Through the Looking Glass: Psilocybin-Assisted Psychotherapy and the Bonny Method of Guided Imagery and Music

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The purpose of this presentation, given at the Research Symposium during the biennial meeting of the Association for Music and Imagery held in Montreal, Canada, June 17, 2017, was two-fold. The first was to illustrate how Helen Bonny’s participation as a music therapy researcher in psychedelic research taking place at the Maryland Psychiatric Research Center between 1968 and 1973 was highly influential in the development of the Bonny Method of Guided Imagery and Music. The second purpose was to bring into focus current research with psilocybin-assisted psychotherapy and the potential for GIM trained clinicians to participate professionally in the treatment modality proposed by current research.

*Keywords:* Helen Bonny; the Bonny Method of Guided Imagery and Music; psilocybin-assisted psychotherapy; research

**Brief Overview of Psychedelic Research**

The use of psychedelic substances has always been a part of the human story from indigenous and shamanic cultures to medical practices and recreational or private use. In the last century:

- mescaline, psilocybin have been synthesized and in use in medicine, psychiatry, psychotherapy, and privately;
- LSD in low dose (psycholytic) is used in psychotherapy in England and Germany.

Research into general medical applications yielded interest in:
- treatment of autism and childhood onset schizophrenia (ages 6-10);
- pain relievers and analgesics (cluster headaches and reduced pain in cancer patients);
- uses in psychiatry and psychotherapy for diagnosis and treatment of mental disorders including:
  - recovery from addictions;
  - existential conditions of life and death;
  - to facilitate trauma-recovery (e.g. Sessa, 2015).

**Helen Bonny at the Maryland Psychiatric Research Center (MPRC)**

Dr. Helen Bonny, musician, music therapist, and mystic, joined a creative and dynamic staff of researchers at MPRC in Catonsville, Maryland, USA, in 1968 with the understanding that she would organize and program recorded music to be used in the individual psychedelic sessions which were the heart of the psychedelic research underway at the time. She served as a co-therapist within the setting of individual sessions. While serving in these capacities, she was also granted permission to do a pilot study with a small number of persons with alcohol addiction using music only.
In 1972, an important article was published in Volume 9 of the *Journal of Music Therapy* (1972, pp. 64-87). Written by Helen L. Bonny and Walter N. Pahnke, “The Use of Music in Psychedelic (LSD) Psychotherapy” clearly delineates findings on how music enhanced the experience of the research volunteers and the milieu within which the sessions were held. The authors reported that music:

- enabled the volunteer to enter more fully into inner experience;
- facilitated release of intense emotionality;
- contributed toward a peak experience;
- provided continuity in an experience of timelessness;
- directed and structured the experience.

They described how the choosing of music for individual psychedelic sessions was a process of trial and error over many sessions. They gleaned information from all of the therapists as to what type of music worked well. In the consideration of choosing a volunteer’s personal preference for music over genres suggested by therapists, they concluded that personal preference is useful in the beginning and ending stages of the session, but in the high activity time, classical music was preferable. They employed a questionnaire entitled “Music Experience Questionnaire” (MEQ) in the preparatory stages with volunteers to assist in decisions about the music chosen for each volunteer.

The discreet phases of the psychedelic interaction were also a consideration in the type of music chosen. They used long-play records and reel-to-reel tapes in a 10 to 12 hour time frame changing the music as the experience of the volunteer indicated. The arc of the session included:

- pre-onset: during which the substance is being absorbed into the body;
- onset: when the substance is first felt with changes in sensorial perception;
- build to peak intensity: during which the intensity is increasing;
- peak intensity: the most intense point, or points, in the experience;
- re-entry: gradual diminishment of substance’s effect;
- return to normal consciousness.

Music was chosen to enhance and support the volunteer is they moved through these phases of the experience (Bonny & Pahnke, 1972).

**Psychedelic Therapist Qualities**

In the psychedelic sessions, the therapist intervenes when the volunteer’s response warrants it. At MPRC, it was important to have both male and female therapists in the room. The reasoning was both ethical and therapeutic:

- Ethics involved safety and privacy of volunteers whose behaviors might be outside of normal client-therapist relationships such as a volunteer’s urge to remove clothing, or dance.
- Therapeutic in that experiences of being a child might be furthered with the gentle holding of a parent for whom the therapist could be a stand-in.

Additional therapeutic qualities learned from psychedelic psychotherapy:
trust in the arc of the process: onset/peak/return;
appropriate use touch and without hesitation;
understanding and familiarity with alternative states of consciousness;
ability to join in experience of the volunteer without fear;
being sensitive to changes that necessitate a moment to moment response to a changing attitude and presentation;
being one's authentic self while being able to accept behaviors, beliefs, experiences that are outside of one’s own experience;
understanding in the use of music in alternative states of consciousness (ASC).

Dr. Bonny’s Inquiry

Could music alone provide a meaningful ASC experience? Helen Bonny had observed that some volunteers had meaningful experiences listening to music in the preparatory stages of treatment well before the psychedelic was administered. She had also noticed that some persons became amnesic within the psychedelic session and essentially brought nothing back in their conscious memory. She had an unexpected opportunity to test the premise that a meaningful ASC experience with music could occur when she was asked to give support to the wife of a volunteer who felt anxious about her husband’s upcoming LSD experience. Dr. Bonny invited the woman to rest on the couch while she played music on the record player. The woman had a very meaningful experience listening to the beautiful music that was played.

Dr. Bonny then designed a small pilot study for persons hospitalized for alcohol addiction using classical music. While there were no remarkable outcomes from this study, it did give her the understanding that a relaxation exercise used to help relax the body and focus the mind was imperative before listening to music. Further exploration involved the imagery settings that Dr. Hanscarl Leuner, with whom she consulted, used in his Guided Affective Imagery process. He encouraged her to match music with the imagery. She used these settings and music pieces in further informal explorations with friends and colleagues (Bonny, 1998).

Similarities between Psychedelic Assisted Psychotherapy and Guided Imagery and Music

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<tr>
<th>PAP</th>
<th>GIM</th>
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<tr>
<td>Preparation: screening and hours of individual therapy</td>
<td>Preliminary conversation: intake and prelude</td>
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<tr>
<td>Therapists/guides: male and female</td>
<td>Therapist/guide</td>
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<tr>
<td>Relax and prepare:</td>
<td>Relaxation induction:</td>
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<tr>
<td>Ingest substance, recline, eyeshades, earphones</td>
<td>Recline, relax and focus</td>
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<td>Music to fit experience:</td>
<td>Designed music programs:</td>
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<td>Changing records</td>
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<td>Trust the process</td>
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<tr>
<td>Closure, return, integration</td>
<td>Closure, return and integration</td>
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<tr>
<td>Follow-up to single session</td>
<td>Ongoing sessions until closure is agreed to</td>
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Dr. Bonny made her taped programs available for use by the staff at MPRC if they chose to use them. William Richards states, “I used them fairly often—especially her Positive Affect tapes, sometimes her Peak Experience tape, and on rare occasions her Comforting/Analytic tape. I also let my own intuition drive my selections” (W. Richards, personal communication, 2016).

Ending of Psychedelic Research

By the 1970’s, LSD was in wide use recreationally. Timothy Leary counselled everyone to “tune in, turn on, and drop out.” The “Bad Trip” became a favorite media story and fear about psychedelics spread throughout the United States. In 1966 LSD was banned in the U.S., but did remain in use. In 1977, the psychedelic research facility at MPRC closed. In spite of stories to the contrary, it had been proven that:

- When used with preparation and care with appropriate set and setting, outcomes were positive;
- Recreational use for persons with psychosis or difficult, unresolved issues is contraindicated;
- There is no credible evidence that links LSD as causal in relation to birth defects, psychosis, or cancer. (italics added; Sessa, 2015)

Current Developments in Psychedelic Research

In 1999, two researchers collaborated to launch a restart of the promising research that had ended amidst cultural and governmental paranoia. Working with high standards and strict oversight, Dr. Roland Griffiths and Dr. William Richards began researching the effects of psilocybin, known to be safer and to create an experience of shorter duration than LSD. Beginning with a double blind study comparing the effects of psilocybin and Ritalin, outcomes for those who had been given psilocybin were stunning:

- 1/3 rated their inner experiences as the most spiritually significant of their lives;
- 2/3 rated their experiences as among the five most important events of their lives;
- Enduring positive outcomes were reported as long as fourteen months later.

Studies with relatively small numbers of volunteers have also been completed with persons with cancer, persons with nicotine addiction, long time meditators, religious leaders, and healthy adults. There are plans for studies for persons with anxiety and depression. The inquiry process moves slowly and carefully (Richards, 2015).

Considerations for the GIM Guide in the PAP Setting

The GIM teacher, trainer, student, and Fellow will find that the importance of music in this approach is obvious. Applying known ways of assessing music in receptive, passive settings such as GIM could be of great interest to the researchers who may not know about current bodies of information and practice especially in the field of music therapy. Furthermore, the creation of new playlists based on evidence coming from knowledge gained in individual GIM practice could be of interest.

The most obvious implication for persons trained in GIM, especially in the Bonny Method, is the ability to be a facilitative presence within the individual psilocybin session. The depth training involved in both receiving and giving GIM sessions is particularly unique and leads to these abilities:

- ability to trust the inner process;
- understanding of music as a prime, sustaining presence;
• an experiential understanding of alternative states of consciousness;
• intuitive presence.

Aspects unique to PAP that will stretch the GIM guide:

• Session protocol: The length of preparation time (8 hours at least), introduction of substance, length of single session (6 hours at least), presence of two guides, volunteer reclines with eyeshades and earphones.
• Alternative States of Consciousness: Generally more intense with psilocybin and often take a person beyond familiar egoic experiences. There are multitudes of possibilities of experience pushed by the action of the psilocybin on the neuro-biological being.
• Role of guide in PAP is to be the ground, give assurance, and provide support. Words must be used sparingly. The guide must be ready to respond to experiences that fall outside of a normal therapeutic setting.

Conclusion

While it may seem a surprise to some, the evidence of growing interest in psilocybin and other substances gleaned from the natural world to enable transcendent experiences is obvious. Research is blossoming through private funding. Conferences focused on psychedelic experiences and research are being held around the world. Current research is breaking through old prejudices and fears largely fuelled by out-dated conclusions as well as irresponsible use of powerful substances. The possibilities for use in treatment for various ailments, education and creative avenues, and in spiritual settings are exciting. For the practitioner with the appropriate training such as one receives in the Bonny Method of Guided Imagery and Music, there is opportunity to participate in these truly transformational processes. As with any powerful process, it is imperative to learn and understand the parameters and conditions that lead to success or failure.

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References