The Effects of the Bonny Method Of Guided Imagery and Music (GIM) on Sense Of Coherence, Interpersonal Problems, and Salivary Immunoglobulin A of Adults in Chemical Dependency Treatment

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The purpose of this study was to explore the effectiveness of the Bonny Method of Guided Imagery and Music (GIM) on aspects of coping skills related to interpersonal skills and immune function in 19 adults admitted to inpatient chemical dependency treatment for an average of about 40 days. Psychological measures included the Inventory of Interpersonal Problems Short Circumplex Form (IIP-SC) that includes eight subscales, the Sense of Coherence Scale (SOC) that includes three subscales, and the physiological measure included levels of salivary Immunoglobulin A (sIgA). All pre-test measures were administered during the initial interview and all post-tests measures just following the last GIM session. Participants in the experimental group received one GIM session each week during their treatment. Study results indicated a significant decrease on the following subscales of the IIP-SC: domineering, cold, and non-assertive subscales and on the manageability subscale of the SOC scale. There was no significant change in the physiological measure of sIgA. Overall, GIM appears to be effective in addressing psychological issues underlying addiction, and demonstrates a positive impact on physical health.

*Keywords:* the Bonny Method of Guided Imagery and Music; addiction; coping

Addictions to drugs and alcohol continue to plague individuals from all walks of life and costs the United States over $600 billion annually (NIDA, 2010). There were over 1.6 million admissions to treatment in 2014 for individuals 12 years and older (SAMSHA, 2016). Additionally, the United Nations Office on Drugs and Crime report that the number of over doses has risen 300 percent in the past 30 years. The significant impact that addiction places on human lives and countries, demonstrates the need for effective treatment.

Treating addiction is a complicated matter as there are a myriad risk factors contributing to substance abuse (al’Absi, 2007; Arvelo, Prado, & Amaro, 2008; Gottheil, et al., 1987; Wilcox & Erickson, 2011) including genetics and family history (Kleber, 1997; Leonard & Blane, 1999; Wilcox & Erickson, 2011), cultural and societal influences (Dodgen & Shea, 2000; Hawkins, 2011; Heimemann & Estes, 1982;) physical health and medical conditions (DiNitto & Webb, 2011; Schuckit, 2000), mental health issues and psychopathology (Doweiko, 2008; Heimemann & Estes, 1982; Robson, 2009; Wilcox & Erickson, 2011). Individuals may be impacted by multiple risk factors, leaving them vulnerable in their ability to cope and manage in their lives. Research suggests that individuals often engage in substance use as a means of managing and coping with interpersonal, psychological, and emotional issues they feel unable to deal with (al’Absi, 2007; Arvelo, Prado, & Amaro, 2008; Gottheil, et al., 1987; Wilcox & Erickson, 2011). Engaging in substance use to cope with any of these issues further complicates one’s life, but also has increased negative consequences (al’Absi, 2007; Arvelo, Prado, & Amaro, 2008). Ongoing substance abuse can lead to increased family and marital issues, work related struggles, chronic health issues, financial strain, and legal difficulties. Therefore, a key component in addressing an
addiction is changing maladaptive coping skills (al’Absi, 2007; Arvelo, Prado & Amaro, 2008; Wilcox & Erickson, 2011).

The literature surrounding the Bonny Method of Guided Imagery and Music (GIM) does demonstrate its use to address psychological issues and physical diseases. Previous GIM research has explored addressing improved sense of coherence and ability to manage emotions (Moe, 2002), mood, emotional expression, cortisol production, and immune function (McKinney, 1994), beta-endorphin levels and depression (McKinney, Antoni, Kumar & Kumar, 1995), blood pressure, hypertension and self-concept (McDonald, 1990), and mood and quality of life (Burns, 2001). These research studies provide evidence to suggest that additional systematic investigation is warranted into the impact GIM might have on psychological and physiological issues.

There is some research literature surrounding GIM and addictions treatment. It is worth noting that Helen Bonny’s work with a group of research scientists at the Maryland Psychiatric Research Center in the late 1960’s, originated in working with chemically dependent individuals (Bonny & Tansill, 1977). Since this early work, a limited number of GIM fellows have reported on their work with clients dealing with addiction. Bonny and Tansill (1977) reported on a case that included a series of six GIM sessions. Following the series of sessions, they reported the client demonstrated an improvement in his overall MMPI score, improved self-esteem, ego strength, and a decrease in illness severity.

Based on his practice with clients in addictions treatment, Borling (1992) suggested that GIM provides a pathway for dealing with the repressed emotions that often perpetuate addiction. In her case report using GIM with a woman with a dual diagnosis (including an addiction to alcohol), Pickett (1991) described how a woman was able to work through feelings of deprivation, rejection, and abuse. Skaggs (1997) identified how the complexity of dealing with addiction requires a client to address wounds related to emotional, verbal, sexual, and physical abuse. She also indicated that these issues are complicated further by fears, a client’s sense of helplessness, self-defeating behaviors, and a sense of having no control in one’s life. From her clinical cases she reported that GIM has allowed clients to examine their life from various perspectives, foster a sense trusting one’s self, resolve inner conflicts, change and improve mood, gain insight and self-awareness, and experience a healthier way of coping.

Murphy (2008) employed the use of group GIM with adults in addictions treatment. She explored the impact of group GIM sessions on depression, motivation, and resiliency. She found that after eight group sessions, participants experienced a 65% decrease on their Beck Depression Inventory scores compared to the 46% decrease of the control group. Additionally, the experimental group demonstrated a higher treatment retention rate of 75% compared to 50% in the control group.

Moe (2012) also explored the effect of group GIM with adults in chemical dependency treatment. In his experimental study, he examined the impact of ten weekly sessions on patients’ Sense of Coherence, and their appraisal of their therapy experience. The results demonstrated that patients reported improved SOC scores and they also reported that they valued the use of music in the therapy process, as it allowed them to discover that they could manage a variety of challenges. They also conveyed that they found the sessions to be calming and were able to develop insights related to maladaptive ways of coping. Patients also reported that they would like to increase the number of group GIM sessions and also requested longer sessions.

The anecdotal evidence surrounding GIM suggests that it is a viable therapeutic method for addressing the issues underlying addiction and can assist in addressing the related psychological and physiological components. The research evidence to date explores the use of group GIM with adults in addictions treatment and indicates that further exploration is warranted into the effect that GIM may have for individuals undergoing addictions treatment.

The purpose of the present study was to explore the effect of GIM on interpersonal problems, sense of coherence, and salivary immunoglobulin A of adults in addictions treatment. The hypotheses for this study included the following: 1. Participants enrolled in the experimental group (individual GIM}
sessions) will demonstrate a decrease in the number of interpersonal issues from pretest to posttest, measured via the Short Form of the Inventory of Interpersonal Problems-Circumplex Scale (Soldz, Budman, Demby & Merry, 1995) as compared to those participants in the control group; 2. Participants enrolled in the experimental group (individual GIM sessions) will demonstrate an increase in their manageability, comprehensibility, and meaningfulness of life scores from pretest to posttest, measured via the Orientation to Life Questionnaire (Sense of Coherence Scale; Antonovsky, 1986) as compared to participants in the control group; 3. Participants enrolled in the experimental group (individual GIM sessions) will demonstrated increased levels of salivary immunoglobulin A (indicator of immune function), as compared to those in the control group.

The primary results of this study were recently published in full (see Heiderscheit, 2017), and therefore those results are not included here. A secondary data analysis is currently underway and being prepared for publication.

**IMPLICATIONS**

The research surrounding GIM in addictions treatment is limited and while this study was the first utilizing individual GIM sessions, additional research is needed to not only replicate this study and its findings, but to further validate GIM as an effective treatment method to address the complex needs of individuals in addictions treatment. Future research studies could explore follow up with clients after completion of treatment. Due to the chronicity and complexity of addiction, and the high incidents of relapse and readmission to treatment, it would be important to discover how GIM may help to address these issues.

Many addiction treatment programs incorporate the AA (Alcoholics Anonymous) philosophy. As this was not explored in the present study, it is not clear how the AA philosophy impacted or influenced the participants’ experience of GIM and how the method could potentially be integrated into this treatment philosophy. This would also be an area to explore in future research. Given the limited body and scope of GIM research with clients in addictions treatment, there continues to be a myriad of opportunities to build the GIM literature in this area. In depth case studies utilizing GIM with clients working to recover from their addiction, phenomenological exploration of their imagery, as well as additional experimental research is warranted.

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**References**


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