

Imagery, Metaphor, and Perceived Outcome in Six Cancer Survivors' Bonny Method of Guided Imagery and Music (BMGIM) Therapy

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INTRODUCTION

Background

While health care systems in the United States and other countries are giving increased attention to helping cancer patients recover from treatment, most Danish cancer survivors have very few options, especially if they need psychological or psychosocial support. The large-scale, private organization Kræftens Bekæmpelse (The Danish Cancer Society) offers support groups and verbal counseling, and all cancer survivors are, in principle, entitled to a one week stay at a rehabilitation center (Dallund Castle, Funen). 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 services, and the clinical protocol in this study was a first attempt to investigate how cancer survivors might benefit from music therapy, in this case The Bonny Method of Guided Imagery and Music (BMGIM) (Bonny, 1978). The BMGIM is "a music centered, transformational therapy, which uses specifically programmed classical music to stimulate and support a dynamic unfolding of experiences in service of physical, psychological, and spiritual wholeness (Association for Music and Imagery, 1990, p. 4). Abroad, especially in the United States, Great Britain, Australia, and Germany, some studies and programs have indicated that music therapy in general, and BMGIM in particular, has promising potentials 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 such studies and programs, and also with hopes of opening the doors of somatic hospitals and rehabilitation programs in Denmark for music therapy.

Focus and Purpose of the Study

This monograph presents a systematic qualitative analysis of six cancer patients' experiences in BMGIM, and is taken from a larger study that examined their BMGIM experiences during the rehabilitative process (Bonde, 2005). The two areas of focus for this study are (1) the participants' self-perceived outcome of the BMGIM process, and (2) the nature and development of imagery, metaphor, and narrative in the music-listening periods of the BMGIM sessions. This is expressed in the following research questions:

- 1) What are the therapeutic experiences and outcomes of cancer survivors in BMGIM therapy, as described by the survivors themselves?
- 2) What is the specific nature of these cancer survivors' BMGIM imagery or imagery configuration?
- 3) How does their imagery develop and/or how is it re-configured during the music-listening periods of the BMGIM therapy?

After a review of the relevant literature, this study begins with an introduction to the

participants and the clinical setting. Then follows a method section describing the procedures of data collection and data analysis. Results are reported in three subsections, one on the study of perceived outcome, one on the study of imagery and image configuration, and one with proposals of a grounded theory. The monograph ends with a discussion of the meaning of the findings and their possible implications for further research and clinical practice.

RELATED LITERATURE

BMGIM for Persons with Cancer

One way of categorizing the literature on BMGIM in cancer care is to distinguish between quantitative and qualitative studies. In this way, the goals and outcomes of this research can be readily identified and compared.

Quantitative studies have tended to focus on the outcomes of BMGIM therapy. Burns (1999, 2001) demonstrated significant improvement in both mood and quality of life (QoL) scores of the experimental group, in which four cancer survivors received 10 BMGIM sessions, with the tendency maintained at follow-up. Bonde (2005) also found that 10 sessions were sufficient to induce positive mood and QoL changes and sustain them at follow-up. McKinney and Clark (in press) 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 decreased intrusive thoughts and avoidance behaviors related to cancer. However, in contrast to Burns' (1999, 2001) and Bonde's (2005) study, the observed changes in depressed mood and total mood disturbance were not sustained through a 6-week follow-up.

Pienta (1998) investigated the effects of Group Music and Imagery (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 from 37-51 years of age. The Rosenberg (1979) Self-Esteem Scale and the Cantril's (1965) Self-Anchoring Striving Scale were completed 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 1 ½ 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.

These studies suggest that BMGIM can be effective in alleviating mood disturbance and improving quality of life. However, none of these quantitative studies address the issue of imagery processes or configuration.

In contrast to the quantitative literature, qualitative studies have tended to focus on the experiences of individual cancer patients in BMGIM (in case study format), and have increased our understanding of how BMGIM may assist cancer survivors in the recovery process. One example is Hale (1992), who reported how a middle-aged woman explored the wounds to her psyche and her physical body as part of her recovery from a mastectomy. Over the course of 26 BMGIM sessions, she struggled successfully to develop a positive self-image, build an ability to

trust herself and others, and to manage her fear. However, Hale's (1992) study, along with the existing qualitative literature, does not focus on the development of the imagery or the configuration of imagery metaphors.

Categories and Processes of Imagery within BMGIM

From a theoretical as well as from a clinical point of view, imagery and its development is considered primary in BMGIM. Goldberg (2002) defines "music, imagery, and emotion as the primary elements of the BMGIM experience" (p. 360). "Imagery" includes "images in all sensory modalities" as understood to be visual, auditory, olfactory, gustatory, tactile, along with "kinesthetic images, body sensations, feelings, thoughts and noetic images (an intuitive sense of imaginal events that arise outside of other imagery modes)" (p. 360). 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 and students. Grocke (1999) suggested a more comprehensive categorization system with 15 categories of imagery 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, and 15) symbolic shapes and images.

The BMGIM literature also includes some applications of narrative structures on clinical material. 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. Wesley (1998-99) also relied on Campbell's description of the Hero's Journey in a BMGIM case study. However, she reduced the seven stages to three 'major components': departure, initiation, and return. Short (1997) described how the fairy tale may be one narrative form of the developmental process Jung called Individuation. In a case study, she identified how the fairy tale "Snow White and the Seven Dwarfs" served as a (partial) matrix for her client's process.

A basic narrative structure found in fairy tales and other tales is outlined in Propp's "Actant model" (Larsen, 2003). The protagonist is the subject who has a problem and a project, namely the focused 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 may be considered a core issue in the explorative BMGIM experience.

Bonde (2000) investigated the relationship between imagery, metaphor and narrative in the clinical BMGIM literature, and based upon this and additional clinical material, he suggested three experiential levels (or levels of metaphors) in BMGIM. Theoretically, this theory was based on Ricoeur's hermeneutic theories of metaphor and narrative (Ricoeur, 1978; 1984). These three levels are: 1) the narrative episode, configured around a core metaphor, 2) the narrative configuration of the self, and 3) the complete narrative. Each of these will be discussed in the following section.

Levels of Metaphor

At the first level of metaphor, *the narrative episode*, core metaphors emerge. A core metaphor is based upon a specific image that highlights an important problem area, either as a metaphor of the problem itself or an element of the problem and a possible solution. For example, in her imagery, Winnie (one of the study participants) explored a very special garden, where she met an angel and a little girl. In the postlude she related the imagery to her experience of death. The images on which the metaphors are based are often included in a mandala¹ (if present), contained within the transcript, or identified by the client him/herself.

At the second level, *the narrative configuration of the self*, some of the core metaphors may be metaphors of the *self*. At level two, the client explores an imagery situation of special quality, enabling her/him to give a precise metaphoric characterization of the self, the situation, the obstacles, the defense, and the potential for resolution and/or healing (Clark, 1995). In her fourth session, Inge (another study participant) met an eagle and was transformed into the eagle, a bird of prey with which she had no previous experience. She realized that the eagle represented new potentials of the self.

At the third level, *the complete narrative*, the configuration of metaphors into larger units is the core characteristic. One of Pia's (another study participant) journeys unfolded as a fairy tale, quite close to H.C. Andersen's story of *Thumbelina* (Bonde 2005a). In level one, conflicts are configured in the imagery in small units or episodes: the core metaphor becomes part of a series of actions and transformations in a verbal, episodic narrative form. In level two, metaphors of the self are configured and reconfigured. 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 may be a solution or end to the conflict. Level three is defined by what Ricoeur calls *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, similar to a fairy tale or a Hero's Journey. The complete stages of a Hero's Journey according to Campbell, as reported by Clark (1995) are: 1) the call to adventure, 2) supernatural aid, 3) crossing the threshold of adventure, 4) trials and tasks, 5) reaching the nadir, 6) receiving the boon, and 7) return.

Summary of Literature

When examined as a whole, the literature suggests that BMGIM sessions have broad supportive potential in the rehabilitation of cancer survivors. It also provides definitions of imagery and categorizations of imagery experiences, and some narrative structures or matrices have been identified. However, the literature does not include studies of clients' perceived outcome, or in-depth studies of how metaphors or narratives are configured within the imagery experience itself. Only the theoretical proposition of Bonde (2000) suggests how imagery, metaphor, and

¹ Mandala is a Sanskrit word meaning 'circle' or 'whole'. In GIM a mandala is a drawing in a circle, representing the self and its borders. It is an opportunity for the client to summarize her experiences in one session, after the music travel.

narrative are connected, but this proposition has not been directly examined in the imagery of cancer patients.

Problem statement

This study therefore investigated how six cancer survivors perceive the process and outcome of BMGIM therapy, and how imagery, metaphor and narrative can be identified, described and understood in the music-listening periods of BMGIM sessions.

METHOD

Participants

The participants recruited for this study were six women diagnosed with cancer, ranging in age from 41 to 65, with mean age of 51. They were all mothers (one to three children), and half of them were divorced. Two participants had retired from their jobs, two were unemployed, while the last two were working again.

The six women volunteered through information folders available at the oncology department of the local university hospital, and at the local counseling office of the national, private support and research organization Kræftens Bekæmpelse (The Danish Cancer Society). 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 (70 miles Northwest). All participants completed a consent form.

Volunteers met the following inclusion criteria: 1) aged between 30-65 years, 2) completion (or absence) of ongoing radiation and/or chemotherapy treatment a minimum of six weeks, and a maximum of 21 months, before project entry, 3) abstinence from recreational drugs, 4) limited smoking and alcohol intake, 5) no ongoing prednisone therapy, 6) no history of psychiatric problems, and 7) 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 radiation, chemotherapy or both, while one had an inoperable cancer. The time that passed from the end of active medical treatment ranged from 7 weeks to 21 months.

While five of the six participants had successfully completed treatment, each was looking to examine, work through, and integrate their experiences of diagnosis and treatment. 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 music therapy, while others had parallel consultations with psychologists or participated in self-help groups. This may have influenced the BMGIM experiences of the participants.

Procedure

Each participant received 10 BMGIM sessions, in most cases once every two weeks (sessions might have shorter or longer intervals due to vacation, illness etc.). Each session lasted approximately two hours and took place in the private practice of a BMGIM therapist with Fellowship in the Association of Music and Imagery (FAMI).

The session format was the traditional BMGIM session, divided into four stages (Bonny, 1978; Ventre, 2002):

- 1) A preliminary conversation (also called the “prelude”) serves as an introductory dialogue to identify issues of importance to 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).
- 2) An induction comprises a physical and/or psychological relaxation procedure leading to a focus 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 starting image before the music starts (5-10 minutes).
- 3) A music-listening period, wherein the client spontaneously images while listening to one of the standard music programs (Grocke, 2002) or other sequences of music developed by the therapist. During this stage there is an ongoing verbal dialogue between client and 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).
- 4) After a return to a normal state of consciousness, a post-session integration (also called the “postlude”) follows, wherein the client reviews the music and imagery experience. This review may include both a creative drawing (mandala) and a verbal sharing. The therapist helps the client relate the imagery experience to the focus of the session, and to experiences in previous sessions (30-40 minutes).

All sessions, with a few exceptions described later, followed this standard format. After each session, the participant filled out two 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 to come into conscious awareness and to share the experience with the therapist. Participants were informed that although BMGIM can be 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-kinesthetic experiences, memories, and transpersonal imagery.

Materials

The therapy room was equipped with a CD Sound System, office chair, couch, a desk with paper and colors (pastels, chalks, etc.) for mandala drawing, and a mini-disc recorder 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 BMGIM music programs were used (Bonny & Mardis, 2001). The music listening periods of the sessions were recorded on mini-disc. The researcher then made transcripts and summaries of the sessions from these min-discs. Mandalas made by participants after the music-listening experiences were made by choice rather than as a required step in the therapy, so they were optional.

Data collection

The investigation of the participants' experiences of BMGIM and its perceived outcome was based on qualitative interviews with all six participants. The interviews were semi-structured — or, in a different terminology, respondent interviews (Robson, 2002 p. 270) — in that they were focused and guided by the interviewer/researcher. The interview guide included the following issues: 1) the participant's experience of the therapeutic process (including the music, the imagery and if desired, the mandalas), 2) evaluation of the questionnaires from a personal perspective, 3) BMGIM compared to other types of psychotherapy or support known by the participant, 4) thoughts on the potential of BMGIM in other phases of treatment, and 5) thoughts on BMGIM sessions as weekly or biweekly interventions. The interviews lasted from 1 hour 10 minutes to two hours, and the participants were encouraged to elaborate on any relevant experience and include other issues than those mentioned.

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 interview guide was the researcher's "schedule" (Robson, 2002 p. 278), but the sequencing and wording of the questions were 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. The interviewer encouraged all participants to speak freely and elaborate on short answers. All participants addressed themes related to the perceived meaning and outcome of the therapy.

The interviews were conducted 1-2 weeks after the completion of the series. They were transcribed, member-checked, and finally analyzed according to principles of grounded theory research (Creswell, 1995; Robson, 2002; Strauss & Corbin, 1995).

In order to investigate the specific nature of the imagery, the recordings of the music-listening periods were carefully indexed, and the therapist's transcripts and notes of the BMGIM sessions were collected. The index (or chart) included information about the key elements of the session: induction, music, imagery, mandalas and therapist's comments (see Appendix 1 for an example).

Data Analysis

The content analysis of the interviews was undertaken as a grounded theory procedure (Glaser & Strauss, 1967) based upon an investigation of how the participants described the experience and perceived outcome of their BMGIM therapy. Data were systematically processed through open and axial coding, focusing on meaning and outcome perceived by the participants. In the literature, there is some confusion in the use of ‘coding’, ‘code’, ‘concept’, ‘category’, and ‘core category’. In the following (except in a few quotes), ‘coding’ is used as a verb, designating the process of identifying ‘preliminary categories’ (in the open coding), ‘core categories’ and ‘sub-categories’ in the axial coding.

This method is what the originators of Grounded Theory, Glaser and Strauss, called a ‘constant comparative’ process (Glaser & Strauss, 1967 as quoted in Tesch, 1990 p. 86) in which the researcher looks for significant similarities, differences, and patterns in the data material. In this study, color-coding was used to indicate themes/potential preliminary categories, as they appeared in the transcripts, and the themes were then split into meaning units or statements. The coding was based on properties like outcome description (types of outcome, as experienced by the participants), elaboration of meaning (types of meaning defined by participants), 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) based upon the nature of the data itself.

“Once concepts begin to accumulate the analyst should begin the process of grouping them or categorizing them” (Strauss & Corbin, 1995). This process is known as axial 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 (2002) mentions that there are divergent ideas about the nature and procedures of axial coding. Following the guidelines provided by Creswell (1995), common features and connections between statements and categories were identified, thus bringing preliminary categories from the open coding, together. Through the labeling of new core categories, central phenomena in the participants’ experience of the BMGIM process were identified and put into words. The characteristics of the categories were explored thorough 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 relating to the elements of the BMGIM therapy as perceived by the participants, b) the presence of the specific outcome type in more than half of the participants. However, other important core categories shared by two or three participants were also recorded.

A grounded theory based procedure was also followed to identify, describe and interpret imagery, metaphor and narrative in the music-listening periods. This was done as a general content analysis, also with the purpose of identifying specific imagery related to cancer.

No predefined categories or preconceived grid were used in the analysis. As Glaser and Strauss (1967) said, grounded theory should follow the phenomenological tenet of “bracketing”

existing notions and letting the phenomenon studied speak for itself (Tesch, 1990 p. 23). Any type of imagery (including no imagery), known from the literature and from the researcher's and therapist's clinical experience, could be relevant. It could be referential (i.e. non-metaphoric) or metaphoric imagery, addressing physiological as well as psychological issues related to cancer, and/or any other important issues in the clients' lives.

RESULTS

A Study of Self-Perceived Outcome

The purpose of this section of the study is to document and understand the therapeutic experiences and outcomes of the cancer survivors in BMGIM therapy, as described by the survivors themselves.

Six interviews were analyzed according to principles of grounded theory analysis (Glaser & Strauss, 1967). From the axial coding emerged seven core categories that represented the experiences of all six participants in their BMGIM therapy. They were:

- 1) New perspectives on past, present and future
- 2) Enhanced coping
- 3) Improved mood and quality of life
- 4) Enhanced hope
- 5) Improved understanding of self
- 6) (New) love of music

An additional two codes shared by five participants were:

- 1) Coming to terms with life and death
- 2) Opening towards spirituality

Each of these areas will now be described in the forthcoming section. Included will be summary narratives of the cancer patients' own words, and theoretical assumptions on the conditions and consequences within each category.

New Perspectives on Past, Present, and Future

All participants described how the BMGIM process enabled them to experience themselves and aspects of their life — the past, present and/or future — in new, different, and often surprising ways. These “new ways” included 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 lives, 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, with the more cognitive insights later.

Esther: 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.

Anette: Somehow I understand myself in a new way. I trust myself more, including my attitudes, beliefs and what makes sense to me.

Inge: I got access to qualities of my self that I didn't know about, unknown sources.

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

Sasha: Music therapy has contributed to a change in focus related to future goals of my life... [and afforded] new perspectives.

Enhanced Coping

All participants describe how they 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 “tool” that can be used for emotional adjustment, introspection or self-exploration, supporting self-confidence, relaxation, and finding courage to confront even difficult psychological issues. Two participants compared BMGIM to visualization techniques they have previously used, and described the main difference as an emotional depth and dynamic quality of the imagery in BMGIM, experienced in 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 in the participants’ abilities to explore their inner worlds.

Esther: I have been stabilized in my... fight for staying at an acceptable [functional] level. I don't want to “swim in the mud” again, I want to “stay on the road”.

Anette: It is easier for me to have faith in myself, to believe that what I sense is OK.

Inge: 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.

Winnie: The best thing about GIM is the tools it has given me. It has enabled a new way of coping, of finding solutions to problems, of making myself emotionally stable again.

Pia: For me it has been a way to find inner strength: I dare to take risks, even if I am extremely vulnerable. I have found courage [to examine the relationship with my partner] and it has given me results.

Improved Mood and Quality of Life

All participants described how the BMGIM experience contributed to a balancing or stabilization of their mood state and improvement of their quality of life. 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.

Anette: I do feel better now, but [the improvements came] in a “sneaking way.”

Inge: I got access to [my own] strength — and to beauty and harmony. Well, 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.

Winnie: My psyche has been stabilized. I am not dependent on my surroundings anymore. I have made contact with 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. I can use these images wherever I may go.

Sasha: 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.

Pia: It has been very hard for me to ask other people for help. I can do that now. I believe in the future.

Enhanced Hope

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 regain a sense of stability. It also includes finding an optimistic attitude towards the present and future, even if many things in life are changing. Participants described how the BMGIM therapy had “opened doors” and empowered them to believe in a more meaningful present and optimistic future. This was not as an avoidance of problems or conflicts, but as realistic attitude to living with a life-threatening disease.

Esther: 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”.

Anette: 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!

Inge: 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.

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

Pia: I wanted to experience spring: that was very important. In spite of the damage from radiation I am taking my exams — and I have written an application! I believe in it.

Sasha: 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.

Improved Understanding of Self

All participants described how the BMGIM therapy made them aware of certain ineffective 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.

Esther: "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.

Anette: "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".

Inge: 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.

Sasha: GIM has made it easier for me to focus on what I want to accomplish one day.

Pia: Before, I expected myself to "be strong". Now I am much better at living in the here-and-now, and I do not worry so much.

(New) Love of music

None of the six participants had a musical background, and their knowledge of classical music was fairly limited. Apart from one participant (Anette) 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. The music allowed the participants to 1) let go of feelings, 2) feel supported as they explored their imagery in depth, 3) be moved (both literally and metaphorically), 4) establish a productive mood framework for the experience, and 5) bring 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 the completion of the research.

Esther: 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. It was something completely new entering my life.

Inge: 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. I had incredible imagery. I really felt there was a dialogue between the music and myself.

Winnie: I am very susceptible to the influence of music. I have used it before, without really knowing. For 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.

Sasha: *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.*

Pia: *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".*

Coming to Terms with Life and Death

A cancer survivor 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. Five of the participants described how BMGIM therapy enabled them to face death and explore their own fear of dying in a controlled medium, 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.

Esther: *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.*

Anette: *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.*

Winnie: *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".*

Opening Towards Spirituality

Three of the participants (Inge, Winnie and Sasha) described how their BMGIM experiences included imagery of a spiritual nature. These experiences, often closely related to music of great beauty and dignity, had a deep impact on them. For these women, spiritual imagery was often simple and always described as reassuring and empowering.

Inge: *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.*

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

Sasha: *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.

Inspiration to Write Poems

Two participants (Sasha and Esther) described how their BMGIM experiences inspired them to new creative endeavors. Sasha wrote a whole collection of poems, partly based on words and phrases included in the mandalas inspired by the imagery. Esther 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. One of Esther's poems is included below.

*I am standing on the beach
I see the ocean / see the waves
See a wave being born / grow and culminate
Roll over, die, and reunite with the ocean
I see a new wave being born and I ask:
Wave, while you are wave, do you know
That you are also ocean?
I see the ocean. I see the waves.
I see myself - a wave, knowing
That I am also ocean!*

Summary

These interviews provided detailed information about how clients experienced the BMGIM process, and how they perceived the outcome of their therapy. The therapeutic outcomes facilitated by BMGIM therapy were identified and described as core categories. Theoretical assumptions on the conditions and contexts of change, and their consequences for the participants, were presented within the discrete categories. Based upon these categories, a substantive grounded theory on the influence of BMGIM therapy on the participants' recovery process will be discussed in a forthcoming section.

The Imagery and the Metaphors

The next stage in the analysis process involved examining the imagery experiences of the participants for the types of narratives they used in their imagery. A preliminary set of categories and subcategories from the open coding served as a tool for a review of all music-listening periods. Upon review and analysis, six core imagery categories were apparent (labeled A-F), each of which will be described below.

Core Categories Describing Complete Music-listening Periods

A. Music-listening periods with complete narratives

The imagery is metaphorical and configured through the whole music-listening period. This results in a coherent narrative.

B. Music-listening periods composed of narrative sequences

The imagery is metaphorical and/or exploratory, and is configured in narrative episodes. The music-listening period is composed of narrative episodes, however not in a coherent narrative.

C. Music-listening periods dominated by bodily reactions

The imagery is sensory-kinesthetic, 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. No music-listening period: Verbal sessions

In a few sessions the therapists decided not to include a music-listening period. The therapeutic dialogue was verbal. Verbal sessions may be used in BMGIM when the participant experiences difficulties in the imagery process. Verbal discussion may also be used in order to process rich imagery from previous sessions.

E. Music-listening periods with no or very little imagery (not including category C)

The participant reported little or no imagery, or an interruption in the flow of the music imagery experience. This can occur if there is resistance. Music-listening periods of type E are not very productive and are often a frustrating experience for the participant.

F. Mixed music-listening periods, composed of two or more subcategories

The music-listening period was composed of more or less independent episodes that can be described by two or more of the subcategories defined below.

Subcategories Describing Segments or Episodes of a Music-listening Period

The core category F, *mixed music listening period*, was the most common core category, and needs further differentiation in subcategories because of the variety of narratives included. These will be presented, in detail, below.

Metaphorical Fantasies

F1a Metaphorical fantasies: Complete and coherent narratives

The imagery is metaphorical and coherent, and is configured through two or more music selections, but not the whole music program.

F1b Metaphorical fantasies: Independent episodes

The imagery is metaphorical and configured through one music selection, but the metaphorical episodes are not clearly related to each other.

Explorative Imagery

F1c Explorative imagery directed towards past

F1d Explorative imagery directed towards present

F1e Explorative imagery directed towards future

F1f Explorative imagery directed towards death

Explorative imagery is predominantly visual imagery of a metaphorical character, very often related to the focus of the session. Explorative imagery may be directed and unfold towards the client's past, often in the form of memories (F1c); towards the present, often in the form of a referential or metaphorical investigation of problems and conflicts (F1d); towards the future, often in the form of "what ifs" or 'rehearsals' (F1e). A special type of imagery in this category is related to death, funerals and beyond: 'what will happen to me...' (F1f).

Stream of Consciousness Imagery

F1g Imagery as stream of consciousness

Imagery may appear and continue quickly and unrelated. The images are not coherent.

Body Oriented Imagery

F2a Episodes or segments dominated by bodywork: Exploring the body

Metaphorical investigations of the body are included in other categories. This subcategory is exclusively for the very concrete experience of bodily processes related to pain management, cleaning, repairing, touching the body.

F2b Episodes or segments dominated by bodywork: deep relaxation

Deep bodily relaxation is found in episodes where there is no imagery activity and the client reports (during the music-listening or in the postlude) this as a result of the music listening.

Exploring and Enjoying Music

F2c Episodes or segments dominated by music exploration and enjoyment

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

Thoughts and Reflections

F3a Thoughts, reflections, or associations on past

F3b Thoughts, reflections, or associations on present

F3c Thoughts, reflections, or associations on future

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

Meditations

F4a Meditations to music

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

Difficulty Imaging

F4b Episodes dominated by difficulties in imaging (including resistance)

The client does not experience imagery of the types mentioned (F1, F2, F3). This may have many explanations; however these experiences are not in focus in this study.²

Additional subcategories:

F5 Imagery related to cancer (disease, hospital or treatment)

Cancer specific imagery includes visual or sensory-kinesthetic imagery of cancer cells; imagery representing experiences at the hospital during an operation or treatment; fear of relapse; or recurrence of disease.

F6 Transpersonal imagery

Transpersonal imagery includes imagery of a religious, spiritual or non-dual nature.

F7 Core metaphors (identified in same form or transformed in more than two sessions)

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.

Distribution of categories and subcategories in the sessions

The result of the analyses given in Tables 1 and 2 are a presentation of the distribution of the above categories and subcategories: a) sorted by sessions and participants, and b) sorted by subcategories found across the participants' music-listening periods.

Table 1 shows that mixed music-listening periods (category F) were most frequently found, namely in 28 sessions, with all participants except Pia. Experiences structured as narratives sequences (category B) were found in 17 sessions, with four participants: Inge, Esther, Sasha, and Pia. Complete narratives (category A) were found in 7 sessions, six of them with Pia and one with Inge. The last three categories were infrequently found: category D

² Imagery is one of three inborn representational systems (sensory-kinesthetic, image, semantic) (cf. Horowitz, 1983). However, the image system may be damaged from physiological or psychological trauma. Episodes with no imagery may have many causes, 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)

(verbal sessions) only three times, and only with Anette; and category E also three times, two with Anette, one with Sasha. Category C (music-listening periods dominated by bodily reactions) was only found twice, and only with Sasha.

Based upon the frequencies of the various imagery categories, it is clear that every participant has her “own style” of imaging. This becomes even clearer when the distribution of the subcategories is studied.

Table 1. Distribution of core categories by participants and sessions

Session	WINNIE	ANETTE	INGE	ESTHER	SASHA	PIA
1	F	F	F	F	E	B
2	F	E	B	F	C	B
3	F	E	B	B	F	A
4	F	F	B	B	C	A
5	F	F	B	B	F	A
6	F	D	A	F	F	A
7	F	D	B	F	B	B
8	F	D	B	F	F	B
9	F	F	B	B	F	A
10	F	F	B	F	F	A
Total	10xF	3xD 2xE 5xF	1xA 8xB 1xF	4xB 6xF	1xB 2xC 1xE 6xF	6xA 4xB

Table 2 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 of the specific subcategory. If the session number is in brackets it indicates that the researcher’s interpretation is open to further discussion.

A closer look at the distribution of the subcategories shows that all participants experienced metaphorical fantasies (F1a-b) of shorter or longer duration (the only reason why Inge is not listed in F1b is that her fantasies are always quite long - framed by at least two music selections - even if they do not form a complete narrative). Table 2 also shows that core metaphors (F7) can be found with all participants, and that five of them seem to have had experiences of a transpersonal nature (F6). The research questions concerning narrative configuration cannot be answered through this analysis, but the presence of so many examples of category F1a indicates that image episodes are connected.

The other subcategories (F1c-6, F2a-c, F3a-c, and F4a-b) are more unevenly distributed, documenting a) the highly personal nature of the metaphorical fantasies, and b) the personal ‘travel style’ of the participants. For example, note the highly embodied experiences of Winnie and Sasha, the many reflections of Esther and Inge, and contrast this with Pia’s imagery, which is almost free of reflections.

Table 2. Distribution of Subcategories by Participants and Sessions

<i>Category</i>	<i>WINNIE</i>	<i>ANETTE</i>	<i>INGE</i>	<i>ESTHER</i>	<i>SASHA</i>	<i>PIA</i>	<i>Total</i>
F1a	All (1-10)	1,4,5,9,10	4,5,7,8, 9,10	3,4,5,6,9	7,10	1,2,7,8	32 (6)
F1b	1,2,10	4,9	1,2,3,4,7	1,2,6,7,8	3,6,7,9		19 (5)
F1c				3	10	8	3 (3)
F1d			7,9,10	2,4,6,7	7	2,9	10 (4)
F1e	9,10		5,10	4,6	7	(3),10	9 (5)
F1f	7,8		6,7,9				5 (2)
F1g	2,3,4,5,6,	4,5,9,10	1	(8)	6		1
F2a	7,8,10				3,4,10		17 (5)
F2b					3,5,6,(7), 8,9,10		7 (1)
F2c	2		1,(7)	7,10			5 (3)
F3a				2,(5),10	9		4 (2)
F3b		5,8,10	1,2,4,5,8, (10)	1,2,10	(1),(6),8		15 (4)
F3c				2			1
F4a			(10)	6	1,2,4		5 (3)
F4b		1,2,3,4,5, 9,10			8		8 (2)
F5	1,2,4,10		(1),(6),(8)	10	8,9	(2),3,(4),6	14 (5)
F6	1,(7),(8), (9),(10)		3,(4)	(2),5,(8),(9)	(5),(7)	(10)	14 (5)
F7	1,2,3,4,6, 8,9,10	3,5,9	1,(2),4,5,6 ,7,8,9,10	1,9	7	1,3,6,7,8, 9	29 (6)

It is notable that even if specific cancer-related imagery (subcategory F5) 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 one would expect in a method such as BMGIM, as the purpose of sessions is to evoke and explore coherent imagery sequences. Half of the music-listening periods are of “mixed” character. This is not surprising, as many GIM therapists would confirm. More important is the identification of the components

of the mix, and this seems to be highly individual: Winnie's strong metaphorical imagery is very often mixed with bodywork and deep emotions; Anette's rather sparse imagery is mixed with bodily tensions and problems with the format; Inge's rich imagery is often mixed with reflections; Esther's imagery is closely related to her life story and physical environment, and often mixed with reflections; while Sasha's rather sparse imagery often leads into deep bodily or meditative states. In contrast, Pia's imagery is always of a metaphorical nature, and 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 this would appear across the construed spectrum of categories. This appears to indicate that the nature of the six participants' imagery included, but was not dominated by, specific cancer-related images and issues.

When these categories are reviewed in relation to the imagery categories developed by Goldberg (2002) and Grocke (1999), all the categories suggested by Goldberg, and 14 of Grocke's 15 categories were documented in the material of this study. The only exception was Grocke's (1999) category 7, 'altered auditory experiences.'

A Grounded Theory

Based upon the finding of the above analysis of the imagery, the purpose of the forthcoming section is to develop a grounded theory of the phenomenon studied. A small-scale study with six participants may not be considered by all grounded theory researchers to be a sufficiently solid base for the formulation of a theory (Creswell, 1995). However, the material is rich, and the analysis of what happened in the BMGIM sessions has been subject to selective coding. Additional analysis and interpretation of these participants' imagery experiences can also be found in the case studies of Inge (Bonde, 2005) and Pia (Bonde, 2005; 2005a), adding to the argument that the data are rich and varied enough for grounded theory analysis.

The second aim of this study is therefore 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 thus far identified core categories that are meaningfully shared by all or most of the participants. However, the result of this coding does not provide specific answers to questions and issues in these participants therapy such as:

1. What categories are foundational for therapeutic change?
2. What categories identify types of perceived outcome in the form of therapeutic change?
3. How are the categories related?
4. In what steps does the therapeutic process progress?

These questions can actually only be answered ideographically (individually) for each of the six participants, as exemplified in the case studies mentioned above (Bonde, 2005; 2005a). However, the proposition of a theory grounded in the data is an attempt to formulate a more

general answer to the questions of how the BMGIM process as a whole has “worked” for these 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 (Creswell, 1995). The following grounded theory proposal is based on theoretical reflections of the categories in the axial coding. It is an attempt to explain how the therapeutic BMGIM process may work for cancer patients in their recovery from treatment. The theory is presented a) as a theoretical hypothesis of developmental steps in the therapeutic BMGIM process, and b) as a theoretical proposition of image configuration types in the therapeutic BMGIM process.

A Grounded Theory Proposal of Developmental Steps in the Therapeutic BMGIM Process

Based upon the grounded theory analysis of the interviews, the following stages and steps in the BMGIM process were identified:

1. The premise (or precondition) of any therapeutic process is that the client acknowledges his or her need for help and support and seeks out a therapist. In the present case, a cancer patient volunteers for a research project and enters BMGIM therapy. It takes a session or two to familiarize the client with the method³, and then the following unfolds:
2. Images are spontaneously evoked and supported by the music and the guiding. The images present themselves as acceptable and comprehensible metaphors of problems, potentials and prospects.
3. The imagery is emotionally charged. The imagery is embodied, the client is emotionally involved, and feels deeply and precisely how the situation is. Within this experience may also be an awareness of what can be done.
4. Five steps can be identified in this process:
 - a) A core image is (or several core images are) evoked, spontaneously and unexpectedly
 - b) The image is explored and identified from a distance
 - c) There is interaction between imager and image
 - d) The imager identifies herself with/in the image
 - e) The image is integrated (and maybe later transformed into other images)

All five steps may take place (and can be identified) in the imagery. However, a progression to the intermediate step (described below) requires that the client also understands and accepts the imagery as a personal metaphor in a more cognitive way. This understanding is partly established in the postlude discussions and interpretations.

³ Some clients (in the present study, one of six) do not feel safe with, or get used to, the BMGIM method. In such a case the therapist will normally stop the process and eventually recommend a different therapeutic method or model more appropriate for the client.

5. The therapeutic process enables the client to establish a new understanding of herself and her life situation. This ‘new understanding’ is reflected in some of the core categories of the interview study:
 - a) Enhancing hope
 - b) New perspectives
 - c) Improved mood and quality of life
 - d) Improved understanding of self
 - e) (New) Love of music
 - f) Coming to terms with life and death
 - g) Opening towards spirituality

Then follows an Intermediate step, where the new (intrapersonal) understanding serves as basis for (interpersonal, external) action. However, there is no direct way from step 5 to step 6, and this study does not give an answer to such questions as: ‘How is the will of the client activated?’⁴ And, ‘When is the energy of the client sufficient?’ This study only documents that some participants move all the way from step 1 to step 6.

6. The client develops new coping strategies and attitudes towards the future. This process is based on experiences from the intermediate step, supported and elaborated by the BMGIM sessions in the later part of the therapeutic cycle, and is reflected in one specific core category: Developing new coping strategies.

In summary, the positive outcome of the therapeutic process is primarily the establishment of psychological and intrapersonal prerequisites for new action (e.g. behavior change; different choices; new directions, etc.) in the external, interpersonal world. Some of these actions or strategies may already take shape during the therapy.

A Grounded Theory Proposal of Image Configuration Types Found in the Therapeutic BMGIM Process

Based upon the grounded theory analysis of the imagery, and the configuration of the metaphors in the music-listening phase of the BMGIM sessions, the following theoretical statements are proposed:

1. A series of 10 individual sessions is sufficient to stimulate the unfolding of a meaningful, and richly varied, imagery experience. The only exceptions are for those clients who have difficulties in using the BMGIM method. In this study Anette was one such a client.
2. Every client has her own, personal style of imagery. However, the music-listening periods

⁴ The researcher’s hypothesis (inspired by Yalom, 1980) is that this happens only if the will of the client is activated and her psychological energy is sufficient. This very important issue is discussed in Bonde (2005 p. 329-333).

unfolded 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

3. 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

Based upon the various analyses undertaken in this study, the following summary statement is offered:

Cancer specific or related imagery is naturally and safely addressed and processed in BMGIM. Importantly, however, the participants' imagery was not dominated by issues related to cancer. Rather, existential issues related to being a person in a life transition period appear to be a more significant focus. Core images or metaphors emerge during the process, enabling the client to identify, creatively explore, and come to terms with core issues in their 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).

DISCUSSION

This section begins with a discussion of the core categories constructed in the interview study. Then follows a discussion of the relevance of metaphor theory and narrative theory for BMGIM theory and practice, based on the results from the study of the imagery and the metaphors. Finally the proposed grounded theories are discussed, focusing on the question of validity and the possibilities of generalization.

The Participants' Perceived Outcome of BMGIM Therapy — Clichés?

The interview study provided information on how clients experienced the BMGIM process, and how they perceived the outcome of the therapy. Domains of change or therapeutic outcome facilitated by BMGIM therapy were identified and described as core categories.

An obvious critical question must be raised: Are the proposed categories and theories in reality a repetition of clichés in the literature, rather than an original contribution to the development of theory and clinical practice? David Aldridge, at the *6th European Music Therapy Conference* in Jyväskylä (2004), raised this problem⁵. He has also addressed this issue in a chapter from his seminal book on music therapy in medicine (Aldridge, 1996 pp. 111-147). In order to secure validity, the researcher(s) needs to provide “a strong, robust argument” (p. 124), establishing the premises of the work very clearly. In this way, trustworthiness in qualitative research is the ability “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”(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 (1955) Personal Construct Theory. However, the categories of the interview study were not processed in this way, and this therefore takes us back to Aldridge's critical remark. Certainly, the core categories of the interview study are close to categories introduced by Aldridge (1996). He identifies “fostering hope”, “improved mood”, “reconstructing a positive sense of self”, developing “a sense of a new identity”, “stimulation of creativity”, and “the need for faith in self, others and God” (pp. 210-242) 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 the shared potential of creative, psychosocial interventions, as experienced and expressed verbally by participants. The wording or formulation of the categories may be more inventive or poetic than those 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”, “Spiraling into the unexpected”, “Sublime plateau” and “Rehearsing new steps” (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 interview study may not bring many new aspects to our knowledge of how music therapy, in this case BMGIM, may contribute to the recovery process of cancer survivors. On the other hand, they add to our knowledge base further information on the types of experiences patients have in music therapy, and how these patients experience the music therapy process. The similarities between interpretations of quantitative data add to the validity of categories.

⁵ 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 Center (not yet published). The results of the Bristol study have many similarities to the categories identified in this study.

The Relevance of Metaphor Theory and Narrative Theory

The grounded theory portion of the imagery study was based upon open coding of the music-listening periods of the BMGIM sessions. This resulted in the identification of six core categories and 18 subcategories describing the imagery experiences of the cancer patients, and these categories were included in a proposed grounded theory of image configuration types. The material was also examined from a theoretical point of view, including the use of pre-established categories and concepts such as metaphor, levels of metaphors, and narrative. Metaphor was suggested as the starting point for a narrative understanding of the BMGIM process. Metaphor theory and narrative theory in humanities and psychotherapy theory can connect BMGIM theory with current psychotherapeutic and psychological theories, enabling a dialogue and opening new theoretical vistas.

Based on Paul Ricoeur's (1978, 1984) hermeneutic theories of metaphor and narrative, Bonde (2000) suggested three levels of metaphors in BMGIM, exemplified by the clinical BMGIM literature. These levels were called 1) the narrative episode, 2) the narrative configuration of the ego and the self, and 3) the complete narrative.

In the study of the cancer survivors' imagery in the music-listening periods these metaphor levels were documented, and in the grounded theory study they were reframed as core categories and subcategories from the data. A summarizing discussion of the relevance of Ricoeur's theory to BMGIM theory follows after a brief discussion of how the three levels of metaphors and the categorization of the imagery may relate to existing categorizations of images and narrative structures.

Levels of Metaphor and Imagery Categorization

As mentioned in the Results section, all categories of imagery suggested by Goldberg (2002), and 14 of Grocke's (1999) 15 categories were found in the material of this study. The main difference between these categorizations and the categories presented earlier in this study is that Goldberg's (2002) and Grocke's (1999) categorizations deal with image modalities and content at a descriptive level, while the categories suggested in this study also address imagery processes (also called configuration). The systems are not conflicting, but they have different foci, and the categorization suggested in this study is not merely descriptive; it is based on hermeneutic analysis.

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 (1983) called the "image" and the "lexical" representational systems, and that "metaphor" is the bridge between these systems. In this way, it is the basic component of the healing narrative, rooted in the non-verbal image experience.

In many BMGIM sessions, images and metaphors just “pop up” and disappear⁶, or smaller, well-defined but isolated narrative episodes organically configure (level one or two in the suggested three-level model). These very common features are reflected in the image categorization systems of Goldberg (2002) and Grocke (1999). In this study, examples of levels two and three in the author’s model have illustrated the relevance of Ricoeur’s (1978, 1984) theories in BMGIM. It has been documented that narrative episodes and complete narratives are configured spontaneously in the music listening periods by these cancer patients. Transformations following the well-known narrative rules of hero(ine) myths and fairy tales were identified in case studies of these patients (narrative levels two and three), although these have not been specifically documented here (see Bonde 2005, 2005a). Configuration in this more elaborate narrative form highlights the element of the “plot,” perhaps the most important element in Ricoeur’s (1984) narrative theory. The “emplotment” concept has a special relevance in psychotherapy, because it brings new clarity to the client’s problems and life story.

It would also have been possible to use the metaphor theory of Lakoff and Johnson (1980, 1999), or the clinical perspective of psychotherapist Siegelman (1990) to go deeper into the analysis of these discrete metaphors. However, this would still be an investigation on only one or two of the three levels suggested. The strength of Ricoeur’s (1978, 1984) theory is that it encompasses all three levels and gives a satisfactory explanation of how metaphors are configured into narratives, and why they are comprehensible and productive to clients. As Polkinghorne (1988) writes: “The effectiveness of narrative truth is linked more to its persuasiveness than to its truth”. The BMGIM experience can be very persuasive – as documented in this study. In experiential therapy insight is 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).

Based on this study, a “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 work is performed by the client. S/He provides the metaphors, and assisted by the music and therapist, s/he may construct a new plot and configure the story anew. Formulated as a Ricoeur (1984) paraphrase: The narrative opens a world we can live in. It reconstructs our world of action. And, it attempts to solve our problems by indicating possibilities for a better life. Ricoeur (1984) identified the mimetic structure and dynamics of the narrative. This structure and dynamic are also found in the BMGIM session, and Ricoeur’s (1984) theories and concepts have proven useful in the imagery analysis.

⁶ Examples of this can be seen in the imagery experiences of participants in this study

On a meta-theoretical level, however, 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 results of the investigation (Alvesson & Sköldbberg, 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 imagery configurations were highly idiosyncratic and personal. The analytic procedures and hermeneutic interpretations of the imagery presented here are at least as interesting from a methodological point of view as from a strict "outcome oriented" point of view, since results of future studies may vary highly as to content categories of the imagery.

The Proposed Grounded Theories: Generalizations

"Theoretical sensitivity" is an important feature of grounded theory research, one that allows for generalizations across populations and methods of therapy. This sensitivity is based on existing literature and the researcher's professional and personal experience. "It is not to see something first but to establish solid connections between the previously known and the hitherto unknown that constitutes the essence of specific discovery" (Seley, 1956 p. 69 cited in Strauss & Corbin, 1995 p. 44). This leads to another critical validity question: 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 (1994) 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) 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. It implies that the researcher knows in which sort of cases the theory will probably hold. "Good analogical reasoning is of special importance for diverse forms of generalization" (p.10).

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 interview study and the case 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 change, is one possible theoretical generalization of the findings of the study.

Continuing the theme of generalizations from the current study, it is interesting to compare the grounded theories proposed here with the findings of Moe (2002), who investigated Guided Music and Imagery (GMI) with schizotypal patients in a psychiatric hospital. Even if the population and 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 restititional 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, efforts to solve problems, and improved self-coherence. Categories on the emotional level included the "installation of hope", "feeling the feelings", and the "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 music and imagery experiences. "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" (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 maneuvers' in the present study was at a very different level. Using Wilber's (1999) Fulcrum model⁷, 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 both studies. Improved self-knowledge, the installation of hope, and the emergence of core metaphors are common factors in the music-imagery experience.

Summary

This study documented how six cancer survivors experienced the BMGIM process, and how they perceived the personal outcome(s) of their therapy. It also documented how the music-listening periods of the sessions could be described as experiential processes of narrative configuration. Through grounded theory analyses of the interviews and the music-listening periods, types of perceived psychosocial outcome and types of observed imagery experiences were identified and described. Based upon 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 and discussed.

⁷ It would be possible to relate the proposed theory to relevant psychological theories, not only to Wilber's Fulcrum Model (Wilber, 1999; see Bonde, 2001), but also to Kohut's theory of music as self-object (Sand & 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 theories mentioned.

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APPENDIX 1
Session Notes: Inge (Session 2)

The five-row format constructed below gives an overview the BMGIM session material of one participant.

Prelude - Focus	#1 → the images are different from meditation images. Other 'rooms' in me – they are valuable! Makes sense. FOCUS: Give me power! <i>What does power mean to you?</i> Calmness, strength, being in my own space; get rid over over-responsibility and what my head tells me. Images from #1
Induction	Let your outer life withdraw. Find your center. Concentrate on your breathing. Imagine the cornfield, the falling leaves, the colors, the soft red carpet → your own space.
Music	1.Rhosymedre 2.Berlioz x 2 3.Puccini 4.Massenet 5.Canteloube 6.Rhosymedre 30' + 29' (Postlude)
Imagery (summary with core images and important statements underlined)	<ol style="list-style-type: none"> 1. <i>Gentle music. caring. feel sad, because <u>I need comfort and nurturing so much.</u> Wrapped up like in a pupa.</i> 2. <i>A steep cliff at the sea in GB. Stands steady in the wind. Enjoy it! <u>Cannot be knocked down.</u> 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 – and me as a small stone in front of it. <u>My place just as important as... and everybody knows that!</u> That's heartening.</i> 3. <i>Standing at the ground, heartened?... Yes, it makes sense. Pain and access to joy at</i>

	<p><i>the same time.</i></p> <p>4. <u>A conch</u>. <i>Waving, like the cornfield. (Near the end of the music a new image:)</i> <u>A tiny car puffs along. I AM the car. Great. Take the family on a picnic. Rain. A great shower. A rainbow.</u></p> <p>5. <u>Sharp red cliffs (The singing voice! Aggression – it's about myself)</u>. <i>It's beautiful, I just wish it wasn't red, but yellow.</i></p> <p>6. The journey is over. Slow crawling titles. Melancholy: I wish it could go on. <u>An orange snail (also me)!</u></p>
Postlude	<p>POST: TIME! Images have deep meaning -> I don't have to control everything, e.g. the cloud. MANDALA: Snail / aggression. Calmness /strength.</p>