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# Integrating words, images, and text in BMGIM: Finding connections through semiotic intertextuality

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An innovative application of the Bonny Method of Guided Imagery and Music (BMGIM) was researched involving six clients who had undergone complex cardiac surgery. This psychodynamic method led patients through a reflective and exploratory experience combining imagery, selected classical music, and sensitive verbal interventions into an experience rather like an unfolding waking dream with a musical soundtrack. Text produced during these audiotaped sessions was analyzed for semiotic meanings. The analytical framework drew upon a Jungian interpretive system working intertextually across several different kinds of narrative, identified within each patient's story. Text from 31 BMGIM sessions was used in the analysis. Findings indicate that this approach has the capacity to integrate all aspects of the BMGIM therapeutic session and deliver a depth of experiential meaning relevant to the therapeutic management of clients' post-surgical recovery. In doing so, it expanded our knowledge of BMGIM practice in the healthcare setting, and contributed further research capacity to this complex treatment modality.

**Keywords:** music therapy; methodology; BMGIM; semiotic; intertextuality



## Introduction

From a research perspective, the Bonny Method of Guided Imagery and Music (BMGIM) defies conventional means for establishing rigor and validation. Not only does it draw entirely on experiential data, but problems exist in making sensible use of composite data across clients. Moreover, within the text of an individual client there exist several different kinds of text: discussion in a normal state of consciousness, discussion and reflection

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in an altered state of consciousness, current images, allusions to other images, references to previous BMGIM sessions, references to cultural icons, and references to other texts (books, films, etc.). The challenge for researchers in this multi-informational context of applied BMGIM is to achieve appropriate data reduction and integration. The challenge also lies in being able to account for links made within the data between different kinds of text and the musical characteristics or associations. This paper is an account of our conceptual research path, towards establishing a methodological framework which could systematically and meaningfully collect, organize and analyze this multi-textual data.

## Background and literature



Our own published clinical work has previously identified the difficulties of integrating a range of knowledge and texts in the BMGIM setting (Short, 2003a). Early explorations focused on clinical case studies using anecdotal evidence and small numbers of participants (Toomey, 1997). This often appeared as a review of a single session, or several sessions of one client in a series, or several clients' single or multiple sessions grouped to illustrate or demonstrate a clinical point (for example, Holligan, 1994; Short, 1990). Further developments included the linking of a number of sessions across a particular theme or type of material generated, such as a further theoretical stance to enlighten the grouped or case study material (Short, 1997). Likewise, themes or aspects within a series of sessions have been delineated to reduce the complete BMGIM session to targeted narrative or musical material, for example relationships (Short & William, 1999) or peak experiences (Kasayka, 1991). Considerable BMGIM literature has been directed at particular clinical areas or diagnoses, such as aged care (Short, 1992a, 1992b) and palliative care (Burns, 2001; Marr, 1998). Some reports have used adjunctive materials to explore BMGIM or BMGIM-related applications. These include pathology results and standardized pain and psychological questionnaires about arthritis or revascularization (Jacobi & Eisenberg, 2002; Schou, 2008).

Satisfying a need identified by Toomey (1997), formal academic BMGIM research projects have become more common, typically focusing on particular dimensions or clinical outcomes of BMGIM, for example the therapeutic impact of pivotal moments (Grocke, 1999, 2009), mood, and quality of life (Bonde, 2005), and aspects of the music (Marr, 2001). Nevertheless, difficulties remain with the theoretical and methodological linking of composite data of an entire GIM session, or indeed a series of sessions, into a comprehensive conceptual framework and additional frameworks for interpreting and deriving meaning are required. The quest to develop a methodology with integrative capacity in BMGIM work has led us to investigate interpretive theory commonly applied within communication

theory. Below we discuss the use of *sign* and *text* from the context of communication, framing the outcomes generated from BMGIM as both *sign* and *text*.

### *The sign*

The nature of the BMGIM session, seen as involving image and symbol, was ideally suited to being viewed from a semiotic viewpoint. Semiotics, or semiology, is based on seeking to understand the nature and implications of the sign. Signs are essential to the process of communication itself. Peirce described the communicative nature of semiotics as, "something stands to somebody for something else in some respect or capacity" (Peirce, cited in Eco, 1985a, p.176). For communication to occur, however, there needs to be not just a generator of signs but also a receiver and a message. Guiraud's model, based on Roman Jakobson's work (Jakobson, 1960), involved both the generation and production of a sign which is conveyed to a receiver through a medium, and which refers to an object/idea by way of a coding system (Guiraud, 1975; Jakobson, 1960). Signs, often gathered together as texts, may be verbal; in fact, language is considered to be a major semiotic (sign) system, where a word may stand for an object, an idea, or a thought. Semiotic research has extended into communication based on spoken and written language (Sebeok, 1986), television (Fiske & Hartley, 1978), advertising (Kaushik & Sen, 1990; Manning & Cullum-Swan, 1994), the arts (Esslin, 1987), fashion (Barthes, 1988; Cullum-Swan & Manning, n.d.), analysis of colours (Eco, 1985b), non-verbal and body language (Sebeok & Sebeok, 1994), and medicine (Charon, 1993; Staiano, 1986; Ventres, 1994).

### *The text*

Signs may be encoded in different ways in order to produce meaning, and a collection of signs around a particular code or set of codes may be considered to be a *text* (Scholes, 1982, p. 149). This understanding of the word 'text' does not necessarily mean a written text. As Voelz points out, 'it is best to understand *text* as a set or complex of signs, which is to be interpreted against the background of other signs or set/complexes of signs' (Voelz, 1995, p.150). The concept of polysemy, emerging most notably in the work of Roland Barthes (Barthes, 1988), addresses the multiple meanings inherent in a sign. It acknowledges that within the postmodern viewpoint there is no longer a direct, linear, or exclusive relationship between a sign and its meaning, which in turn implies that multiple codes or texts are in operation. Such a view led to an even greater emphasis on the nature of texts and textual relationships. Intertextuality, a term first used by Kristeva in the later 1960s (Moi, 1986), addresses the confluence or juxtapositioning of different sign-systems (texts). Thus, signs may transfer or expand

meanings from one sign-system to another via the semiotic process (Scholes, 1982). This provided a theoretical rationale for an interpretive framework for integrating different kinds of texts in BMGIM therapy.

Few studies have applied intertextuality empirically to the clinical setting. This reflects fundamental difficulties in handling the complexity of textual information generated systematically in the practical real-world situation. Linell contextualizes this problem:

> Any discourse or text is embedded in a *matrix of contexts* [sic] made up from an array of different *contextual resources* [sic]: prior discourse, concrete physical environments, people (and assumptions about people) with their interpersonal relations, various kinds of background knowledge, situation definitions (frames), models of topics talked about, etc. Different genres, discourse communities and communication situations will make use of contextual resources of different kinds and in different combinations. (Linell, 1998, p.144)

In addressing a group of texts, one key text is selected, to which the others relate. MacLachlan and Reid suggest functional terms such as *circumtextual* and *intratextual,* where circumtextual refers to ''those framing items that strike a reader as prefixed or suffixed to the text (for instance information on a book cover)'' and intratextual refers to 'those items that seem to disrupt internally the reading process (for instance a play within a play, or subsectional titles)' (MacLachlan & Reid, 1994, p.104). A further aspect of intertextuality, put forward by Voelz (1995), is that of a specific 'interpretive community,' where this brings to bear even more experiential meanings on the key text. This concept incorporates the broad understanding of a specific belief system which may be brought to bear on the key text in question. This paper then applies key concepts of sign and text to developing further methodology related specifically to studying applications of BMGIM.

The following section outlines a standard BMGIM method and data collection procedure. We then describe the development of an analytical framework based upon application of communication theory, and apply this framework to our BMGIM research context.

### *The BMGIM technique*

The specialized music therapy technique of BMGIM combines reflective and spontaneous imagery with carefully selected music to promote psychodynamic change, enhancing spontaneous inner exploration and development of the person (Bonny, 1978, 1994; Bonny & Savary, 1990; Goldberg, 1995). Rather like a waking dream, the patient/client reports his/her imaginal experience, and the therapist responds verbally in order to promote active working with the image as it occurs. The focus is on the client's spontaneous and unfolding imagery process linked to carefully selected classical music, which functions like a soundtrack to the experience. Pre- and post-music

therapeutic discussions maximize the clinical impact of this method, forming a standard session structure (see Figure 1).

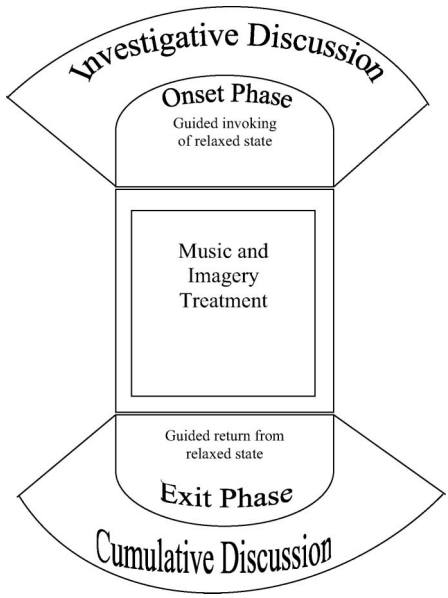


Figure 1. Schema of GIM sessions (Short, 2003b), based on Bonny (1978).



### *The data*

The data collected from a BMGIM session may be viewed as belonging to several data sets based on the session structure. The key text consists of imagery reported by the participant, stimulated by the music therapy context, rather like a waking dream with a soundtrack. This is the central part of the BMGIM session, defined as *Music and Imagery Treatment* (see Figure 1), and therefore forms the key text for the analysis process. This central text is surrounded by both pre-music and post-music discussion texts, known as Investigative and Cumulative Discussion respectively (see Figure 1). The Investigative Discussion accesses information such as comments about previous sessions (as applicable), about experiences of imagery, relaxation and music; current and past health status; and current feelings and awarenesses. Cumulative Discussion focuses on the preceding imagery and music experience, and on any links or insights of which the participant may have become aware. It also accesses further information about the meanings and associations for the participant, including cultural information. Additional data may also be derived from two standard imagery

dictionaries (Cirlot, 1971; Cooper, 1978), in order to access and explore intertextual aspects of images, and other specific informational sources are tapped when necessary, to further understand an image or concept put forward by the participant. The practice of BMGIM typically occurs within broader therapeutic understandings, such as a Rogerian, Gestalt, or Jungian therapeutic stance.

### *Developing the analytical framework*

The analytical framework was developed for this data based on an applied understanding of Sign, Text, and Intertextuality. A semiotic framework was used to understand multiple BMGIM sessions via a three-stage process. An initial basic thematic analysis of the Music and Imagery Treatment text was emically driven (Boyatzis, 1998) in order to derive constituent and grand themes. Such grand themes were then expanded semiotically via the process of intertextuality, comprising circumtextual, intratextual, and intertextual material. A further stage overlayed a Jungian interpretive system to place the expanded materials within the participant's context, addressing clinical and lifestyle issues (see Table 1).



## Application of methodology

Empirical data from a total of 31 BMGIM sessions with six patients recovering from cardiac surgery (coronary artery bypass grafting (CABG) or valve replacement) was used to test the methodological framework so far developed. The six study participants were aged 55–69 years; two of the participants were females and two participants were from culturally and linguistically diverse backgrounds (one Greek-Egyptian, one Spanish-Chilean). The other four participants were native English-speakers and the study took place within an English language context in Australia. Participants were recruited voluntarily at the recommendation of a cardiac rehabilitation nurse, and/or via a 5-minute presentation at a regular cardiac rehabilitation group session. BMGIM sessions commenced at 6–15 weeks post-operatively, with all participants showing evidence of normal physical recovery (as verified by the cardiac rehabilitation nurse) and no physical issues expected to impact on the BMGIM setting. The aim of the research study was to apply standard BMGIM sessions to explore: (1) how patients may use the imagery to depict their experience of themselves and their body; (2) how this sense of themselves can change, to adapt to their new circumstances post-cardiac bypass surgery; (3) how they respond emotionally to these views of themselves and their circumstances; and (4) how the music may contribute to the depiction of the emotional and physical meanings, underscoring the entire rehabilitative process. Clinical aims focused on facilitating the rehabilitative process, allowing opportunities for

Table 1. Summary of three-stage semiotic methodology with supporting literature.

| Stage | Analysis process | References |
|---|---|---|
| Stage 1 | Key text: Music and Imagery Treatment section of BMGIM session. | |
| | Thematic analysis of narrative data to derive constituent and grand themes, emically/inductively driven. | (Ingram, 1994) (Boyatzis, 1998) |
| Stage 2 | Emergent grand themes addressed semiotically. | |
| | Intertextual expansion occurs via circumtextual, intratextual and intertextual frames: | (MacLachlan & Reid, 1994) |
| | *1) Circumtextual frame.* Utilizing texts surrounding the key text, referred to the Investigative Discussion, Cumulative Discussion, and previous and subsequent GIM sessions. | |
| | *2) Intratextual frame.* Utilizing distinct and deliberate references to other texts from within the main text, referred to within the imagery text to other things, e.g. movies, works of art, places, events, objects. | |
| | *3) Intertextual frame.* Utilization of broader cultural readings, referring to materials indicating expanded symbolic and/or cultural understandings, for example via the use of standard imagery dictionaries or other selected relevant materials. | (Cirlot, 1971) (Cooper, 1978) |
| Stage 3 | Interpretive community/belief system applied. | (Voelz, 1995) |
| | Jungian interpretation linked to the GIM setting via analogous process of dream analysis: | (Hall, 1983) |
| | 1) Finding a clear understanding of the exact details of the dream. | |
| | 2) The gathering of amplifications progressively at personal and cultural levels, and consideration of archetypal dimensions. | |
| | 3) Placing the amplified dream in the context of the participant's life situation, thereby potentially addressing clinical and lifestyle issues. | |



emotional expression and reflective review of patients' experiences within a therapeutic context. This project was approved by the two relevant hospital ethics committees, and informed consent was received from all participants in this study.

The series of six-weekly BMGIM sessions took place in a quiet room at the hospital. Equipment comprised a high-quality portable audiotape player, standard GIM music programs (Bruscia & Grocke, 2002), pillows, blankets, and an additional high quality audiotape recorder with clip-on microphones for recording data. Participants were offered a choice of sitting

up or lying down (most chose to sit up due to sternotomy discomfort). Each session followed the standard format of the BMGIM session (see Figure 1) and was audiotaped and transcribed in its entirety. The narrative data generated from patients' self-reports of their imagery and discussion with therapist was then analyzed systematically according to the three-stage process of: (1) thematic analysis; (2) applications of intertextuality; and (3) Jungian interpretive system as previously noted (see Table 1).

## Results

### *Stage 1: Key text*

The thematic analysis of narrative data generated via self-report during the Music and Imagery Treatment part of the BMGIM session led to the derivation of constituent and grand themes from the key text. The grand themes generated by this systematic analysis process were 'Looking through the frame,' 'Feeling the impact,' 'Spiralling into the unexpected,' 'Sublime plateau,' and 'Rehearsing new steps,' and the further music-related grand theme of 'Sounding the changes'. Each of these themes are explored in greater depth elsewhere (Short, 2003b).

### *Stage 2: Intertextual expansion*

Participants used a wide range of personal, cultural, and archetypal texts to convey meanings about their healthcare situation, including images of the music during the therapeutic process. Examples within each of the grand themes derived from the key text were then expanded intertextually within a semiotic framework, where participants accessed additional texts to convey further meaning. Selected examples of these intertextual expansions are given below.

#### *(1) Circumtextual frame*

Utilizing texts surrounding the key text, participants referenced the Investigative Discussion, Cumulative Discussion, and previous and subsequent GIM sessions. For Participant 3, playing golf was the one last thing on his list of *normal recovery* that he was still waiting to achieve. This became a topic throughout an entire session, from Investigative Discussion to Music and Imagery Treatment to Cumulative Discussion. At first he just commented on this activity which he had not yet tried since surgery:

> Everything's going along very nicely. And improving very nicely. So, ah, I'm almost back to normal, shall we say. Not far off it. A few more things – the physical ... *So what things can't you do?* Play golf yet ... It'll be another couple weeks for that before I even try it out, to see how I go. (Participant 3, Session 2, Investigative Discussion)

However, as he settled comfortably for the Onset Phase, Participant 3 showed a sense of mounting anticipation with regard to deliberately pursuing this physical activity in an imaginary manner:

> Just one little question ... Should I be thinking about tranquil scenes, and doing tranquil things, rather than physical things? *Whatever you would like to do. What do you mean 'other than physical things'? Like that you were walking around last time?* Walking around, just enjoying the scenery. That was very relaxing. Ah, what about if I played an imaginary round of golf? Which would be physical. *You could, you could.* Oh, I see. *You can do whatever you like.* So, I could let the music do it to me? And see what happens? *Well, it's not just the music doing it. It's the inside of you, responding to the music, too.* That's it! That's what I meant! That's exactly what I meant! (Participant 3, Session 2, Investigative Discussion)

In fact, he continued straight into imagery of playing golf without the usual formal relaxation or image-focusing assistance by the GIM therapist, stepping through this imaginary experience and reflecting on how it now felt to be playing golf after his operation. Following this, in Cumulative Discussion, he expressed surprise and satisfaction about his golfing imagery, made links between past and projected future experiences, and reflected on changed perceptions of time and relaxation.

> Well, it was good, that ... That game of golf was ok. *It was interesting the comments you made at one stage, that they asked how you were feeling, and you said that you didn't have angina, and you were feeling really good.* Yes. Well, that's the way I want it to happen ... That's what I want to happen. Well, I shouldn't get the angina pain, anyway. (Participant 3, Session 2, Cumulative Discussion)

> I can't believe I've been 45 minutes! The whole thing felt like 15 or 20 minutes to me. *[joint laughter] So do you feel tired after all that*? No, I feel beautiful! I feel a lot better than when I walked in. Well that's good, too. That's the way, to me, that's what I'd hoped to get out of it. But I felt good last week. I think I felt good last week too. So, I do find the whole thing relaxing. (Participant 3, Session 2, Cumulative Discussion)

He also reflected on the multiple texts of his experience of BMGIM and the incongruity of both sitting in a chair and being physically active in his imagery at the same time. He observed that discrepancies could appear between imagination and reality, but with some awareness of time constraints remaining, even though distorted by the altered stated of consciousness in the BMGIM process.

> [Referring to the BMGIM research project] *Yes, something a bit different with this one, isn't it? You don't get asked to do this every day*! No! *[joint laughter]*. Sit in a chair with the music and have a game of golf in your mind ... I still played well, didn't I? That's the trouble. You play well in your mind. *Well, you probably will, in practice too!* Well, that's positive thinking. But you do muck things up. Like that happened [referring to imagery]. *But the interesting thing in*

> *the imagery is that even when you mucked up, you said, 'oh, well, that's OK, that's OK. I'm just getting back into it.'* Yes, it'll take time. (Participant 3, Session 2, Cumulative Discussion)

> Well, isn't it funny how we discussed the golf thing, and I said, 'this is where I'm going to go'? *So you just 'went for it.'* And I thought to myself, I'm going to have to play quickly, because otherwise we're going to run out of time ... So I knew what to do. So I thought, I'll get off the tee. The greens are OK; we'll cut the fairway time down. That part, I thought we played in 6 minutes, that should have been about 15 or 20 minutes or more. *[joint laughter]* But, I was way out [in time calculation]! *(joint laughter). Sorry I can't oblige with several hours of sessions*! Oh no, I'm not sorry over the whole thing. I'm just totally surprised! Totally surprised! That's right – you're right! *[joint laughter] I see you looking at your watch in disbelief [joint laughter]* ... Well, it was good, that. (Participant 3, Session 2, Cumulative Discussion)

This participant expanded key textual material related to playing golf from within the grand theme of *Rehearsing new steps* via further circumtextual material in discussions both before and after the music and imagery treatment phase. In doing so, it brought out further meanings and understanding related to his natural and spontaneous desire to be involved in physical activity, and how it related to both recent surgery and his current recovery process.

### *(2) Intratextual frame*

Utilizing distinct and deliberate references to other texts from within the narrative key text, participants referred to other texts such as movies, works of art, places, events, and objects within the imagery text. Such examples included the film *Fantasia*, Michelangelo's sculpture of the *Pieta*, or references to theme parks such *Disneyland*, and *Luna Park*.

Participant 2 incorporated intratexts via an ongoing joke about the grafting of her new (pig) heart valve into her new life, combining both film and musical texts to do so, and in the process acknowledged the damage to, and attempts at repairing, her body. In surrounding discussion in session six she referred to a song (an intratext), called *Mame*, linking it to the pig valve which had been placed in her heart, via the recent Australian movie about a pig called *Babe* (Participant 2, Session 6). She reported utilizing the words of an older popular song, *Mame*, and changing them to suit her need to express her current situation. The original words of the song *Mame* appear in Table 2.

Participant 2 commented on how she intended to utilize this song to express her own situation at an upcoming Christmas party in a few days time.

> I'm going to sing, 'You put the valve back into my heart, Babe!' *Oh, are you?! [joint laughter]* Unaccompanied, because we don't have a pianist there. And I haven't finished writing the parody yet ... I think it's from the film that had Lucille Ball, as Mame. There was Roslyn Russell as Aunty Mame, and this was

Table 2. Words of song *Mame* (Herman, 1966).

| *Mame* (Herman, 1966) |
|---|
| You coax the blues right out of the horn, Mame;<br>You charm the husk right off of the corn, Mame.<br>You've got the banjos strummin' and plunkin' out a tune to beat the band,<br>The whole plantation's hummin' since you brought Dixie back to Dixieland.<br>You make the cotton easy to pick, Mame;<br>You give my old mint julep a kick, Mame.<br>You make the old magnolia tree blossom at the mention of your name,<br>You've made us feel alive again,<br>You've given us the drive again,<br>To make the South revive again, Mame. |



> the musical from the book. I think it was 'Travels with my Aunt.' And then the film was 'Auntie Mame,' and then Lucille Ball. We did it with this group of senior citizens, and we did it in long dresses, and hats, and umbrellas, and it's like, she's in the South ... *[sings]* 'You make the cotton easy to pick, Mame.' 'Da, da, dum ... Mame'. *[talks]* I really should ring my friend ... But my idea was to wear this long dress, and hat, and the umbrella, and get a 'Miss Piggy' mask. I couldn't get a Miss Piggy mask anywhere, so it finished up, I bought a pink, cuddly pig, and I'm going to sing it to the pig. When I finish writing the words. *[joint laughter]* It started off, my daughter started the song off when I was in hospital. And then another friend added some more to it. And I've only just sort of put it together. (Participant 2, Session 6, Investigative Discussion)

The storyline of the film *Babe* is about an adventurous and caring animal who sets out to use his extraordinariness to save others on the farm, including the farmer himself. Babe is described as "a pig with an unprejudiced heart who takes all other animals at face value and by treating the sheep and all other animals as equals, he irrevocably changes their lives" (Starpet, n.d.). In fact, this participant has had her life irrevocably changed as the result of a pig, which she has now humorously characterized as "Babe." The fact that both her daughter and her friend joined in with the Babe joke promoted a social milieu in which change from the surgery and identity were acknowledged. This intertextual expansion no doubt provided a sense of support to the participant, and also served to diffuse potentially difficult emotions via humour, thereby assisting the forming of a positive sense of the impact of cardiac surgery, as considered with respect to the grand theme, *Feeling the impact*.

### *(3) Intertextual frame*

As is common in BMGIM, participants typically referred to materials indicating expanded symbolic and/or cultural understandings which could

be accessed via broader cultural readings such as the use of standard imagery dictionaries, or other selected relevant materials. Within the systematic analysis process this included the direct use of two specific dictionaries of symbols (Cirlot, 1971; Cooper, 1978), which incorporated cultural knowledge in the understanding of symbols, and other relevant specific sources. Examples of archetypal images included water, air, a sense of flow, and being in nature.

Participant 4 described an imagery experience of being beside a waterfall, very early in the morning with the sound of the water and a humid, beautiful atmosphere with lots of plants looking very alive. This extended even more broadly and deeply towards an appreciation of the interaction of this moisture with the plants themselves, and the delicate and complicated process of photosynthesis:

> I can feel, and I can see the spray from the water, going upwards. And the wind is taking the spray of water. And I can see it through the rays of the sun. And that's, and I think the worry I'm thinking about, the respiration of the plants. How it works, I can see it in front of me now. When the leaves perspire, the water comes out, from the leaves, and the new water is absorbed through their roots, to be perspired again from the leaves. And that's energy. I can see that in front of me, in 'black and white.' It is really a good picture. Because you cannot see it in videos. You can only see it and read it in books. And sometimes you don't understand it properly. And where I am sitting, I can see it, really see it. The perspiration of the leaves. It's beautiful, it's magnificent! *Let yourself really absorb that*. It's really a beautiful thing! (Participant 4, Session 5, M&I)

Feeling the sense of flow also extended towards the experience of touching the water, and thereby interacting with this flow.

> It's so clean the water, it's so clean, you can really see the bottom of those pebbles, or rocks. It's spotless clean. I think I might have to try to drink that water. If it's clean, fresh water. And it looks like being fresh, clean water. I am trying the water, and it's beautiful! It's really cold water, really cold water. *How does that feel*? It feels good! It feels terrific! (Participant 4, Session 5, M&I)

"The flow" also implied a sense of increased energy and health, a sense of "waking up" and feeling better:

> So, I'm going to wet myself, as much as I can. My head, my face, my arms, my feet. Whatever I can. The water is cold, it's really cold, that water! How come I'm not feeling cold? I'm still wearing my shorts. Anyhow, the feeling is good. I'm not going to think about my shorts. I'll wet myself as much as I can. I feel a lot better, and a lot wet. *You feel better*. I feel better. I feel awake. *You feel awake*. Yes, I feel awake. I think the water did the job. (Participant 4, Session 5, M&I)

Using intertextual expansion, we find that water in a general sense stands for all liquid matter and is generally regarded as "the preserver of life,

circulating throughout the whole of nature, in the form of rain, sap, milk and blood'' (Cirlot, 1971, p. 364). As an archetypal image, water derives meaning particularly from secondary symbolisms which are:

> not so much a set of strict symbols, as a kind of language expressing the transmutations of this ever-flowing element ... Whether we take water as a symbol of the collective or of the personal unconscious ... it is obvious that this symbolism is an expression of the vital potential of the psyche, of the struggles of the psychic depths to find a clear message comprehensible to the consciousness. (Cirlot, 1971, p. 366)

Further, flowing water may be seen as the *waters of life*, related to the 'fountain of life,' and containing life-giving qualities (Cooper, 1978, p. 188).

Applying intertextual expansion, key texts relating to the constituent theme of *feeling the flow* within the grand theme of *Sublime plateau* give further understandings of the experience and meaning of this imagery as broader cultural symbolism of water related to a sense of flow, relaxation, recovery, and in fact *new life* within the rehabilitative process after bypass surgery. This suggests an even deeper connection to the new flow of blood in the body, and indeed new life, due to revascularization after coronary bypass surgery.



### *Stage 3: Interpretive community*

At a third stage, the emergent grand themes from the key text were re-considered from a Jungian belief system, as an example of a specific interpretive community. It was found that these grand themes linked to the archetype of the hero and the stages of the hero's journey. The hero archetype is fundamentally about meeting a problem and changing as a result of it. The hero's journey is variously described as having stages of responding to the call (of change, new experience, of feeling hurt and being challenged to change (letting go of the old), of seeing self/life differently, and of taking these new learnings into the world, to be applied to one's life and to other people (Campbell, 1968; Johnson, 1974).

This current methodology identifies five steps in the hero's journey (see Table 3). The *Call to Adventure* and *Crossing the Threshold* together comprise the initial beginning of the hero's journey. Preparing for the journey includes recalling the past and life review, setting the scene for further action and providing grist for personal development. The threshold is crossed in responding to heart disease and imminent surgery, and the changes which this embodies. It is evident in Grand Theme 1, *Looking through the frame*. Following this, the hero has to confront physical and emotional *Woundedness*, which may include the actual cut to the body in bypass surgery and its emotional and physical effects. It is evident in Grand Theme 2, *Feeling the impact*. The hero faces severe fears and threats which

Table 3. Summary of stages of the hero's journey, as related to emergent grand themes in the current research project.

| **Grand themes** (emergent from key text) | **Stage of Hero's journey** (based on Campbell, 1968; Johnson, 1974) |
|---|---|
| Looking through the frame | Call to adventure<br>Crossing the threshold |
| Feeling the impact | Woundedness |
| Spiralling into the unexpected | Tests and challenges |
| Sublime plateau | Apotheosis and reward |
| Rehearsing new steps | Returning to the world |



are *Tests and Challenges*, as may be evidenced in Grand Theme 3, *Spiralling into the unexpected.* The hero also experiences internal change and finds *Apotheosis and Reward*, as may be evidenced in Grand Theme 4, *Sublime plateau,* and this may appear as physical change such as deep relaxation and emotional appreciation of beauty and the divine. The hero is able to bring the reward back with him/her in *Returning to the World*, from whence he/she started out, as may be evidenced by Grand Theme 5, *Rehearsing new steps,* which reintegrates current health experiences. In fact, the sense of trying again and rehearsal appears to complete and epitomize the entire hero's task – to leave an old way or an old life behind to face challenges, and find a new way of being, existence, and functioning, and thence incorporate this into his/her old life in a new way. The further Grand Theme, *Sounding the changes*, generated in relationship to the music, suggests an overall trajectory of increasing awareness, interaction, and communication via reported responses to the music, which follows alongside and supports the hero's journey. Thus, the *health boon* was both emotional and physical, and embraced feelings of well-being and positive self-image. It was the culmination of efforts to deal with and resolve the woundedness, tests, and challenges of the heroic journey. Links between the grand themes and the stages of the hero's journey are summarized in Table 3.

Examples from the narratives of both Participants 4 and 5 demonstrate the hero's journey analysis within the context of the BMGIM sessions by highlighting an inner transformation over the series of sessions, which included a sense of crossing a threshold, dealing with difficulties, and taking a reward to a changed new situation.

> Well, I wasn't feeling myself, in simple words. I wasn't feeling, you know 3 or 4 weeks ago, I wasn't feeling myself, *You weren't feeling yourself*? Yes, I was felt like – I felt tired, I felt a bit low, you know. I wasn't feeling myself, like I am now. And I put your way of relaxing to be mine, and the results were good. The results were good! *Right*. I mean, I've done what we were doing here. And I've done it as a test, if it works or not, even without seeing you. *Right, so you've tried it at home*? I tried it, 2 times, and it worked! *Yes? Good*! Oh God yes, it worked, honestly!

Honestly, it did work! *Yes*. But because I'm so busy all day, you know, I don't get the chance to feel, you know, the same thing again. So I have to do it. But if it comes, I know how to relax … It's the same thing, you know, when you do exercises, you're taking big breaths. With so much oxygen in it. The same thing! So to me, it was a good experience, and I think I have benefited from it, Alison. And if I go, if I feel low again or anything happens to me, I've got something to face it. *Right*. *So you've got a tool that you can use now*. That's right! (Participant 4, Session 6, Investigative Discussion)

*So, if we turn our attention to thinking of these last five sessions, um, is there anything you want to comment about that*? … Oh, I tell you it has been a very, very good experience for me, because I experienced something that I haven't experienced before. I learned something new, that I guess I can use it. I don't know for how long. But I can use it. *So, when you say you learnt something new, do you mean about the relaxation, or* – ? That's right. The relaxation imaginary with the music. I haven't had any kind of experience similar to that before … And, um, all the pains I think related to the surgery are gone. The situation has changed, after 4 months. The operation. And all these things together have made the change that– er – I feel better about myself. I don't feel depressed. I enjoy my life, I don't, I cannot do what I want to do, but that is because maybe I want to do too much … I have to control that. I have to slow down. And I've been thinking, you know, very seriously that to slow down. Because, I said, it's no point to being in a hurry. Everybody's in a hurry. When, of course, to my belief, there is an eternity waiting for me! (Participant 5, Session 6, Cumulative Discussion)

## Discussion

This project devised and tested an innovative and workable methodology to investigate the complex, multimodal data generated by the amalgamation of multiple BMGIM sessions across a defined group of participants (cardiac rehabilitation after surgery). It applied a systematic analysis to narrative data generated in varied states of awareness and to texts referencing a wide range of personal and cultural symbolism and archetypes.

In doing so, it allowed for the emergence of new understandings of the role and significance of the BMGIM session in the clinical context. Concrete, specific references to an ordinary game of golf, to an animal character in a movie, or an ordinary substance of water may seem lacking in significance on the surface. However, using the semiotic framework, these references were further interpreted symbolically as carrying archetypal meanings reflecting the person's (heroic) journey through challenges toward recovery. This constituted an active imaginal process participants embarked upon, while at the same time making sense of their recovery experience as a natural course.

In summary, the process in BMGIM involves taking concrete, specific references to an ordinary event and applying a semiotic process of analysis that rests on and is justified by the viewpoint of an interpretive community. In our analysis this was the Jungian interpretation of archetypes, typified in the hero's journey.

An obvious limitation of this study was its small size, although this was balanced by the richness of narrative data from multiple entire BMGIM sessions. Conceptually, there was tension between an apparent linear progression, inherent in the hero's journey, and the disordered nature of imagery in the practical setting, which demanded a flexible approach.

Although this is not the first discourse linking semiotic ideas and music therapy (Rolvsjord, 1998), this project has been innovative in integrating semiotic intertextuality with BMGIM to develop a sound methodological and analytical framework. Further research will be needed to explore applications of this systematic and integrated methodological framework to diverse settings and clients, thereby explaining its utility in bridging clinical and research viewpoints. Additional testing is needed to explore this applicability to both clinical and research data. In doing so, it has the capacity to further explain and evaluate the clinical benefits of BMGIM as a basis for evidence-based rehabilitation. It is also anticipated that this method may be generalized to other applications of BMGIM in the healthcare context, such as mental health, palliative care, and related fields. At the participant level, this method helped track the patient's progress through a clinical application of BMGIM sessions supporting their rehabilitative process after cardiac surgery, a deep and challenging experience which needs opportunities for review, emotional expression and integration of their experiences.

Finally, it is important to remember that within the BMGIM session, participants are using whatever is at their disposal to convey meaning and make sense of their experience even if it may seem ordinary or mundane. It is imperative that we listen, and try and understand the meaning on their own terms. Using semiotic intertextuality is one framework for understanding the clinical context in applied BMGIM practice. By using reflective practice in this expanded and systematic manner, we may understand more about our patients/clients and their concerns, extending the application of the methodology to topics such as cultural issues (Short, 2006) in order to provide ongoing improvement in therapy practice. This methodology provides an opportunity for therapists to move outside our necessarily limited viewpoints and expand our understandings of the worldview of another, thereby contributing to improved care in the clinical situation. It is a further step forward as we use a research perspective to reflect on our clinical practice in order to further understand the nature of our profession.

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