det?] Når jeg lyttede til noget af musikken, så kom der sådan nogle stemninger og nogle følelser, som faktisk var nye for mig. Og jeg tror da helt bestemt det var musikken der var udgangspunktet – ellers ville jeg jo have haft de der tanker før. – Men jeg oplevede det... på en anderledes måde, mere intens måde, en ny måde, faktisk.

[Du gør et eksempel på det?] Jamen jeg synes det var generelt, hver gang jeg var nede hos Ellen. Vi aftalte jo altid... Ellen spurgte 'Hvad ku du tænke dig, hvad har du behov for, hvad trænger du til’? Og så ku jeg jo sige: 'jeg synes jeg trænger til at blive stabiliseret i min... kamp for at holde mig på det niveau, som jeg nu synes 'her er jeg i øjenblikket og her vil jeg blive', og det vil jeg kæmpe for, at jeg ikke ryger ned over en eller anden skrænt, og øg i noget morads... i tvivl om ’bliver jeg nu rask’ eller ’hvil venter der mig’. Altså jeg vil blive på den vej der, som jeg har bestemt at her vil jeg altså gå, og jeg vil ikke ned til nogen af siderne. Jeg vil blive oppe på vejen. Jeg kunne tænke til at blive stabiliseret i den der ”kampivier” eller hvad man skal kalde det. Og det synes jeg var underligt, at når jeg så fik et musikstykke, så på en eller anden måde kom det til at passe med det som jeg havde forventet, at det ville gi mig.

[Det kunne stabilisere den kampvilje eller det behov for at være i en konstruktiv position?] Ja. Jeg har også lagt mærke til at du skriver i spsk nogen kommentarer, som jeg synes var så søde, ...bl. a. til sp. ’Nyder du stadig væk de ting, som du nød før i tiden?’ Så skriver du: ’Ja, det gør du ... helt så meget som du plejer, men til tider mere end du plejer!’ Ja. ’og jeg nyder også helt andre ting end jeg plejer’. Er det noget af det samme det handler om? At der dukker nogen ting op?

Ja det er det faktisk, fordi oh... Før var jeg jo sikker på, at jeg var jo en af de heldige personer som aldrig kunne blive syg og som simpelthen ville leve til jeg var 95 år, og så ville jeg bare lige sige farvel og tak på en nem måde, ikke. Det har været mit udgangspunkt, faktisk hele mit liv. Jeg har virkelig troet på at jeg lignede min far så meget både af sind og natur og alt muligt, at jeg havde hans gener og der var ikke noget der ku ramme mig, [og han var jo frisk og rask til han var over 90] Ja. Det var jeg overbevist om. Men så fik jeg altså det der chock som det faktisk var... Jeg blev rystet i min grundvold, fordi jeg fandt jo ud af, jamen jeg var jo temmelig menneskelig, jeg var ikke noget ’overnaturligt’ fænomen. Jeg blev jo ramt af kræft og det måtte jeg forholde mig til på en eller anden måde. Og jeg gik da ned med flaget i begyndelsen – jeg tænkte, at jeg kan da lisså godt.... enten så dør jeg af kræften eller også så dør jeg af behandlingen mod kræft; ....jeg var sikker på at der var ringet afgang for mig.

5:00

Men så fandt jeg ud af hen ad vejen, at jeg var jo stadigvæk i live. Jeg trak jo vejret, og jeg har jo ikke haft smerten på noget tidspunkt – det har jo været det mest underlige ved det hele...jeg har ikke haft én smerte i det forløb her. Det gik op for mig hen ad vejen, at jeg var jo i live, jeg trak vejret, den ene dag gik jeg og jeg var i live, og den næste gik jeg og jeg var stadigvæk i live. Nå, men så tænkte jeg, jeg dør sikkert ikke de første par måneder i hvert fald, det er der ikke så meget der tyder på. Og så var det ligesom jeg begyndte at lægge mærke til andre ting end jeg havde gjort før. Jeg tog ikke alting lige så ... kontant som jeg altid havde gjort – ’hurtig afregning’ hvis der
var et eller andet jeg ikke kunne li. Jeg blev mere opmærksom på at livet er mange andre ting end det jeg lige havde gået og regnet med, at sådan var mit liv. På en eller anden underlige måde kom musikken så ind og kom til at betyde så meget for mig. Sikkert fordi jeg havde den der underlige oplevelse, hvor jeg blev opereret til musikken, ikke – og det satte nogen ting i gang.


Men det var ligesom den oplevelse efterlod en slags vacuum – jeg tænkte at der er altså et eller andet med det der musik jeg skal have fat i.... [Det kom til at repræsentere noget for dig?] Ja. Det var sådan set det, der satte det i gang, tror jeg – altså den underlige oplevelse med operationen. Og jeg havde det virkelig så godt, da jeg vågnede op: Jeg havde ingen kvalme og ingen smerte. Jeg kunne ikke mærke noget som helst, og det... tror jeg altså også havde noget med musikken at gøre, det tror jeg. Så kom min datter med en hel masse forskellige eller, som jeg lå og lytter til der på hospitalet resten af tiden. Og jeg fik sådan.... mer og mer hang til at jeg skulle have det der musik, selvom det var så nyt for mig, ikke, for jeg er jo ’analfabet’ på det område der.

[Som en ny ven, du havde fået?] Ja, det var virkelig noget helt nyt, der var kommet ind i mit liv. På sådan en lidt akavet måde. [Ja]

11:00

Oh, ... så fandt jeg ud af... jeres pjece, den fik jeg simpelthen på KB, hvor jeg havde nogen – jeg tror jeg havde 10 psykologsamtaler eller noget. Så en dag dag jeg kom derrne fra havde jeg fået datoen skrevet op på en af de der pjacer. Den læste jeg så på da jeg kom hjem og tænkte: Nej, men det lyder da meget ... jeg tror det nu var lige noget for mig, det der. Gud ved om jeg kan tillade mig og prøve at ringe? Jeg gik sådan et par dage og funderede lidt frem og tilbage. Og så til sidst så tænkte jeg, nej nu tager jeg over tværs, nu ringer jeg, og så må vi se hvad der kommer ud af det.

[Og det gjorde du så! Og det var meget fint. Det betyder også, at du er den af dem der ha været med, som har været tættest på din operation da du startede. De andre har
været mere eller mindre på afstand af den]. Ja, det sagde du også, allerede da jeg startede, tror jeg nok. Ja. Det var jo faktisk... lige kort efter at jeg havde fået strålebehandling, at jeg begyndte hos jer. [Men det har jeg også på fornemelsen, at det har spillet en rolle for hvordan du har brugt det her, at du har brugt det meget til at bearbejde alt det du har oplevet. Kan du sige noget om det?]

Altså tænker du på hvordan musikken har hjulpet mig? [Nej jeg tænker sådan meget bredt, altså hvad tror du selv det betyder, at det var så relativt tæt på?] Det tror jeg da... virkelig var guld værd, fordi at jeg blev fanget i den periode hvor jeg også var motivert for at jeg jo ville finde en eller anden ting og støtte mig til, en eller anden ting der ku bære mig igennem det der.... Jeg vidste jo ikke hvordan jeg skulle tackle det, vel, altså... det tror jeg betød meget at det var så kort efter at jeg blev opereret, jeg var jo ligesom i forløbet...

[Ja, og du havde de der meget vigtige eksistentielle spørgsmål meget tæt på?] Ja, det havde jeg... (pause) det havde jeg virkelig.

[Noget af det der er interessant ved de her spørgeskemaer det er, at det kan man sådan set ikke se på dem!] Nej. [Fordi når man kigger på hvordan du udfyldte dem i starten, så var alting jo fint! Så... som jeg sagde til dig: 'Hvad skal du overhovedet være med her for – det er jo fint alt sammen?!' Det kan sådan set ikke blive bedre: Du har ingen smerner, du har det fint med livskvaliteten, så: Hvad er det sådan nogen skemaer IKKE fanger?]

De fanger ikke de der "mellemrum", der er imellem at man har haft det så godt som jeg har haft det. Så har jeg jo haft de der ture, hvor jeg har været helt nede før jeg så kom op igen. De der skemaer – hvis jeg sad her og skulle udfyldte dem nu, så ville det ligne det andet, fordi jeg har det jo godt, ikke – og mit liv det bliver jo ikke ret meget bedre end det er nu, det er jo jo klar over. Sådan er det bare, ikke. Jeg sidder ikke og vurderer ud fra hvordan mit liv det var da jeg var 20 år. For det er her og nu: Sådan er mit liv nu ikke. Altså det bliver måske ikke ved med at være lisså godt, det bliver nok ringere hen ad vejen, ikke, men altså... Men de ture, du så har nu i kulkælderen de fremgår så ikke af skemaerne. [Næh altså, det eneste man kan se noget, det er mellem det allerførste du udfyldt og de næste to gange. Det var der, hvor du havde en infektion, og der havde du det faktisk dårligt et par gange. Men samtidig havde du nogle meget fine oplevelser i rejserne, så der er et eller andet der slet ikke passer sammen der, kan man sige. Så derfor er jeg meget interesseret i om du kan sige noget mere om det, du kaldte "mellemrumme" lige før – det som skemaerne faktisk ikke viser noget om, men som helt klart har været vigtigt.]

16:00

Det er f.eks øh... det kommer ... jeg vil ikke sige som et lyn fra en klar himmel, men det er ligesom der går et interval hvor det sådan bygger sig op i dig, at... latså... så kommer tvivlen om at du nu overlever, og hvad venter dig nu forude og... også har over at hvorfor er det mig? Mig som har passet på: jeg er ikke blevet overløst, jeg har ikke roget, jeg har ikke drukket og jeg har ikke rendt med andre folks mænd og... (ler) [Det er uretfærdigt?] Ja! Hvorfor er det mig? Hvorfor er det ikke.. de der 'ladeporte’, der løber rundt på gaderne, en meter brede og ikke passer på deres helbred. Der er sådan en harme over at...en sådan uretfærdighed, at.... [den har du jo været meget bevidst om og også vedkendt dig, ikke?] Jo, det har jeg. [Men ikke rigtig kunnet stille noget op med den?] Neeej altså... Jo, jeg har ... jeg er kommet lidt over det. Jeg prøver at fortælle mig selv, at sådan hænger det ikke sammen. Der sidder jo ikke én deroppe et sted og deler kræft ud! [(Ler) Nej, det gør der nok ikke!] Så... jeg tror nok jeg har lært mig selv at være lidt mere fornuftigt, hvad det angår. Men i begyndelsen der kunne jeg blive dybt... jeg kunne blive rasende, gal i hovedet og, ja...
[Altså fatisk falde ned i en af de grøfter, du snakkede om?] Ja, det kommer sådan... jeg ved ikke hvornår den næste tur ned i hullet den kommer, men den kommer – på et eller andet tidspunkt. Der går måske 14 dage, altså nu er der begyndt at gå lidt længere tid imellem, ikke, men... F.eks. inden jeg går i seng, så læser jeg altid lidt, ikke. Jeg kan være optaget af det jeg læser. Og så kan jeg slukke jeg lampen og så tænker jeg ’Nu lægger jeg mig til at sove’. Så kommer der bare sådan ’bong’ et slag i hovedet, og så vælter det ind over mig altså... situationen som jeg er i. Så ser jeg ligesom på min egen situation med nogle andre øjne end jeg normalt gør, når jeg har det godt ikke. Jeg ved ikke om du forstår? [Jo jeg tror godt jeg forstår. Men hvad stiller du så op med det nu – i forhold til hvordan det var før?] Jamen jeg stiller det samme op som jeg altid har gjort: jeg tuder – og jeg jeg raser – og ja.... jeg tager sådan en tur – ned i møget. Og så, jamen.. der er jo grænser for hvor mange tårer der er i en, så det holder jo op, ikke [Og det ved du altså at det gør] Ja det ved jeg.

[Du sagde på et tidspunkt, at det du fandt ud af var – at du var dødelig.] Ja. [Og det må så også være fordi sådan nogle ture hører med til det at være et dødeligt menneske?] Jaah, ... ju er jeg jo ikke den eneste der skal dø. [nej, det skal vi alle]. Ja, det skal vi alle – det sagde jeg også før, når man snakkede om døden, ikke. Men.. Jeg har jo et andet... et andet forhold end jeg havde før. [Hvornår mærkede du, at det havde ændret sig?] Det begyndte allerede før jeg blev opereret, i de der 14 dage hvor jeg gik og ventede. Øh... En gang imellem så tænker jeg på, at jeg ved jo faktisk hvad Marie Antoinette følte, da hun blev kort i kæren – det tror jeg.... [Det må have været meget mærkeligt – at føle det sådan?] Ja... det er nok sådan helt inde ved benet, tror jeg.

[Men var det sådan at du lige frem træf nogle beslutninger om, at ’når det nu er sådan, så skal jeg gøre sådan – med det liv jeg har’?] Det har jeg prøvet, i alle tilfælde, altså det.. tænker du med hjernen, at hvis jeg n har to år tilbage, så vil jeg ikke... spilde de to år på sådan noget fniddør-fnadder, f.eks., som ikke siger mig noget. Så vil jeg have fuld valuta, ikke. Det ved jeg så ikke rigtig om det er helt lad-sig-gørligt at gennemføre. Det tror jeg ikke. Fordi at... jeg tror ikke, du kan bestemme dig til at du vil leve 100%. Det kan du ikke bestemme med hjernen. Det tror jeg ikke man kan. For der kommer altid et eller andet, der trækker den anden vej, og så kræver det jo en kolossal ...øh, råstyrke ligesom at fylde kul på den der motor, ikke. Og hvor skal det komem fra – bræmdstoffet. [Ja hvor skal det komme fra og – det skal jeg jo spørge dig om – hvad har musikerapiforløbet betydet i den forbindelse? Har det været sådan en slags brændstof]

ja, det har været ... ja, det har været et brændstof – på den måde, at jeg har... altså i forbindelse med at jeg har læst nogle andre ting også. Kender du Depak Chopra? [Ja] Ved lægevidenskabens grænser, tror jeg han har en bog der hedder... altså jeg har haft nogen skyldfølelser over, at jeg synes ikke jeg har været god nok til mine børn, og mange andre ting. Det har faktisk været så stærkt, at jeg indimellem har følt at et var mest retfærdigt, hvis jeg nu blev straffet på en eller anden måde. Måske ved sådan en sygdom, eller måske ved at jeg slet ikke skulle være her på jorden. [Så du har starffet dig selv ved at blive syg? Den tankegang er dig ikke fjern?] Nej, den tankegang er mig ikke fjern. – Men helt præcist hvad det er musikken gør, det er lidt svært at forklare. Men for mig gir den sådan et ’fristed’, hvor jeg føler, at her kan jeg være, og her er noget som... altså her er det mig, der er – ikke hovedpersonen, men.. her er det mig, der betyder noget i mit eget liv. – Det lyder skørt, gør det ikke? [Det lyder fantastisk rigtigt, synes jeg, ikke spor
skort, for det er virkelig svært at beskrive hvad det er. Det er er også noget med altså ‘Hvem har kontrollen her?’ Det er også et sprogsmål jeg godt vil stille dig, når du beskriver det som et ’frirum’ – det lydet som om det er dig der har kontrolleren? Ja, det er det fordi at... jeg kan jo bestemme hvad jeg vil, ikke – selvom det så er fantasili, det ved jeg ikke om det er, for det er jo meget levende, de oplevelser, når de er der. Men jeg bestemmer jo, hvad jeg vil. Og jeg bestemmer, hvordan jeg vil altså hvor musikken skal bringe mig hen, og hvad den skal gøre ved mig, ikke. Det bestemmer jeg jo. Og det synes jeg... det har jeg måske haft behov for at forstå mig selv, at den der bestemmer i mit liv, det er jo mig, ikke. Og det forbindes jeg så også med Chopras teorier om at ‘tankerne skaber kroppen’, siger han. Det synes jeg er en lidt underlig tanke, indtil man tænker den rigtig igennem, ikke. Men det betyder jo, at hvis du forestiller dig at du bliver syg, eller du fortjener at blive syg, så bliver du sikkert syg. Det tror jeg på. [Og hvis du forestiller dig at du kan bestemme i dit eget rum...at jeg vil være rask og blive ved med at være rask, så... er det den vej jeg skal. [Og der virker musikken så som et brændstof, der holder den type tanker i gang. Kan man sige det sådan?] Ja. Det gør den. [Jeg kan også se, når jeg sidder med oversigten over hvad der er foregået undervejs, netop at du beslutter de for i de enkelte rejser, at ’så vil jeg gå den vej, eller så vil jeg gå den vej’]. Sommetider er der nogen veje du beslutter dig for ikke at gå, som du så bagefter siger til dig selv ’Nej, den skulle jeg hekkelig have gjort’. Jeg ved vel ikke om du kan huske, der dukker sådan en allé op som et temapå et tidspunkt? Jo, der kan jeg godt huske at jeg havde den der fornemmelse af – som jeg får når jeg går ind i sådan et hul der, den der døds spiral eller hvad det er for noget – at det havde jeg absolut ikke lyst til på det tidspunkt der. Det var sådan en helt tydelig fornemmelse jeg havde: jeg så den der alle, og så tænkte jeg: Nej, det er jo mørkt og farligt – der skal jeg ikke ind, nej.” [Men bagefter bebrejdede du alligevel dig selv, at du ikke var gået derinde.] Gjorde jeg det? [Det står der i hvert fald i noterne. At du... ’Nej, det skulle jeg alligevel ha gjort.’ Jo, jo men det kunne godt ligne mig. For jeg har nok tænkt, at... jeg burde jo måske finde ud af om det virkelig VAR så farligt, i stedet for bare at lade mig skræmme af tankerne der. For måske var det ikke så farligt, eller er det ikke særlig slemt at gå ind ad den vej der, som ender med, at nu er det slut, altså. [Faktisk så kommer du jo igennem den i sessionen efter kan jeg se. Gør jeg det?] Ja. Der dukker den op igen, og så – jeg kunne først ikke rigtig finde ud af Ellens noter, jeg skal lige finde dem... der står: Det starter i en kirkesal med søjler, og det er meget fredfyldt. Og så dukker den pludselig op. ’En tur igennem allén. Swirp!’ Står der. Som om du lige røg igennem den – og det siger Ellen, at det er det det handler om, det var simpelthen en fornemmelse af nærmest at blive suget igennem. Kan du huske det?] Det står ikke helt tydeligt for mig, men jeg kan godt huske kirken og søjlerne – det må have været sådan noget Messias-musik eller sådan et eller andet – men hvordan den lige pludselig dukkede op... Men det har måske været fordi søjlerne har mindet mig om allén. [Ja, det tror jeg. Der er sådan noget emd formerne, der er helt klart beslægtet med hinanden.] Ja, og så har jeg jo været i en anden stemning på det tidspunkt der, hvor jeg har haft mere mod måske. [Ja, og så har den musik måske støttet mig mere. Der tror jeg også der er stor forskel på om musikken stimulerer en til at gå ind i det som vanskelt, eller om den ikke gør det. Og det er noget der tyder på her. Og så er det pludseligt gået meget meget hurtigt og tilsyneladende smertefrit. Og så kommer du ud på en åben slette, og havet dukker op osv. Men det er jo klart, at når man får en livstruende sygdom, så spekulerer man på døden, ikke. Og jeg spekulerer da også på, hvordan man død bliver. Det kan man jo ikke lade være med, men...oh... Jeg er ikke sikker på andet end at man gør sig en hel masse unyttige spekulationer og laver en masse skrækseneri over hvor rædelsfuldt
det bliver og hvor dybt et trauma det er at dø. Jeg tror da rent faktisk, at de fleste mennesker får en bredfyldt død, ikke. Det tror jeg da. Det behøver... eller det bør da ikke være noget man behøver at bruge sit liv på at gå og være bange for den dag man skal dø. Ikke. Det ville jo være lidt bagvendt, ikke. [Men har musikterapien givet dig nogle indsigter på det punkt der – eller gjort det nemmere for dig at komme overens med de tanker?] Jamen jeg ved så ikke om det er musikken der har gjort det, eller ...


39:00
Ja, og det hænger jo sammen med, at jeg har jo altid følt, at jeg skulle præstere. - For at blive anerkendt skulle man arbejde hårdt, og længe og vedvarende og... – ellers så har man ikke... fortjent at blive anerkendt. – det har været sådan... Jeg ved ikke, om det hænger sammen med min skolegang, det kan jo godt være. [det er der noget der tyder på.] Jeg har altid følt, at jeg skulle præstere noget, og jeg sku’... hvis jeg skulle have det godt, skulle jeg have gjort mig fortjent til det, og det skulle altid være ved afsavn og hårdt arbejde, meget hårdere end alle mulige andres arbejde, for det skulle jo være noget, der sådan virkelig kunne ses, at det var mig der havede præsteret og arbejdet og gjort mig fortjent.... Og så har jeg jo følt at jeg ikke altid blev belønnet for
Cut 50:00 .....Nu vil prøve at ændre... prøve at styre mit temperamt. Nu vil jeg prøve at lære at være tålmodig, lytte lidt mere til hvad andre siger til mig, tænke lidt mere før jeg slynger noget ud. Det tror jeg altså ... jeg går op i hvert fald en gang om dagen og lytter til ... jeg har f.eks. Bobby Zachariaes bånd. Det lytter jeg til hver dag og så lytter jeg til Ellens to Cder. Det giver mig lige ... den time, hvor mit stofskifte det forandrer sig og falder til ro eller hvad det nu er der sker. Der får jeg klare begreberne og der får jeg lidt tænkt igennem, eller... tanket op på en eller anden måde, sådan at jeg føler mig meget rolig og afslappet, parat til at tackle problemerne når jeg kommer ned igen,


Jamen det er meget forskelligt. Nogen gange så ligger jeg bare og døser og det siver bare sådan ind igennem, og andre gange ser jeg ting som jeg gjorde... men det er bedre, når Ellen sidder der. Det er ligesom en guide, ikke. Jeg går mange gange ved stranden og jeg ser bølger, og jeg ser skyer. Det er altid noget med himmel og hav og bølger. [Det optræder mange mange gange i dine billeder, og det virker altid som om det er forbundet med stor frihed.] det er altid noget med...Når jeg føler tingene blir for meget tar jeg min jakke på og går ned til stranden (det er sådan, ... sådan har jeg altid haft det, osse før jeg blev syg). Som barn var jeg nærmest sådan en lille hund uden snor – [latter] med moderne sprogbrug så vil man sige at de børn der på landet i gamle dage gik for lud og koldt vand. Altså der var ingen opsyn, der var ikke nogen der kerede sig om hvor man var, hvad der kunne ske, hvorfor man nu ikke lige kom hjem til spisetid.... Jeg sad tit oppe i det højeste træ jeg kunne finde ude i skoven, det var ligesom min sport. Der var ikke det træ, jeg ikke kunne komme til tops i. Det var en udfordring: jeg skulle altid op, i de højeste og de vanskligst bestigelige trær – og der var der ingen der kerede sig om at jeg sad deroppe. Nogen gange kunne jeg være dødsens ræd for, hvordan jeg nu skulle komme ned igen... det var der ikke nogen, der...

[Jeg kan godt forstå at du har haft nogen, hvad skal vi sige ... en mangel på at nogen lærte dig nogle vigtige ting. Du måtte selv finde ud af det.] Det har du evig ret i, jeg måtte selv finde ud af det. Og det har jeg ikke været sådan lige god til det hele. Jeg har da lært at overleve og bide fra mig nogen gange, og sådan bokse tilbage og sådan nogen ting. Men jeg føler, at jeg er vokset op ved døren. Mor bad såfadervor hver aften... [Var det så en trøst – eller hvordan føltes det? Det er jo ikke noget i sig selv. Det er det man føler ved det.]

5:30

Ja. ... Jamen det kan jeg ikke sige. Jeg syntes, begge mine forældre var så fjernt fra mig. Den eneste gang jeg kan huske min far holdt mig i hånden det var en gang hvor vi var ude at gå en tur (og det lyder jo helt skørt, at vi skulle have haft tid til det, så det må nok ha været en søndag eftermiddag). Men.. Jeg havdeså let ved at blive forkølet og hostede, jeg havde bronkitis og sådan noget som barn, og så var jeg kommet af sted uden mine handsker. Så har han alligevel syntes det var lidt synd for mig... så han tog han min hånd og sådan varmede min hånd med sine store hænder. Og det er jo lidt sørgeligt, at det skulle være den eneste erindringer, ikke. Men jeg kan ikke huske sådan kærtgen eller et nært forhold eller omfavnelser eller kys. [Der blev ikke givet ved dørene!] Nej. [Nej. Så du fik da lært at livet var en barsk affære, og at du selv skulle finde ud af tingene.] Jeg er aldrig blevet rost eller noget, og jeg tror altså de er meget vigtigt for børn at de bliver rost, ikke sådan i tide og utide, men altså at man
bemærker at de er der – de skal bekræftes i deres eksistens, ikke. [Men det er noget af det, du på en eller måde har fået lært i dit voksenliv?] Ja. Særligt her til sidst. Fordi der har jeg så også tænkt meget på at ... nu er der så en anden bog, som hedder De ni indsigter, kender du den [James Redfield]? – Ja, der er så en der hedder Den tiende indsigt, lidt fantastisk ikke – Men i den tiende indsigt siger han jo at man ved ens ånd eller sjæl, eller hvad man nu vil kalde det, eksisterer før det jordiske liv, ikke, og at man bestemmer – i det han kalder ”the afterlife” – der bestemmer man, med hvilken hensigt man vil komme til den ny eksistens med – en eller anden opgave eller en eller anden ting man vil lære, eller noget. Jeg ved ikke rigtigt om jeg tror på det sådan helt bogstaveligt [Men på et eller andet symbolsk plan gir det mening for dig?] På en eller anden måde så kan jeg godt gå med til at man kommer.. eller at de der 70 år vi har her på jorden (eller hvor meget det nu er), det handler om at lære et eller andet, ikke. Og der tror jeg så for mit vedkommende har det handlet om at jeg skulle lære, hvor vigtigt det er at have tætte forbindelser til andre mennesker, altså... Ting som kærlighed og venskab og hæderlighed, altså at man er reelt og ærlig. Altså at man er... ja, jeg ved ikke om jeg kan finde et bedre ord end hæderlighed. De ting der hvor vigtigt det er for at man kan få en ordentlig eksistens. [Og så kan man sige, at du har fået en meget vanskelig start hvad lige præcis de ting angår?] Ja. [Men det er begyndt at falde på plads for dig?] Men jeg har alligevel... haft – på en eller anden facon har jeg haft noget med mig derhjemme fra alligevel. Min mor var meget religiøs, ikke. Hun var ikke en type der sådan viste det i omsorg for os unger eller.., men hun havde sådan mange teorier. Det var altid sådan noget med, at man skulle opføre sig ordentligt ikke, og det var nærmest sådan at hvis man ikke gjorde det, så sad Gud deroppe og holdt øje [så skulle han nok kommen efter dig! (ler)] Ja, men alligevel så synes jeg trods alt at de ting der som er grundlæggende for mig, dem har jeg derhjemme fra, altså med at jeg altid ... Vi havde det jo frit på en eller anden måde, alligevel. Der var jo ingen bånd sådan at... Jeg var ikke sådan plaget med at jeg skulle arbejde, som mange andre børn skulle. Jeg var god til at sno mig uden om og ud i skoven og ned i engene og væk, ikke. Og hele det frie liv derude i naturen det har jo givet mig noget alligevel, på en eller anden facon, som jeg synes jeg trækker på i dag. [Det kan jeg også se i nogle af dine billeder; der er nogen fantastiske naturbilleder og også nogen indtryk af... - altså du har det der billede med at lyset der tager over og skyggerne der trækker sig tilbage, som går tilbage til en naturoplevelse fra din barndom, ikke] Ja. [Det virker som en meget stærk oplevelse, en indre vished om at noget er på en bestemt måde. Er det rigtigt forstået?] Ja, det er det. Jeg levede meget meget... jeg levede nok lidt vidt som barn, tror jeg. Altså jeg var altid ude i ... enten var jeg nede i Gram storskov eller i vores egen lille.. det var ikke vores, men den der lå lige over for vores ejendom – eller nede i engene, hvor bækken gik sådan igennem; eller også havde jeg en hule et eller andet sted, hvor jeg trak mig helt tilbage og så havde jeg bøger og alt sådan noget med. [Du levede dit eget indre liv. Også meget alene?] Ja, jeg var nok meget alene som barn, det tror jeg. [Men det var du så også mere eller mindre nødt til.] Ja, jeg var ikke... sådan en – selskabspægejøge. Mange andre børn, ikke også, det var jo sådan mere i klynger. Men jeg legede da med vores nabos børn. Og så var det lidt underligt fordi at når jeg så endelig ville lege med de andre, så syntes jeg alligevel det var naturligt at jeg skulle bestemme! Og det kan jeg jo heller ikke rigtig få til at passe med... jeg har nok været sådan lidt ambivalent, tror du ikke? [Jo. Du har ønsket det, men ikke rigtig vidst hvordan man gjorde (ler) og heller ikke været helt sikker på...] Nej, det kan da også have været et forsøg på at se hvor grænserne nu gik, ikke? For det kan jeg da tydeligt huske med mine søskende: hvis vi nu legede noget med soldater, så var det altid mig der ville være sergent – og
fik de andre til at marchere (latter). Det synes jeg jo ikke rigtig ligner det jeg sidder her og fortæller om mig selv (ler). [Ja, og så dog. Det kan jeg godt få til at hænge sammen (ler.) Du har jo svaret på spørgeskemaet fuldstændig konsekvent, lige siden den anden gang: at musikken gav mening for dig, at billederne gav mening for dig og processen hjalp dig osv.. Hvad synes du er det vigtigste du tager med dig i forhold til hvad du har lært af det her forløb?]

jeg ville nødig undvære musikken i mit liv nu. Så tror jeg virkelig, jeg ville blive deprimeret, og så ville.. min livsvilje nok få et knæk. Jeg ville ikke kunne mobilisere så meget overskud til at.. kæmpe for at have den der positive indstilling hele tiden som jeg tror er nødvendig – uden at det skal blive en tvangstanke. Men jeg tror virkelig, at det er nødvendigt at man skal - altså for at bruge det der billede – ’gå midt på vejen’. [Og det siger du om musikken – som betegnede dig selv som en ”musikalsk analfabet for et halvt år siden?] Ja, det er sådan lidt værft, og jeg kan heller ikke rigtig forstå det. Nogen gange så tænker jeg også ’hvad er det for noget underligt noget jeg er midt i’ (ler) – for når jeg hører noget musik, så kan jeg jo ikke sige ’det er det der toner’ og ’det der er noget andet’, sådan som andre mennesker kan. [Det kan godt være, der er noget du ikke ved om det, men – musikalitet er grundlæggende at kunne reagere på musik.] Er det det? [Ja, og det er jo det du har gjort i meget høj grad gennem hele forløbet. Der er da masser af mennesker der kan forælle dig, at nu spiller violiner og bratscherne sammen, og så kommer der en fagot ind derover. Men hvis de ikke kan lade sig rive med af musikken, så kan det hele jo være lige meget, fordi det er det der er der for.] Ja. Jojo. Men jeg har altid forestillet mig, at grundlaget de måtte være at man ligesom kunne synge, at man ligesom kunne noderne osv. [Det er ikke grundlaget. Det er nogle udtryksformer. Grundlaget er at man kan lade sig påvirke af musikken. Grundlaget for alt det andet. ] Jamen så tror jeg, jeg har været musikalsk hele mit liv! (ler) [Ja, det tror jeg også. Der er bare nogen, der har fortalt dig at det var noget andet det handlede om. Og det har du så troet på indtil for et halvt år siden.] Ja, det har jeg. Gordi... jeg var jo... hvis jeg ikke troede på det, så sagde at jeg skulle tro på, så fik jo jo et af ’svirperne’, ikke (ler). Det er jo helt tosset, at man har brugt sit liv... [Det synes jeg godt vi kan konkludrere: du er IKKE musikalsk analfabet.....]

[Kunne GIM have været et godt tilbud til dig tidligere i forløbet...?] Det er lidt... Nu kan jeg jo kun tænke på den situation, jeg selv var i. De 14 dage jeg gik og ventede .... Om det kunne have hjulpet mig i det chok der.. det er lidt svært at sige. Jeg er ikke helt sikker på det...

Jeg tror virkelig at jeg var så indelukket i min egen angst og sorg og fortivelse, at jeg var uden for rækkevidde i de 14 dage der. [Så tidspunktet var faktisk rigtigt for dig]. Ja det var det. Men det var jo godt set af Torill på min stue.. Og det må jeg jo takke hende for, ellers havde vi jo ikke siddet her i dag. [LOB fortæller om forsøget på Rigshospitalet. Det virker på de helt elementære fysiske parametre.... Noget helt andet er så det med billederne og det rum som skabes der. Det er jo noget helt andet. Det er jo noget psykologisk]. Jeg tror det med at få det direkte ind på pandebeen, det virker stærkere – end hvis det bare er musik i rummet.

[NBNB Esther ændrer mening på dette punkt. Giver udtryk for i gruppesamtale 1] [Mere om spørgeskemaerne.] Der stod jo ikke nogen steder hvor jeg kunne sætte nogen krydser. ’Hvor mange gange har du været nede i nogen huller siden sidst’. Spørgeskemaet går jo på den forløbne uge, og det siger så ikke noget om at i sidste uge der havde jeg en depression eller sort... Men sådan er det jo med den slags skemaer. De er jo hundesvære...

[Hvis man ser på to af spørgeskemaer, så kan man sige ud fra i hvert fald 2 af spørgeskemaerne, at så har det her ikke haft nogen effekt. Men det sidder du altså alligevel og fortæller mig at det har!] Ja det har været... Det har haft størst effekt i jeg vil ikke sige hele mit liv, men i hvert fald i mit seneste liv. Det er helt sikkert.
[Hvem tror du kunne have glæde af det her?] Ud over kræftpatienter? ... Depressive mennesker, tror du ikke? [Jo., lidt længere henne end det du kalder 'choktilstanden'].

[Du gik jo til psykolog i den første halvdel af forløbet. Hvis du nu skal karakterisere de to ting i forhold til hinanden – hvad fik du så ud af det ene og det andet?]


Men jeg vil sige, ved Ellen, det var jo meget mere sådan .. det gik jo meget mere på det følelsesmæssige. Der kunne jeg sige skidt pyt. Nu er jeg her og nu gør jeg sådan. Det kan også være lige meget.’ Jeg gav bare slip sådan [var det overraskend efor dig selv at du kunne det?] Ja, det var meget overraskende. Det var jo faktisk det jeg troede at psykologen skulle hjælpe mig med! Men hun sad der bare. [Hun var mere interesseret i dine tanker end i dine følelser?] Men selvfølgelig har det da hjulpet [det ser ud som om det har kompletteret hinanden]. Ja, det tror jeg også. [Hvorfor er det så svært – det er muligvis en fordom jeg har – for det medicinske system at forstå, at det med følelsenerne er vigtigt?] Det tror jeg da er fordi lægerne ikke lærer noget i deres studium om følelser. De tror bare kroppen er en maskine. Der er den der 'reservedelsteori’ [Apparatfejlsmodellen’, som den hedder]. Du får lige sådan en reservedel der, ikke. Man tager ikke helhedsyn til sindet – eller psykken eller sjælen (eller hvad man kalder det)...... Derfor undrer det mig også en lille smule, at sådan en som Bobby Z. Har lavet de Cder der... [Hvis han nu skal høre, hvad Esther mener om det her, hvad vil du så sige...?] Jeg tror det er vigtigt fordi sindet er overordnetet kroppen, og de teorier her eller systemer her de taler til sindet. Og det er dit sind der styrer din krop. Så hvis dunkan overbevise dit sind om at du har redskaberne til at blive rask, ike, så kan du sætte funktionerne i gang i din krop.

36:30

[Men det forudsætter jo, at man er enig med dig i at det er sådan det er] Jamen altså... Den teori kan jo være lige så god som den anden – den anden er jo ikke bevist: at kroppen kun er en slags motor. Energien kommer jo et sted fra ikke. Der er jo noget der starter en tanke, og den tanke starter nogle processer i din hjerne, som forplanter sig ud i din krop. Men tanken – hvad er det ..... og hvor kommer den fra?

Du kan se et menneske der er dødt – der er jo ikke noget der. Men et menneske der er i live.

39:00

[To små spørgsmål. 1) Hvad betød det at du var med i vores lille undersøgelse, at det ikke var selvalgt.?]

[Folkene bag spørgeskemaerne hævder at sp også handler om følelser?.. En af akserne i den måde sp er kombineret på, der handler om ’emotional functioning’... så det mener de altså selv de spørger efter.

Det siger jo bare hvor vidt forskelliget mennesker hjerne tager tingene ind. Der er sikkert 10 andre der forstår spørgsmålene anderledes end mig...

Noget af det som måske skal laves anderledes er ”...Hvordan har din tilstand været i den førlo bene uge” -> ”... den sidste måned eller lignende”.

Nu var sessionerne jo ikke altid med en uges mellemrum -> ”Den mellemliggende periode”.

[Det sidste spørgsmål: Erhver uge eller hver anden uge passende?] 

Hveranden uge – det var passende. Hver uge det ville have været for meget. ... Så ville jeg jo have haft en chance for at få de ”huller” med, som jeg har været nede i undervejs. De fremgår ikke (af spsk som jeg har udfyldt dem). – jeg kan jo ikke være på toppen hele tiden. Der er det jo unrealistisk, ikke? Jeg har jo stort set ikke haft lymfearm, jeg har ikke haft smerter eller fysiske men, jeg har stort set været symptomfri. Bortset fra den der infektion.

[Selvom du kan sætte et tal på din livskvalitet kan det alligevel ikke fortælle hvordan du har haft det – bag ved det, du har sat en ring om. Der kan være meget store udsving bag...?] 

Nej. Og det tror jeg generelt for kræftpatienter, at man bliver overmandet af stærke følelser, sorg, - der er en masse sorg forbundet med at blive amputeret, ikke – og fortivelse, angst, usikkerhed – om man nu skal leve eller dø eller hvad man skal – det vælter ind over en. Og så... jamen sålever man igennem den tid det nu tager, og så kommer man op oigen, og det er ikke altid nogen der har lagt mærke til det, for det sker jo tit om natten. Og hvem lægger mærke til at man ligger der og hyler.

46:20 

[Er der noget du har lyst til at tilføje?] 


Sluttrack 5 47.20

Appendix 6.4.4 Interview med ANHO 19.5.03

[1:40 Vi kan prøve at starte med spørgeskemaerne? Det er jo ikke så nemt...]

Nej, hvad skal jeg sige... Det er svært at udtrykke lige præcis hvad man føler, synes jeg, ud fra de skemaer, ud fra de krydser, synes jeg. Uden at sætte nogen ord på, synes jeg. Man skematiserer ting. Jeg synes også, at det svinger meget – det har i hvert fald svinget meget for mig – fra den ene gang til den anden gang. Jeg har tænkt, at det virker helt åndssvagt, når man gør tingene op – jeg har i hvert fald selv følt, at det har været meget spredt. der står, at man skal udtrykke hvad man føler lige ’her og nu’ og ’i denne uge’ osv (....) og på en eller anden måde forventer man måske, at det går den vej [opad] så jeg har i hvert fald tænkt, når jeg udfyldte det, at det her virker
mærkeligt. (…) Man kan godt sidde og have det godt mens man skriver, men man kan have haft det ad H til 2 dage, - og hvad så, egentlig?
[Når det er sådan, hvad tror du så egentlig spørgeskemaerne kan fortælle? Kan de fortælle noget? Kan de fortælle noget pålideligt?]

Ikke helt, synes jeg.
[Men hvis vi nu ser det over tid, så har du et antal gange – 12 – angivet hvordan ’du havde det her og nu’. Hvad tror du det fortæller, giver det et pålideligt billede?]

Det gør det sikkert nok, det udligner sig nok. [Tro du det?] Jeg ved det ikke!
[Hvad tror du spørgeskemaerne fortælle om dig?] om mig? [Ja, om din proces]

Altså… har du svaret på? [Ja, men jeg vil gerne høre hvad du tror].

Jeg tror, det er sådan en eller anden….Lidt sort – jeg synes ikke jeg har bevæget sig så meget, tror jeg. [Det er din egen fornemmelse?]. Ja, det kan godt være det har bevæget sig lidt ind imellem, men de sidste gange… der var sådan…..

[LOB afslører resultaterne – det har alligevel bevæget sig en hel del]
[1. HADS] Der er mange der er ret dårlige hva’?! (LO ler) [Jo men det har alligevel bevæget sig ret meget fra start til mål, i hvert fald i det her spørgeskema. I positiv retning over tid, (forklarer præ-post-fu). Du angiver, at du har fået det bedre mht livskvalitet, du har angivet at du har mindre angstfornemmelse, at du har det anderledes med angst, og du har angivet at du er mindre deprimeret end du var før…] (Lidt tvivlende mine) OK! Jamen det er osse svært at forholde sig til hvordan det var der for et halvt år siden… Det kan jeg nærmest ikke sætte mig ind i. Og det kan godt være, at der er sket en bevægelse og det er blevet bedre, men hvordan er det… er det sådan eller sådan? ...


8:00 Jo, jeg havde det da dårligere i starten, det er da helt klart… men… nár man sidder der med skemaerne og plotter ind, så synes jeg bare det virker ens. [Ja det er klart. Og når man ser på dem fra uge til uge, så flytter de sig jo heller ikke ret meget, så er der måske en eller to af dem der flytter sig. Så over tid, så lægger man ikke mærke til det. Men det er selvfølgelig også derfor de vil ha at man skal bruge dem over længere tid. For at se om der er noget at komme efter (fortsætter med at forklare kontrolgruppe osv.) Så det fortæller klart nok, at du har fået det bedre. Men det er jeg nu ikke sikker på afspejler din egen oplevelse af hvordan det er?]

Nej ikke helt, ikke sådan rent psykisk... Jeg har fået det lidt, nej en del bedre fysisk [Færre symptomer og mindre smerte?] Ja. Men det er jo også nogen konkrete smerter, som har været inde og vippe en gang imellem..... [Og det har formodentlig ikke noget med musikterapien at gøre? Eller tænker du selv der er en sammenhæng?]


[Men psykisk oplever du ikke at der er sket den store forandring?]:

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Nej desværre ikke. Altså sådan modløshed og hængemule... sådan er jeg jo ikke hele tiden... – jeg ved ikke om det er blevet mindre – det kan godt være?

[Du kom jo netop med en målsætning om at du ville gerne.....]

Jamen det er så svært, for det [er jo så ukonkret?] Ja. Jeg tænker mindre på det, mere på at jeg overlever, jeg tænker mere på at jeg har et liv foran mig, - men så tænker jeg: hvad for et liv? Det er ikke sådan gleden ved det. Gleden ved at opleve eller fornemme at jeg har et liv foruden, den er der ikke. Og det skuffer mig. [Det fylder dig ikke med store forventninger?] Nej. Det har jeg ellers ventet og håbet på. Og jeg synes det er mærkeligt – jeg kan ikke forstå, hvorfor det ikke følges ad lidt for mig! Hvorfør... hænger sammen med, at jeg måske ser en fremtid. [Gør du dig nogen tanker om, hvad der skulle til?] Jeg har snakket meget om et meningsfuldt arbejde, og det tror jeg stadigvæk på – for en dag er sgu lang, når man har haft arbejde, 3 børn osv. tidligere. Livet har været fyldt med både arbejde og børn og alt muligt, ikke. Så er det for tidligt... nogen gange synes jeg ser rigtig gammel ud når jeg ser mig i spejlet, andre gange er det ikke så galt – så burde der være lidt mere... kød på livet end der egentlig er. Det er det jeg tror der får det til... [Der er ikke nogen kvalitet i sig selv i at overleve?] Altså på en måde... og det er jo lidt skræmmende at tænke sådan! Lidt skræmmende for mig selv, at jeg ikke føler det som en større glæde. Det er 'bare OK'

(ler). Jeg savner den der glæde ved livet. Før havde jeg sådan en tro på, at jeg skulle det og det, jeg skulle sådan og sådan. Det kan jeg slet ikke svinge mig op til mere, altså. – Jeg skulle til Australien, jeg skulle dit og jeg skulle dat, spare sammen til ... nu kan jeg slet ikke overskue hvordan jeg overhovedet skulle kunne det. De der drømme – det er ligesom de er forsvundet. Altså, de er ikke forsvundet... [De er der bare ikke lige nu?] Nej de har ikke den der tiltrækning på mig som de havde før. Og så tolker jeg det lidt som opgivet, og det er skridesvært.... Jeg er blevet sådan lidt.. jeg ved ikke... man forventer måske at man ville være ligesom før, men det bliver man ikke. [Nej det bliver vel ikke ligesom før – men så kunne det måske blive anderledes på en positiv måde?]

Ja. Og det kan godt være det bare er noget pjat med det der 'meningsfuldt arbejde' – det er måske bare et eller andet jeg skal ha at tro på... [Hvordan er det forresten gået med det?] Om Møllestien: Det er jo ikke noget rigtigt arbejde, jeg føler mig lige så 'opbevaret' som de gamle dernede. Der er ti frivillige – sådan nogen som mig... kriminelle og den slags... aktivering, arbejdsprøvning... alt hvad man overhovedet kan hive ud af dem.. det føles ikke som arbejde. Men jeg skal til samtale næste uge ude hos en psykolog, som kunne bruge en 10-12 timer om ugen til noget kontaktarbejde. Jeg skal have noget at gøre for de penge der kommer ind ad døren.

[17.00 Det er sådan en meget indgroet holdning hos dig - at du kan ikke bare tillade dig at sætte dig tilbage og sige 'det er da dejligt at de penge kommer, hvad skal jeg nu lave med al min tid'?

Nej! Og jeg har virkelig mange ting, men jeg får det ikke gjort. Det er ligesom om – ja, jeg ved ikke om det er sådan jeg tænker, men det må det jo næsten være: hvorfor går du ikke i gang med det? Det gør jeg bare ikke. Det er meget indgroet, og det tror jeg sgu ikke jeg kan lave om på, altså. [Det er svært] Den dag hvor jeg ikke skal ...

[18:35. Det tredje spørgeskema er sådan et der gør det muligt at gå ned og se nærmere på ’jamen hvad er det så for nogle enkeltspørgsmål der har ændret sig lidt, og det handler mere om hvordan du oplever din situation end hvordan den sådan helt kontant er fra uge til uge... De fleste er selvfølgelig næsten ens, men der er nogle der har flyttet sig noget, og nu siger jeg hvad jeg har læst ud af dine svar, og så kan du sige om du synes det er rigtig eller forkert.

Der er et spørgsmål der fortæller mig, at du er mindre ligeglad nu end da du startede på forløbet her.] Mindre ligeglad? [Spørgsmålet lyder: ”Har du følelsen af at du er temmelig ligeglad med hvad der sker omkring dig?” Og her scorer du markant anderledes nu end du gjorde før, hvor du scorede at var temmelig ligeglad.]

Og så skal jeg fortælle dig... (ler)? [Om du synes det er dækkende. Jeg leder nemlig ikke efter at det skal være store, fantastiske ændringer i det her materiale. Jeg er meget tilfreds med små ændringer, og her går vi helt ned i nogle detaljer, hvor du altså har angivet en forbedring.]


[Et andet spørgsmål lyder ”Har du ofte følelsen af at du føler dig uretfærdigt behandlet” Der skrev du før ”Temmelig ofte” – og det er blevet mindre]

Ja, det er selvfølgelig blevet mindre, for jeg syntes det meget i forhold til sygdommen og den måde jeg blev behandlet på, og selvfølgelig er det det samme på en eller anden måde [at det er uretfærdigt?]. Ja, men følelsen er nok blevet anderledes, sådan ’Nå ja. Det kunne ikke være anderledes altså’. Sådan blev det for mig. Men..

[Er det sådan noget irrationel vrede, du er kommet af med?]

Jamen det er det nok. Jeg tror nok, jeg brugte meget krudt hos Ellen (griner lidt) på de der instanser – lægerne og.. [Så det har noget med det at gøre?] Ja – jeg tør åbenbart ikke sige det til mig selv (begge ler)! [Så den er også godt nok?] Ja. [Så er der et spørgsmål ”Har du meget blandede eller forvirrede følelser eller forestillinger?” Det skrev du før, at du havde meget ofte, men det er blevet mindre også. Det er også rigtigt?] Ja. – Der er åbenbart små forbedringer! [Ja, når man kigger lidt nærmere efter. Og der er skam mere endnu. Der var et spørgsmål der læg sådan her: ”Når der skete noget i dit liv.... over- eller undervurderede det?” I starten angav du at du ikke så det i et realistisk perspektiv, men det har ændret sig?]

Jamen, det har det også. [Kan du give et eksempel på at du er blevet mere realistisk?]

Det er bl.a. det der med hospitalet – den måde man er blevet behandlet på. Jeg tog det nok mere personligt i starten. Men jeg er jo ikke den eneste. Der er nok ikke så mange der bliver behandlet optimalt, hvor det går fint.... Så mere realistisk set er det jo ikke kun mig – det er andre mennesker også. Også andre ting – i forhold til mine børn... Jo. [Den sidste er den som handler om ”Vil det lykkes at overvinde vanskeligheder”. Der var du ovre i den sidste giving i starten, nu er du mere til at tro på at det kan lade sig gøre?]


[Det var da fem små forbedringer. Så meget nødvundigent vil du godt indrømme, at der ... (ler)]
Nej ikke nødtvungent! ... Men det er bare sådan en ”snigende måde”, det er kommet på måske. Og det er også svært at huske tilbage på hvordan man havde det.


[Men selvfølgelig, det du hæfter dig mest ved, er at den spontane glæde ikke er der, den er ikke kommet tilbage]

Men det kan også hænge økonomisk sammen, for der er sgu ligesom ikke nogen muligheder. Jeg har en lille klat penge, og dem gemmer jeg, fordi jeg gerne vil have en kolonihave. Og det er da optimisme (ler) at jeg gemmer de penge, så jeg tror jeg får den! Det har forandret sig, helt klart. Det glæder mig at komme lidt ud, jeg funder meget ud og går jeg cykler meget, ud til stranden, ud til Møesgaard. Men jeg mangler det med at komme ud når foråret kommer, ud og rode lidt i jorden. Men jeg har ingen penge til at bruge til alt muligt andet sjovt.....


svært at sætte ord på bagefter – hvad det så er...] Ja det ved jeg jo så ikke om det ville være... for jeg syntes aldrig jeg nåede... jeg nåede sådan glimtvist derhen hvor jeg troede jeg skulle være... hvor jeg følte, at der skulle være så meget ro i mig selv eller så meget dybde, at man oplevede et eller andet, ikke. De kan også være mig der opfatter det forkert [Nej, nej] Det var i hvert fald sådan jeg fornemmede det.

Jeg synes jeg kan se på Ellens sessionsnoter, at der er nogle gange hvor du virkelig oplever at enten at du går dybt ind i musikken, eller at den går dybt ind i dig – at det gir en meget stor ro. Er det de oplevelser, du gerne ville have haft nogen flere af?]


Ja, men der har også været nogen ting der er kommet op bagefter [musikken], som vi har talt om, og som har været gode nok. [f.eks. det med vreden, vi talte om tidligere?] Ja. Der kom også noget omkring min første mand engang, og sådan nogen ting.....

Men set i bakspejlet så er det samtalterne jeg føler har givet mig mest.

[Synes du det har givet nogen redskaber, som du kan bruge til noget. Er der noget du tager med dig?] Jamen det har de gjort sådan løbende hen ad vejen. [Hvad har det f.eks. været?] Det ved jeg ikke lige sådan konkret. Der har været nogen personlige ting, omkring oplevelser... fra før i tiden, måske, som jeg har set på en ny måde. Fået set fra en anden vinkel og sådan noget.


[Det er meget interessant at mange af jer.... for mange af de andre har det billeddannelsen at gøre. Så det er meget fint at det for dig har mere noget med samtalen at gøre...]

Ja altså, det ville have manglet hvis der ikke havde været tid til de samtaler, for mig altså. Men hvis der havde været 20, så kan det jo være at der havde været en til som mig.

[42:00 Jeg synes jeg kan se at I har fået noget ud af det alle sammen – med det er meget forskelligt hvad I ud af det. En af de fællesnævnere jeg kan se, er det er det med ’aha, dette her kan ses på andre måder. Det kan måske godt betragtes fra en anden vinkel’, – og på den måde få nogle nye muligheder for også at gøre noget. Og det er da glimrende. Og jeg er da personligt ligeglad med om det kommer fra musikken eller fra samtalen ... (taler om ”trekanten”).]

Ja musikken også. Og nogle få gange også et billede. [Kan du give et eksempel].

Der var noget med en mur, bryde igennem eller komme over en mur. .... Men det var så samtalen bagefter omkring den mur – hvad det kunne være osv. – som kom op for mig var det vigtigste. Men det var startskuddet til samtalen, selvfølgelig.

[Der er nogle billeder, der dukker op flere gange, når man ser på noterne: en ballon – flere gange. Kan du huske det? Om det var vigtigt for dig?]

For mig var det ’noget der fylde’. [Jeg kan se af noterne fra jeres samtale bagefter. At det handlede om hvorvidt du havde lov til at ’fylde’ – og det er en ballon da et fint billede på].
Ja, og jeg føler, at jeg 'fylder for meget'. Altså: Det har jeg gennem min tid fået indikationer fra folk om, at jeg gerne vil bestemme det hele og sådan noget. Det er noget jeg har fået at vide, men sådan synes jeg ikke selv jeg er, jeg synes jeg lytter meget til folk. Jo selvfølgelig vil jeg også gerne bestemme, jeg vil gerne ha’ ... når jeg brænder for nogen ting, så helmer jeg næsten ikke, før jeg har fået dem igennem. Fordi jeg føler virkelig at det er det rigtige. Og mange gange har det også vist sig at være det rigtige at gøre. [Men måske samtidig gjort ondt på nogen?] Ja, det er måske dem der ikke selv kan stå fast med nogen ting, en form for [???] Jeg tromler ikke folk ned overhovedet, det gør jeg ikke. Så skal de i hvert fald komme og sige det konkret, ellers tror jeg ikke på det... [Det er et dilemma som er svært – men må jo leve med at det og det er vigtigt og rigtigt på den ene side, og at det gør genrer nogen andre på den anden side. Men hvis det er en side af dig selv du holder af, så har du et moralsk dilemma... Har du fået et nyt syn på det?]


[LO fortæller om kursusoplevelse, hvor folks arbejde var underordnet, deres person overordnet -> 51.50 Tænk hvis man talte sådan med hinanden!] Det skal folk jo tvinges til... Og så er det jo klart, man hænger sin hat op på hvad man laver - jeg ved ikke, om de andre også har... [Jo].... Jeg har i hvert fald gjort det meget. [Ja hvad er man så, når man har været syg og ikke har noget arbejde mere] Og så nu man ikke er sådan syg mere – hvor fanden er man så henne? Så er man helt i ingenmandsland. For før kunne man sige, at man var syg. Og kræft – ja, så kunne alle mennesker forstå det, så har man lov til at være syg, så er det meget legalt. Havde man sagt at man var sindssyg, så er det ikke sikkert (ler) de havde været så forstående. I den faze er folk meget forstående, men så er det som om man er i et andet land lige pludselig, hvor man ikke er noget. [Men jeg for nemmer, at du har en meget stærk indre fornemmelse af hvordan tingene skal være og at det er svært at få den bekæeftet af omverdenen] Mmm, ja. [Den skal du bare holde fast ved. Det er en styrke.] Ja. Men hvad når alle de andre idioter ikke kan se det! (ler) Hvad så, så bliver man jo helt alene! – [LO genfortæller digt af Benny Andersen]

58:20 [Hvad synes du forskellen var mellem besøgene hos KB-psykologbesøgene og det her forløb – mht hvad du har fået ud af det]?
Jeg har fået noget ud af det begge steder…. Hos Ellen er der kommet nogen ting op…. [som har overrasket dig?] sådan ud af den blå luft, eller ud af musikken, eller ud af…
Det andet er måske mere her og nu, [mere fokuseret på kræften?] Ja, det er rigtigt. … Det har været godt at komme ud over, for man kan jo ikke blive ved med at snakke om det, og tingene hænger jo sammen og har forbindelser tilbage… Hvorfor reagerer man som man gør osv. – før og efter. [Så det har været udmærket – og du har nok ret i at musikken 'skubber til nogen ting']… og det har altså været godt nok?] Ja.

60:50 [Hver eller hver anden uge? ANHO spørger til proceduren]
Hver anden uge har været fint nok. Hvem har egentlig bestemt det? [Det tror jeg du selv har!] Man skal lige have tid til at tænke over tingene. [Så det har været passende?] Ja.

62:20 [Hvad er det vigtigste du tager/har taget med dig fra forløbet?]
[Lang tavshed] Det har vel været at der har ligesom være en udvikling – når jeg nu tænker over det! (smiler) Der har været en udvikling i positiv retning – med min person…. Ja, altså… Det der med at tro på mig selv, være tro mod mig selv, at det jeg gør, det nok er godt nok… Det er i hvert fald noget jeg godt kan bruge.

64:05 [LOB spørger til Kirkegården, gravsten og Døden…. (billeder i #9)]
Jeg kan ikke fornemme det helt konkret [Det dukkede op ret sent i den næstsidste session: kirkegård, gravsten, anspændt, og så letter det alligevel, på en eller anden måde. Bagefter siger du, at det har noget at gøre med ikke at lukke øjnene.] Jeg har haft så mange oplevelser med død, traumatiske… som person… [ikke i GIM-sessionerne]
65:50 [En anden ting var din forestilling om at du skulle dø som 52årig – ligesom din mor?]
69:50 [Noget du har lyst til at tilføje?] Egentlig ikke!

Appendix 6.4.5 Interview SAAA 11.5.2003

Track 2 [ - om spørgeskemaerne]
[1:05 ! Dine scores har ikke bevæget sig meget, stabile, gået lidt ned fra præ til post!] Hvad mener du selv det handler om.

Til dels hænger det sammen med vanskelighederne ved at besvare spørgsmålene enkelt. Til sidst begyndte jeg nok at rykke lidt på nogen af mine svar i forhold til hvordan jeg havde oplevet spørgskemaerne i starten. [LO viser SA oversigten] HADS var ikke så svarer. C30 var sværere. I starten skrev jeg ligesom... I starten tog jeg højde for at mit liv har ændret sig efter operationen, men lidt senere tænkte jeg at det jo er fordi jeg har været syg at der er problemer med det her. Så på den måde: med ca. halvdelen af spørgsmålene tænkte jeg fra starten at livet mit har ændret sig, f.eks. økonomien [SAAA har hele tiden scoret 4 bortset fra den 1. gang: 3]. Når det begynder at gå "den gale vej" begynder jeg at tænke, er blevet usikker på hvad der egentlig er jeg svarer på, hvad det er jeg skal forholde mig til – om det er som jeg har det her og nu, - og det er det jo selvfølgelig - men omvendt at jeg har haft det dårligt i den sidste periode, og det er jo for helvede fordi jeg har været syg, øv. Også sådan en som: "Har de haft svært ved at huske?" – der er så mange ting jeg glemmer (...) Jeg glemmer at jeg har haft svært ved det! Og det påvirker nok scoren i positiv retning. Jeg er ked af at sige det, men altså...
SOC var allersværest. Eks 10’eren ("I de sidste 10 år har dit liv været fuld af skift") kom jeg meget i tvivl om: Der har jeg sat flest heroppe, fordi jeg i min indre oplevelse.... Men arbejdsmæssigt, og hvis verden kigger på mig, skulle jeg jo krydse det anderledes af. (...) Men jeg HAR udfyldt det som min 'indre oplevelse'. Jeg var i tvivl, og en dag ku jeg slet ikke finde ud af det. – Hvad siger de andre? Har de haft samme..? [De har haft nogle beslægtede problemer med det.]

Men ellers tror jeg at det du kan læse, at jeg falder lidt ned til sidst, det er mere udtryk for hvor man lige rammer ind i mig i de forløbne to år, For det er gået meget op og ned for mig. Ud fra at jeg jo synes, at: Inden jeg blev syg syntes jeg jo jeg var klog på den her slags ting, arbejdede med selvudvikling, spiste sund mand osv., og den pine det har sat mig i bagefter (jeg har også løst tonsvis af bøger om hvordan man overlever kræft, altså for år tilbage, begge mine forældre døde j af kræft. Så det er et
tema i mit liv). Men jeg har aldrig tænkt mig at jeg selv skulle blive syg, for jeg har også sat deres sygdom i forbindelse med at de levede et liv hvor de ikke fik udfoldet dem selv. Da de døde af kræft for år tilbage besluttede jeg mig for at sådan vil jeg ikke leve/gøre – og det er det jeg forsøgte at arbejde mig væk fra. Så det var virkelig et stort chok for mig at blive syg. For ud for min forståelse havde jeg arbejdet mig væk fra det, og så landede jeg midt i det... Jeg har været bange for at blive syg igen – bl.a. fordi jeg har nogle meget kraftige billeder af hvordan det gik min far og mor, så den frygt kommer – i nogen perioder er (det er blevet værre undervejs), så det bliver et spørgsmål om at turde lade det komme ind. (...) Først siden hen har jeg turdet mærke. Så den ene (side) handler om at blive bange, den anden at jeg ikke lige som alle de mennesker, jeg har læst om, der ændrede deres liv(drak urtethe og sådan) – det havde jeg jo gjort, så: Hvad er der egentlig tilbage for mig at gøre? Det har virkelig skræmt mig. Det er bare det, det er et udtryk for. Netop udtryk for, det er egentlig kommet tættere og tættere ind (på), jo længere væk jeg er kommet fra det [i tid]. Det er vel egentlig lidt usædvanligt, for ellers reagerer folk vel mest ved at tage det ind, for mange er det nok omvendt.

10:00 Men hvor jeg jo tænker, der er nok alligevel noget der mangler, og den del af det der har MT været rigtig god for mig – til at blive lidt mere klar over hvad det er for nogen, hvad der ellers er jeg kunne gøre – nye perspektiver. [LOBs sammenfatning: Spørgeskemaerne fortæller ikke så forfærdeligt meget. Din QOL er over gennemsnittet – også bagefter, men hvordan det hænger sammen med billeddannelse kan man ikke se. Når jeg ser på dem, kommer jeg frem til denne her konklusion: Man kan få øje på nogen forbedringer, men nok at der er en større indre ro og balance og at der er en form for essens i forløbet, der handler om at man skal lære at leve med hvordan man har det, - ikke om symptomfrihed, men om at komme overens med hvordan det er og give sig selv lov til at hav det på en anden måde, frem for at søge symptomfrihed osv.]

Ja, det stemmer meget godt overens med det. Jeg har oplevet musikterapien som rigtig, rigtig god og dejlig for mig, så selvom det ikke afspejles i spørgeskemaerne – kan man næsten sige tværtom, for det har netop givet mig lov til at føle mig, sådan som jeg havde det – så derfor kan det være at det bliver en nedadgående linie, men det er der ikke noget skidt i. [LOB validerer dette]

12:55 Jeg afslag at deltage i en Bobby Zachariae-spørgeskema-undersøgelse (med brystkræftpatienter) , fordi jeg synes at det her er alt for komplekst til at kunne undersøges hva kryder – hvad får de mon ud af det? Det kan jeg blive helt bange for. [LOB viser eksempler på andres forbedringer og hvad han mener om det: Det handler om hvor i forløbet MT-projektet har ramt dem].

Jo, det har ramt mig på et godt tidspunkt, men måske på en anden måde... faktisk: Det har været med til at åbne op for en ny, stor erkendelse for mig – som måske ikke lyder af noget, når man skal sætte ord på – men som for mig er meget vigtig. Jeg har jo selv arbejdet som terapeut før, med kinesiologi og kraniosakralterapi og tænkt meget over energi, fordi jeg også har været interesseret i teater... og undervejs i dette forløb har jeg bevæget mig henimod en erkendelse af, jeg kan mærke – og det har musikterapien understøttet på den fineste måde – at jeg stadig vil gerne arbejde med mennesker, måske ikke som terapi, men på en helt anden måde.

15:00 Det jeg gjorde før – sammenlignet med musikterapien – var meget mere teknik og handlingsorienteret, men sammenlignet med det MT gør, som jeg godt kan li: det er mit eget indre, eller en andens indre der får lov til at udfolde sig, og så har Ellen jo også været ekstremt god til og rigtig rigtig dygtig til at spørge uden at spørge for

18:00 Det har bare været så godt. Og jeg har haft nemark ved at bruge det, det er jo ikke en uvant måde for mig at arbejde på, så fra starten af er det gået rent ind. Jeg kan ikke forestille mig andet end at de allerfleste må kunne have glæde af det. Det siger den søjlekurve vel også. [LOB det har noget at gøre med hvor i forløbet i har været: De patienter der har haft op/strålebehandlingen tættest på har scoret mest forbedring på spørgeskemaerne].

Men det gør det jo ikke mere eller mindre vigtigt i den fase … for mig var der gået et trekvart år siden behandlingen. [Der var en masse ting, du allerede havde behandlet færdigt]. I den periode har jeg brugt healing og andre ting, jeg har hele tiden gjort meget for at få det bedre, men MT er det der har givet mig flest billeder og mest ro på til at mærke den større mening, og for mig så er det lige så vigtigt som … det kan være så vigtigt at der bliver taget hånd om en…(det er det for alle mennesker altid) men først efter noget tid – måske et par år – begynder der at bryde nogle ting frem (hun fortæller om en veninde, der sagde: 'Nu har jeg fået en ny indsigt: det er bare proces det hele’… Men alligevel var hun blevet lidt klarere...) Det er som om vi skal komme til et bestemt punkt, og så ved man alt - men sådan er det nok ikke: Måske er det først efter længere tid, at … og det kunne gøre sådan noget her lige så vigtigt henne i den anden ende som i starten, det er bare nogle forskellige effekter måske, det vil give. [LOB ser et mønster: Tænkningen bevæger sig fra Sort/Hvid tænkning til Både/Og-tænkning. Det handler ikke så meget om symptomerne, men om at se på noget helt andet?]

22:45 Ja, og det føles også bedre. [...]

23:02 Det andet er der stadigvæk som noget usikker, men spørgsmålet om førtidspension osv. har fået lov til at hvile lidt, de er der selvfølgelig stadig, men det er mere nogle indre spørgsmål og processer. Alt er mærket af hvilken fase man er i, så lige nu er det de indre spørgsmål der optager mig. Det havde nok været anderledes hvis jeg skulle i arbejdsprovning i morgen! 24:00 [?De økonomiske problemer kunne jo godt presse dig. Hvad har processen her gjort ved den måde du har det med økonomien på?] Jeg sidder i en dum økonomisk situation, vi har både lejlighed + hus, som vi ikke har fået solgt. Og det har vi ikke råd til. Det har været og er meget belastende, men vi har været i det og det har vi klaret…. Men generelt har der været mere ro på den situation end jeg ellers ville have forestillet mig der ku ha været, og det tror jeg da hænger sammen med den der større indre ro, med at lade tingene være som de er og ikke altid løbe væk fra dem. Hvis man ikke kan gøre noget, så er det jo ligesom sådan det er [25:40 Lad os kigge nærmere på billederne. Kernebilleder? Hvad har gjort indtryk på dig? (…tepause....) Refererer til mandalaerne.]
Der var et billede af et **Træ**, som jeg var meget glad for [Du VAR et træ!].... Og så er det et andet et, hvor Ellen viste mig et fra gangen før – og så var det som om det nye bare var en omvending af et jeg havde lavet – i mit hoved blev det til en **Engel** ude over noget vand (selv om det vist egentlig ikke var en engel). Og så havde jeg et hvor jeg så en **enhjørring** for mig, som blev til Frelserkirkens tårn. Det ku jeg ikke tegne, og det irriterede mig. Ellen syntes det lignede en nøgle og det gav god mening. Det er de tre jeg husker bedst. [LOB: Det er eksempler på transformation: Forening af noget der ellers er modsætninger - maskulint-feminint, enhjørringens kristne symbolik. 

*Can du sige mere om træet?*

Nu spørger du til generelt? Nej jeg har svært ved at huske tilbage på den måde... men jeg kan sige så meget, at jeg altid har været vild med træer. Som barn sad jeg tit oppe i trær. Og følte jeg var en del af det. Det jeg oplever, som hænger sammen med den proces jeg er i: Min situation nu har rødder tilbage til noget i min barndom: Som børn tror jeg vi har meget bedre kontakt med det der er vores hverv her i livet, meget tættere på den store mening med livet... Og det var nok den fornemmelse jeg havde da jeg lå der og oplevede træet...

32:20 Det er lige som når man... som barn gik jeg meget op i natur og leget meget indianer med mig selv... men jeg havde også en periode hvor jeg var meget troende, og det er som om det er de temaer, jeg gennemgik igen, som om der skete noget engang der fik mig til at tage afstand og göre en masse ting i stedet for, løbe væk fra... og nu kommer jeg så herhen... temaerne har måske ikke været væk, men nu kommer de endnu tættere på igen.

[LOB tolker på de guddommelige glimt.. englen osv.: barnlig enkelhed?]


35:00 der er nogen steder hvor du tematiserer det med at komme tættere på, og næsten bliver vred på dig selv.)

Det er typisk mig: alt hvad jeg gør det skal være perfekt med det samme. Og hvis det ikke er det, så er jeg vel nok en snøbel! Så det er virkelig en stor øvelse for mig at tænke, at det er godt nok det jeg gør. Jeg gør det jeg gør, og det er godt nok. Det er i hvert fald OK. Men jeg kan godt lide at jeg har gjort lidt mere. [På et andet plan?] Ja. [Jeg spekulerede også på: det der foregik i sessionerne har det mest noget med dit forhold til cancer at gøre – eller med din mor?]

Det har med at nærme mig det guddommelige (smiler). Det er en måde at sige det på. En måde er at nærme mig selv på – den indre mening med mit liv. Og der hænger selvfølgelig nogle tråde ud til min mor osv. (...) men det har jo alligevel handlet om kraften. Og hvis ikke jeg var blevet syg, så havde jeg formentlig heller ikke fået et behov for at finde ud af.... lige præcis det med at stå helt nøgen. I forhold til det har det været rigtig godt Selvfølgelig hænger det sammen.

[Ser du anderledes på ’din mors mønster’ nu? (refererer til sessionsnoter)]

Jeg har hele tiden fået øje på, at jeg ligner hende mere og mere, mere end jeg kunne ønske. Nå, men så gør jeg det! (...) Så noget mere rummelighed over for at det er
sådan det er. (Jeg sider og prøver at komme i tanker om... ja, nemlig) Forsoning, tilgivelse... jeg kan ikke lige fange den. (...) For efter (nu begynder den at dæmre)... har jeg hjemme og i en anden sammenhæng, hvor det bare er kommet til min bevidsthed, omkring at jeg har kigget på min yngste datter og mig selv og set tilbage på min mor ... med tilgivelse, for hun har selvfølgelig gjort det så godt hun kunne. Den fase har jeg selvfølgelig været inde i før, men det er en anden facet der er kommet frem efter at jeg er blevet syg, – så starter den samme proces igen, men på en anden måde (...). Men det er jo også lige meget, for hver gang den er i gang og det rykker, så......

41:11 [Hvad med musikken?]

[Du rejser meget kroppsligt]
Nej, billeder er egentlig ikke mit... [Godt vi har et bredt billed-begreb. ...Du sagde efter en rejse noget med at når musikken blev uhyggelig, så kunne du alligevel ’være i den’. Hvordan var det?] Det var rigtig godt. Jeg har noget med en gammel oplevelse, til en meditation hvor der blev spillet noget musik, jeg reagerede meget kraftigt på: forfærdelig musik, der mindede mig om krig. Men sådan havde de andre det slet ikke! Hvordan ku det være, det var da så tydeligt, med soldater der marcherede osv. Dengang havde jeg meget svørt ved at acceptere, at det handlede om noget ved mig selv... så derfor var det rigtig dejligt at opleve, at der er noget der har rykket sig siden dengang!

[45:00 Morgenrøde... Du har mange ord på mandalaerne]

[Kan du sige noget om ligheder og forskelle mellem musikterapien og andre behandleingsformer, også dem du selv har praktiseret?] Det jeg synes det ligner mest er når jeg har fået... healing der har været rigtig god. Så synes jeg, jeg har oplevet de samme ting. [Fællesnævneren?] At falde ind i et niveau i mig selv gennem nogen måder; ved healing er det nærfødt af den der healer og måske
hold på, at jeg falder ind et sted, hvor jeg oplever noget af den rigdom der er i mig selv, som både kan give klarhed og udvikling. Men som også kan føles tungt, fordi man får øje på noget man måske ikke havde lyst til at se, men på sigt kan det være godt at man Det synes jeg var det samme fordi der var sådan en ro om det, og så for musikken... musikken gjorde det måske mere legende, og det kunne jeg godt lide. Det er det der ligner mest. Og det har nok være nøglen ind til den billeddannelse, hvad enten det har været kropligt eller visuelt. [Til et lag i dig selv, hvor der er både ressourcer og sår] Ja [.....LO forklarer hvorfor interviews er nødvendigt – det fortæller noget helt andet end spørgeskemaerne.]

Jeg har været meget meget glad for at være med. Jeg ville nødigt have undværet det. Hold da op.

52:00 Jeg er lige begyndt at gå til fysioterapeut, og jeg har også lige været til læge pga en masse forskellige symptomer... hvor jeg tænker, at det er også det der er galt ved det almindelige behandlingsystem, at der er så travlt. Når jeg går til fysioterapeut kommer jeg ind i et kæmpestor lokale opdelt i ti små båse, hvor folk ligger og stønner – og det skal være godt? Og ved lægen, hvor det går så hurtigt – bagefter kan jeg egentlig ikke huske, hvad det var lægen sagde. Så hvis man kunne indfore sådan noget, hvor der bare er ro på – det ville vel nok være godt. Er det fordi der er for mange syge til at man kan lave den ro i det etablerede system, eller er det fordi man bare ikke tænker sådan?

Ja alle ville have glæde af det. Men det er selvfølgelig vigtigt at holde det fokus på sygdommens eller raskhedens faser... at så kan det komme ind og ramme på både det ene og det andet tidspunkt.

[Hads, stemningsleje og livskvalitet - bløde værdier. Synes du der er de rigtige kernebegreber]

Stemningsleje er sådan lidt sjov, livskvalitet kan jeg bedre forholde mig til. Stemningsleje – det går formentlig på om ens stemningsleje forbedrer sig under forløbet? [Ja] Og der går jeg jo sådan (op og ned) undervejs – i forvejen.

[LOB fortæller om HADS to akser: Angst og depression. Dit stemningsleje har været godt hele tiden.]

56:00 Men på den måde er det også lidt sjov, og på den måde har det jo også virket. For hvis jeg nu ikke var kommet her hver fjortende dag, som sessioner jo lå sådan cirka, ... grundlæggende har jeg jo været vant til at arbejde med mig selv, så hvis jeg finder den ro, kan jeg godt... Men selvom jeg har lært det er det jo ikke det samme som at jeg husker at bruge det. Så det har været en enormt hjælp at få hver fjortende dag. Det har været enormt vigtigt Og sikkert også være med til at opretholde – selvom jeg er kommet til Ellen med forskellige bekymringer, nu er jeg bange for dit eller dat – så har der alligevel ligget den der (som er blevet genopfrisket) [Næsten som et stik, der bliver forbundet?] Ja.

[Her uge eller hver fjortende dag?] Jeg kunne sagtens komme hver uge – det ville ikke være noget problem! Det passer selvfølgelig ikke, nu er det jo fordi I vil vise noget ift kræftsyge... Men jeg kunne godt tænke mig at komme til sådan noget her en gang om uge, uanset om jeg er syg eller rask, for min egen – for hele tiden at holde den forbindelseslinie ind til – som åbenbart er lidt svært for mig, selvom jeg har lært det (...)

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Men hver anden uge er meget passende?] Mmm. [... og GIM fokuserer jo ikke på sygdommen eller fjerne symptomer, men hvad man kan stille op].

60:00 Det kunne være interessant at prøve med børn også. Jeg har gode erfaringer med kinesiologi med min yngste. Hun har kortlagt sin egen krop indvendig fra. Hun har sådan en indre "park", som hun forstår i billedsprog og kan bruge til at justere... Når der er noget – sikke nogen redskaber man kunne give folk, især hvis man startede i en ung alder, hvor de har det meget tættere på. [Ja, det kunne man godt arbejde målrettet med].

[Det følgende afsnit er en ekskurs, kun gengivet kurisorisk]

Nu er jeg uddannet lærer o. 1990. Min dansklærer lavede et nyt lærebogssystem, som bl.a. indeholdt fantasirejser – og det blev der taget meget afstand fra. Folk er så bange for det der ligger lige der under... Man glemmer al den naturlige billeddannelse, der foregår. – Kender du noget til shamanisme og trommeregnsor? [Lille dialog om dette, i vesten og i gamle kulturer -> 65:30]

De billeder står meget levende for mig, måske mere levende end noget oplevet 'af denne verden'. Det er jeg lidt fascineret af. – Har du læst "Kunsten at drømme" – den handler bl.a. om hvorvidt billeder er konkret eller symbolske – det er meget fascinerende. [LOB nævner Olga K.s bøger som beslaglagt litteratur]

(SAAAA fortæller om en antropolog-bekendt og hendes erfaringer. SAAAA fortæller om sine egne shaman-regnsor, hendes kraftdyr er en ØRN – [NB sml. INLA!] Jeg har også haft en rejse til dødens rige, hvor jeg bagefter var i tvivl om hvad der var virkeligt og hvad der var 'drom'. -> 72:00

Det vi har lavet her oplever jeg også er noget i mig. Selvom jeg kan opleve det guddommelige, så oplever jeg også, at det hænger helt enkelt sammen. – Men på trommeregnsor er det lidt anderledes. Jeg har følt mig mere væk på trommeregnsor – de aktiverer nogle andre billeder. Hvordan kan det være? [LOB Jeg tror man kommer i kontakt med instinktlaget – det er der dyrene er... det er en anden verden, ikke ens egen billedverden, men noget der 'er']

Det er jo spændende. Vi kan jo have mange lag, der refererer til forskellige lag ude i ["virkeligheden"]. Og alle de ting, som er mulige for shamaner... det er et eller andet energiniveau, jvf. Carlos Castanedas "Kunsten at drømme" – hvor han er blevet mere klar over hvad det var der skete dengang. Der er nogle lag eller tilstandsformer, hvor man skal være virkelig forsigtig. Jeg blev selv så forskrækket over det, at jeg lagde shamanismen på hylden. Når man bliver bange for det er det jo fordi man tror det er der. – Det her føles jo fuldstændig uført og trygt!

76.40 [Har det betydet noget, at det var en del af et projekt?]

Jeg tror det med at udfylde spørgeskemaer og alligevel...... at det har da lige skærpet min egen bevissthed om processen. Nu ved jeg ikke hvordan Ellen ellers arbejder, om det ellers er lige så struktureret (eller tilrettelagt på samme måde).. fordi det med at Ellen har været enormt godt at trække røde tråde fra gang til gang, også ting jeg ikke selv havde opdaget, har også været med til at gøre det til et godt forløb. Det er måske bare sådan GIMterapi er.

Men så er der det mest det med – jo, en ting som nok ikke er sådan ellers: Ellen kunne lige vise mig fotografier fra tidligere sessioner – det har medvirket til at skærpe min bevissthed. Men altså: det at skulle udfylde spørgeskemaerne har alligevel gjort at jeg har tænkt mere over nogle ting. Men altså: det har været helt fint og OK, også fordi jeg vidste det ville blive behandlet på denne her meget ordentlige måde – f.eks. i modsætning til det brystkræftprosjekt jeg nævnte, og som jeg ikke ville være med i. Fordi jeg tænkte at folk måske ville læse noget helt forkert ud af nogle krydser jeg havde sat.
[Er der ellers noget, du vil tilføje?]
Næh – ikke udover: TAK!

Appendix 6.4.6 Interview med WIFU 17.5.2003

Track 2 0:00-73:00
0:00- [Om spørgeskemaerne]
Dem har jeg det svært med (...) Når jeg sidder med dem, tænker jeg: Det er svært at holde fast ved, at det er hvordan jeg har det her-og-nu. Det swinger jo lidt fra uge til uge. Spørgsmål som "Hvordan har du oplevet din livskvalitet i den sidste uge?" Man er her og nu, man har lige oplevet en (måske stærk session. Så man tænker: Er det nu rigtigt det jeg svarer, hvad er det egentlig jeg svarer på.
[Skulle man måske have udfyldt skemaerne midt imellem sessionerne?]
Jeg har en fornemmelse af at jeg har været meget ens hele vejen – og at jeg måske ikke har været helt realistisk i starten, for jeg havde det ikke ret godt, da jeg startede hos jer. [Du tror du scorede for højt?] Ja det tror jeg faktisk. [Det er interessant, for det kan jeg faktisk afkræfte! Der er sket en meget tydelig udvikling. – LO viser og forbiser til QLQ-C30 i detaljer, hvordan WIFUs svar har udviklet sig, f.eks. QOL fra 3/5 til 6/6...
Jamen jeg er da ikke i tvivl om at jeg har fået det bedre. Jeg var bare ikke sikker på, at det kunne ses i skemaerne – så det er da meget sjovt.
[LOB forklarer HADS – Angst og depression: Angst går markant ned, det gør Depression også. Men du ligger inden for mild(normal-området)]
Man er simpelt hen påvirket af, at man egentlig gerne vil give et godt indtryk. Selvom jeg har valgt i det her for løb at være så ærlig og åben som mulig. 10:30 Det var så tilpas meget kaos i mig... Bare det at jeg ikke havde læst jeres papirer ordentligt...Jeg havde bare brug for at komme i gang med et forløb... Jeg sagde til mig selv: Nu giver du bare helt slip og ser hvad der sker. På den måde har jeg været ærlig. Men jeg har været usikker på skemaerne. [LOB siger noget om statistik: billedet passer alligevel]
12:00 [Om SOC: 145/175 – en meget markant stigning! Du ligger højt fra starten, et befolkningssgennemsnit vil ligge o. 130, så du lår over middel fra starten – og nu ligger du meget højt.]
Det underer mig faktisk lidt... [Jeg har set efter hvad det er for nogen spørgsmål der har flyttet sig, men det har jeg ikke med.] Det er jeg nysgerrig efter. Jeg synes et eller
andet sted at jeg har haft meget tillid til mine omgivelser [Det har ikke flyttet sig. Det er mere din opfattelse af din situation] Nå ja, om tingene forandrer sig, om jeg er optimistisk ift min fremtid, om der et mål og en mening for min fremtid. Den sag jeg og tyggede meget på, for den kan jo tolkes på mange måde. Hvis jeg tager udgangspunkt i mit liv generelt, så ved jeg jo godt, at jeg måske har begrænset tid til min rådighed. Hvis jeg tager udgangspunkt i min sygdom, så kan jeg måske – så tror jeg selv på, at jeg godt kan gøre det meningsfyldt også [Og det er din tro på det, at du selv har indflydelse på det, der har flyttet sig]. Og det kan jeg helt klart relatere til oplevelser jeg har haft undervejs. Der er ikke tvivl om at jeg er blevet konfronteret med nogle ting eller har oplevet nogle ting, som er blevet enormt stærke for mig, som er blevet et værktøj for mig, en hjælp for mig.


20:50 Det var det der skete den allerførste gang. Det var virkelig... Jeg havde haft en drøm om natten, inden jeg kom hen til Ellen, og det er sjældent jeg har så stærke drømme. (Du kender det hele, ikke). Hvor jeg slog den her pige, som stod i døren, – da jeg så begyndte at gå ind i musikterapien vendte det totalt. Jeg blev meget meget glad. Jeg kom til at føle stor omsorg for den pige, det vendte fuldstændig. Det hænger jo sammen med den historie. (...) Det er SÅ stærk en følelse for mig, det er 100% tillid, 100% omsorg, som jeg får fra den pige, og jeg tror det er mig selv, min intuition, jeg har fået det godt med. [Det er ikke ”detindre barn”], Nej, for det er en figur om en stærk [...] Det er lige som et voksen barn jeg har, som jeg oplever gir mig gode råd. Nogen gange følte jeg at jeg modtog visdom, – jeg skulle nok få støtte til at klare de svære ting der lå foran mig. Det får jeg fra den pige. (Må jeg godt dreje lidt?)

23:50 Jeg opfatter ikke mig selv som særlig religiøs, og det er jeg måske alligevel. men jeg har gjort meget oprør mod kirken og det billede kirken tegner af Gud... men jeg opfatter mit forhold til pigen som noget der egentlig kunne være Gud. Jeg kunne


[Når du nu kendte mange af de her billeder fra visualisering, hvad er så forskellen på at oplevede dem i visualisering og i GIM?]

Det er de meget meget stærkere følelsesmæssige oplevelse. Visualiseringen oplevede jeg nok som lidt mere intellektuel – jeg havde billederne, og jeg oplevede også glæden, men jeg kom slet ikke ned i de følelsesmæssige lag jeg kom ned i i musikterapien. [fira 30-60:00 udskrevet kursorisk, skal gennemskrives en ekstra gang]

30:00 Jeg bruger stadigværk Bobby Zs bånd, for jeg har nogen gange brug for at være lidt konkret og guidet omkring det [kropslige:::...] men jeg får slet ikke de stærke oplevelser, som jeg får med musikterapien. Det er ikke altid den samme musik der virker ens. Ellen har jo lave en cd til mig. Noget af det er jeg rigtig glad for, andet bruger jeg ikke..... – Forleden aften – den der Schumann, er det ikke violiner? [Violin og klaver] den havde jeg en meget stærk oplevelse af forleden dag. Det var en ny oplevelse, noget meget stærkt – i øjeblikket er jeg jo i den situation, at jeg skal tage stilling til om jeg skal have kemo eller ej, og jeg er meget stærkt imod det. Jeg har 6 uger til at tage stilling, og det kører lidt op og ned, og jeg har meget stærke følerelser om det i periode,... Og så fik jeg den følelse af at det er egentlig OK – at det skal jeg acceptere, sådan er det. [Er det ikke et helt generelt tema i din proces?]

Mit første tema, tror jeg, var at finde fokus. Og at give slip har været et meget dominerende tema for mig hele vejen igennem, omkring forskellige ting eller aspekter, ikke kun ift min sygdom, men også ift min familie mm.... Jeg tror at hvis jeg skal helbredes, - det er ikke sikkert jeg bliver det - så skal mit sind helbredes først. Jeg skal have ro indvendig, jeg skal kunne føle glæde og meningsfuldhed. Det tro jeg er en forudsætning for at der skal ske noget fysisk med min krop. Og derfor har jeg valgt i musikterapien at tage nogle svære ting op, bl.a. mit forhold til Jens, som jeg synes jeg er kommet rimeligt godt igennem, og som holder. Også i relation til børnene, hvor problemerne er inde i mig, der er ikke problemer med dem, det er mig der har følelsesmæssige problemer i forhold til dem, fordi jeg er en meget kontrollerende type, og jeg kan være meget ansvarlig og dominerende. Og det ønsker jeg egentlig ikke at være. Så det har jeg arbejdet med. [og du har vist også opnået nogen resultater]. Når omgivelserne begynder at gøre opmærksom på det... drengene siger

[Så vidt jeg kan se er det eksempler på, hvordan du kan ”bruge noget af det musikterapien...”]

helt klart. Jeg har kunnet svaere ja hele vejen. Desværre har jeg ikke kunnet graduere mit svar! Jeg har nok været meget parat, og det har uden tvivl også betydning for, at jeg har kunnet bruge det så godt.

[Spørgsmålet om starttidspunkt ift sygdomsprocessen?]

For mig var det rigtige tidspunkt, men jeg kunne måske godt have brugt det tidligere – så ville det nok have fungeret lidet ligesom visualiseringen. Jeg tror nok, at for mig, jeg ville ønske at bruge det helt fra starten af. Lige så snart jeg blev diagnosticeret bad jeg om hjælp (på hospitalet). Jeg brugte vreden mod den overlæge (på neurologisk afd., som havde fejldiagnosticeret mig, som begrundelse (ca. 40:00 W fortæller historien om dette, og mødet med lægen senere, vejen frem til tilgivelsen. Det var en smuk oplevelse, det var W der gjorde noget for lægen, som blev tilgivet, og W har ikke følt vrede siden -> 44:00)

[Hvad nu hvis du dengang havde fået tilbudt valget mellem psykologhjælp og musikerapi – hvad ville du så have sagt?]

Det kommer meget an på hvem den musikterapeut var. Hvis det var en der var vant til at arbejde med den slags problemstillinger. Så ville jeg nok have valgt musikerapien. Men jeg ville have været meget kritisk – men det ville jeg også være over for psykologen. Jeg var meget heldig med Ulla.

[LOB fortæller om vores overvejelser...]

Da jeg så jeres papir var jeg med det samme klar over ’det der tro jeg er noget for mig’. Jeg ved at jeg er meget påvirkelig over for musik. Jeg har brugt det tidligere, uden rigtig at vide det. F.eks. har jeg sat Mozarts klarinetkoncert på når jeg havde brug for at græde.

[LOB fortæller om ’den musikalske analfabiet’: Hvis man ikke kan lade sig påvirkne følelsesmæssigt af musik, så kan resten være lige meget. Sådan nogle barrierer har du heller ikke haft.] (W spørger til de andre – om alle har haft udbytte af terapien. LO fortæller lidt om ligheder og forskelle: Ligheder: MT har lukket op for nye perspektiver)

Jeg havde ikke selv drømt om at det ville blive så stærke oplevelser.

[Du var jo velfungerende fra starten – kan man se af f.eks. din OAS-score, nogle af de andre lå meget lavere. Vi satte fokus på stemningsleje og livskvalitet – og det handler jo også om at kunne have med de svære følelser at gøre] 50:00 Det har haft den effekt for mig. Det der har virket stærkt på mig er billeddannelsen – altså den mur jeg havde bygget op mellem mig og Jens – den mur var for stor og for voldsom til at jeg kunne vælge den, det skulle ske på en anden måde, men jeg så ser jeg murstenene en for en, jeg så billede af sådan en murstensmur, hvor jeg kunne pille stenene ud en ad gange, lave hul. Sådan et billede siger jo mere end ord. Bare jeg ser den mur, så kan jeg jo mærke det indvendig. Bare
den måde jeg fik smidt stenene væk på. Det er noget med den billeddannelse, som... (har været på biblioteket og låne Når ord ikke slår til) nu vil jeg godt vide lidt om det, det har jeg ellers slet ikke haft brug for.  

[Billeddannelse er en måde at tænke på, en måde at forstå verden på...]

Jeg har været meget verbal før, har skrevet meget (henviser til sin jobkrise, som hun også forbinder med canceren) side op og side ned – det har jeg slet ikke lyst til mere, slet ikke brug for..... Det der fascinerer mig mest er de... overraskelser der kommer når man går ind i terapisituationen og giver slip. [LOB siger noget om ’at fortælle sig selv’]

54:00 Jeg synes det lyder rigtigt. Jeg har jo opbygget en ny verden inde i mig. Jeg har to verdener: jeg har den have som opstod i forbindelse med musikterapien. Jeg tror jeg ikke jeg har problemer med den, men den underlig mig stadig væk: mens jeg var hos ellen oplevede jeg at komme ind i en stor have, hvor alle buskene var dækket til, alle buskene er grå, og der er nogle store bygninger og slotte længere borte. Og der sidder jeg bare på en bænk med min engel og min pige (ler højt) - Men den have der – jeg har det sådan inden i mig, at den er jeg ikke færdig med. Den kunne jeg godt tænke mig at gøre mere ved, men jeg ved ikke rigtig om jeg skal. Sådan har jeg det Jeg har set nogle buske og nogle tulipaner blive afdækket, og nogle lægeplanter, rhododendron – og så så jeg en slange – da jeg fortalte Pia det sagde hun ’Ved du ikke, det er et sex-symbol!’ (ler) [lille diskussion om andre tolkningsmuligheder: kraft, transformation] Og busken er ikke en rhododendron – det er en magnolie, tulipanagtig. Men jeg kunne godt tænke mig at se hvad der mere er under de tæpper. Men jeg må nok nøjes med det lille hjørne der er blevet afdækket, og glæde mig over det. (Men jeg vil gerne have nogle flere sessioner, og jeg tror ikke jeg kan gøre det i andre sammenhænge – jeg mærker en indre tilskyndelse til at komme videre med det. Jeg ved jo ikke hvordan min fremtid tegner sig.

[Hvis der er fuldstændig klart er det metaforer, hvis de er mere dunkle er det symbolske billeder – og det er denne have vist for dig. Pigen også] Pigen er fuldstændig uspoleret, betingelsesløs, 100% ægte – det alle menneskr ønsker sig at opleve: betingelsesløs kærlighed. Hun er et symbol, for de følelser er selvfølgelig inden i mig. Det er jeg overrasket over (ler højt). [LOB siger noget om kristendommen, og de esoteriske traditioner som siger, at Det guddommelige er indeni os]

Jeg har meget brug for at få et billede af det guddommelige, som ikke er så konkret som Jesus-billeder og ikoner osv. Jeg sad faktisk i går og... [LOB: Mange moderne kirkekunstnere, f.eks. Havsten Mikkelsen og Arne Haugen Sørensen, arbejder med lys, farve og form i stedet for figurativ form] ja det er det jeg har brug for. Pigen er konkret figurativ, men englen er mere abstrakt form for mig. Det håber jeg dukker op på et tidspunkt, for det begynder jeg at have behov for.

[61:30 udveksling af erfaringer med spirituelle-transpersonlige billeder] Jeg tænker på det som en magt, men jeg har ikke styr på det. [Men billeddannelsen vælger jo selv, hvor klar den vil være]

Bjørnen (62:50)

Den fortæller mig, at jeg skal være stærk – men den siger også en meget meget vigtig ting: ’Du skal huske at gå i hi’. Det var meget stærkt for mig. Den side af bjørnen kom i MT, – som en anden side, jeg kunne se var lige så vigtig som styrken. Det er faktisk, som jeg bruger musikterapien nu... Jeg bliver meget træt nu, og det skremmer mig noget, det føles som en metalplade på brystet – så vælger jeg at lave MT på mig selv, lytter til musikken og prøver at komme i den tilstand igen, hvor jeg kan finde ro.
Og så får jeg lyst til at lave nogle ting igen – så jeg bruger det helt konkret som et værktøj. Men jeg kan ikke komme helt så dybt som jeg kunne med Ellen. Jeg er sikker på at man har brug for den funktion i sådan et sygdomsforløb, helt fra starten af. Jeg kan ikke se hvordan det skulle kunne lade sig gøre at sige hvornår - Det der sker når man får i en diagnose, er at man kommer i et total kaos. Dér ville det være godt at komme i MT, fordi det er et følelsesmæssigt kaos. Og der er musikken fantastisk, hvis man tør give slip og leve det helt ud (referer til sit. hvor hun lige havde fået unders- resultat . Aflyste først, men kunne så mærke at det var vigtigt at komme i MT – for at leve angsten ud, få luft. Det var en stærk og voldsom oplevelse. Angsten blev levet ud).
Så det kan helt sikker bruges i forbindelse med diagnose situationen. Jeg vil helt sikkert også have musikken med, når/hvis jeg skal have kemoterapi. [NB opereret 28.8. – havde musik med!]
67:00 [Vi må tale med Anders Bonde om mulighederne for at bringe GIM ind tidligere i behandlingsforløbet]
68:00 [De kropslige billeder – fortæl mere om dem.]
Track 3
[0:13 Hver uge eller hver anden?] Jeg ville ikke kunne magte en gang om ugen, det er for stærkt – måske hver tredje uge. Men det kommer an på, hvor man er henne. (...) Men i begyndelsen (2-3 gange) måske hver uge, så det ikke bliver for overvældende, og man lærer at forstå hvad der foregår.
2.02 Sådan som min situation vil jeg have brug for fortsat en session en gang om måneden, det tror jeg vil være rigtig godt for mig, og så kan jeg selv arbejde videre med det mellem sessionerne. Hvis det var indbygget i systemet på Onkologisk så ville jeg bede om at få tilbudt MT en gang om måneden. Hvis I var i systemet. [...] Det ville være synd, hvis MT kun var [til rehabilitering], for det er så livsbekræftende! [...] Netop cancerområdet er virkelig et af de steder, hvor MT kan gøre en forskel og have en mening, for det er SÅ svær en verden at være i. Den er så kaotisk, forvirret og uklar. .... Man finder hurtigt ud af at lægerne faktisk står magtesløse og ikke kan finde ud af ret meget. De kan tilbyde strålebehandling og kemo og operation, men når man spørger om det hjælper, så står de som store spørgsmålstegn .... Nu skal jeg tage stilling til om jeg vil have kemo- eller hormonkur, og så spørger jeg, hvad er bedst? Det kan de ikke fortælle mig. (...) Den slags situationer bliver man hele tiden
konfronteret med inden for den verden, og man har ikke noget at bearbejde dem med. Man har en læge som sidder og ser håblos ud i ansigtet. Indimellem har jeg ondt af Anders Bonde, fordi han ikke har noget bedre at tilbyde mig… (....) Så jeg synes i den grad er brug for jer, langt mere end på neurologisk (....) 6:03
der har arbejdet med de her ting? Hvis jeg træder tre skridt tilbage: Sådan en gammel kone der sidder og snakker om en lille pige, og en engel og en have.....?
[! Nej jeg opfatter dig som meget realistisk!] OK. [Du er overhovedet ikke outreret....Det er bare trist at der ikke er så mange der kender til det her.] Det er virkelighedsnært – og man tager udgangspunkt i personen. – Det er bare svært at overbevise lægerne på hospitalet... Men jeg tror de har brug for det.... -> ca. 25:00
## Appendix 8.1 OVERVIEW OF MUSIC SELECTIONS USED IN ALL SESSIONS

A total of 75 music selections were used in the 60 sessions (*Music for the Imagination*: 97 selections)

<table>
<thead>
<tr>
<th>Music selection</th>
<th>Mood</th>
<th>Supp.</th>
<th>Mix.</th>
<th>Chal.</th>
<th>Used in the following sessions:</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bach:</strong> Concerto for 2 violins, 2nd movement (MOSTLY BACH#6)</td>
<td>4 (3)</td>
<td>X</td>
<td>WIFU: #1,5-1,6-3,4-5,4-6,3-7,7-3,10,4 ANHO: #2,2-4,7-9,7 PIJØ: #1,2,2-7,5-7,6,7-7,5 SAAA: #1,5-4,5 ESMA: #1,2-2,3-3,4,1-4,3-5,4,6-4,7,5 INLA: #1,2-3,4-5,5,6,4</td>
<td>7</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Haydn:</strong> Concerto for cello in C, Adagio (CARING #1)</td>
<td>3,4</td>
<td>X</td>
<td>WIFU: #1,1-3,2-4,1-5,1-7,3-10,3 ANHO: #1,1-1,3-2,3-4,2-5,1 PIJØ: #1,1-4,1-5,1 SAAA: #3,1 ESMA: INLA:</td>
<td>7</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Brahms:</strong> Concerto for violin, 2nd movement (MOSTLY BACH #5)</td>
<td>4,7</td>
<td>X</td>
<td>WIFU: #3,2 – (9.5; 2') ANHO: #2,1-4,6-9,7 PIJØ: #1,1-6,6 SAAA: #4,4 ESMA: #1,1-4,2-5,3 INLA: #1,1-3,3,6,3</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Puccini:</strong> Humming Chorus</td>
<td>4</td>
<td>X</td>
<td>WIFU: #1,2-2,5 ANHO: #1,2(fu)-5,1- PIJØ: #1,2-3,4-2,5,2 SAAA: #2,3-3,4 ESMA: INLA:</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Shostakovich:</strong> Piano Concerto, 2nd movement</td>
<td>2,4 X</td>
<td>WIFU: #3,5-4,5-4,6 ANHO: PIJØ: #1,4-3,5-8,4-8,5 SAAA: #1,4-5,5 ESMA: #4,4 INLA: #4,9</td>
<td>3</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Elgar:</strong> Cello concerto, 2nd. Movement (excerpt)</td>
<td>3</td>
<td>X</td>
<td>WIFU: #2,1-6,1-9,1 ANHO: #10,3 SAAA: #8,4-9,1 INLA: #10,1</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Massenet:</strong> Sous les Tilleuls</td>
<td>3,4, (5)</td>
<td>X</td>
<td>WIFU: #2,6 PIJØ: #3,4-4,4 SAAA: #2,4-3,5 INLA: #2,4-5,4</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Bach:</strong> Mein Jesu</td>
<td>2 (1)</td>
<td>X</td>
<td>WIFU:#8,5 ANHO: #3,4-9,5 SAAA: #4,3,10-3,3-10,4 INLA: #6,2</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Bach:</strong> Komm süßer Tod</td>
<td>2 (1)</td>
<td>X</td>
<td>WIFU: #8,4 ANHO: #3,9-9.4 SAAA: #4,2-10,2 INLA: #6,1-6,2</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Composition</td>
<td>Section</td>
<td>Measure</td>
<td>Wind, Harmony, Strings</td>
<td>Wind, Harmony, Strings</td>
<td></td>
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<tr>
<td>Berlioz: L’enfance du Christ (exc.)</td>
<td>4</td>
<td>X</td>
<td>PIJO: #3,2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vivaldi: Gloria – In terra pax</td>
<td>2</td>
<td>X</td>
<td>WIFU: #7,2-8,2-9,5</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaughan Williams: Rhosymedre</td>
<td>3/4</td>
<td>X</td>
<td>PIJO: #3,1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brahms: German Requiem, 5th movement</td>
<td>1,3,4</td>
<td>X</td>
<td>WIFU: #1,4-5,3</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bach: Shepherds’ song (Xmas oratorio)</td>
<td>5</td>
<td>X</td>
<td>ANHO: #4,3-5,4</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ravel: Piano Concerto, 2nd movement</td>
<td>3,2</td>
<td>X</td>
<td>WIFU: #2,2-9,2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brahms: Piano Concerto #2, 3rd movement</td>
<td>4,7,2</td>
<td>X</td>
<td>WIFU: #7,5-10,2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warlock: Pieds en l’air</td>
<td>3 (4)</td>
<td>X</td>
<td>ANHO: #1,4-5,6</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boccherini: Cello Concerto, 2nd movement</td>
<td>2 (3)</td>
<td>X</td>
<td>WIFU: #4,2-5,2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bach: Air</td>
<td>4, 3</td>
<td>X</td>
<td>ANHO: #3,6-4,5</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respighi: Pines of Rome – Gianicola</td>
<td>Ch</td>
<td>X</td>
<td>PIJO: #7,1-9,1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debussy: Prelude a l’apres-midi</td>
<td>Ch</td>
<td>X</td>
<td>PIJO: #8,1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dvorak: Serenade</td>
<td>3,5,3</td>
<td>X</td>
<td>ANHO: #5,5</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pachelbel: Canon</td>
<td>4 (5)</td>
<td>X</td>
<td>PIJO: #7,4-9,4</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Piece</td>
<td>Movement/Excerpt</td>
<td>X</td>
<td>ANHO: #</td>
<td>ESMA: #</td>
<td>INLA: #</td>
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<tr>
<td>Beethoven: Piano Concerto #5, 2nd movement</td>
<td>4 (3,5)</td>
<td>X</td>
<td>#10,1</td>
<td>#9,1</td>
<td>#4,1-7,1</td>
<td></td>
</tr>
<tr>
<td>Bach: Passacaglia and Fugue, c minor</td>
<td>2,1,7, 8</td>
<td>X</td>
<td>WIFU: #9,4</td>
<td>ANHO: #3,2-4-1-9,3</td>
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<td>Mendelssohn: Violin Concert 2nd movement</td>
<td>3,4</td>
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<td>#10,6</td>
<td>#8,7-9,4</td>
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<td>Bizet: Intermezzo</td>
<td>4 (3)</td>
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<td>#10,5</td>
<td>#8,6-9,3</td>
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<tr>
<td>Grieg: Cradle song</td>
<td>4</td>
<td>X</td>
<td>PIJO: #8,4(x2)</td>
<td>ESMA: #8,3</td>
<td>#9,4-9,5</td>
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<td>Debussy: 3 Nocturnes: Sirenes</td>
<td>Changing 4,2,7</td>
<td>X</td>
<td>PIJO: #7,2-9,2</td>
<td>SAAA: #6,4-7,2</td>
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<td>Cesnokov: Hymn</td>
<td>4 (1)</td>
<td>X</td>
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<td>SAAA: #6,5-7,3</td>
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<td>Holst: Venus</td>
<td>3,4</td>
<td>X</td>
<td>PIJO: #8,3</td>
<td>ESMA: #3,2-8,2</td>
<td>#9,3</td>
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<tr>
<td>Fauré: Requiem - In paradisum</td>
<td>4 (1)</td>
<td>X</td>
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<td>ESMA: #9,4</td>
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<td>Brahms: Symphony #3, Poco allegretto</td>
<td>3 but unstable</td>
<td>X</td>
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<td>Liadov: The enchanted lake</td>
<td>4,3</td>
<td>X</td>
<td>PIJO: #8,2</td>
<td>ESMA: #3,1</td>
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<td>Strauss: A Hero’s Life (excerpt)</td>
<td>3,1 (8)</td>
<td>X</td>
<td>PIJO: #10,1</td>
<td>SAAA: #8,1</td>
<td>INLA: #8,1</td>
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<tr>
<td>Beethoven: Symphony #9, 2nd movement</td>
<td>4 but complex</td>
<td>X</td>
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<td>SAAA: #8,3</td>
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<tr>
<td>Bach: Adagio (PEAK EXP. 4)</td>
<td>2,7,8</td>
<td>X</td>
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<td>ESMA: #9,3</td>
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<tr>
<td>Schumann: Stück im Volkston</td>
<td>3</td>
<td>X</td>
<td>WIFU: #2,7-6,4</td>
<td>SAAA: #2,5</td>
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<tr>
<td>Russian 2: The Joy of those who Mourn</td>
<td>2 (1)</td>
<td>X</td>
<td>PIJO: #4,7</td>
<td>SAAA: #1,3-5,4</td>
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<td>Marcello:</td>
<td>Oboe Concerto, 2nd movement</td>
<td>ANHO: 9,8, PIJO: 6,1, SAAA: 4,1</td>
<td>1 1/3</td>
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<tr>
<td>Albinoni:</td>
<td>Adagio</td>
<td>ANHO: 3,1, SAAA: 10,1, ESMA: 10,3</td>
<td>1 1/3</td>
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<tr>
<td>Mozart:</td>
<td>Clarinet concerto, 2nd movement</td>
<td>WIFU: 6,2, ANHO: 6,1 – 10,7</td>
<td>1 2/3</td>
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<td>Mozart:</td>
<td>Laudate Dominum</td>
<td>ESMA: 6,1- INLA: 4,3</td>
<td>1 1/2</td>
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<tr>
<td>Russian 1:</td>
<td>O the Steppes</td>
<td>PIJO: 1,3, SAAA: 1,2</td>
<td>1 1/2</td>
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<tr>
<td>Walton:</td>
<td>Touch her soft lips and part</td>
<td>WIFU: 2,3, SAAA: 2,6</td>
<td>1 1/2</td>
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<td>Faure’ x2:</td>
<td>Cantique + Pie Jesu (Requiem)</td>
<td>WIFU: 2,4-7,4</td>
<td>2</td>
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<td>Mahler:</td>
<td>5th symphony, Adagietto</td>
<td>WIFU: 8,6-10,1</td>
<td>2</td>
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<td>Duruflé:</td>
<td>Requiem x2</td>
<td>ANHO: 4,4, INLA: 4,7</td>
<td>1 1/2</td>
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<td>Bach:</td>
<td>Little fugue</td>
<td>ANHO: 3,5-9,6</td>
<td>2</td>
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<td>Debussy:</td>
<td>String Quartet, 2nd movement</td>
<td>ANHO: 5,3, PIJO: 5,3</td>
<td>1 1/2</td>
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<td>Sct. Cecilia Mass (excerpts 1+2)</td>
<td>ESMA: 6,2, INLA: 4,4</td>
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<td>ESMA: 9,5, INLA: 7,5</td>
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<td>Copland:</td>
<td>Appalachian Spring</td>
<td>ANHO: 9,1 (only 6’)</td>
<td>(1)</td>
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<tr>
<td>Tschaikovsky:</td>
<td>4th Symphony, Scherzo</td>
<td>ANHO: 9,2 (only 2’)</td>
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<td>German Requiem, 1st movement</td>
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<td>Chansons d’Auvergne</td>
<td>INLA: 2,5</td>
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<td>Symphony #4, Changing</td>
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<td>andante</td>
<td>8,5,4</td>
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<td>Schmidt: Notre Dame, Interlude</td>
<td>1</td>
<td>X</td>
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<td>Mozart: Concerto for 2 pianos, 2nd movement</td>
<td>4,5,6</td>
<td>X</td>
<td>ESMA: #7,1</td>
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<td>Shostakovich: 3rd string quartet, Allegretto</td>
<td>5 (2)</td>
<td>X</td>
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<td>Delius: La Calinda</td>
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<td>X</td>
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<td>4</td>
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<td>Corelli: Concerto grosso #8, Adagio</td>
<td>3,5</td>
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<td>Sibelius: The Swan of Tuonela</td>
<td>2 (7)</td>
<td>X</td>
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<td>Debussy: La cathedrale</td>
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<td>X</td>
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<td>X</td>
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<td>Ravel: Daphnis &amp; Chloe, Suite #2 exc</td>
<td>3&lt;-&gt;7</td>
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<td>X</td>
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<td>Rodrigo: Concierto d’Aranjuez, Adagio</td>
<td>2,7</td>
<td>X</td>
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<td>X</td>
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<td>Bach: Prelude in E flat minor</td>
<td>2, 7</td>
<td>X</td>
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<td>Dvorak: Larghetto</td>
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<td>X</td>
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<td>Stravinsky: The Fairy’s Kiss</td>
<td>3,5</td>
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PROGRAM excerpts used (min. 2 selections, duration min. 12 minutes)

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Appendix 8.2 Session notes (6 participants)
This appendix includes the therapist’s session notes for all six participants. All notes were checked from the recordings by the researcher, and revised in case of mistakes or lack of information. The researcher translated the notes on INLAs and PIJØs session, because they are used as data in the case studies (chapter 7).
### Appendix 8.2.1a. Session notes PIJØ (Danish)

<table>
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<tr>
<th>PIJØ</th>
<th>PRÆ – FOKUS</th>
<th>INDUKTION</th>
<th>MUSIK</th>
<th>NØGEBILLEDER – MANDALA – POST</th>
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<tr>
<td>22/10</td>
<td>Disc OK</td>
<td>Ind. 10’ + 28’</td>
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<td>30.10</td>
<td>Disc OK*</td>
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*Afbryles efter 6. Kun 35’
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<tbody>
<tr>
<td>1. Rosymedre</td>
<td>2. Berlioz</td>
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<tr>
<td>3. Puccini</td>
<td>4. Massenet</td>
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<tr>
<td>b) Shostakovich</td>
<td>c) Warlock x 2</td>
</tr>
<tr>
<td>33’ + 14’ (Postl.) + 30’ (Mandalategning)</td>
<td>maler=kreativitet, eget højoplyste i GB negativt (skændtes m/ præsten!) bryllup symbolsk=forening, let dans, fra skeletter til at få ansigt på, bevægelse fra at betragte til at involvere sig. Nissen. Går smilende/ leende herfra.</td>
</tr>
<tr>
<td>• Bølgende moden kornmark. Fingre spreder ud, fylder.</td>
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<tr>
<td>• Lyst udenfor. Spænd. Skovsø, åkande, ældgamle trær.</td>
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<tr>
<td>#4</td>
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<tr>
<td>1. Haydn</td>
<td>2. Puccini</td>
</tr>
<tr>
<td>b) Boccherini</td>
<td>c) Russian 2</td>
</tr>
<tr>
<td>d) Shostakovich</td>
<td>42’ + 5’ (Postl.)</td>
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</table>
solen. Hårdt. Tæt på at komme ud af tågen.
POST: Guldsmed, søbredden, Munke. Åkanden. Riddersal. Farverne.

#5

Disc OK


1. Haydn
2. Puccini
3. Debussy
4. Bach
5. Dvorak
6. Warlock
7. Bach for 2 violin
8. Shostakovich
9. Warlock x 2
I: 8’ + 54’ + 3’

8. Ser ind på skaktern – nu også på væggene. Jeg er for lille til at fylde kjolen ud. Violinmanden holder mig i hånden, som
er kommet ud.
   // Mod min kind. Rød forsvinder. / Perlekrans, armene.
   Guldtryk på kjolen.
POST: Svært – at komme nogen vegne!
MANDALA: Øje, sprække at kigge ind (og ud) af Puppe.
   Farver: gul, skaktern, vildnis, grønne blade, rød.
   Tema: Vende op og ned på perspektivet. Undersøge/ udforske/
skellne. Gå ud i vildnisset og ikke være bange. Nødvendigt for at

#6
3.1.03
Disc OK
Haft det rigtig skidt! Nede på bunden: trist. Kan ikke se
lyset forude. Om julen,
terminsprøver, fester mm.
Status. Sætter ord på vores
relation. Fint! Brug for
kampgejst, men måske
kæmper jeg i virkelig-heden
for meget? FOKUS: At være
med tristheden.... og se

Kropsafspæn-
ding. Åndedræt.
Giv plads for
følelser og
stemninger.
Lad musikken
blande sig med
tristheden....

1. Marcello
2. Rodrigo
3. Grieg
4. Dvorak Larghetto
5. Bach Prelude e flat
6. Brahms violin
7. Bach for 2
49'

1. Står på bunden af tønden. Hvid lilje falder ned. Flot i forhold
til det rustrøde. Meget langt op....
2. blå himmel skimtes. Det drysser, glimter, vand. Jeg i
vandfald. Junglen. Øjne ser på mig. Hvad? Mig som
væk, opad i himlen. Hvide skyer, meget langt ned.
3. Noget stort der passer på mig. Svane flyver mig ned mod
4. Jeg ta’r fat og kigger. Dame er meget ivrig: vil ha’ mig med
ind i filmen. Lyserød kjole m/ slæb. Ind og ser ud på
afgrunden. Lavaagtigt.
5. Jeg er en fjær der daler ned. Lugter brændt og af blod!
(blodposen, ser mig selv i seng uden hår, ikke rart). Lavaen
er storknet. Mørke.
slange, som skal hjælpe mig. Spiral jeg kan gå op ad. Op til
hovedet. Ind bag sorgmodige øjne. Maskinrum/
laboratorium. Spændende, er nysgerrig.
7. De har travlt ind i rudan. Håndtag. Lukker damp ud i
flotte farver. Fylder hele rummet. Ud af slangen næsebor.
POST: At ha’ været helt nede, kan ikke komme længere. Ny
måde at komme op på. Langsommere!
MANDALA x 2: Slangen + lava og dampen. Vendepunkt?
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<td>Disc: kun de første 10’!</td>
<td>Har det bedre. 2 drømme: 1) babyhoved u/ krop, skulle føde, men blev forstyrret -&gt; arrestation af søn (træls stemning) 2) baby + lidt større barn beskyttes mod spogelse; jeg tæ'r kontakt med spogelset -&gt; kommer igennem faren. Træls følelse IKKE så påtrængende. FOKUS: Nysgerrig efter hoved u/ krop.</td>
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Kropsgenneng. m/ frisk energi ind, ud med det gamle. Fokus på egne ønsker og behov lige nu! På en sti – giv tid –

1. Respighi
2. Debussy
3. Chesnokov
4. Pachelbel
29’ (forringet lydkvalitet)


POST: Vender og drejer valgsituationen; det svære, men også tydeligheden i billederne. Tro på at også ’systemet’ kan se det! MANDALA: vejene, mosset m/ sneglen i centrum. Sol.

#9
20.02.
Disc OK

Gi’ plads til at lade dine indre rum åbne sig og lade sig fylde af den energi, du har brug for + farven fra kornmarken. Nu og her + hvad er gået forud – hvad mon kommer?

1. Strauss
2. Brahms
3. Beethoven
4. Brahms
TRANSITIONS

44’ + 16’ (Postl. + tegning)


### Appendix 8.2.1b Session notes PIJØ (English)

<table>
<thead>
<tr>
<th>PIJØ</th>
<th>PRELUDE – FOCUS</th>
<th>INDUCTION</th>
<th>MUSIC</th>
<th>IMAGERY (SUMMARY) – MANDALA – POSTLUDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>22/ 10 Disc OK</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.10 Disc OK*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Relief. Postive test results. 'Protected' for three months. Enjoys studying again.

**FOCUS:** The body – regain body pleasure. Nurture and care. Fimininity

### Physical induction
- Waving, massaging energy from feet to top of head. Let the music touch you body and give it what it needs.
- 1. Rhosymedre
- 2. Berlioz
- 3. Puccini
- 4. Massenet
- 5. Shostakovich
- 6. Warlock x 2
- 33’ + 14’ (Postl.) + 30’ (Mandala drawing)

### 1. Waving ripe cornfield. Fingers spread out, take up space
- 5. It’s never now. Butterfly flies away. The lake is recovering. The water lily is cleaning up. Life. Tadpoles.

**POST:** Key images: 1) out of the shell 2) light on the flower in the lake 3) green, very old moss = robustness.

**MANDALA:** Green frame, blue butterfly, pink, light.

## Photos! Everyday life is overwhelming: school, performance orientation, old patterns.

**Disc OK**

- Disappointed about myself. Doubt. Low self-esteem. Would like to stay with the good things. **FOCUS:** Being in a ball, lake, light, water lily, femininity.

### Body, Breathing. Free time to focus on being quiet and calm. The ball. Threads, hands, the lake, light, water lily -> allow yourself to be there and let the music give you what you need.
- 1. Haydn
- 2. Puccini
- 3. Bach – Sinfonia
- 4. Dvorak
- 5. Boccherini
- 6. Russian 2
- 7. Shostakovich
- 42’ + 5’ (Postl.)

- 2. Many water lilies. From leaf to leaf. Into a flower, almost as big as me. Uncomplicated – calmness. Ivory colour. Churchlike
- 5. It is becoming dry. It made it! (...and you made it!) All the colours return. What now? To the shore. Huge roots. Ascending. Roots are wet and slippery. They lead into a cave
- 6. The cave. Torches. Narrow. White water lily offers me an ”arm to get
<table>
<thead>
<tr>
<th>#5</th>
<th>Worries about future. There-is-a-safety-in being-sick! And now I am 'healthy'! This is binding. Obligations and expectations. Taking the HH exam – and then what? – Apprenticeship? FOCUS: Face the anxiety. Don’t hide it away.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disc OK</td>
<td>Body. Breathing. Feel the mat and how it supports you. The great hall.</td>
</tr>
</tbody>
</table>
| #6  | 3.1.03 | Has felt really bad! Like being totally down, at the bottom of the pit. Sad. Can’t see the light ahead. What about X-mas, the exams, parties? Status. She is explicit about our relationship. Fine! Dilemma: needs empowerment, but maybe there’s too much fighting? FOCUS: Being with the sadness and see what happens. | Body relaxation. Breathing. Allow emotions and moods to emerge. Let the music mix up with the sadness. | 1. Marcello  
2. Rodrigo  
3. Grieg  
4. Dvorak Larghetto  
5. Bach Prelude e flat  
6. Brahms Violin Concerto, 2nd  
7. Bach Double Concerto, 2nd  
49’ | 1. Standing at the bottom of the tub. A white lily falls down. Beautiful in contrast to the rusty red. There’s a long way up...  
3. Something big is taking care of me. A swan brings me down to earth. Like a fast movie – that cracks.  
4. I grasp it and looks around. A lady is very eager to involve me in the film. A pink dress with train. I go in and look at an abyss – lava-like.  
5. I am a feather falling. A smell of something burning, and of blood (the bag of blood, I see myself in hospital bed without hair, not nice). The lava has hardened. Darkness  
6. I am being drawn further down. Can’t get any further. Green, big snake is going to help me. There’s a spiral I can use to walk upwards. Up to the head. Goes behind the sad eyes. I see an engine room or laboratory. Exciting. I’m curious.  
7. They are very busy in there, behind the glass. A handle. I grasp it and steam is let out in beautiful colours. They fill the whole room. I get out of the snake’s nostrils.  
POST: The experience of reaching the absolute bottom, can’t get worse. A new way of ’getting up’ emerges. Slow down!  
MANDALA x 2: The snake + lava and the steam. – A turning point? |
|---|---|---|---|---|
| #7  | 14.1 | Feeling better. reports 2 dreams: | Body relaxation. Breathing. | 1. Respighi (Rome..)  
2. Debussy | 1. Face vanishes -> black hole. Sadness. Head is gone. Wish? See what the emptiness might contain? Flies into the black hole. There’s a teddy |
Disc: Only 10’ !*

1) A baby’s head without body. Was giving birth, but it was interrupted -> son being arrested. Tiresome mood.
2) baby + toddler must be protected against ghost: I contact the ghost -> the danger is gone. The tiresome mood is gradually released.
FOCUS: Curious about the bodyless head.

Allow a state of wondering – feel the head in your hands...


10’ (Recording stops in Debussy*)


3. I AM there and look up. Wants to get up there. Head is too heavy. Snake inside. Decay. Sadness. The hair is back.

4. Let the music guide you... to where you need to go. Fishes. Up to the surface. Fresh salty water. Fresh air. I can breathe. A new landscape. Mountains, snow, a gletcher. Ice lands ind the ocean with great noise. (Deep breathing) The fish is swimming.

5. Greenlanders (Inuits). I don’t understand them. Can you use other senses? Absolutely basic: I step out of the fish and becomes me. A fire, a meal. Simple and uncomplicated. They are happy. Serenity.

POST: Images and symbols are discussed in great detail – and compared to material from previous sessions. Aware of the change: let something putrify and take the rest (the hair = vitality) with you. Simple life is simple (like rowing the kayak). Sloughing / stepping out of the fish -> being me. I have still not accepted the body with all its defects.

#8

Hoplelesness and sadness. Bowel pains. Cancer damages. Control time coming up, fears stomi, that boyfriend can’t cope with it and that she can’t finish the education. "Saying farewell"?

FOCUS: Wishing to see the light: light green beeches, anemones, fresh sea air – amidst the

Fresh sea air, energizing light -> goes through the body from tip to toe.


2. Soaking wet. A warm rug. Being hugged. 4-5 vs old girl, abandoned.


5. I clap his dog. Good to be found. Dancing, lovely. Threats are outside the circle. Less space. Calmness. Totally wrapped up.

POST: Some aspects of myself disappear – upwards! Mandala: Green colours in a spiral. The hunter is a powerful/positive symbol. The progression is discussed: move from the shadow in the hammock,
uncertainty.

**#9 20.02.**

**Disc OK**

Treatment begun. What now? I must make a choice: School or not! Quality of life includes enjoying the Spring. FOCUS: Clarify the situation before tomorrow’s consultation.

Body cleaning: Take fresh energy in and let go of old energy. Focus on what you wish and need right now. On a path – give yourself time to explore.

1. Respighi
2. Debussy
3. Chesnokov
4. Pachelbel

29’ (sound quality reduced)

   Awareness of knees and lower legs. I walk. Close to the ground. I see how the land lies.

2. There is a path reaching far, a shade of light at the end. To the left another path, darkness behind me. Three directions. There’s also a verge of grass. The snail is weeping: it doesn’t know where to go. It needs a lift. Moss. Too narrow. Only a half solution. It looks lovely: green, sunny, soft. And it’s close. / Other options – too far away.

3. In the moss. It grows broader and higher.


**POST:** Discussion about making a difficult choice. The imagery is very clear. Hopes the ‘system’ will recognize that too! **MANDALA:** The paths or roads. The moss with the snail. Sunshine.

**#10 5.3.**

**Disc OK**

Feeling better. Chose the ‘well, yes and no’-solution: Stay in school AND in the moss. Has managed to give space to psychological needs. When I am down, I am better to find hope again.

**FOCUS:** Grasping the lust for life better. 

**What landscape would**

Allow yourself to open yourself to the energy you need, and let this energy fill you up. Include the colour of the cornfield. Explore here-and-now. What have you left behind, what is coming up?

1. Strauss
2. Brahms
3. Beethoven
4. Brahms

TRANSITIONS 44” + 16’ (Postl. + drawing)

1. Rattling sounds in the cornfield. Smells, sounds. A white dress. I grow taller, Get a foothold. Sees the cornfield from above. A lace handkerchief flies down. I have my normal size again. A tear wiped away. A storm in the distance – and a rainbow. I go through it, try to touch it. (Big crescendo in the music). **An explosion of light.**


3. The skin is peeled off. Blood and muscles. Eyes ask for help. **To do what?** To be released. I brush the hair, massage the skin. -> A young girl. I fight going on, who shall… there must be room for both of them. Ah! No fighting, then. I swing the two by the hair and clash them together. (laughs) -> a new person = me, in the cornfield. The
you like to be in right now? A ripe cornfield.


4. Full moon. Sounds. Smells. Good to be on top. I pick a star (not so big, it can be in my pocket). Shining white, I stick my face into the star. Everything is so simple. I am cleansed. Put it back on the sky. Sails on (sailboat). Stars are fading. Falls asleep. Wakes up to a new day on the deck.

### Appendix 8.2.2a Session notes INLA (in Danish)

<table>
<thead>
<tr>
<th>INLA</th>
<th>PRÆ – FOKUS</th>
<th>INDUKTION</th>
<th>MUSIK</th>
<th>NOGEBILLEDER – MANDALA – POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disc</td>
<td>OK</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### #2 30.10
| Disc | OK | | | |

### #3 15.11
### Disc

**men jeg har været så gal! Hænger det sammen? Tilgive mig selv. Stå ved vreden/temperamentet**

FOKUS: Ro/styrke --> fordøje oven på vreden. Stå fast, selv om der er plads du behøver (ydre/indre rum). Synk ned hoved --> fød-der; Rum: stå/mærk

violinkoncert

| 1. | Beeth. 5 piano |
| 2. | Vivaldi: In terra |
| 3. | Mozart: Laudate |
| 4. | Gounod x2 |
| 5. | Berlioz |
| 6. | Puccini |
| 7. | Duruflé x 2 |
| 8. | Bachs Air |
| 9. | Shostakovich |

**g)** Bach for 2 violiner

Fik sin cd og blev glad.


---

### #4

**6.12.**

**Ingen optagelse!**

Lad alle stemninger få plads, åndedræt ta’ din plads på madrassen og i dit indre: stille rum. Gå med musik-ken og lad den føre dig....

1. **Lyserød = stilhedens farve.** Fin delikat, sprød. Danser... engel, vinger
3. **Bølgende frodig kornmark.** Ovenfra. Udenfor. Vil gerne være en del af... Dømt til at være udenfor!
5. **Musikken er der for din skylde.** Fantastisk du siger det!
6. **Glæde, lethed. Flamingo. Holde balancen på ét ben.**
9. **Blad der vugger på strøm af vand.** Barnet sover fortrøstningsfuldt. **Nyt stille strøm.** Pakker i guld

POST: Symbolleksikon om ørnen (og slangen). Nyt for I. Stof til eftertanke. STORT!

**g)** Bach for 2 violiner

**5.** Musikken er der for din skyld. Fantastisk du siger det!

**6.** Musikken er der for din skyld. Fantastisk du siger det!

**7.** Lys, trektant, svampen. Kirkerum.


### #5

**3.1.03**

**Disc OK**

Gennemgår #5: en afgørende rejse! Nyt mål: forsoning med mig selv (integration af modsætninger)

**FOKUS:** vende mig om og se ... i øjnene! Forsoning.

<table>
<thead>
<tr>
<th>Kropsafspænd-ing.</th>
<th>1. Rhosymedere</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varme.</td>
<td>2. Berlioz</td>
</tr>
<tr>
<td>På en flad grå 'neutral' slette; Gud tilstede + noget lyserødt.</td>
<td>3. Puccini</td>
</tr>
<tr>
<td>1: 3' + 30' + 7' (Postl.)</td>
<td>4. Massenet</td>
</tr>
<tr>
<td></td>
<td>5. Bach for 2 violiner</td>
</tr>
</tbody>
</table>

1. **Solopgang.** Livgivende lilla lys. men jeg har travlt med at løbe, løber for at undslippe mig selv: hårdt og udmattende. **Noget du ku’ ønske?**
3. **Musikken vil mig det godt. Kaleidoskop: perler på plads i nye monstre. Der mangler ikke noget.**
5. **Leger.** Skal ingen steder. Intet mål. Alene, ikke ensomt. Uproduktivitet i positiv forstand. Lille nisse kravler op i himlen. Rosvalse snupper nissen og flyver væk, ud af mit synsfelt. Slår mig til tåls. **Irri-tabel.** Tillad dig selv at være i tomheden. **POST:** Tomhedsfor-nemmelse, som efter en bog er læst færdig. **Tillad dig selv at være i tomheden.**

### #6

**15.1.**

**Disc OK**


**FOKUS:** For-trøstning. Krop, åndedræt, tillad alle stemninger og følelser være der med særlig opmærksomhed på ønsket om forsoning....

<p>| Brahms violin | 3. Brahms violin |
| Bach for 2 | 4. Bach for 2 |
| 33’ |   |</p>
<table>
<thead>
<tr>
<th>Nr.</th>
<th>Tekst</th>
<th>Induktion er med på båndet.</th>
</tr>
</thead>
</table>

**Induktionen**

1. **PEAK EXPERIENCE**
   1. Beethoven
   2. Vivaldi
   3. Bach
   4. Fauré
   5. Wagner

   (3’ + I: 5’ + 30’)

2. **Disc OK**


**POST**:

døden til livet. Åbent gab = at gå mod strømmen og derfra videre til frigørelse fra denne verdens begrænsninger.

| #8 | 24.02. Disc OK |
|——|——|
| Til US bagefter. Fastende. Kamp m/ børns far (alkohol) sat trumf på! Hårdt. Han holder ikke op, fordi jeg....! **FOKUS:** Lægge styringsbehovet fra mig. Opgive forestilling om at jeg kan styre alt! -> sådan ER det bare. |
| Åndedræt. Cen-trering -> ønske om at gi’ slip. I. oplever en vertikal kerne ... ørnen på hø. skulder, iagttager at jeg gør det der er bedst for mig |
| 1. Strauss |
| 2. Brahms |
| 3. Beethoven |
| 4. Brahms |
| TRANSITIONS |
| 43’ |

| #9 | 17.03 |
|——|——|
| Livet er bare SÅ hårdt. I går rensende gråd (ved at læse #7 og 8) ’Alt går som det skal!’ Det hvide rum? Trædemøllen? Hvad er det jeg skal |
| Lad den ydre verden/ bøvlet passe sig selv lige nu. Åndedræt, lad universalkraften gi’ dig den energi/ nærering du har brug for -> kroppen rundt |
| 1. Debussy |
| 2. Liadov |
| 3. Holst, Venus |
| 4. Grieg |
| 5. Grieg |
| PASTORALE |
ændre på? Brug for næring til at stå det igennem. FOKUS: Det hvide rum. Være ligeglad (underforstået ikke så intens)

Nærm dig det hvide rum, åbn dit sind ..... lad musikken....

kigger bare. Fugle, rolige optaget af sig selv (= jeg er) Gud (celeste!) banker på. Stige ned til mig.


Livet kræver meget. Ønsker at Gud bærer mig. Træthed. I går 2 årsdagen for min sygdoms udbrud. Hårdt. Om dødsangsten.

# 10
24.03

Åndedræt. Flere rum: det hvide og kassen. Universalerenergi/ kraft udefra. Kroppen igennem ... ser mig selv i kassen udefra

Åndedræt. Flere rum: det hvide og kassen. Universalerenergi/ kraft udefra. Kroppen igennem ... ser mig selv i kassen udefra

CONVERSATIONS
1. Elgar
2. Ravel
3. Bizet
4. Mendelssohn
5. Mozart
6. Schmidt
7. Stravinskij


**Appendix 8.2.2b Session notes INLA (English)**

<table>
<thead>
<tr>
<th>INLA</th>
<th>PRELUDE – FOCUS</th>
<th>INDUCTION</th>
<th>MUSIC</th>
<th>IMAGERY (summary w. core images and important statements underlined) – MANDALA – POSTLUDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>Joy, lightness, solar plexus, yellow-orange, gold</td>
<td>Body/breathing. Let the colour in s.p. spread into the body as much as you need.</td>
<td>1. Brahms Violin concerto, 2nd. mov. 2. Bach Double Concerto, 2nd mov. Ind. 7’ + 15’40</td>
<td>1. Wings – a naked maple tree – decline – death – accept of the cycle: It does not die, it must hibernate. 2. Being gently touched by the music – warm, soft, fleecy, redly fabric – movement like a yellow cornfield with life. MANDALA: The cornfield</td>
</tr>
<tr>
<td>17/10 Disc OK</td>
<td>#1 –&gt; the images are different from meditation images. Other ‘rooms’ in me – they are valuable! Makes sense. FOCUS: Give me power! What does power mean to you? Calmness, strength, being in my own space; get rid over over-responsibility and what my head tells me. Images from #1</td>
<td>Let your outer life withdraw. Find your centre. Concentrate on your breathing. Imagine the cornfield, the falling leaves, the colours, the soft red carpet – your own space.</td>
<td>1. Rhosymedre 2. Berlioz x 2 3. Puccini 4. Massenet 5. Canteloube 6. Rhosymedre 30’ + 29’ (Postlude)</td>
<td>1. Gentle music. caring. feel sad, because I need comfort and nurturing so much. Wrapped up like in a pupa. 2. A steep cliff at the sea in GB. Stands steady in the wind. Enjoy it! Cannot be knocked down. A dark cloud is threatening. It is swept away. Predestined to do that. Comfort and hope // (At second entry of theme: deep breathing). Wonderful. Contrary emotions in the music. The singers are 10 meter high! The choir – an me as a small stone in front of it. My place is just as important as... and everybody knows that! That’s heartening. 3. Standing at the ground, heartened?... Yes, it makes sense. Pain and access to joy at the same time. 4. A conch. Waving, like the cornfield. (Near the end of the music a new image:) A tiny car puffs along. I AM the car. Great. Take the family on a picnic. Rain. A great shower. A rainbow. 5. Sharp red cliffs (The singing voice! Aggression – it’s about myself). It’s beautiful, I just wish it wasn’t red, but yellow. 6. The journey is over. Slow crawling titles. Melancholy: I wish it could go on. An orange snail (also me)! POST: TIME! Images have deep meaning – I don’t have to control everything, e.g. the cloud. MANDALA: Snail / aggression. Calmness</td>
</tr>
<tr>
<td>#3</td>
<td>15.11.</td>
<td>Disc</td>
<td>OK</td>
<td></td>
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<tr>
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<tr>
<td>A busy time with external activities. Let’s highlight some images from #2 and go on from there. I have been so mad! Is there a connection? I must forgive myself, accept the anger and my temperament. FOCUS: Calmness/strength -&gt; digest after anger. Be steady even then.</td>
<td></td>
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<tr>
<td>I resume the focus --&gt; breathing, feel the mat, take the space you need (inner/outer space). Sink down from head to feet: Be aware of the space around you.</td>
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</tr>
<tr>
<td>34’</td>
<td>Received her cd and was happy about that</td>
<td></td>
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</tr>
<tr>
<td>POST: Obvious and clear meaning of the imagery. A spiritual experience. Not necessary to say much. The wolf woman (Estes): teaches about anger and forgiveness. MANDALA: Light, triad, the sponge. The church.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>#4</th>
<th>6.12.</th>
<th>Ingen</th>
<th>optage</th>
<th>Ise!</th>
</tr>
</thead>
<tbody>
<tr>
<td>SO happy about the cd! Listened min. 50 times!! Good to review the transcript and take it in. Dream: new jou -&gt; low status, in a cantina, it’s necessary to start over and climb upwards, accept my position, other people will notice that I am capable of more. Just relax! FOCUS: forbearance towards myself. Be quiet and joyful.</td>
<td></td>
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</tr>
<tr>
<td>Allow all moods to be with you. Breathe. Find your space on the mat and in your inner world. Follow the music and let it guide you...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.Mozart: Laudate</td>
<td>3. A waving ripe cornfield. Seen from above. I am an outsider. I would like to be part of... Sentenced to being left outside!</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.Gounod x2</td>
<td>4. An eagle. Majesty. Alone. Looks for prey. Angry and serene. I don’t want to be lonely and kill. It hurst // the agle’s feet are on the ground. ?What does it tell you? Drop it (the silence)! You are the eagle! Let the music be with you round this discovery. (&lt;crescendo. Sanctus)... A very clear image: me as a tiny embryo sleeping in a pink membrane/ballon. The music is outside.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.Berlioz</td>
<td>5. !The music is there for you. It is fantastic to hear you say that!</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.Bach Air</td>
<td>8. Shostakovich</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| #5  | 3.1.03 | Review of #4: a crucial session!  
A new goal: Reconciliation with myself (integration of opposites)  
FOCUS: Turn around and face ... myself! Reconciliation. | Body relaxation, feeling warmth. Be aware of yourself on a grey 'neytral' plain. God is there – and some pink. | 6. Rhosymedre  
7. Berlioz  
8. Puccini  
9. Massenet  
10. Bach Double C.  
I: 3' + 30' + 7' (Postl.) | 1. **Sunrise.** Life-giving purple light. I am busy running, running to escape myself: it is hard and exhausting. Anything you want to do?  
2. Stop it! ?**Anything preventing you from stopping?** No, I guess I will do it all of a sudden! Stop and turn my head, body doesn’t follow. The fine light is helpful, but not sufficient. I must do it myself. Loneliness = a yellow column / a core in me // consuming fire. Music comes to rescue me: pink swans, duvets. Ahh. Wonderful, but also escapism. It won’t last. Connection?... yes things are connected – they are opposites, but one is an escape from the other!  
4. Aha. That’s how it is. I’ll take cognizance of it. I am a bird, created to let the winds carry me. That’s brilliant. I’m playing, not going anywhere. No goals. On my own, but not alone. Unproductive in a positive sense. A small pixy is crawling upwards to the sky. A swallow of prey catches the pixy and flies away with it, out of my view. That’s OK with me. Roger – over – and out!  
POST: A feeling of emptiness, like when a book is finished. Irritation **Allow yourself to be in the emptiness. You don’t need take any initiatives right now!** A total balance-of-nothing. That is certainly a new feeling. MANDALA: The swallow carries the pixy away – gone! |  |
| #6  | 15.1. | INLA raises the issue: 'We don’t talk much about my psyche as  
FOCUS: Confidence. Body, breathing, allow all moods and | | 1. I’m curious: what does the music want to give me? A requiem? Like a coffin being carried in slow tempo, in a black mood… but also caring, feet carefully being sat down and lifted again. // Serenity. I wrap myself | |
related to cancer! Is that a problem (for you)? No. Life story issues: many rough experiences: Two divorces + having cancer within the last 5 ys. 1st husband was and is an alcoholic. I welcome her question – as related to the powerful existential energies and issues emerging in the sessions. About defense maneuvers: good and bad. Here and now: serenity since last session integrated in every day life. Yet anger yesterday!

emotions to be with you – with special awareness of your wish for reconciliation...

7. Brahms Violin C
8. Bach Double C
33’


2. Sadness. An elephant. It is huge and tired, moves heavily. The battle is lost (the battle about managing everything). I am the elephant. It will be shot. They’ve given it up. A lotus. Confidence = The lotus shows that someone holds his hand over… I can see it. That’s safe.

3. Even when it is utterly alone… there is a cub, a giraffe and more animals. It will NOT be shot! A whole herd appears. A comfortable tempo, no hurry. I am both involved and observing. No wiping them out this time. A happy bumble bee. Nice when there is both calmness and tempo/life.

4. Insects in the hey. My field of vision is divided. Grey nothing on the left. Some stripes of light from the left corner. A spruce cone. Beautiful, fertile, torn and used. Not perfect – maybe the cone is me?

POST: I guess it is me, like in the old Thorbjørn Egner song “Maybe it’s you, maybe it’s me, maybe it’s thewedelidee”. MANDALA with three fields. 1) lotus, 2) cone, 3) free zone. Very clear.

Tired after a long day teaching and leading a course at CVU. Looked forward to coming. FOCUS: Meet myself. Embrace myself. Be in contact with the free zone (= neutrality).

Induction is on the tape.

PEAK EXPERIENCE
1. Beethoven
2. Vivaldi
3. Bach
4. Fauré
5. Wagner

(3’) + I: 5’ + 30’

6. The music makes me feel sentimental. I turn a round, see myself. Wearing a red blouse. Wings. The first “me” reaches out in joy, the other “me” observes.

7. A dragons jaw. The ‘other’ is consumed by the flames. I thought we should be united, but it was cleansing first. A jolly puppy. Powerful music. Sunrise.


9. Music from God, through a tunnel to me. Light up to him.
10. A Concorde races by. The eagle! Carried by the winds. I both see and I AM the eagle. Forgotten by its surroundings. Very self-confident. That’s’ what I need. A little sad…. on my way home to where I am supposed to be. Tired, torn, of course. It was a long way. I bow my head.

POST: Powerful music! (Exactly what you needed, I think) The images are interpreted very appropriately and meaningful. The transformation from #4 to now comes to awareness. Surprising and meaningful symbolism in the crocodile (symbol dictionary:) the consuming force, the necessity of passing through death to life. The open jaw = swimming against the tide, enabling a release from the limits of this world.

<table>
<thead>
<tr>
<th>#8 24.02. Disc OK</th>
<th>Control examination after session. Fasting. Has been struggling with the children’s father (alcohol). Given him an ultimatum. It’s hard, he won’t stop just because I…! FOCUS: Drop my inclination towards control and the idea that I can control everything -&gt; things are how they ARE!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentrate on breathing. Centering -&gt; your wish to let go. INLA reports a vertical core... the eagle on right shoulder watching that she does what is best for her.</td>
<td>1. Strauss 2. Brahms 3. Beethoven 4. Brahms = TRANSITIONS 43’</td>
</tr>
<tr>
<td>1. I am the eagle. I enjoy it, hovering in a slow tempo. A dark threatening cloud. A swan with its head under the wing – doesn’t see much, doesn’t need that. The cloud is not a threat. OK. It stops, it grows bigger. 2. A light bubble round the swan. Mild summer rain. An apple core is legitimate. Playing with a catapult -&gt; got you, ha ha (childish fun). 3. Sort-of-sad. In a bad way: Everyone must be happy and in harmony. But the world is not like that. Reconciliation. Two rooms: 1) sunrise, fertility, gold, orange, 2) empty, white. Need to learn to stay in room 2. The eagle is there, I don’t want it to be there! Butterfly, walking softly, a wing in each room. Wholeness. Difficult to understand. [Fanfare 1]… images passing… [Fanfare 2] The power of nature. A tiny gnome = the jester – moves from right to left. 4. He is unimpressive, but wise. In this disguise he can enter people’s hearts. Your heart? I’m surprise. I am walking in the treadmill, but the heart is pumping. I must surrender to the forces. The heart pumps, orange. The gnome is watching: everything is as it should be. I accept, don’t go against it. A grass meadow in the Alps. Fertile, a mild wind. I am just watching!</td>
<td></td>
</tr>
<tr>
<td>POST: Makes a lot of sense. Not necessary to say much. The passing images have also meaning (the disrupt cognitive thinking and enable contact with more important impressions). MANDALA: The treadmill and...</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#9</th>
<th>17.03</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Life is SO hard.</strong></td>
<td><strong>Calm and nice. I sleep on my side, turning the back outwards. White / Gold. Wake up, rise. A new, unknown place. The room welcomes med. Very new that I don’t know where, where to and how! Like a newborn.</strong></td>
</tr>
<tr>
<td><strong>Leave the outer world and its affiais behind you. Concentrate on breathing. Let the universal power give you the energy you need, to your whole body. Approach the white room, open your mind and let the music...</strong></td>
<td>1. Calm and nice. I sleep on my side, turning the back outwards. White / Gold. Wake up, rise. A new, unknown place. The room welcomes med. Very new that I don’t know where, where to and how! Like a newborn.</td>
</tr>
<tr>
<td><strong>Life is SO hard.</strong></td>
<td>2. Unclear white / gold. A Cherubim. A little worn, but OK. Tornado (right) – The Cherubim (left). Dividing line = a white wall. The tornado rushes against it, but in vain. It lurks off, sad. An acorn opens in four flaps. Seed.</td>
</tr>
<tr>
<td><strong>Leave the outer world and its affiais behind you. Concentrate on breathing. Let the universal power give you the energy you need, to your whole body. Approach the white room, open your mind and let the music...</strong></td>
<td>4. He wants to take care of me. Hands on my shoulders, watching me deeply in my eyes: Don’t fight so hard any more! Go into it. Face it. Confront it. It will be lonely and hard.</td>
</tr>
<tr>
<td><strong>Life is SO hard.</strong></td>
<td>5. He ascends. I’ll have to do the rest myself. I get cross. He has given me a new burden, a new fight! Some experiences are only for yourself. Sad. <strong>POST: He did the right thing, I can see that. He helped me, but not in the way I expected. It’s important to dwell in the non-intense states (unclear colours and moods). A new place to land. Facing God – and yourself.</strong></td>
</tr>
<tr>
<td>Cleansing tears yesterday by reading transcripts of #7 and 8. ’Everything OK’. The white room? The threadmill? What do I need to change? I need nurture to get through it. <strong>FOCUS: The white room. Care less (intensely).</strong></td>
<td>1. Calm and nice. I sleep on my side, turning the back outwards. White / Gold. Wake up, rise. A new, unknown place. The room welcomes med. Very new that I don’t know where, where to and how! Like a newborn.</td>
</tr>
<tr>
<td><strong>Leave the outer world and its affiais behind you. Concentrate on breathing. Let the universal power give you the energy you need, to your whole body. Approach the white room, open your mind and let the music...</strong></td>
<td>2. Unclear white / gold. A Cherubim. A little worn, but OK. Tornado (right) – The Cherubim (left). Dividing line = a white wall. The tornado rushes against it, but in vain. It lurks off, sad. An acorn opens in four flaps. Seed.</td>
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<tr>
<td><strong>Leave the outer world and its affiais behind you. Concentrate on breathing. Let the universal power give you the energy you need, to your whole body. Approach the white room, open your mind and let the music...</strong></td>
<td>5. He ascends. I’ll have to do the rest myself. I get cross. He has given me a new burden, a new fight! Some experiences are only for yourself. Sad. <strong>POST: He did the right thing, I can see that. He helped me, but not in the way I expected. It’s important to dwell in the non-intense states (unclear colours and moods). A new place to land. Facing God – and yourself.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#10</th>
<th>24.03</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breathing. There are more than one room: the white room and the box. Universal energy / power from outside. Going through the body... ’I see myself in the box, from the outside’</strong></td>
<td>1. It’s peaceful, but I’m not sleeping. Autumn leaf floating gently, like the doll throwing itself unresistingly… being guided. Important that I keep my eyes open. Leaf falling down and resting on silent water.</td>
</tr>
<tr>
<td><strong>Breathing. There are more than one room: the white room and the box. Universal energy / power from outside. Going through the body... ’I see myself in the box, from the outside’</strong></td>
<td>2. Being rocked. It is all part of the plan. A door -&gt; a meadow with sheep, like a postcard. I stroll around with no goal. Not locked up in my own world. I am in this harmonious world of images. How did I get here. Can I come back? I feel sad. My heart trembles. Why must it be so difficult? (tears). Existential loneliness. Nobody can help me find the way. A feeling of chaos.</td>
</tr>
<tr>
<td><strong>Breathing. There are more than one room: the white room and the box. Universal energy / power from outside. Going through the body... ’I see myself in the box, from the outside’</strong></td>
<td>3. A leaf again. Many leaves. Community.</td>
</tr>
<tr>
<td><strong>Breathing. There are more than one room: the white room and the box. Universal energy / power from outside. Going through the body... ’I see myself in the box, from the outside’</strong></td>
<td>4. Maybe it was there all the time – the spruce cone? Fishes in the flood. Feel sad, because the music is so beautiful. Sheep. Wisdom – how do I get it?</td>
</tr>
<tr>
<td>FOCUS: Finding a way out... a door.</td>
<td></td>
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<td>-----------------------------------</td>
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<tr>
<td>6. An answer! I stand on the ground – look up. It opens up. Light grey rocks, I am the stamen of a flower. Filled with joy. Like coming home. God. I lift my arms because I’m happy (not because I am going up there). Bars. Sad. The musical wave carries me out. <strong>There is always a way out.</strong></td>
<td></td>
</tr>
<tr>
<td>POST: Weak, but released. More tears than ever before. I can contain both parts of the doubleness. I can let go of control – and then things come to me. MANDALA: The flower. An opening towards God. Centred, Yellow, Purple. There is always a way out!</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Præ - Fokus</td>
</tr>
<tr>
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<td>------------------------------</td>
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</tbody>
</table>

**Appendix 8.2.3 Session notes ESMA (in Danish)**
### #3
#### 13.11.
**Disc OK**

<table>
<thead>
<tr>
<th>Manden indlagt m/lunge-betændelse på 2. uge! Selv i mere stabilt humør. Skriver dagbog. Nyttigt. Åben og ærlig omkring sig selv før og nu (se noter). <strong>FOKUS:</strong> Barndomsminde mht. at genkalde sig følelsen af at opleve i nu’et. Tidlig morgen i toppen af træ m/bro dre.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Åndedræt. Lige som sidst. TRÆ</strong></td>
</tr>
</tbody>
</table>
| ● Liadov  
● Holst – Venus .......... pause.....  
● Bach for 2 violiner  
  Musik: 16’ + 16 (afbrydes, dialog) + 8’ (Musik) + 2 i alt 42’ |
● Tågen trækker sig tilbage. Lyset mer’ og mer’. Flokken går i opløsning, hvis man ikke er helt stille. Trylleriet ligger i at lyset ta’r over og skyggerne trækker sig tilbage. En anden skov …. grantræer, mørk. (musik slut) ........ musik minder mig om aftenstemning ....! (Lang erindrings-dialog) – Savn (i barndommen) fører mig pludselig deprimeret..... Jeg var et ensomt barn. mine forældre var fjerne.  

---

### #4
#### 21.11.
**Disc: kun 15’!*|

**Potteskår i mange stykker. Tillad den for-nemmelse. Krop. Åndedræt. Ønsker om ændringer. Haven.** |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRÆ</strong></td>
</tr>
</tbody>
</table>
| 1. Bach for 2 violiner  
2. Brahms violinkoncert  
3. Bach (igen)  
● Shostakovich  
I: 5’ + 10’ (*afbrydes i Brahms A2, bånd løbet ud) |
3. Lave om på… flytte….. kigge ind under noget –> som barn v/bækken under træerne, hule, tryghed, alligevel ikke helt lukket, for vandet strømmer.  
4.……….. tavshed …….. fin musik!  
**POST: Mer’ aktivitet ind i mit liv, trang til at bruge min krop, har flere kræfter. Perspektiverer dette i forhold til, hvad E. IKKE kunne bare for 2 uger siden. Der er noget der spire. Hav tålmodighed. Lad det spire. Far ikke ud i begejstring** |
| Disc | OK | | |
| Disc | OK | Krop. Åndedræt. Frisk (kosmisk) energi ind/ det gamle ud. Gi slip på spændinger, mærk! Sti op mod grantræer/ hule |
| Peak Experience (originalen) | 1. Beethoven |
| 2. Vivaldi |
| 3. Bach |
| 4. Fauré |
| 5. Wagner |
| 5’ + 30’ + 8’ |
| 2. En tur igennem allén – svirp! Hvirvet gennem en korridor. |
| 3. Åben slette m/ sol og vind. Lemvig, Vesterhav |

| #10 | 5.3. | Vi gør lidt status i forhold til mål, forventninger. ESMA har ideer til, hvordan projektet skal gøres kendt. Deltagernes udbytte bør formidles til fagpersoner, men også i avisen? (til gavn for andre i fremtiden). Har gang i at male/ tapetsere! FOKUS: Bevare kontakten til livskraften. Økonomiser m/ energien. Balance |
| Disc | OK | Energi ind, åndedræt, lade cirkulere ...... holde frikvarter fra praktisk arbejde ......... Tofthjørne v/ Struer |
| 1. Respighi Gianicola |
| 2. Debussy (Cathedralet) –> |
| 1’ + 5’ (Postl) (Forringet lydkvalitet) |
| 1. Doser lidt hen. Afsluppet. Tænker på avis artikel m/ Ghita Nørby m. fl. om at føle skam ved at få kræft. |
| 2. Sådan havde jeg det også (= ligesom i barndom v/ at blive valgt ud som den sidste). Mærker nu i brystet...... sorg -> måske fordi jeg skulle præstere for at blive anerkendt |
### Appendix 8.2.4 Session notes ANHO (in Danish)

<table>
<thead>
<tr>
<th>ANHO</th>
<th>PRE – FOKUS</th>
<th>INDIKTION</th>
<th>MUSIK</th>
<th>NØGLEBILLEDER – MANDALA – POST</th>
</tr>
</thead>
</table>
| Disc OK | skal skrive (dagbog), går jeg i sort! Der skal ske noget. FOKUS: Jeg vil gerne ku’ mærke. | 5.Fuga  
6.Bachs Air  
47’ + 5 (Postl.) | 4.Tunge arme – som bly. Ondt i højre arm  
5.Letter.  
6.Vær med musikken. Mærk den! …………  
| #4  
2. Haydn  
3. Bach – hyrdesang  
4. Duruflé x 2  
5. Bach’s Air  
6. Brahms violin  
7. Bach for 2 viol.  
I: 6’ + 54’ + 19 (postl.) i alt 79’ | 1. Tung i starten. Nu letter det ....... fugle, svaner m/ guld (griner forlegent) musikken for hård, dyster –>  
3. Uro, kvalme, truede  
4. Spændt i arme fra albuier og ned …. slå, bokse (søn)  
5. Meget behageligt, bortset fra arme.  
| #5  
2. Puccini  
betyder de? Positivt møde med en vej. om fremtid. S

Snak om dobbeltheden: 

'op' < jeg vil leve. Jeg for-

øger at få A. til at byde

drømmene velkommen og

undersøge dem. Positiv

feedback fra søn og andre –

bedre til at ta’ imod det!

FOKUS: Jeg vil leve. Grønt

lys.

---

Verbal session + Mozart til

sidst. 

Temaer: Relationen.

Udfordrer jeg/ musikken dig

for lidt el. for meget? Hvad

er brugbart for dig? Udbytte

af GIM. Arbejde i ambula-

torium. Selv-mordstanker/ 

død, børn, jul, religion,

astrologi/ alternativ beh.

Hvis der er nogen form for

terapi, der har flyttet noget i

mig, så er det da vist her.

FOKUS: Lidt

har også ret! 

Krop/ afspænd. 

Åndedræt: ta’ 

ind hvad du har 

gavn af, pust ud 

det du ikke vil 

ha’.... lad 

musikken fylde 

dig.... måske 

kender du den, 

måske ikke....

Mozarts klarinetkoncert

i A-dur (adagio)

Ingen bandoptagelse pga. verbalsession. 

ANHO nød musikken meget: hun kendte den (stort smil/ 
dyb

åndedræt/ positiv reaktion). 

Succes.

POST: Jeg er mere rolig end da jeg kom. Det var godt at snakke og få 
vendt tingene. 

(Ellen: Jeg udfordrede A. ved at stille mange spørgsmål og med at få

hende til at mærke/ ta’ stilling/ få oje på SMÅ SKRIDT og samlade op/ 
støttede mht. at beg. at se en sammenhæng med billeddannelsen. A. er

ikke meget for at se positivt på sig selv og se mildt/ tålmodigt på de

frem-skridt, der faktisk er. Hun VIL nærmest ha’ at det skal blive som 

før.)

Gik dog lettere herfra.

---

Temaer: Smerte! Siden

fredag. Forunderligt; kan jeg 

nu leve op til at ’være rask’?

Angst. Nye krav. Kroppen?

Uro i bryst, skuldre:

Om depressio-

nen for 12-15 år

siden.... skal jeg 

nu dermed igen?

Det vil jeg ikke!

Ellen: H.E. er kendt for

sprøjtørsel, forhold til

kinder?! Åh! Ja. 

Hvorfor kan jeg ikke 

fokusere... koncentrere

Far: både positiv OG negativ. Mor: intetsigende, tavs. Vil ikke ligne

hende! Hvilke forskelle kan du se på mor og dig selv? Kontakt til børn.

Om søn og psyk. indlæggelsen (samme aften som vi ellers skulle ha’ 

været i Musikhuset) og den måde han vender (positivt) tilbage på. Alle

disse temaer er knyttet til teamet angst og mangel på støtte og hjælp til
vanlig session. Kropslytning til Mars -> massage på skulder. Rart at blive støttet i ryggen. Mars igen nu med fokus på at ’gå ud i verden’ møde modstand (soc.rådgiveren) og fra mig fysisk: Øv! Du er stærkere end mig!


at tackle den/ se den i øjnene! ANHO befinder sig godt med at fortælle disse ting. Skulder og arme er faldet mere på plads. Har det bedre end da hun kom.

Forløb:
2. Snak igen om nævnte temaer.
3. Mozart igen som baggrund v/ skemaudfyldning (efter ANHO’s eget ønske.

| Mest verbal + | Brahms 2. klaver | 
| Ingen optagelse | 

| Disc | OK |
hul igennem. Forhammer

mer, gi’ dig tid
til at betragte.....

52’ + 2’
(Forringet lydkvalitet)

# 10
31.03
Disc
OK

1. dag på ’arbejde’. Men
hvilket? Det er bare ikke
mig! (ældre i røg og damp)
Ikke udfordringer nok. Snak
om forløbet her. Forandringen. A. skal guides til at
erkende dem. FOKUS:
Styrke den energi som er i
vækst: jeg vil noget mere!
Jeg vil ha’ noget (ikke bare
gi’ ud) Succesoplevelser

Rummet i solar
plexus hvor
energien
befinder sig/
udgår fra
Åndedræt

1.
2.
3.
4.
5.
6.

Beethoven 5. klaver
Vivaldi –>
Elgar
Ravel
Bizet
Mendelsohn

39’ + 26’ (Postl.) + 1’
(beg. af Mozarts klar.kc.
til afsp.
(forringet lydkvalitet)

4. Fryser meget i hverdagen; irriterende. Hæmmer mig i at udfolde
mig.
5. Kirkegård. Grave, gravsten. Minder mig om død. det har jeg ikkel
6. Det er der, men jeg gider ikke... dobbeltheden. Der er også
fredeligt.
7. Stadig på kirkegården. Vil gerne væk derfra. Hals, mave – tung
knude. Fylder, irriterende. Af jern. Sorg, angst (gabelyde, rømmen,
dybt åndedræt). Ville ønske jeg ku’ ”hoste op” med det.
8. Det letter (lille tåre)
POST: A. forundret, men får mere og mere forståelse for rejsens
indhold i relation til egne reaktionsmønstre/ egen livshistorie. Fedt!
Eftertænksomhed. Ind og mærke. Ikke lukke øjnene for død og andre
ubehageligheder. Fortæller om et angstanfald, hun fik sidste gang da
hun gik herfra (varede et døgn) og hvordan hun taklede det. Snak om at
lytte til signaler; hvad vil angsten/ kroppen fortælle mig? Om
udrensningsoplevelse (på toilettet) –> lettelse.
1. Afslappende. Blå farver, prikker
2. Dyster musik –> overarme, mave, hoved – kormusik er ikke mig! –
>
3. Meget bedre. (til slut:) Hul i mellemgulvet. Tomrum
4. Rund form, fornemmelse jeg kender. Sult! Putte i munden, men det
er noget andet, der skal til. Tungt. Irriterende. Spærrer. Kuglen
flytter sig op i halsen. Spærrer. Som kulde der kommer op fra
5. Lettere; stadig noget.... lille klump
POST: Blokeringen flytter sig/ gi’r luft, når jeg åbner munden. Betydning og
mening! Indlysende. Leve med ’både og’: ja, jeg er afhængig af det offentliges
hjælp, men må åbne munden for at finde dét, jeg selv ved er det rigtige for
mig. Du kan ha’ tilbøjelighed til at føje/ indpasse dig FOR meget. Du ved godt
Energien er der.


### Appendix 8.2.5 Session notes SAAA (in Danish)

<table>
<thead>
<tr>
<th>SAAA</th>
<th>PRÆ – FOKUS</th>
<th>INDUKTION</th>
<th>MUSIK</th>
<th>NOGLEBILLEDER – MANDALA – POST</th>
</tr>
</thead>
</table>
| #1  | 22/10       | Krop – gi' efter for spændinger - åndedræt | 1. Boccherini cellokoncert  
2. Russisk 1  
3. Russisk 2  
4. Shostakovich  
2. Flow i kroppen + kroatisakralrytm. Dejligt.  
3. …………… (nyder) ……… (healing?) (SA er helt tavs)  
5. Minder om ungdom (kærestes, som spillede klassisk musik for SA). Vemod/ forelskelse (erindringer) |
| Disc | OK          |           |       | POST: Påmindelser om hvile, healingsmassage og at jeg ikke behøver at præstere for at være noget værd. MANDALA: Stærke farver ("target") + vigtige ord. |
| #2  | 31.10       | Lysende bølge. Fodder op til pineal. Lad musikken føre dig til de(t) rum, du ønsker at være i | 1. Rhosymedre  
2. Berlioz x 2  
3. Puccini.  
5. Schumann  
6. Walton  
Ind. 8’ + 31’ + 7’ (Postl) | 1. Meget dejligt … kolde fornemmelser (healing), lander  
2. Synker dybere. Iorden bare at være mig --> fornemmer det gi’r bedre plads til de andre // …….. roen  
3. ………… (tavshed, ingen interventioner) |
| Disc | OK          |           |       | ● ………… (tavshed, ingen interventioner)  
● ………… (musikken slutter) S. er langt væk (taler sagde til hende) Komme tilbage er som at dykke ud gennem en kanal.  
2. Bach – Hyrdesang  
3. Berlioz x 2  
4. Puccini.  
5. Massenet.  
6. Rhosymedre  
2. Danser med engel.  
4. ……minder om temaer fra Les Misérables --> længsel  
5. Meget dejligt! (som smil gennem tårer)  
6. ………….. (dyb vejtrækning) |
### #7 27.1

**Disc** OK

<table>
<thead>
<tr>
<th>#6 –&gt; hænger godt sammen med at jeg accepterer at mine arme ikke er blevet bedre; måske alligevel søge FP?</th>
<th>Kropsguiding fra hoved til fødder – gi’ slip, afsp. – stillede; obs. på glæden, nysgerrighed – hvad mon kommer?</th>
</tr>
</thead>
</table>

**POST:** Hvad fandt du? Dét at kunne være i det! (den kropslige fornemmelse af at stå fast + bevægelse + række opefter). Om forskellen på 1) at ville forandring til det bedre (undgå smerte f.eks.) og 2) at acceptere at det er som det er!

**MANDALA:** Hjerte, båd, træ, stjerner.

### #8 17.02.

**Disc** OK

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Elgar/ cello</td>
<td>4. Ro, men også forventningsuro</td>
</tr>
<tr>
<td>5. Ravel</td>
<td>5. Fredeligt; lys i glimt (åndedræt dybere)</td>
</tr>
</tbody>
</table>

**POST:** Hvad fandt du? Dét at kunne være i det! (den kropslige fornemmelse af at stå fast + bevægelse + række opefter). Om forskellen på 1) at ville forandring til det bedre (undgå smerte f.eks.) og 2) at acceptere at det er som det er!

**MANDALA:** Hjerte, båd, træ, stjerner.

### #9 07.03.

**Det irriterer mig stadig at jeg tænker: sikke en masse besvær jeg laver (når jeg ansøger om Montebello)**

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Elgar cello</td>
<td>1. Elgar cello</td>
</tr>
<tr>
<td>2. Ravel</td>
<td>2. Ravel</td>
</tr>
</tbody>
</table>

**POST:** Prover at få billeder af mig selv på Montebello f/ta’ imod omsorg. Svært at holde fast i dem. .... ikke så mange billeder, men lys...

2. Lys – minder om healing; forstyrrende tankar om hussal mm. – ro igen

3. ................. (Tavs – ro, dyb kropsgennemførelse) Ro
<table>
<thead>
<tr>
<th>Disc</th>
<th>OK</th>
<th>Andre har det værre end jeg. Hva’ mon andre tænker? FOKUS: Styrke omsorg for mig selv og retten til at være mig</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Bach – Air</td>
<td></td>
</tr>
<tr>
<td>32’ + 4’ (Postl.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Forringet lydkvalitet)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>(Tavs – kropssitren, gi’r slip?, åndedræt dybere/ friere) Mod slutningen kunne musikken være et billede på min kamp med mig selv.</td>
<td></td>
</tr>
<tr>
<td>MANDALA: Genopstandelsen i værenstyngden</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#10</td>
<td>17.03.</td>
<td></td>
</tr>
<tr>
<td>Lad alle følelser og stemninger få plads. Find ind til det rum hvor din sorg, dine længsler bor.……. solar plexus + lys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Albinoni: Adagio</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Bach: Komm süsser</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Bach: Mein Jesu</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Bach: Mein Jesu</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Bach’s Air LOSS</td>
<td></td>
</tr>
<tr>
<td>33’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Ro. Som efter at ha’ tømt vand ud af båd. Plads til lys. Jeg som lille frø, foster i hule. Man skulle ha’ en dobbelt navlestræng → Gud og mor .... er ved at finde den. / Kløe i fingre…. ... efter at handle….</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>…nogle gange ligesom at løbe væk fra…. (Hals! Hvad sker?) Mor. Jeg kvalte hende. Slap af med skyld og skam. Har ingen gode erindringer – det er bare sort (græder) .... vil positivt…. men Gi’ det lov at være som det er lige nu?</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Halsen? Det trykker (gaber, masserer kæberne, gråd) /Det er noget med accept – kommer jeg ud på den anden side?</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>…………. (frigjort åndedræt, smil, kæber afslappet, strækker arme ud)</td>
<td></td>
</tr>
<tr>
<td>POST: Om at finde nye kamre i sig selv. Fordybelse. At ønske sin mor død. Ikke tro på at lykken er et andet sted. Selvudviklingsfilosofi: slippe fri af smerten &gt;&gt; &lt; at leve med den.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

1. Alb inoni: Adagio
2. Bach: Komm süsser
3. Bach: Mein Jesu
4. Bach: Mein Jesu
5. Bach’s Air

---

1. Tavs – kropssitren, gi’r slip?, åndedræt dybere/ friere
2. Forringet lydkvalitet
3. Bach: Mein Jesu
4. Bach’s Air LOSS
5. Bach – Air
**Appendix 8.2.6 Session notes WIFU (in Danish)**

<table>
<thead>
<tr>
<th>WIFU</th>
<th>PRÆ – FOKUS</th>
<th>INDUKTION</th>
<th>MUSIK</th>
<th>NØGLEBILLEDER – MANDALA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disc</td>
<td>OK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#3</td>
<td>19.11</td>
<td>Til kontrol hos A.Bonde. Cellerne ligger i dvale! Glad. FOKUS: Fortsætt e konsolidering af eget, indre rum (oprydning, åbenhed, gi' slip, VÆRE, hvile i ro m/ åben udsigt.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disc</td>
<td>OK</td>
<td>I: 4’30 + 31’ +7’ (post)</td>
<td>Slap bare af, siger musikken, det er ok (griner!)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. I.6’30 + 26</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Vivaldi Gloria</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Bach Adagio</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Fauré In Par.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Brahms 2. klaver, 3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>37’ + 8’ (Post)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#10</td>
<td>1.4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Disc</strong></td>
<td><strong>OK</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POST: Brug for megen tid. TID og RO. Vender langsomt tilbage. 'Jeg tror jeg kan klare det'. Snakker om den stærke oplevelse. Om temaet at bede om noget: sker i sessionen. At gi’ slip på sig selv, bliver man rundtosset af.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 8.3 Bruscia. “The Door” /Levels of Travelling

(from Brucia, K.E. (n.d.) The Assessment Process in Guided Imagery and Music, unpublished paper from training)

Being at the door, but refusing to open it.
Being at the door, looking through the keyhole.
Opening the door, looking inside and closing it again.
Opening the door, and looking at what is inside over an extended period.
Stepping through the doorway but going only so far.
Going inside but returning to the doorway frequently.
Going inside, observing what is there and returning.
Going inside, interacting but returning before completion.
Going inside, getting involved in what is happening inside, reaching closure, and returning.
Going inside, experiencing bliss and not wanting to return to doorway.
Going inside, getting lost, and being unable to return to doorway.
Going inside, losing oneself and having trouble reconstituting identity.
Appendix 7.4 MINI-WORKSHOP – RESEARCHING MUSIC
AND/OR IMAGERY

You will listen to a music selection (one piece of music, dur. 8:40) from a GIM program. Before you listen, decide which of the following options you prefer:

(A) Listen to the music in a relaxed state, with eyes closed, focusing on the imagery, i.e. on the images the music may evoke in you. After listening you will report your experience using a questionnaire.

(B) Listen to the music, focusing on the image potential, i.e. on your assumptions of what kind of imagery the music may evoke (not only your personal imagery), and where you would identify potential ‚shifting points‘ in the music. You will report during listening, indicating with time cues and cues on relevant musical parameters/qualities what you consider salient.

(C) Listen to the music, focusing on the music as it unfolds in time, and as you experience it – as music. You will report, during and after listening, salient musical features of the piece, indicating with time cues and cues on relevant musical parameters.

(D) Listen to the music while you read the score, focusing on the music and as you experience it – as music. You will report, during and after listening, salient musical features of the piece, indicating with time cues and cues on relevant musical parameters.

(E) Listen to the music in a relaxed state, with eyes closed, focusing on the imagery, i.e. on the images the music may evoke in you. After listening you will report your experience by drawing a mandala.

(F) Listen to the music, focusing on the music as it unfolds in time, and as you experience the mood as expressed or represented by the music. You will report, during and after listening, the mood(s) of the piece, using Hevner’s mood wheel, indicating with time cues when mood changes occur.

Hand your report over to Lars Ole, if it is OK for you that he may use it (without disclosing your identity) in his research process. You can have a copy, of course.
Listen to the music in a relaxed state, with eyes closed, focusing on the imagery, the music may evoke in you. After listening report your experience using this form:

Did the music evoke or stimulate imagery? (mark with an X)

I _______ I _______ I _______ I _______ I _______ I
Not at all------------------ to some extent---------------Very much

If the music evoked or stimulated imagery, what kind of imagery:
(please give a mark on all of the following image modalities)

Visual imagery
I _______ I _______ I _______ I _______ I _______ I
Not at all------------------ to some extent---------------Very much

Auditory imagery
I _______ I _______ I _______ I _______ I _______ I
Not at all------------------ to some extent---------------Very much

Sensory-kinaesthetic imagery
I _______ I _______ I _______ I _______ I _______ I
Not at all------------------ to some extent---------------Very much

Olfactory/gustatory imagery
I _______ I _______ I _______ I _______ I _______ I
Not at all------------------ to some extent---------------Very much

Feelings/emotions (Which:__________________________)
I _______ I _______ I _______ I _______ I _______ I
Not at all------------------ to some extent---------------Very much

Memories/recollections
I _______ I _______ I _______ I _______ I _______ I
Not at all------------------ to some extent---------------Very much

Transpersonal imagery
I _______ I _______ I _______ I _______ I _______ I
Not at all------------------ to some extent---------------Very much

Other reactions (Which:__________________________)
I _______ I _______ I _______ I _______ I _______ I
Not at all------------------ to some extent---------------Very much

Was the a narrative? (Which/cues:__________________________)
I _______ I _______ I _______ I _______ I _______ I
Not at all------------------ to some extent---------------Very much

Other Comments:__________________________________________
Appendix 8.6 PHENOMENOLOGICAL MUSIC DESCRIPTION

BRAHMS: Violin Concerto D major, 2nd movement (in F major)

SHORT VERSION:
A long oboe cantilena unfolds with stable woodwind accompaniment. The melody is simple, based on the three notes in the tonic major chord [a-f-c, often echoed by other instruments, before the melody continues], yet sophisticated: phrases may be prolonged or sequenced in an unpredictable, yet pleasant way. The slow adagio tempo makes it easy to follow both the core melody and the accompaniment. This is very safe – the only hint at tension and chromaticism is found in a) the transition bars between the melodic phrases, where bass and treble mark the dominant function in chromatic as/descending, b) the use of small crescendo-decrescendos.
The entry of the solo violin and the strings (prepared by two string bars of T and D) is a beautiful restatement of the melody, with fresh echoes of the melodic core motif in woodwinds, however this section quite fast (already shortly after the beginning of 2nd statement in F) takes the listener into new realms: the key changes suddenly to the remote G flat/F sharp not immediately identifiable as major or minor; the mood changes correspondingly (from *3 to 6*), and the melodic line of the solo violin (even if the core motif is based on the 'innocent' motif cell of bar 10) turns longing and plaintive, with many seufzers. This is intensified by an octvae rise in the solo violin, by an unexpected fermata, by the many rather dramatic crescendos and the short melodic-harmonic sequences mowing upwards. The music is no longer stable and predictable, but ambiguous and filled with chromaticism and other musical surprises. Also the tempo rises, until a calando brings the movement back to adagio and the tonic F major. When the oboe sings the wellknown pastorale theme the violin joins in with soft, eloquent embellishments of the melodic line. Diatonic and chromatic melodic movements are integrated on the firm harmonic basis of F major. The violin restates the core motif and through a series of small variations/sequences the movement is brought to a comforting and affirmative close (with a surprising p f minor chord (bar 113) as a last shadow of the drama from the second main section of the movement.

LOB 17.10.03
A "Dynamics of Experience"-Chart of the movement has been drawn.
The conclusions of both descriptions – concerning image potentials of the movement – are:

- The movement is in song form – A B A’ – yet the predictability of the outline is ’blurred’ (in a very typical Brahmsian way) – by the many unpredictable variations especially of the B section.
- The major shifts with potentials for image transformation or changes are at 2:15: The violin entry, section B; 3:52: The mood and key shift to a more dramatic and tragic episode; 6:11: The return to the secure base, harmonically and melodically, with the two solo instruments in harmony, integrating diatonic and chromatic elements.
• The movement is basically supportive and lyrical-pastoral in character, but the B section brings some challenges for the listener in the form of tonal/harmonic drama, dynamic tension and melodic longing.

LONG VERSION – as basis for a STRUCTURE OF EVENTS DESCRIPTION:

<table>
<thead>
<tr>
<th>Episode</th>
<th>Duration</th>
<th>Bars</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>0:00-0:10</td>
<td>1-2</td>
</tr>
<tr>
<td>A2</td>
<td>0:10-1:00</td>
<td>3-14</td>
</tr>
<tr>
<td>A3</td>
<td>1:00-2:14</td>
<td>15-31</td>
</tr>
<tr>
<td>B1</td>
<td>2:15-3:21</td>
<td>32-45</td>
</tr>
<tr>
<td>B2</td>
<td></td>
<td>46-51</td>
</tr>
<tr>
<td>B3</td>
<td></td>
<td>52-55</td>
</tr>
<tr>
<td>B4</td>
<td></td>
<td>56-63</td>
</tr>
</tbody>
</table>

Episode A1 (0:00-0:10, Bars 1-2)
The movement opens quietly and very open with two bassoons sounding a major third, the horns add the fifth below them.

Episode A2 (0:10-1:00, Bars 3-14)
A long oboe cantilena unfolds with stable woodwind accompaniment. The melody is simple, based on the three notes in the tonic major chord [a-f-c, often echoed by other instruments, before the melody continues], yet sophisticated: it is not a 'multiple 2", regular tune, phrases – first time bar 7-9 – are prolonged or sequenced in an unpredictable, yet pleasant way. The slow adagio tempo makes it easy to follow both the core melody and the accompaniment, which is all woodwinds. This is very safe – the only hint at tension and chromaticism is found in a) the transition bars between the melodic phrases (bars 11,13), where bassoon and oboe or clarinet mark the dominant function in chromatic ascending/descending, b) the use of small crescendo-decrescendos (<>, same bars).

Episode A3 (1:00-2:14, bars 15-31)
The episode begins with the same core motif as A2, but this time the motif of bar 4 is elaborated and sequenced (bars 16-18), and later the closing motif (bar 21) is prolonged and accompanied by a bassoon "arpeggio”. The opening motif is transformed harmonically and sequenced bars 24-25 and 28-29, intensified by a dynamically marked chromatic turn un an upbeat (bar 28). The resolution on the tonic brings the sound of the strings for the first time.

Episode B1 (2:15-3:21, bars 32-45)
The entry of the solo violin and the string chorus (prepared by two string bars of T and D) is a beautiful restatement of the melody, with echoes of the melodic core motif first in flute, then in French horn. The three-note motif from bar 7 is elaborated in the violin and echoed in the woodwinds.

Episode B2 (bars 46-51)
This episode begins with the transition motive from bars 11/13 (chromatic counter movements, <>) and immediately takes the listener into new realms: the key changes without preparation to the remote G flat/F sharp major; the mood changes correspondingly (from 4 to 7), and the melodic line of the solo violin (even if the core motif is based on the ‘innocent’ motif cell of bar 10) turns longing and plaintive, with many seufzers.

Episode B3 (bars 52-55)
This is intensified by another transition and sudden key change (B majo/minor -> F# minor), by the high position of the solo violin, and by a sudden tutti crescendo up to the first f level ind the piece.

Episode B4 (bars 56-63, fermata)
The three-note motif is extended to a second theme in F# minor, passionate and yearning, and a call-response dialogue with woodwinds, playing a double tempo variant of the transition motif, is brought to an end by an unexpected fermata.
Episode B5 (bars 64-74)
Strings take over the accompaniment in this transition section with many dynamic changes and melodic-harmonic sequences over short time, a crescendo culminating in f (bar 73) when harmonic changes prepare a transition back to tonic F.

Episode B6 (bars 75 (Calando)-77)
A long ritardando (Calando) brings the movement back to adagio, stable p and the safe base of tonic F major. The solo violin is in its highest register and the character is misterioso.

Episode C1 (6:11-7:11, bars 78-90)
Recapitulation. When the oboe sings the wellknown pastorale theme the solo violin joins in with soft, eloquent octave-embellishments of the melodic line. Diatonic and chromatic melodic movements are integrated on the firm harmonic basis of F major.

Episode C2 (7:11-8:00, bars 91-100)
The violin restates the core motif, with the whole orchestra accompanying, strings with triplets pizzicato, and through a series of small variations/sequences the motif plus the 'epilogue' motif) is taken to the subdominant of B flat major. Many 'call-response' dialogues with members of the woodwind group.

Episode C3 (8:00-8:35, bars 101-106)
The obo restates the core motif + epilogue motif in the Tonic, accompanied by arpeggios and embellishments in the solo violin, first in low, then in high register. Accompaniment is sparse, only woodwinds.

Episode C4 (8:36-9:40, bars 107-116)
The movement is brought to a comforting and affirmative close by the violin singing the epilogue motif accompanied by string arpeggios (now played arco). A surprising p f minor chord (bar 113) is heard as a last shadow of the drama from the second main section of the movement.

LOB 17.10.03

Appendix 8.7 Bach: Komm süßer Tod

Appendix 8.8 Bach: Mein Jesu
Appendix 8.7 Bach: Komm süßer Tod (piano score, German/Danish text)

Komm süßer Tod, komm selge Ruh
Kom skønne Død, kom søde Ro
(Schem. Gesangb.)

1. Komm süßer Tod, komm selge Ruh! komm führe mich in Friede,
1. Kom skønne Død, kom søde Ro, kom du al Sorge Hu-se-

weil ich der Welt bin müde, ach kommlich wart auf dich, kommabald
Fra die-se Tas-re-da-le ak, led mig Je-sus from,
til Hei-

führe mich, drück mir die Augen zu. Komm selge Ruh!

2. Komm süßer Tod, komm selge Ruh!
im Himmel ist es besser,
da alle Lust viel grosser.
Dram bin ich jederzeit
schon zum Valet bereit,
ich schliesse die Augen zu.
Komm selge Ruh!

3. Komm süßer Tod, komm selge Ruh!
Ich will nun Jesum sehen
und bei den Engeln stehen.
Es ist nunmehr vollbracht
dram Welt zu guter Nacht,
mein Augen sind schon zu.
Komm selge Ruh!

Anonim 1724

2253885

565
Appendix 8.8 Bach: Mein Jesu (piano score, German/Danish text)

Mein Jesu! was vor Seelenweh
Min Jesus, ak hvad Sjælevé

(Schem. Gesangb.)

J. S. Bach

1. Mein Jesu! was vor Seelenweh befallt dich in Gethsemané dar.
Des Todesangst, der Hölle Qual und alle Baucho Boli al, die
Al Angst und Gru fra Den Dal og Helvelskræk og bitre Kval har

566
### Appendix 8.9 Analysis of selected movements using the SMMA

The analysis of Brahms German Requiem part one is by D. Grocke (1999), included for comparison.

<table>
<thead>
<tr>
<th>Element</th>
<th>Brahms: Violin concerto - slow movement</th>
<th>Brahms: German Requiem - Part 1</th>
<th>Bach: Double concerto for two violins – slow movement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Style and Form</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Period of composition</td>
<td>Romantic</td>
<td>Romantic</td>
<td>Baroque</td>
</tr>
<tr>
<td>1.2 Form</td>
<td>Ternary (Theme &amp; variations)</td>
<td>Ternary</td>
<td>Ternary</td>
</tr>
<tr>
<td>1.3 Structure</td>
<td>Predominantly simple, yet ambiguous</td>
<td>Predominantly simple</td>
<td>Predominantly simple</td>
</tr>
<tr>
<td><strong>2. Texture</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Texture: Thick/thin</td>
<td>Mostly thin (solo + 4-part accompaniment)</td>
<td>Thick</td>
<td>Mostly thin</td>
</tr>
<tr>
<td>2.2 Mono/homo/polyphonic</td>
<td>Homophonic (+ obbligato instrument)</td>
<td>Homophonic</td>
<td>Polyphonic dialogue in solo violins, homophonic accompaniment (orchestra)</td>
</tr>
<tr>
<td><strong>3. Time</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Meter</td>
<td>2/4</td>
<td>4/4</td>
<td>$\frac{3}{4}$</td>
</tr>
<tr>
<td>3.2 Complexity/variability</td>
<td>No variability</td>
<td>No variability</td>
<td>No variability</td>
</tr>
<tr>
<td>3.3 Silences/rests/pauses</td>
<td>Fermata in bar 63 Calando before Recapitulation</td>
<td>not a feature</td>
<td>not a feature</td>
</tr>
</tbody>
</table>

(Table continues overleaf)
## 4 Rhythmic features

<table>
<thead>
<tr>
<th>Element</th>
<th>Brahms: Violin concerto – slow movement</th>
<th>Brahms: German Requiem – Part 1</th>
<th>Bach: Double concerto – slow movement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.1 Underlying rhythm</strong></td>
<td>Consistent - except during solo violin cadenza passages</td>
<td>Consistent</td>
<td>Consistent</td>
</tr>
<tr>
<td><strong>Underlying pulse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.2 Important rhythmic motifs</strong></td>
<td>Feature in main theme, 2.part</td>
<td>Feature in middle section</td>
<td>Feature throughout (rhythmic imitations)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Feature of 1st phrase of middle section</em></td>
<td></td>
</tr>
<tr>
<td><strong>4.3 Repetition in motifs</strong></td>
<td>When main theme repeated, + when rhythmic motives are repeated</td>
<td>Not so evident</td>
<td>Many repetitions and dialogues</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Evident in the repeat in orchestra and voices</em></td>
<td></td>
</tr>
<tr>
<td><strong>4.4 Variability in rhythm</strong></td>
<td>Mostly predictable</td>
<td>Predictable</td>
<td>Predictable</td>
</tr>
<tr>
<td><strong>- predictable/unpredictable</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.5 Syncopation</strong></td>
<td>Only bar 54-55</td>
<td>In oboe part <em>and soprano line</em></td>
<td>Not a feature</td>
</tr>
</tbody>
</table>

## 5 Tempo

<table>
<thead>
<tr>
<th>Element</th>
<th>Brahms: Violin concerto – slow movement</th>
<th>Brahms: German Requiem – Part 1</th>
<th>Bach: Double concerto – slow movement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.1 Fast/slow/moderato</strong></td>
<td>Adagio throughout</td>
<td>Ziemlich langsam</td>
<td>Largo, ma non tanto</td>
</tr>
<tr>
<td><strong>5.2 Alterations in tempo</strong></td>
<td>Many ritardandos and accelerandos</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

## 6 Tonal features

<table>
<thead>
<tr>
<th>Element</th>
<th>Brahms: Violin concerto – slow movement</th>
<th>Brahms: German Requiem – Part 1</th>
<th>Bach: Double concerto – slow movement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.1 Tonal structure</strong></td>
<td>Diatonic</td>
<td>Diatonic</td>
<td>Diatonic</td>
</tr>
<tr>
<td><strong>6.2 Major/min alternations</strong></td>
<td>Minor section from bar 56</td>
<td>Alternates throughout</td>
<td>Mostly major, but also episodes in minor</td>
</tr>
<tr>
<td></td>
<td><em>Predominantly major</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.3 Chromaticism</strong></td>
<td>In transition phrases (orchestra)</td>
<td>Evident at modulation points</td>
<td>Not a feature</td>
</tr>
<tr>
<td><strong>6.4 Modulation points</strong></td>
<td>Predictable – however one unpredictable point bar 42</td>
<td>One particularly rich modulation point at 100-102</td>
<td>Predictable and smooth</td>
</tr>
<tr>
<td>Element</td>
<td>Brahms: Violin concerto - slow movement</td>
<td>Brahms: German Requiem - Part 1</td>
<td>Bach: Double concerto - slow movement</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------------------</td>
<td>---------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>7 Melody</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1 Main themes</td>
<td>One main theme, with several independent motives -&gt; epilogue motif</td>
<td>1st theme of six phrases fit the text. <em>Very melodic</em></td>
<td>One main theme, 3 melodic motives and an obligato counterpoint-motive uniting the movement</td>
</tr>
<tr>
<td>7.2 Significant melodic fragment</td>
<td>Melodic rhythm bar 7 and 10</td>
<td>No fragment is significant</td>
<td>The counterpoint motif has significant function</td>
</tr>
<tr>
<td>7.3 Structure of the melody</td>
<td>Main theme A-A’: A: one 4-bar phrase, with 3+1 bar ending A’: one 4 bar phrase, + 2+2 bars (epilogue motif)</td>
<td>1st theme - 6 phrases</td>
<td>Main theme in 3 phrases, melodic motives built on one phrase being sequenced.</td>
</tr>
<tr>
<td>7.4 Intervals</td>
<td>Conventional</td>
<td>Conventional</td>
<td>Conventional. Contrast between stepwise main theme and leaping side motives</td>
</tr>
<tr>
<td>7.5 Shape of melody</td>
<td>Rounded (both A and A’)</td>
<td>Rounded</td>
<td>Rounded</td>
</tr>
<tr>
<td>7.6 Length of phrases</td>
<td>Mostly irregular length</td>
<td>Follows text - irregular phrase lengths</td>
<td>One bar or a half bar</td>
</tr>
<tr>
<td>7.7 Pitch range of melody</td>
<td>Middle register in oboe, midlle + top register in violin</td>
<td>Middle register</td>
<td>Octave. All registers of the violin present</td>
</tr>
</tbody>
</table>
8 Embellishments, ornamentation and articulation

<table>
<thead>
<tr>
<th>Element</th>
<th>Brahms: Violin concerto - slow movement</th>
<th>Brahms: German Requiem - Part 1</th>
<th>Bach: Double concerto – slow movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 Embellishments</td>
<td>Solo violin embellishes the themes throughout</td>
<td>Not evident</td>
<td>Not evident.</td>
</tr>
<tr>
<td>Trills/appoggiaturas</td>
<td>Trills evident in solo violin line</td>
<td>Not evident</td>
<td>Trills only in cadences</td>
</tr>
<tr>
<td>8.2 Marcato &amp; accents &amp; detached bowing Accentuation</td>
<td>Not evident</td>
<td>Not evident</td>
<td>Not evident</td>
</tr>
<tr>
<td>8.3 Pizzicato</td>
<td>Energy in accompanying Strings (2nd part of recap.)</td>
<td>Evident in last seven bars</td>
<td>Not evident</td>
</tr>
<tr>
<td>8.4 Legato</td>
<td>Main feature of both oboe and violin phrases</td>
<td>Main feature.</td>
<td>Main feature.</td>
</tr>
<tr>
<td>8.5 Use of mute</td>
<td>Not used</td>
<td>Voices muted (ppp)</td>
<td>Not used</td>
</tr>
</tbody>
</table>

(Table continues overleaf)
### Harmony

<table>
<thead>
<tr>
<th>Element</th>
<th>Brahms: Violin concerto - slow movement</th>
<th>Brahms: German Requiem - Part 1</th>
<th>Bach: Double concerto - slow movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Consonant/dissonant</td>
<td>Consonant</td>
<td>Consonant, except for one bar of dissonance</td>
<td>Consonant</td>
</tr>
<tr>
<td>9.2 Consonance/dissonance alternating</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>9.3 Significant harmonic progressions</td>
<td>In episodes B2-&gt;B4</td>
<td>Significant modulation points</td>
<td>Use of ‘organ point’*</td>
</tr>
<tr>
<td>9.4 Rich harmonies</td>
<td>Evident throughout</td>
<td>Evident at modulation points</td>
<td>Not evident</td>
</tr>
<tr>
<td>9.5 Predictable harmonies</td>
<td>Mainly predictable, however not in episodes B2-B4</td>
<td>Predictable. One particularly rich progression</td>
<td>Predictable</td>
</tr>
<tr>
<td>9.6 Unpredictable harmonies</td>
<td>In B2-B4</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>9.7 Cadence points</td>
<td>Mostly perfect cadences</td>
<td>Mostly perfect cadences</td>
<td>Mostly perfect cadences.</td>
</tr>
</tbody>
</table>

(Table continues overleaf)
### Timbre and quality of instrumentation

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10.1 Vocal/SATB</strong></td>
<td>none</td>
</tr>
<tr>
<td><strong>10.2 Instrumental solo</strong></td>
<td>Solo oboe and solo violin - some solo roles for flute, clarinet, bassoon and horn</td>
</tr>
<tr>
<td><strong>10.3 Instrumental - orch.</strong></td>
<td>Mostly woodwinds or strings, only full orchestra in selected episodes</td>
</tr>
<tr>
<td><strong>10.4 Small group</strong></td>
<td>Strings often without bass</td>
</tr>
<tr>
<td><strong>10.5 Instrument groups</strong></td>
<td>Woodwinds vs. strings</td>
</tr>
<tr>
<td><strong>10.6 Interplay</strong></td>
<td>Dialogue between solo oboe/solo violin and orch, between obo and violin (C1). Call-response patterns between solo and solo-woodwinds</td>
</tr>
<tr>
<td><strong>10.7 Layering</strong></td>
<td>Solo violin creates ethereal layer two times: before fermata and at Calando</td>
</tr>
<tr>
<td><strong>10.8 Resonance - high/low</strong></td>
<td>High in solo violin</td>
</tr>
</tbody>
</table>

| SATB | Full orchestra | SATB unaccompanied | Continuo: Harpsichord + cello/bass |
| none | no solo vocal line - small solo part for oboe | Two solo violins, equally important |
| Small string orchestra | Full orchestra |
| Only strings and continuo | Dialogue between the solo violins. |
| Bass instruments form a specific bass line. |

*(Table continues overleaf)*
## 11 Volume

<table>
<thead>
<tr>
<th>Element</th>
<th>Brahms: Violin concerto - slow movement</th>
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<th>Bach: Double concerto – slow movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.1 Predominantly loud or soft</td>
<td>Mostly quiet</td>
<td>Mostly quiet. Middle section has forte sections</td>
<td>Mostly quiet and soft.</td>
</tr>
<tr>
<td>11.2 Special effects in volume</td>
<td>None</td>
<td>Some sections pp</td>
<td>None.</td>
</tr>
</tbody>
</table>

## 12 Intensity

<table>
<thead>
<tr>
<th>Element</th>
<th>Brahms: Violin concerto - slow movement</th>
<th>Brahms: German Requiem - Part 1</th>
<th>Bach: Double concerto – slow movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1 Tension/Release</td>
<td>Low tension in A and A’ – high tension, being released, in B</td>
<td>Apprehension created in low tones. Tension is maintained but resolved</td>
<td>Low tension</td>
</tr>
<tr>
<td>12.2 Crescendi building to peak, and resolution</td>
<td>Many crescendi in B section, building to peak</td>
<td>In choral sections, building to high note, then dropping away</td>
<td>Only small crescendi</td>
</tr>
<tr>
<td>12.3 Tension in harmony, texture and resolution</td>
<td>Sudden, unprepared harmonic shifts</td>
<td>Tension in the pp unaccompanied sections</td>
<td>No tension</td>
</tr>
<tr>
<td>12.4 Delayed resolution</td>
<td>Present in section B</td>
<td>Briefly at pp unaccompanied sections</td>
<td>None</td>
</tr>
<tr>
<td>12.5 Ambiguity resolved</td>
<td>Ambiguity of form – resolved at recapitulation</td>
<td>Not evident. None apparent</td>
<td>Not evident.</td>
</tr>
</tbody>
</table>

(Table continues overleaf)
### Element

<table>
<thead>
<tr>
<th>Brahms: Violin concerto - slow movement</th>
<th>Brahms: German Requiem - Part 1</th>
<th>Bach: Double concerto – slow movement</th>
</tr>
</thead>
</table>

#### 13 Mood

<table>
<thead>
<tr>
<th>13.1 Predominant mood, depicted by melody, harmony and predominant instrument</th>
<th>Quiet, peaceful (3/4) in A and C, Passionate and dramatic (7) in B</th>
<th>Quiet, peaceful, dignified and sacred. Middle section has more joyous mood.</th>
<th>Quiet and peaceful (4/3) throughout. Even episodes in minor do not change the mood</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.2 Feelings represented</td>
<td>Calm, tender feelings in A and C, passionate, yearning in B</td>
<td>Sacred feeling. Calm</td>
<td>Tenderness. relaxation.</td>
</tr>
</tbody>
</table>

#### 14 Symbolic/associational

<table>
<thead>
<tr>
<th>14.1 Cultural associations</th>
<th>Oboe: Pastorale</th>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.2 Metaphoric associations</td>
<td>No symbolism stand out.</td>
<td>Intoned voice suggests a symbolic message Symbolism with death</td>
<td>Perfect collaboration of solo violins -&gt; perfect relationship. Everything is OK</td>
</tr>
<tr>
<td>14.3 Symbolism in motifs</td>
<td>Main theme: Built on Tonic triad → purity, simpleness, no complexity</td>
<td>None</td>
<td>Main theme: Balance and perfection. Motif d: longing</td>
</tr>
</tbody>
</table>

*Table continues overleaf*
<table>
<thead>
<tr>
<th>Element</th>
<th>Brahms: Violin concerto - slow movement</th>
<th>Brahms: German Requiem - Part 1</th>
<th>Bach: Double concerto – slow movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.1 Integrity &amp; authenticity of the performers</td>
<td>Delicate performance by solo oboist, delicate and passionate performance by solo violinist</td>
<td>Evident in the quality of the choir - their quality ensemble. <em>This recording is quite fast compared with others</em></td>
<td>Delicate performances of the soloists – romantic baroque tradition</td>
</tr>
<tr>
<td>15.2 Excellence of performance</td>
<td>In quiet and sustained passage for solo violin</td>
<td>Evident in the pp choral unaccompanied sections</td>
<td>Reference recording in the romantic tradition</td>
</tr>
<tr>
<td>15.3 Stylistic interpretation</td>
<td>Evident in the melismatic passages for solo violin</td>
<td>Evident in the control of dynamics in choral sections</td>
<td>Romantic, not historical</td>
</tr>
<tr>
<td>15.4 Articulation of feelings and emotion</td>
<td>Evident in section B (the violin solo)</td>
<td>Evident at intoned phrase</td>
<td>Evident overall</td>
</tr>
<tr>
<td>15.5. Authenticity with composer’s intent</td>
<td>Authentic performance -</td>
<td>Requiem perhaps written for mother <em>Religious symbolism about death</em></td>
<td>Romantic performance, far from historic practice.</td>
</tr>
</tbody>
</table>
Appendix 8.10 Hevner’s Mood Wheel

Arrangement of Adjectives for Recording the Mood Effect of Music (Hevner, 1937)

1. spiritual  lofty  awe-inspiring  dignified
   sacred  solemn  sober  serious

2. pathetic  doleful  sad  mournful  tragic  melancholy  frustrated  depressing  gloomy  heavy  dark

3. dreamy  yielding  tender  sentimental
   longing  yearning  pleading  plaintive

4. lyrical  leisurely  satisfying  serene  tranquil  quiet  soothing

5. humorous  playful  fanciful  whimsical  quaint  sprightly  delicate  light  graceful

6. merry  joyous  gay  happy  cheerful  bright

7. exhilarated  soaring  triumphant  dramatic  passionate  sensational  agitated  exciting  impetuous  restless
Appendix 9.1 Types of clinical relevance of music therapy research

Clinical issues addressed in or by the research, providing evidence (positive/negative):

- Quantitative issue: Documentation of +/- effectiveness of clinical models, procedures or techniques (interventions)
- Quantitative issue: Explaining causes -> effects
- Qualitative issue 1: Descriptions and analyses of clinical processes
- Qualitative issue 2: Documentation of client processes and outcome
- Theoretical issue: Examining existing theory and developing new theory
- Meta-theoretical issue: Inspiration to (self-)reflection on goals and means

Clinical issues derived from the research

- Opening new clinical fields or areas
- Serving as foundation of clinical modifications of practices or formats
- Developing new theoretical concepts for well-known clinical phenomena
- Stimulating reflection on ‘effectiveness’

Direct clinical effects:

- Providing new clinical guidelines
- Providing new clinical interventions
- Providing new clinical assessment tools
- Communication of new evidence to
  - politicians
  - institutions
  - managers
  - journalists/the public
  - professionals/MT journals/other relevant journals
The clinical relevance of the research project:
BMGIM WITH CANCER SURVIVORS

Clinical issues addressed in or by the research, providing evidence (positive/negative):
- Quantitative issue: Documentation of +/- effectiveness of clinical models, procedures or techniques (interventions)
- Descriptive and inferential statistics (see handout). NB! No control group
- Qualitative issue 1: Descriptions and analyses of clinical processes
- Core metaphors and configuration was identified and described
- Qualitative issue 2: Documentation of client processes and outcome
- Core categories of client-defined outcome were identified and described
- Types of processes (in the music-listening periods) were identified
- Theoretical issue: Examining existing theory and developing new theory
- Hermeneutic theory was used to describe and explain image configuration
- Grounded theories are proposed on several issues (process, music, imagery)
- Meta-theoretical issue: Inspiration to reflection on goals and means
- Cancer-specific versus existential needs of clients and issues in therapy

Clinical issues derived from the research
- Opening new clinical fields or areas
  - BMGIM in oncology, adjunct treatment to chemotherapy, First Danish RCT, collaboration with university hospital
- Serving as foundation of clinical modifications of practices or formats
- BMGIM music selection as improvisation. Modification of programs.
- Developing new theoretical concepts for well-known clinical phenomena
- The concepts of supportive – mixed and challenging music
- The concepts of core image/metaphor – self image/metaphor – configuration of narrative episodes in BMGIM
- Stimulating reflection on ‘effectiveness’
- What do the participants find effective? -> How can BMGIM/music therapy give psychosocial support?

Direct clinical effects:
- Providing new clinical guidelines: from supportive to challenging music
- Providing new clinical interventions: No?
- Providing new clinical assessment tools: HADS, SOC-13 may be useful
- Communication of new evidence to
  - politicians: Not yet
  - institutions: Workshops and papers for KB, info to oncological doctors
  - managers: The hospice/palliative care situation is unclear in the area
  - journalists/the public: Public presentations (New project: 2xTV)
  - professionals/journals/conferences: National, International
Appendix 9.2 Grocke’s Categories of Experience in GIM

1. Visual experiences, which may include: colours, shapes, fragments of scenes, complete scenes, figures, people, animals, birds, water (lakes, streams, oceans, pools).
2. Memories: childhood memories, including memories of significant events, significant people and feelings in the client’s life are explored through reminiscences.
3. Emotions and feelings: sadness, happiness, joy, sorrow, fear, anger, surprise etc.
4. Body sensations: parts of the body may feel lighter, or heavier; parts of the body may become numb, and feel split off from the body; there may be feelings of floating or falling; sensations of spinning, or feelings that the body is changing in some way.
5. Body movements. The client may make expressive movements of the body in relation to the imagery being experienced - eg. hands create a shape, arms reach up in response to an image, fists or legs pound on the mat in reaction to feelings of anger.
6. Somatic imagery. Changes within the internal organs of the body may be experienced - eg. pain felt in the chest or heart, exploring an internal organ for its shape and colour, a surge of energy felt through the entire body.
7. Altered auditory experiences. There may be an altered auditory perception of the music: the music comes from far away; the music is very close; one particular instrument stands out (which can also be transference to music)
8. Associations with the music and transference to the music: memories of when the music was heard last, memories of playing the music; the music is being played especially for the person; the person is actually playing the music being heard.
9. Abstract imagery: mists, fog, geometrical shapes, clouds etc.
10. Spiritual experiences: being drawn toward a light; a spiritual person: a monk, priest, woman in flowing robes; being in a cathedral; feeling a presence very close.
11. Transpersonal experiences: the body becoming smaller, or larger, change felt deep in the body (cells changing, parts of body changing shape).
12. Archetypal figures, sometimes from legendary stories, may appear: King Arthur, Robin Hood, the Vikings, Aboriginal man/woman, the witch, Merlin etc.
13. Dialogue. Significant figures from the client’s life may appear in the imagery and often have a message, so that dialogue may occur e.g. with parental figures. Aspects of self may be symbolized in human form (a baby or adult figure), or significant companions (e.g. an albatross bird, or an eagle) and dialogue may occur with these aspects.
14. Aspects of the Shadow or Anima or Animus: Aspects of the shadow frequently appear in the image of a person of the same gender, aspects of the anima/animus in images of a person of the opposite gender.
15. Symbolic shapes and images - eg. a long tunnel, a black hole, seeds opening. These shapes or images can be symbolic of moments of change or transition. Symbolic images such as an ancient book or the trident shape often have specific meaning to the client.
Addenda

1. The rationale behind the use of whole, part or adapted choices of the Bonny programmes in this study:

There are two aspects of the rationale underpinning music choice:

1) There is an ongoing discussion in the GIM community about the use of complete music programs developed by Helen Bonny and others, versus the use of music program excerpts/a more improvised selection of music from the programs as suited to the client’s needs (Ventre 2002). Music programs do not have to be long. Bonny herself has designed “short versions” of selected music programs (see database “Music Programs”). Ventre (2002, p. 34) writes that “some BMGIM therapists are more inclined to present a an entire program of music… other therapists choose to follow the client wherever the client goes, thus making music choices as the client progresses through the session.” In both cases the rationale for the approach is to choose music “that will allow, support and deepen the client’s work.” (p. 34)

2) The BMGIM therapist in this study was instructed to work with the six participants as she would work with any other client(s). Her working style has developed over the years, based on growing clinical experience and expert knowledge of the music programs, from a more ‘classical’ use of (complete) programs to a more improvised and individualized music selection. Thus, the development described in section 8.3.3 (and documented in Figure 8.12 and Appendix 8.1) is understood as very common by the therapist, and also by the researcher. New clients need some time to get used to the format, and when they are ready, complete programs may be used. The therapist was especially aware of the specific issue of control/loss of control when working with cancer patients who reported many negative experiences of not being seen, heard, met or respected in the public health care system. This influenced also the choice of music: complete music programs should only be used, if the participant was ready for it and needed it. From an ethical point of view the therapist was also aware of her role in the project and the potential dilemma of serving both the clients’ and the research project’s needs. Based on this awareness she allowed herself to make a free music choice in order to meet and match the needs of the clients as the primary goal of the therapy.
2. The relevance of the listening styles of each participant:

Each of the six participants had their personal listening (or ‘travelling’) style. The styles are elaborated extensively for two of the participants in the case studies of chapter 7. The personal ‘styles’ of other participants are documented in the Event Structure Analyses (sections 8.3.1 and 8.3.2) and acknowledged in the grounded theory (table 7.8). It would have been possible to make in-depth studies of the other four participants, including their listening styles, however, it was not considered relevant to summarize the listening styles of the other four participants (beyond what was included in the ESAs), since the main result was that core metaphors were found in all participants (p. 188 and table 6.10.), independent of ‘style’.

3. The application of Grounded Theory in this study (pages 222-227):

The grounded theory model(s) are presented as a concentrated summary of results from the qualitative investigation. The relationship to issues arising from the results is addressed in the discussion, particularly the relevance of the “Will” issue is elaborated in the discussion chapter. Other issues that are relevant and form part of the discussion at the defence are 1) the relationship between image and metaphor: are there ‘nonmetaphorical images’? 2) the “five steps” in the therapeutic assimilation (or appropriation) of the imagery.

An important epistemological detail is the use of the concept “causal conditions” in grounded theory indicating that “causality” is an element of reflection in this post-positivist methodology. Grounded Theory is one of the qualitative methods closest to positivistic approaches (see Aigen, p. 289 in Wheeler 1995), and it is common for Grounded Theory studies to address “tight” questions which may appear to be from a positivist stance. For the same reason, Tesch (1990) lists Grounded Theory under Identification and Categorization, which suggests some degree of “outcome”.

4. The application of the Repertory Grid in this study (pages 302-305):

I have used the repgrid technique in a self inquiry to elicit my tacit knowledge or biased understanding of ‘supportive’ and ‘challenging’ properties of music, exemplified in eight music selections used in the study. The diagrams illustrate my personal understanding of these categories that I had defined in order to select music of different character for analysis (reflected in App. 8.1). For future research, it would be very interesting to make a repgrid
study of BMGIM therapists’ understanding of this issue. Other constructs and categories might be elicited, however, it could also be a possibility to use the categories suggested in this study and elaborate them. As Robson (2002, p. 366-67) writes, there is a debate going on concerning ‘elicited’, idiosyncratic constructs and ‘provided’ constructs.

5. The use of the term ‘psychodynamic contour’ (p.241):

The word ‘psychodynamic’ is a mistake in this context. It should have read ‘psycho-acoustic contour or profile’. Lem’s agenda was not psychodynamic, but psychoacoustic, and he used the concept “psycho-acoustic profile” (1999, p. 79) to enable a quantitative comparison between the music (Pierné’s Concertstück) and the EEG data. The profile is a combination of the digitized wave-form, EEG amplitudes and frequencies (p. 80). One of Lem’s interesting observations was that the relationship between the intensity of the musical stimulus and psychophysiological response in music and imagery is very different from other music listening conditions. However, Lem’s understanding of ‘intensity’ is based on a different (positivist) understanding of “intensity” than the one presented in this study.

6. References to Assagioli in the section about Will in 9.2.3.2 (p. 329-331):

In the discussion of the role of Will and Willing in section 9.2.3.2 there is no reference to the work of the Italian psychotherapist Roberto Assagioli. However, such a reference is highly relevant, not only because Assagioli had an important influence on GIM theory in the Seventies and Eighties (Bonny & Savary 1973, see Meadows, A. (2002) Distinctions between the BMGIM and other Imagery Techniques. Guided Imagery and Music: The Bonny Method and Beyond. K.E. Bruscia and D.E. Grocke.), but also because his understanding of the Will is a distinctive feature of his theory and method, called Psychosynthesis, as compared to other humanistic-existential psychotherapies of that period. This becomes clear already in the introduction to Assagioli’s Psychosynthesis. A manual of Principles and Techniques (1965): “The most distinctive point [between Psychosynthesis and other existential methods] perhaps is the emphasis put upon, and the central place given in psychosynthesis to the will as an essential function of the self and as the necessary source or origin of of all choices, decisions, engagements. Therefore, psychosynthesis includes a careful analysis of the various phases of the will, such as deliberation, motivation, decision, affirmation, persistence, execution, and makes much use of various techniques for arousing, developing, strengthening and rightly
directing the will” (p. 5). A whole section of Chapter IV (p. 125-142) in Assagioli (1965) is devoted to “Technique for the Development of the Will”. (The chapter section is based on another book by Assagioli: The Act of Will (1973) – I have not been able to consult this title). Assagioli calls the will “the unknown and neglected factor in modern psychology and psychotherapy” (p. 125). As already mentioned, Assagioli considers the will to be a direct function of the self, and since psychosynthesis is aimed at training and developing the “total will in action” (p. 126) is is not considered necessary to have an exact conception nor complete theory of the will. According to Assagioli, training of the will can be done through exercises related to the 6 specific stages in the expression of the will (described with concept somewhat differing from those given in the quote above, namely): 1. Goal, valuation, motivation – 2. Deliberation – 3. Decision – 4. Affirmation – 5. Planning – 6. Direction of the execution.

I think it would be possible to relate Assagioli’s six steps to my Grounded Theory model of developmental steps in the BMGIM process (table 7.6). I see a correspondence between the role of the will in the suggested “intermediate step” of the model with Assagioli’s “Fiat”/”Let it be” of stage 4. This is the true turning point: “The act of affirmation consists of a command or declaration made to oneself” (p. 129.). it could also be interesting to relate Will and Willing to the concepts of Self-efficacy (Bandura) and Manageability (Antonovsky).

The main difference between BMGIM and Psychosynthesis as related to the will is in my understanding that Psychosynthesis is a directive technique aimed at control, as illustrated by the exercises for the specific stages, while GIM is non-directive technique, aimed at stimulating the ability to Wish in a spontaneous and non-controlling way. The natural, spontaneous process of BMGIM may be hindered by the client’s resistance or defenses. In that case physical training, like ‘Body listening’ or ad modum Psychosynthesis, may be used in an interim period – as illustrated in the case of ANHO (Appendix 8.2.4, sessions #6-8).

7. An English translation of the interview guide (Appendix 6.1) has been added at the end of this Addenda

8. Appendix 6.3: There is no Appendix 6.3., and the appendices will be re-numbered in the event of publication.
9. Meta-theoretical issues: Influence, causality, multiple methods and paradigms

The main purpose of this study is not outcome (effect), and it is not based on causal thinking and thus in principle on a positivist paradigm. On p. 123 I have written that I consider it to be "a flexible research design study including quantitative methods in order to a) cover a ‘structural’ aspect of the phenomenon (outcome), b) permit a certain degree of statistical generalizability, c) combine the micro-level of individual processes with the macro-level of norms and standards, d) enable a discussion on outcome with the participants, and with colleagues from other health professions."

The carefully differentiated reporting styles and chapter 2 versus 3, and 5 versus 6-8 were intended to separate out, and address the quantitative and qualitative issues and findings in the study.

There are different interpretations of a central word ‘influence’ used in the research question. The research question was What is the influence of ten individual BMGIM sessions on mood and quality of life in cancer survivors. “Influence” is the key word with paradigmatic connotations, and I will have a closer look on the etymology of the word and then give my rationale for using it. "Influence” is based on Latin “Influere”/”Influens” which means that something is "flowing into” something else. A good example of its use is the well-known film title ”A Woman Under the Influence”, John Cassavetes’ unforgettable film (1974) about a woman’s attempt to find her own way in a world of spoken and unspoken expectations and prejudice. The word ‘influence can be used (as I have intended here) as a metaphor, an ambiguous conceptualization of a process where (in this case) music therapy ‘flows into’ the bodies, minds and spirits of six cancer survivors.

The ‘influence’ concept was chosen deliberately with the intention of making the research question open and inclusive, in other words: it should not indicate any specific paradigm or research method. The question was then broken up into the two main meaning components of the concept: a more ‘positivist’ concerned with causes and effects, requiring a fixed methodology (subquestions 1-3), and a more ‘post-positivist’ concerned with processes and experiences, requiring a flexible methodology (subquestions 4-7). The rationale for this is given in the dissertation, section 4.1.1.
Reviewing the sub-questions, the wording of sub-question 4 is not optimal. Again, ‘influence’ should have been used instead of ‘effects’ – in order to maintain the openness. (As can be seen on p. 315 ‘effect’ was not included in the first version of the subquestion.) On the other hand, words traditionally associated with quantitative research and positivism, such as “effect”, “outcome”, “causality”, “evidence” and “significance” can also – if they are carefully explained – be used within qualitative research and post-positivist designs, however with different meaning.

Basically my project is eclectic in nature. The use of multiple methods in the study reflects my understanding of the multi-paradigmatic nature of music therapy research, but not a wish to mix paradigms. Thus, in my understanding, the research project is not split in two halves with separate paradigms. I use the word ‘eclectic’ in the same way as Ferrara uses it when characterizing his method of music analysis (see chapter 8) as eclectic: Music is Sound, Structure and Meaning. (The same goes for Ruud’s four level model, see below (13). I also note that Helen Bonny was eclectic in her theoretical orientation (Bonny 1978 Monograph #1, p. 46)). Each aspect or level of the research demands a specific methodological approach. But the basic philosophical stance is post-positivist. As a human endeavour music is a multi-layered phenomenon, not either a case of stimulus-response or an experiential paradigm. Paradigmatically and epistemologically I share Lakoff and Johnson’s ideas about causality, as they are unfolded in “Philosophy in the Flesh” (1999). The book demonstrates that there are many distinct conceptualizations of causation, each with a different logic. (p. 171). The – positivist – prototypical case: the manipulation of objects by force is only one of many cases of causality. Metaphorical concepts of causation is a much richer source of causal reasoning.

“…the literal skeletal concept of causation: a cause is a determining factor for a situation, where by a “situation” we mean a state, change, process, or action. Inferentially, this is extremely weak. All it implies is that if the cause were absent and we knew nothing more, we could not conclude that the situation existed. This doesn’t mean that it didn’t; another cause might have done the job. …” (p. 177)

Also Robson (2002) discusses the issue of ‘causality’ in positivist vs. nonpositivist paradigms. An axiom of positivism (based on Hume’s theory of causation) is that “Cause is established through demonstrating such empirical regularities or constant conjunctions – in fact, this is all that causal relations are.” (p. 20). This positivist, successionist view on causality is challenged by the realist, generative view, where qualitative analysis can be a powerful method for
accessing causality, understood as the identification of “mechanisms, going beyond sheer association. It is unrelentingly local, and deals with the complex network of events and processes in a situation. It can sort out the temporal dimension, showing clearly what preceded what, either through direct observation or retrospection. It is well equipped to cycle back and forth between variables and processes – showing that ‘stories’ are not capricious, but include underlying variables, and that variables are not disembodied, but have connections over time.” (Robson 2002, p. 475, the quote is from Miles and Huberman (1994) Qualitative Data Analysis: An Expanded Sourcebook, 2nd edition.) In this quote, including several words normally associated with a positivist paradigm, I find several characteristics reflecting the properties and intentions of my own project.

10. Clarification of how the research questions 5-7 are linked with the primary issue of causality:

As indicated above I do not consider questions 4 or 5-7 “linked” with (a primary issue of) causality, but as questions leading to complementary, experiential knowledge about the “influence” of BMGIM, music and imagery on the six participants, in a broad meaning.

11. Clarification of what is meant by "evidence" (p. 121):

“Evidence” is used on p. 121 in the context of “Evidence-based practice” (as taught in the Aalborg training program), thus referring to a positivist understanding of a hierarchy of research based documentation formats. Music therapists need to be informed about this. In other sections of the dissertation “Evidence” is used in the much broader perspective of qualitative realism (e.g. p. 337 and 357).

12. The dichotomy between the disparate paradigms, ontology and epistemology:

Wilber’s “Integral psychology” (Wilber 2000), and many of his earlier works, are based on the so-called ‘phase-3” model of development and evolution, “namely the idea of relatively universal basic structures (levels or waves of development) through which numerous different developmental lines or streams proceed in a largely independent fashion. The basic waves themselves are simply a sophisticated version of the Great Nest of Being, matter to body to soul to spirit, with each senior nest transcending and including its predecessors.” (Collected
Works Vol. IV, p. 7. The so-called quadrant-model as an updated version illustrating four different and equally important perspectives of the levels or waves: the inside (I) and the outside (it), the singular (we) and the plural (its). “ (see Bonde 2001 “Towards a Meta-Theory…). In the context of this dissertation I have not integrated the ideas of my Wilber-essay, but – to make a complex issue simple – I consider my choice of multiple method in accordance with Wilber’s integrative thinking or “constructive postmodernism”. Wilber considers “Vision-logic” (or “dynamic dialectical systems”) “the highest worldview development possible.” (p. 6) From the level of “vision-logic” (level 13 in the upper left quadrant) the lower levels of understanding are integrated. This means that paradigms with their conflicting ontologies and epistemologies can have their – always limited – space within the developmental process.

In a well-known model Wilber (A Sociable God, p. 119) illustrated how the three basic levels of body, mind and spirit and research paradigms or ‘interests’ (referring to Habermas) are connected: When mind studies mind the paradigm is hermeneutical, and the interest practical. When mind studies body the paradigm is empirical-analytical and the interest is technical. When mind studies spirit the paradigm is mandalic and the interest soteriological. Following this simple model, the qualitative investigation of this study belongs to the hermeneutic paradigm, while the quantitative investigation belongs to the empirical-analytical paradigm. I see no conflict here.

13. Clarification of why "structural" aspects of a phenomenon (according to Robson) belong to quantitative/outcome dimensions of a study in relationship to qualitative, (p 123):

Robson (2002, p. 372) says “Broadly speaking, fixed design research is more effective getting at ‘structural’ aspects of life, while flexible design research is more effective in dealing with processes. Combining them allows both aspects to be covered.” Examples of structures found in this dissertation could be the understanding of “anxiety” and “depression” operationalized in the HADSs questionnaire, or the Comprehensibility-Manageability-Meaningfulness structure of Antonovsky’s “Sense of Coherence” theory and questionnaire.
14. "Parallel concepts" and the integrity/validity between quantitative and qualitative research (p 123):

On page 123 I refer to Robson (2002) and Smeijsters (1997). Robson gives the following rationale for using concepts associated with positivism also in qualitative studies: “The terms ‘reliability’ and ‘validity’ are avoided by many proponents of flexible, qualitative design. Lincoln and Guba (1985, p. 294-301), for example, prefer the terms credibility, transferability, dependability and confirmability. This line was followed in the first edition of this text (Robson, 1993, pp. 403-07). However, this attempt to rename and disclaim the traditional terms continues to provide support for the view that qualitative studies are unreliable and invalid.” In other words, the discussion on these issues have developed since the early nineties – at least in the social sciences.

Chapter 3 of Smeijsters’ book is a discussion of the same issues. Smeijsters (who came from a positivist tradition) is on the same line of reasoning as Robson and suggests that there is no reason to use specific concepts just because the methodologies are different. In principle, I agree with Robson and Smeijsters, however, the specific terminology of credibility etc. seems to be well established in qualitative music therapy research. It will be interesting to see, how these issues are handled in the 2nd edition of Music Therapy Research.

15. Parallels to linguistic theory when discussing Ruud, (p 125):

There should have been a note here about the parallels to linguistic theory (or semiotics, see Ruud (1998) p. 74-76), especially as they are found explicitly in Sloboda (1985), an important source of inspiration for Ruud’s classification. In Chapter 2 (Music, Language and Meaning) Sloboda identifies three levels or properties of music: music as phonology, syntax, and semantics. In Ruud’s revision a fourth level of pragmatics (social interaction) is added. Ruud’s four-level model is – like Ferrara’s – very close to my eclectic position: The biomedical dimension of the sound level is best addressed with fixed designs in studies of effect (linear causality), while the experiential dimension of the sound level invite to phenomenological explorations; the musico-linguistic level can be addressed with both fixed designs (e.g. set analysis, Grocke’s SMMA) and flexible designs (e.g. phenomenological descriptions); the referential level can only be studied with flexible designs (e.g. Bruscia’s Heuristic model); and the interpersonal or pragmatic level also needs flexible designs (e.g.
based on communication theory or cultural theory). In principle any music (therapy) object can be studied on all four levels without creating a conflict of paradigms.

16. **Idiographic and nomothetic perspectives as complementary, and triangulation of quantitative and qualitative analyses as providing strong evidence of “both process and outcome” of BMGIM** (p. 126):

As stated above, I make a distinction between process, outcome and effect. Process is studied with qualitative methods/flexible designs only, effect with quantitative methods/fixed designs only, while outcome is studied in both ways (idiographically and nomethetically). Based on Robson’s arguments, I have suggested “triangulation of quantitative and qualitative analyses” as a way of enhancing the rigour of the research (Robson 2002, p. 174 and 371). This may be a little confusing, since triangulation is a concept normally used in qualitative research only (data, observer and theory triangulation). I see multiple methods as a way of addressing different epistemological problems through the use of different investigation formats and designs in one study. In Tesch (1990) there is a useful categorization of qualitative research methods and traditions, drawing a spectrum from “more in common with positivistic approaches” to “less in common with positivistic approaches” (Aigen 1995, p. 289).

17. **The difference between post-positivism and non-positivism** (p. 127):

In the dissertation I have used the terms post- and non-positivist as synonyms, which may feel to the reader to be not very clear or precise. ‘Positivism’ in its classical (philosophical) form, based on a specific paradigm including axioms about the accessibility of the absolute truth and objectivity through research, is rare nowadays - or even dead and smelling, as Robson writes (p. 26, quoting Byrne 1998). Robson makes a distinction between three ‘living’ research cultures after classical positivism: “post-positivism”, “constructivism”, and “emancipatory”. He understands “post-positivism” as an updated version of positivism, including the problems of researcher bias and the concept of falsification suggested by Popper (Critical realism), but still with a commitment to ‘objectivity’ and the notion of ‘one reality’ (p. 27).

This is not quite how I have used the word in the dissertation. “Non-positivism” is used as an umbrella term including all paradigms (or cultures) that do not acknowledge (most of) the
basic axioms of positivism, including both classical humanistic traditions such as phenomenology, hermeneutics and critical theory, and more recent trends in qualitative research within the humanities and the social sciences. Post-positivism covers specifically the more recent trends in qualitative research, such as constructivism, feminism and other emancipatory approaches. – “Postmodernism” might have been a better and more precise concept, as it is used in the history and theory of humanities.

18. The use of mixed methods:

Bruscia’s standpoints (Bruscia 1995, 1998) in the debate on paradigms and methodologies in music therapy research have been very influential, and he has been a leading figure in developing the standards of qualitative research in music therapy, which have historically been criticised from positivists as inherently lacking in rigour (Ruud 1998, Chapter 7; Stige 2002). In the early 90’es there was a tendency in the music therapy research community to divide into two camps that were mutually exclusive – there was a tendency of what Aldridge (1996, p. 278) called ”methodolatry”. In the last ten years a trend towards inclusivity and mutual tolerance and a more pragmatic than polarized paradigmatic understanding can be observed – a good example is the development of the Nordic Journal of Music Therapy, and to a lesser degree the Journal of Music Therapy from journals exclusively devoted to qualitative and quantitative research respectively to journals embracing all types of empirical research. However, as Bruscia (1995) pointed out, we shall not forget that the methodological traditions of quantitative and qualitative research are underpinned by philosophical paradigms that cannot be integrated or combined, since they are ”two different roads” to a research goal, and thus a combination is neither easy nor unproblematic. Bruscia (1995, p. 73-74) suggested three types of combinations, allowing ”us to benefit from both paradigms and prevent us from adopting one to the exclusion of the other”:

- Studying certain phenomena with one paradigm and others with the other paradigm

- Studying different aspects of the same phenomenon in two or more separate and independent research studies anchored in either positivist or nonpositivist paradigms

- Combining (triangulating) types of data and methodologies within the same study but remaining solidly anchored within one or the other paradigm.
In this study, I have used the third option, anchored in a non-positivist – or more precisely: post-positivist paradigm, acknowledging the world of human beings as a world of multiple realities, and focusing on the personal experiences of the participants. However, I think I can see why readers might come to a different conclusion – perceiving the study as belonging to one of the first two options: the use of the word “effect” (or “outcome”) in some of the research sub-questions, the different reporting styles, and the order of reporting (in chapters 5-8) seem to send the signals of a positivist paradigm and a cause-effect focus. I certainly have defined some (or selected some defined) variables for the quantitative investigation, which was based upon the participants’ self reports in well-known questionnaires. This was not done with the intention of proving something like ‘the truth about BMGIM as a cause to certain effects on the participants’ mood and QoL’, and there was no experimental control of variables, only the pragmatic use of standardized questionnaires, descriptive and inferential statistics. The BMGIM therapy setting was naturalistic, which I consider a *conditio sine qua non* of post-positivist research, and the inclusion of a small quantitative investigation was made in order to secure not only a dialogue with the participants on their views on such self reports, but also – and more important – a dialogue with professionals from medical oncology who may not share the tenets of a post-positivist paradigm but who has a legitimate right to demand certain types of ‘evidence’ from research in little known complementary therapies. The interview study revealed the ambivalence of most of the participants towards the standardized definitions of mood and especially QoL, and this is not very surprising. Quality of life is a very personal issue. This points at an inherent paradox in most post-positivist research in hospitals, I think: The (music therapy) researcher wants to document certain aspects of the participants’ experience, focusing on meaning; while the oncologist wants documentation of specific effects of the therapeutic intervention, focusing on measurable outcome. Bruscia (1995) addresses the issue of the ‘audience’ and its interests and demands. He describes the consequences of a researcher’s wish to provide “proof or evidence” or “holistic understanding” – the researcher must choose either a quantitative or a qualitative approach. A researcher should be able to address both types of audience in one study without falling into the paradigmatic trap. In the first brief report on this study (Bonde 2003) – to the funding agency – the quantitative audience was primary, and thus results reported as descriptive statistics were in the forefront, while qualitative results were preliminary and only reported in outline – with the promise of a much deeper analysis in the dissertation. In the dissertation I have tried to keep this promise.
19. The validity of causal claims from a study lacking a control group (p. 130):

Due to the lack of a control group in this study it is not possible to say with certainty that the presented effects on mood and quality of life in the qualitative investigation can be ascribed to BMGIM.

20. The “Normal” BMGIM format (p. 130):

“Traditional” BMGIM format is a better word choice. Ventre (2002), using a fourth possible word, describes a “classical” session (p. 30). The word “standard” is a fifth option, used often in the dissertation.

21. Terminology - “salutogenic” and “pathogenic” (p. 135):

I have used the terms “salutogenetic” and “pathogenetic”, as these adjectives are often used in the literature. But I should have chosen “salutogenic” and “pathogenic”, as these are the words used by Antonovsky himself, as in the following quote from the lecture The Salutogenic Approach: “The first implication of adopting a salutogenic orientation is the rejection of the dichotomy posited by a pathogenic paradigm: people are either sick or they are healthy” (Berkeley, January 1993 - http://www.angelfire.com/ok/soc/a-berkeley.html)

22. The use inferential statistics (p. 138):

Inferential statistics were used in order to study significance within this specific sample, but not beyond it, as statistical generalizations cannot be made from such a small sample.

23. The links between music structure, meaning, and clinical value for cancer patients (p. 141):

P. 141 is the last page of the description of the methodology for the qualitative investigation. The links between music structure, meaning and clinical value is investigated in chapters 7 and 8 and discussed in chapter 9.
24. The framework for the qualitative study (p. 165):

I certainly chose the framework for the qualitative study. What is meant is just that six case studies would have meant another 60-80 pages, and the ‘framework’ of the dissertation was already filled out.

25. “Experience” and “Effect” in the same research question:

As stated above, I have second thoughts about the formulation of subquestion 4; I think “effects” should have been replaced or complemented by “influence(s)”. This also goes for page 166; “effects” is not used anywhere else in the section (p. 165-177), and in the conclusion “influence” is actually used instead of “effect”. However, the word “outcome(s)” is also used (p. 168 and 177), and in principle the same critique could be raised against the use of this word. I would like to elaborate this issue a little. As can be seen from the interview guide and the corresponding Table 6.1, neither “effects” nor “outcome” were used when formulating the questions in the interviews. I wanted the participants to report their experiences of core elements in the therapeutic process, not to reflect on “causes” and “effects”. However, I also wanted the participants to reflect on the personal “outcome” (c: real life consequences of their BMGIM process, and this is reflected in the core categories and the grounded theory formulated in section 7.4. The problem here is that “The influence of BMGIM on mood and quality of life” was addressed both quantitatively (based on the questionnaires and reported as effects) and qualitatively (based on the interviews and reported as core categories). I wanted the participants not only to talk about their experiences, but also to comment on the “effects” documented in the (preliminary results of the) descriptive statistics. This is discussed in section 9.4.1, and it was not only very interesting to hear the participants’ comments on these “effects”; the “effects” had also the function of cues to discuss which elements of mood and QoL the participants considered appropriate and measurable.

26. Redundancy in the presentation of research methods (Chapter 4 and 6):

The reader will note a certain amount of duplications, especially between chapters 4 and 6 – and again in chapter 9. I acknowledge the resulting redundancy, however I deliberately chose to include the duplications, in order to guide the reader firmly through the many procedural
steps of the study. Actually, in my understanding, this type of redundancy is part of the PhD dissertation ‘code’ (in the Aalborg tradition), which is very different from a properly edited scholarly book. But, of course, I may be wrong, and I know that the dissertation style is very different in other programs.

27. Reference to cancer in the general theory of how BMGIM is therapeutic (p. 222 – 227):

In the grounded theories proposed in section 7.4 there is only little reference to the specific aspects related to the participants being persons living with cancer. An important theoretical proposal is that “Cancer specific or related imagery is easily and safely addressed in BMGIM, however the participants’ imagery is not dominated by issues related to cancer, rather to existential issues related to being a person in transition.” (p. 227) This rather paradoxical finding may be due to the fact that the participants were cancer survivors, they were not in a specific cancer treatment phase with concrete physiological, surgical or medical cancer issues dominating their everyday life. BMGIM in the treatment phase may very well be dominated by cancer specific or related imagery. This question will be addressed in a new study at Aalborg University Hospital (2005-2007).
INTERVIEW GUIDE + Information on Questionnaire Scores  CLIENT:_____ Date:___

(1) THE QUESTIONNAIRES
How was it for you to fill them out? What do you think they (don’t) tell?
What do you think the questionnaire tell about your process/outcome?
Did the fact that you were participant in a study influence how you filled out the
questionnaires?

(2) REFLECTIONS – LOOKING BACK
Weekly/biweekly sessions – what is best? The GIM format – how was it for you?
The study focused on mood and quality of life – was that a proper focus? Were you surprised?

(3) THE FOUR SPECIFIC MUSIC THERAPY QUESTIONS (IN HADS)
How did you experience the meaning of imagery/music? Which part(s) of the triad music-
imagery-therapist was most important for you?
Have you used your experiences in your daily life – how?

(4) IMPORTANT EXPERIENCES (IMAGERY/MUSIC)
Core imagery (positive/negative)? [Elaborate discussion of the images and their meaning]
What music selection had special significance for you – also outside the sessions?

b) MUSIC THERAPY COMPARED WITH OTHER TREATMENT MODALITIES – AND
   COMPARED WITH TREATMENT IN HOSPITAL
Are there specific dis/advantages in music therapy (BMGIM) as compared to other treatment
modalities wellknown to you?
How can the different options increase existential quality of life?
Could you have used BMGIM earlier in your treatment process?

c) WHAT IS THE MOST IMPORTANT THING FOR YOU TO BRING WITH YOU
   FROM THE PROJECT? (Turning points/Pivotal moments?)

d) OTHER PERSONAL COMMENTS (Who can benefit from this type of therapy?)

The client’s process (as indicated in the questionnaire scores):

SOC:  Pre:___ Post:___ F-U:___  
HADS A: Pre:___ Post:___ F-U:___  
HADS D: Pre:___ Post:___ F-U:___  
C-30 QLQ Pre:___ Post:___ F-U:___  
C-30 FAT Pre:___ Post:___ F-U:___  
C-30 PA Pre:___ Post:___ F-U:___  
Music Ther. Pre:___ Post:___ F-U:___

Purpose:

Comments:

Core images:

Other things: