



## Guided Imagery and Music (GIM) and the rise of imagery based practice and research in Cognitive Behavioural Therapy (CBT)

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### Introduction

As a practitioner of Guided Imagery and Music (GIM), I was until recently unaware of the developments that have taken place in the way imagery is being worked with in Cognitive Behavioural Therapy (CBT). The GIM colleagues who I have discussed this with have also not been aware of these developments, which are recent ones. Hence this article where I attempt to summarise the work and research that is taking place. The developments in CBT are interesting from a GIM perspective, where the empirical research that is taking place affirms much of what is already known in GIM, whilst also bringing fresh perspectives to bear.

For those unfamiliar with it, the [Bonny Method of GIM](#) as originally developed, is a form of depth psychotherapy rooted in the humanistic and transpersonal traditions. It involves the client in free spontaneous imaging whilst listening to programmes of pre-recorded music in an altered (non-ordinary) state of consciousness. The therapist provides non-directive support, dialoguing with the client. In contemporary practice a [spectrum of GIM and simpler Music and Imagery \(MI\) methods](#) are employed, allowing work to take place with clients with wide ranging difficulties in diverse settings (Grocke and Moe, 2015).

In my brief overview of the developments in CBT, I draw on two texts. Both are essential reading for those wanting to find out more:

- *The Oxford Guide to Imagery in Cognitive Therapy* (Hackman et al. 2011).
- *Imagery and the Threatened Self: Perspectives on Mental Imagery and the Self in Cognitive Therapy* (Stopa, 2009).

Information about the research that is taking place is also available online. A leading research centre in the UK is the *MRC Cognition and Brain Sciences Unit* at the University of Cambridge. The unit's [website](#) includes information about the current research projects being undertaken and lists of publications. The research of [Emily Holmes](#), who was formally the programme leader at the *MRC Cognition and Brain Sciences Unit* and who now works at the Karolinska Institutet, Sweden, is also listed online. So is the research of another leading expert, [Lusia Stopa](#), Professor of Clinical Psychology at the University of Southampton, UK.

Stopa believes that cross-disciplinary discussion concerning the different uses of imagery in therapy could potentially be useful (personal communication, October 2017). So does [Val Thomas](#), a leading

researcher into the use of mental imagery in psychotherapy (personal communication, October 2017). Thomas will indeed be arguing the case for a more interdisciplinary approach to the theory and practice of imagery in her keynote speech at the next [European Conference of Guided Imagery and Music](#). This is due to be held near Dublin, Ireland, in September 2018. Thomas' recent publication *Using Mental Imagery in Counselling and Psychotherapy* (2016), includes a useful summary of the developments in CBT and of the history of the use of imagery in psychotherapy generally.

### **Key findings from the CBT research**

A number of key findings from the empirical research being carried out in CBT clarify the links between imagery, emotion, psychological disorder and well-being:

1. Imagery often accompanies emotionally charged experiences, both positive and negative (Hackmann et al., 2011; Stopa, 2009).
2. Imagery based processing tends to have a more powerful impact on emotion than verbal processing alone (Hackmann et al., 2011; Stopa, 2009).
3. Negative intrusive imagery is not only associated with strong emotion, but is now believed to be involved in the development and maintenance of many, perhaps even all psychological disorders (Stopa, 2009). Where the flashbacks associated with PTSD are an obvious example, negative intrusive imagery has been found to feature in anxiety disorders (e.g. OCD, social phobia, agoraphobia, health anxiety), mood disorders (e.g. depression), eating disorders, body dysmorphic disorder, childhood trauma, personality disorders, and psychosis (Hackmann et al., 2011).
4. The sensory or thematic content of negative intrusive imagery is often not recognized by clients to owe more to past experience than to present reality or what may happen in the future. Imagery has been found to effectively disclose the source of a person's difficulties where in one study, for instance, clients suffering from agoraphobia who experienced negative intrusive imagery, were helped to link their imagery with earlier traumatic experience (Hackmann et al., 2011).
5. There are limitations in the use of language to retrieve early memories and reveal the primary patterns or schemata of an individual's functioning as laid down during the preverbal stages of development (the situation being similar with the retrieval of traumatic memories). Imagery can access early implicit or procedural memory more effectively than words alone (Hackmann et al., 2011). It has been proposed that mental images may include pre-verbal, pre-conceptual body images that incorporate some of the ways that infants learn about the world through movement, proprioception and sensory experiences. Such 'image schemas' or 'embodiments' may provide some of the foundations of the self (Stopa, 2009).

### **Transforming negative imagery in CBT**

The links between emotion, imagery and psychological disorder are clinically important where emotional processing lies at the heart of therapeutic work. It has been noted in CBT that imagery often represents the self in relation to others or events and seems to reach to the heart of clients' experience of themselves, rooted in the earliest levels of pre-verbal experiencing. A great strength of imagery is its plasticity. Clients can imagine different outcomes, face their fears, rehearse behavioural sequences, transform old and painful memories. They can create images that represent desired and feared parts of their selves. This has led to a number of different imagery-based treatment strategies being developed, designed to modify negative intrusive imagery and the individual's appraisal of it (Stopa, 2009).

Imagery re-scripting is one of the most important techniques used in CBT to transform negative intrusive imagery in the treatment of abuse, PTSD, social and other phobias, and depression (Hackmann et al., 2011; Stopa, 2009). The purpose of imagery re-scripting is to allow the client to express emotions that were originally suppressed and imagine actions taken by the self and others which could have led to a different, more positive outcome (e.g. imagining the adult self arriving to rescue the child self), where there is a sense of mastery and of compassion for the self (Hackmann et al., 2011; Stopa, 2009). A key aim is to change the meanings that are linked to the intrusive images and /or the associated memories (Stopa, personal communication, October 2017).

Other imagery techniques used in CBT include imaginal exposure to a feared stimulus or to a traumatic memory (without re-scripting), imaginal reliving, imaginal rehearsal, guided imagery using a pre-existing or individualized script, and imagery used to overcome roadblocks in therapy (Stopa, 2009; personal communication, 2017).

Whilst literal imagery is most usually worked with in CBT (e.g. memories of abuse, or images of the anticipated future), clinicians also work with metaphorical imagery including imagery from dreams and nightmares (Hackmann et al., 2011). Whilst the imagery experience is often actively manipulated (as in imagery re-scripting), it may also be allowed to spontaneously unfold and transform (Hackmann et al., 2011). Thus, 'socratic imagery' involves the therapist asking open questions very similar to [those used in GIM](#) to support the unfolding of the client's imagery experience, so that its evolution is self-directed. Interestingly, it has been argued in CBT that this is likely to be more empowering for clients than when the imagery is directed by the therapist. Socratic imagery is believed to be more powerful because it allows the client to explore emotions and meanings, and discover resolutions for conflicts and other difficulties from within. It is, however, recognised that this way of working is more challenging for the therapist (Stopa, 2009).

### **Developing adaptive positive imagery**

Whilst the transformation of negative imagery is important in CBT, so is creating positive imagery to enhance new skills or ways of being (Hackmann et al., 2011).

Developing positive imagery is also been found to be important in work with clients who have experienced childhood trauma, or who have long-standing interpersonal issues. These are clients who tend to lack positive images and frequently experience intense shame and self-criticism. [Compassionate Mind Training](#) (CMT), which integrates Buddhist psychology with neuroscience, has been developed to help these clients. One of the techniques used involves the client being supported to generate from within the image of an ideal compassionate figure which has the qualities of wisdom, strength, warmth and non-judgement. From a neuroscience perspective, the aim of this is to access the neurophysiological systems that underpin the experience of self-soothing (Hackmann et al., 2011; Stopa, 2009).

Another method used is *Competitive Memory Training* (COMET). This has been developed to help clients believe at an emotional level what they may only know about themselves at an intellectual level, e.g. that they are lovable. Interesting in COMET is the use of empowering music, which the experimental research shows has a positive impact on mood (Hackmann et al., 2011).

Another important finding is that the positive imagery of some clients with bipolar disorder and addictions may be unhealthy (maladaptive). Unrealistic, grandiose imagery (e.g. associated with being a pop star) may not support the client's well-being, so CBT practitioners work with this too (Hackmann et al., 2011).

## CBT, Music and Imagery (MI) and GIM

Where CBT tends to involve the therapist working directly with literal imagery, employing techniques like imagery re-scripting, and GIM tends to involve the therapist working non-directively with metaphorical imagery; there are in fact many overlaps between the two fields of practice. Thus both imagery re-scripting and imaginal rehearsal are reported in the GIM literature, for instance, (Grocke & Moe, 2015). Indeed, it can be argued that The Bonny Method of GIM itself is in part a method of imagery re-scripting. Or rather, this is what often results from the process in the way the imagery spontaneously unfolds to transform problems. It is noteworthy that CBT therapists also work with spontaneous imagery to transform difficulties, both past and anticipated future ones. Non-directive 'guiding' techniques are employed similar to those used in GIM. There is thus a spectrum of directive and non-directive practice in CBT just as there is in GIM and MI (Muller, 2014).

Imagery representing a client's core experience of self and other is as prominent in GIM (Bonde, 2000) as it clearly is in CBT. Where in CBT, pre-verbal, pre-conceptual body-based imagery is thought to represent the foundations of a client's experience of self, in GIM it has been proposed that imagery can reach further back to prenatal development and the experience of birth (Oberscheid, 2016). Beyond this even, clients' imagery experiences in GIM regularly seem to transcend the bounds of their individual existence, time and space, with transpersonal, spiritual and collective experiences occurring (Abrams, 2002; Lawes, 2016). These types of experience appear not to be discussed in the CBT literature, though in *Compassionate Mind Training* (CMT) clients are encouraged to develop a compassionate image based on the ideal of the Bodhisattva. This is the ultimate compassionate wisdom figure in the Buddhist tradition (Stopa, 2009).

Significantly, there is in both CBT and GIM a recognition of the importance of positive imagery, where some clients lack the inner resources associated with this. This means that in GIM the method may need to be modified or simpler MI methods employed to develop the client's inner resources (Goldberg, 2002). *Music Breathing* is an important specialist technique developed for treating clients suffering from complex PTSD where traditional GIM would not be suitable, at least to begin with. The method draws on the Buddhist meditation tradition and neuroscience-based research. Carefully chosen music is used to ground and regulate the client's breathing before other work takes place which may be of a more traditional GIM type (Korlin, 2009).

In music breathing, clients draw their 'breathing spaces' in the form of a mandala, mandala drawing often being used in GIM following the music-imaging experience. In some types of MI, including *Supportive and Re-educative Music and Imagery* (Summer continuum model, 2015) and *Music, Drawing and Narrative* (Booth, 2005), the clients draw or engage in other types of creative expression whilst listening to the music. In CBT, clients may also be encouraged to draw their imagery. This is especially when the work involves metaphorical or dream imagery, and in *Compassionate Mind Training* (CMT) (Hackmann et al., 2011).

Reflecting the way that negative intrusive imagery is thought in CBT to be involved in the development and maintenance of many if not all psychological disorders, there is wide-ranging practice and research being undertaken in both CBT and [GIM](#). One of the current 'hot topics' of research in both CBT and GIM is the treatment of trauma, which in Europe includes traumatised refugees (Beck et al. 2017). Amongst the many shared areas of research that are associated with specific clinical populations, there is an interest in the treatment of chronic pain using imagery in both CBT and GIM (Beck et al, 2016; Messell, 2016; Berna et al, 2012).

## Music and training

What most differentiates work with imagery in GIM and in CBT is the central role played by the music in GIM (Lawes, 2016, 2017). This is where the music is considered to be the co-therapist, even the primary therapist in the process at times (Bruscia, 2015). Whilst the relationship between music and imagery is a highly complex one (Bruscia, 2015), the music is a vital component in the client's experience, allowing inner resources and solutions to problems to be discovered as they may not be otherwise. Where research in CBT has affirmed the close relationship between imagery and emotion and the clinical significance of this, it is the interplay of music, emotion and imagery that is fundamental to the process in GIM (Goldberg, 2002). The music helps clients both access, work on and transform the emotional experiences they need to, where it functions as intersubjective participant in the client's process along with the therapist (Lawes, 2016).

In learning to be a competent GIM practitioner, the therapist's personal experience of the method is considered important. For this reason, personal therapy is required in GIM training which takes a minimum of three years to complete. Interestingly, despite the growing recognition of the value of mental imagery in CBT, avoidance and apprehension regarding its use have been found to be common amongst practitioners. Clinicians own experience of imagery has been found to be a decisive factor as has additional training in imagery, the latter increasing competence where imagery is not usually included in core training (Bell et al, 2015).

## Summary

Now that working with imagery has come to the forefront of practice and research in CBT, there is the potential for a fruitful inter-disciplinary dialogue between practitioners of GIM and CBT. I hope that my article may help open up the possibility of this for the future. Whilst there are differences in the underlying theoretical models and in the rationales which shape practice, many of the core findings which derive from the empirical research in CBT confirm what is already known in GIM, whilst also bringing new insights and perspectives. GIM itself also has much to offer to CBT, with a breadth and depth of practice in the field stretching back over several decades, a respectable research base, and a great deal of experience in how to train practitioners.

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