Cultural dimensions of music and imagery: Archetype and ethnicity in BMGIM practice

Author:
Short, Alison E.

Publication details:
Journal of the Association for Music and Imagery
v. 10
pp. 75-90
1098-8009 (ISSN)

Publication Date:
2006

CULTURAL DIMENSIONS OF MUSIC AND IMAGERY

ARCHETYPE AND ETHNICITY IN BMGIM PRACTICE

Alison Short
University of New South Wales

ABSTRACT: Culture and ethnicity are increasingly reflected in multicultural societies worldwide. Many therapeutic modalities are now addressing issues related to cultural awareness, cultural sensitivity, and cultural competence within the therapeutic context. This paper uses an heuristic approach to explore issues of culture applied to the use of music and imagery in the context of the Bonny Method of Guided Imagery and Music (BMGIM). It integrates reflective therapist perceptions, relevant practice knowledge from literature, and theoretical perspectives with a pilot investigation of client-derived semiotically-oriented thematic data. Results from this retrospective qualitative analysis suggest five areas of concern in BMGIM practice, which are 1) language & expression, 2) relationship and context, 3) cultural connotations and icons, 4) cultural values and spirituality, and 5) the role of music and culture. Final recommendations include the recommendation for BMGIM clinicians to embrace cultural sensitivity and cultural competence in order to better meet the needs of clients and facilitate the therapeutic process.

Key words: Bonny Method of Guided Imagery and Music, culture, archetype, ethnicity

In a global climate of escalating mobility and exchange, Australia is one of many increasingly multicultural societies in the world. This is demonstrated by the fact that in 2003, 43% of the Australian population was either born overseas or had at least one parent born overseas (Multicultural Disability Advocacy Association, 2003). In 2004, almost a quarter of Australia's resident population (24%) were born overseas. The largest group was from the United Kingdom, but other major groups included New Zealand, Italy, China, Vietnam, South Africa and India. The Australia Bureau of Statistics (ABS, 2005) reported that almost half of the population born overseas were born in Europe; however this figure is declining over time, and other groups (Sudanese, Afghanis, and Iraqis) are increasing. Australia has an estimated 21.9% of parents who were born overseas, the highest proportion of overseas-born parents in the western world. This figure

Alison Short, PhD, MA, BMus, AMusA, RMT, MT-BC, RGIMT, AMI Fellow is a Senior Research Officer for South Western Sydney Clinical School with a conjoint appointment in the School of Public Health and Community Medicine, University of New South Wales, Sydney, Australia. Correspondence concerning this article may be addressed to Alison Short, Emergency Medicine Research Unit, Liverpool Hospital, Locked Bag 7103, Liverpool BC, NSW 1871, Australia. Email may be sent to a.short@unsw.edu.au.

is higher than that of Canada (18.4%) and much higher than the figure for the United States (11.4%; Multicultural Disability Advocacy Association, 2003).

The variety and size of second generation populations reflect past migration and intermarriage patterns. For example, the 2001 census showed 26% of persons born in Australia had at least one overseas-born parent, that is, they were second generation Australians. Of Australian-born children with at least one overseas-born parent, 43% had both parents born overseas, 35% had their father born overseas, and 22% their mother born overseas (ABS, 2006a).

About 200 languages are spoken in Australia and a wide variety of religions are practiced. The five most common languages spoken at home other than English are Italian, Greek, Cantonese, Arabic, and Vietnamese, together spoken by 7% of the total population of Australia (ABS, 2006b).

In the context of a multicultural society such as this, it is pertinent to consider the application of the Bonny Method of Guided Imagery and Music (BMGIM), which is a therapeutic and musical method that has emerged from a specifically Western tradition. The Bonny Method is a specialized music therapy method that has been systematically and specifically developed to enhance spontaneous inner exploration and development of the person, combining imagery and selected music to promote psychodynamic change (Bonny, 1978, 1994; Bonny & Savary, 1990; Goldberg, 1995). The patient/client reports his or her imaginal experience as it actually occurs, like a waking dream, and the therapist responds with open-ended comments that, in conjunction with the music, are designed to promote active working with the image as it occurs. In the Bonny Method, the focus is on the client's unfolding and spontaneous imagery process, which occurs in conjunction with carefully selected Western classical music. Pre- and post-music therapeutic discussions maximize the clinical impact of this method (Short, 2003b). In light of the culturally diverse range of clients potentially seeking BMGIM therapy, it is clear that cultural issues need to be addressed as part of professional practice.

Surprisingly, the issue of culture has rarely been addressed in the BMGIM literature. Even in the one study that specifically addressed cultural issues, there seems to be an assumption that a symbol has the same meaning(s) across different cultures (Hanks, 1992). For example, in referring to imagery responses to a piece of Western music by Brahms, Hanks states that "imagery of mountains and trees occurs within the responses of 6 subjects in each culture [Chinese & Western]" (Hanks, 1992, p.28). There is no apparent consideration of the widely differing impact/meaning of mountains and trees, which have a strong cultural basis. Hanks also does not address issues of language and other communication issues, such as the question of whether English was used as a second language during the therapy or an interpreter was employed.

Fourteen years later, and now in the twenty-first century, such an approach is no longer acceptable, especially given new standards of cultural competence in therapy and healthcare (Fang & Wark, 1998). Many healthcare and therapeutic modalities, such as occupational therapy (Ekelman, Dal Bellos-Haas, Bazyk, & Bazyk, 2003), physio/physical therapy (Coyne, 2001; Ekelman et al., 2003), nursing (Polaschek, 1998; Mahoney, Carlson, & Engebretson, 2006), psychotherapy (Lo & Fung, 2003), social work (Fang & Wark, 1998), speech and language

therapy (Marshall, 2003) have adopted and applied cultural competence to their professions, and it is timely that this is also considered within BMGIM practice.

Reflective Practice

In the normal communicative process of music therapy, and more specifically BMGIM, clinicians hear clients tell of their images and an idea or impression is formed by the therapist, who naturally re-interprets such images within their own framework of understanding. In semiotic terms, a message from the emitter is sent via a medium, the medium conveys the message to the receiver, and the message is influenced by individual codes and referents (see Guiraud, 1971/1975). For example, if the client reports, "I see a tree," the therapist's interpretive possibilities of "tree" include a skeleton of black bare branches, a green spreading oak, a misshapen boab, a carefully manicured topiary, a huge weeping willow, or a giant mountain pine reaching for the sky. Each possible interpretation is influenced to some extent by the personal experiences that the clinician receiving the message brings to the therapeutic situation.

In the therapeutic context, therapists typically base their interpretations on a framework comprised of their own received knowledge (e.g., text book, clinical training, professional experience) and their personal experiences of growing up within a certain culture and set of experiences. How such knowledge and experience combine to influence interpretations of a client's imagery, especially when the client has come from a different culture, is a significant factor in the therapeutic process. Without cultural sensitivity and cultural competence, there is the potential to produce dissonance and misunderstandings in the BMGIM therapy setting, which are ultimately not to the good of the ongoing development of either the client or the therapist. The following example demonstrates such a situation.

Personal and Clinical Examples: "The Swan"

While living in North America, and during one of her own personal BMGIM sessions, the current author reported vivid imagery of a black swan and the therapist gasped audibly. As a BMGIM trainee, the current author noticed and quickly realized the reason for the therapist's response, and had the presence of mind to briefly explain before resuming her active and ongoing music and imagery experience.

Why did the therapist gasp? Her only experience of a swan, as a resident of the northern hemisphere, was of a white swan (see Figure 1), which Cooper (1978) characterizes as "the bird of life, the dawn of day" and Cirlot (1971) suggests symbolizes the "complete satisfaction of desire." The therapist's understanding of black in itself was mostly likely associated with concepts of negative doom and gloom. Putting these two together, the therapist's ongoing interpretation of this imagery was both confusing and perhaps even a little frightening in the context of the immediately prior reported images of happy childhood experiences.

However, what this BMGIM therapist did not know at that point was that as an Australian, the author's only experience of a real live swan was the Australian native black swan (*Cygnus atratus*), which incidentally is the national symbol of the state of Western Australia. She could not know of the exciting and rare experience of a picnic with family at Lake Wendouree in Ballarat (Victoria, Southern Australia), where black swans formed the entertainment just as seagulls may in other places (see Figure 2). In fact, for the current author, a "white swan" was unreal and only existed in fairytales. In this clinical example, dissonant interpretations of the image (client vs. therapist) were clearly based on culturally bound experiences, and affected the therapeutic process.

Figure 1. White swan (*Cygnus olor*)
Note: Used with permission of Animalden.com.

Figure 2. Black swan (*Cygnus atratus*)

In contrast, many years later when the current author had returned to Australia and was working as a BMGIM therapist, a client reported imagery of a beautiful white swan and a girl with long flowing hair. As BMGIM therapist, the current author had to remind herself that this was not a fairy tale, that this was most likely the real and everyday experience of this client who had grown up in Eastern Europe – the white swan (*Cygnus olor*, mute swan) being for him as real and ordinary as the black swan was for someone from Australia. Once again, the culturally bound experiences of both the client and the therapist defined interpretations of the image and affected responses in the unfolding imagery process, suggesting the need for the therapist to exercise cultural sensitivity and cultural competence within the BMGIM setting.

Theoretical Perspectives

Concept of Cultural Competence

Cultural competence has been defined as "the ability to honor, understand, and respect the beliefs, lifestyles, attitudes, and behaviors demonstrated by

diverse groups of people, and to diligently act on that understanding" (Coyne, 2001, p. 45). The goal of cultural competency for the clinician is "to access individual perspectives and to act and modify your approach to meet the individual's needs" (Orozco, as cited in Coyne, 2001, p. 45). Within a hierarchy of understandings, cultural awareness is about recognizing that there are cultural differences among people, cultural sensitivity is about recognizing differences and caring, and cultural competency is about recognizing differences, caring about it, and becoming skilled to do something about it – to take action (Coyne, 2001).

Cultural competence is not just about isolated instances, but forms part of a genuine and ongoing approach.

> Cultural competence is an evolving process and is characterized by acceptance and respect for differences, continuing self-assessment regarding culture, vigilance toward the dynamics of differences, ongoing expansion of cultural knowledge and resources, and adaptations to services. (Ekelman, Dal Bellos-Haas, Bazyk, & Bazyk, 2003, p.132)

Looking at cultural competence in psychotherapy, Lo and Fung (2003) have put forward the view that what is needed is both general cultural competence of the knowledge and skill set in any cross-cultural therapeutic encounter, and also specific cultural competencies to work effectively with a specific ethnocultural community. The latter involves the need to consider the client's culturally-based world-view. They also suggest that a cultural consultant may sometimes be needed, a bicultural professional who can help with further information about home country, sociopolitical situation, interpretation of mental state, and community resources currently available.

The need to adapt communication style is part of cultural competence because words that seem the same may evoke different psychological associations. This may also include non-verbal communication and, for example, cultural icons, such as "temples," may assume different meanings in different cultures (Lo & Fung, 2003, p.164). Marshall (2003) has noted that some cultural beliefs and practices challenge the basis of therapeutic practice and may even have detrimental effects.

Lo and Fung (2003) proposed a framework or matrix for cultural analysis of the needs of the patient in psychotherapy. This consists of three domains focused around 1) self, including affect; behaviors; cognition; aims, goals, and motivation; body; and self-concept; 2) relations with the environment, nature, and the universe; family; groups, others, and society; materials; spirituality; and time; and 3) treatment, including communication, problem-solution models, and therapist-client relationship (p. 166). They also indicate schematically the interactions of self and relationship as relevant to cultural competence, as shown in Figure 3.

BMGIM and Cultural Competence Project

Given the preceding explorations based on reflective practice and a search of related literature for theoretical insights, a further qualitative study was undertaken

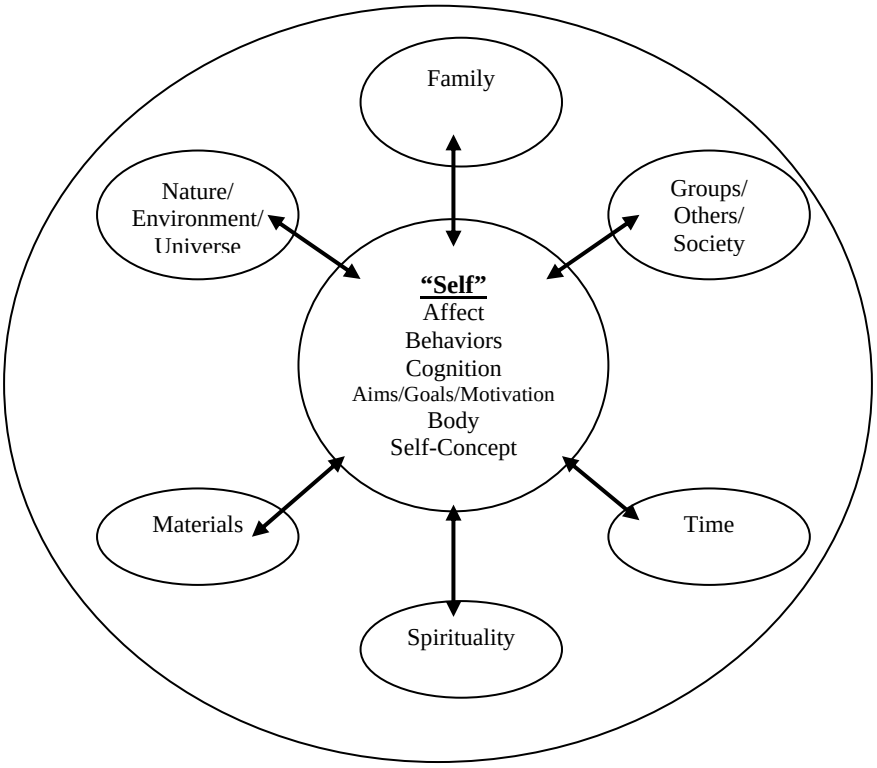

Figure 3. Conceptual diagram of the internal representations of self and relations in cultural analysis[1]

in order to investigate cultural awareness, sensitivity and competence as they apply to BMGIM practice. This was accomplished through a retrospective examination and analysis of documented clinical examples. The focus of this study was to (a) identify the need for cultural awareness, sensitivity and competence in BMGIM practice, (b) demonstrate the importance of cultural interpretations in BMGIM therapy, (c) apply a methodological approach previously used in another context to explore cultural issues in BMGIM practice, and (d) consider recommendations for BMGIM practitioners in the future. The study follows a heuristic approach, as initially put forward by Moustakas (1990) and further developed by Nuttall (2006) in relation to psychotherapy. The six phases of heuristic research included initial engagement, immersion, incubation, illumination, explication, and creative synthesis (Moustakas, 1990). These phases constitute a flexible and

[1] *Note.* From "Culturally Competent Psychotherapy," by H-T Lo and K. P. Fung, 2003, *Canadian Journal of Psychiatry*, p.167. Copyright 2003 by the *Canadian Journal of Psychiatry*. Reprinted with permission.

unfolding approach that may encompass a wide range of established qualitative research methods, are not necessarily linear in nature (Nuttall, 2006), and are suitable for examination of culture in relation to BMGIM practice.

Method

A retrospective review of client materials was undertaken by the current author, based on clients with whom she had worked using the BMGIM during sixteen years of practice. The transcripts of reported imagery were examined for instances where cultural issues had emerged via the imagery and/or the music. There was a particular focus on examining instances where the client had been born outside of Australia, the native country of the author, or where the client referred to images that were distinctly and demonstrably Australian. Native countries of the clients whose transcripts were reviewed included Australia, Greece, Egypt, Chile, Canada, New Zealand, and the United Kingdom and additional cultural affiliations included Spanish, French, German, and Eastern European.

This review of client materials followed an interpretive research design (Patton, 1990), utilizing the GIM session narratives (before, during and after the music) as data for a systematic analysis process in order to further understand cultural meanings, in line with standard practices in qualitative research (Ingram, 1994; MacLachlan & Reid, 1994, Mishler, 1986; Voelz, 1995). As in Short (2003a, 2003b), relevant narratives within the reported imagery were identified, gathered, grouped, and examined for emergent themes as they related to the interface of music and imagery with cultural competence. The themes were then reviewed and described, including the use of clinical excerpts. Following this, a major representative example was chosen as a demonstration case and examined for themes and interpreted semiotically using intertextuality in order to determine further culturally-based information and implications, according to the method of Short (2003a, 2003b). Raw data identified for this study were mostly in the form of written transcripts from audiotapes, and all participants gave appropriate permission for this material to be used.

Results

From the qualitative analysis, emergent themes suggested five broad areas of cultural impact in relation to the practice of BMGIM. These were (a) language and expression, (b) relationship and context, (c) cultural connotations and icons, (d) cultural values and spirituality, and (e) the role of music and culture. Each of these emergent themes will now be summarized and further explored with examples and comments.

Theme 1. Use of language and personal expression

Particular uses of language and idiosyncrasies of personal expression may be culturally based and may exert a significant effect on the BMGIM session. If the client is using English as a second language, the therapist may have to think laterally at times to make sense of different word usage (both semantics and

syntax). The therapist also may need to engage very intense listening skills in the therapeutic context. There may be an additional need for reflecting words back, to check that they have been correctly understood by the BMGIM therapist.

For example, a man of Greek background born in Egypt literally said, "Finally, a lot of worry comes out, of all judges, because they have selected a good plant that it's worth to be a champion. And the feeling is good. (Nikos, 1st session, from transcribed audiotape). In this instance, the therapist needed to listen to the content and context of the reported imagery (of judging an orchid competition), and use cultural sensitivity in interpreting and overlooking incorrect grammatical structures.

Likewise, another man with a Hispanic background from Chile said:

> Oh, still, will I lie down on the sand. Because the music is very nice, too. I lay down on my back now. It will be worse for me after, to move, but never mind. I will enjoy the moment. You know, I hear, lay down on my back. I hear the sea. I see the sky, at the same time I feel the sand, and I feel the sun. What else can I ask for? I've got it all! Oh, it feels beautiful. It comes to my mind, that the best things in life are free. The sun is free, the sand is free. The sea is free. You don't need money to enjoy that. (Miguel, 5th session, from transcribed audiotape)

Theme 2. Relationship and context

Shared understandings and patterns of relationship may be culturally based, and attention to cultural knowledge affects the context of the BMGIM session. In BMGIM, as in most other therapy settings, it is important to build a sense of rapport or engagement with the client. This can be facilitated by the therapist learning about events and festivals culturally relevant to the client.

For example, the current author provided a BMGIM session for a man from Chile. Just hours before, General Pinochet had been arrested at a London Hospital, and this client's excitement as an exiled person from that country was almost tangible. Clearly, it was a most appropriate time to encourage him to talk about this significant event, and it was quite appropriate to ask related questions even though it was outside of the main focus of the BMGIM therapy. While the subsequent music and imagery segment did not appear to relate in any way to this specific cultural event, the gains in reduced anxiety from this discussion may well have had an effect due to an enhanced relationship with the therapist and a perceived greater sense of being "understood."

Theme 3. Cultural connotations and icons

Specific culture-related images may occur in the BMGIM session, including references to local or national icons or images with cultural connotations, in addition to broader evidence of archetypes in the imagery process. It is not unusual for clients to name and describe locations which are significant to them both personally and culturally, and the BMGIM therapist needs to be alert for these. For example, one client described a giant staircase.

However, this was not a classic line-drawing, the Montmartre steps or an Escher picture, but in fact was a well-known tourist destination in the spectacular formations of the Blue Mountains in Australia west of Sydney, and for this person was a favorite vacation place.

Another client described her experience of Luna Park, which had nothing to do with the moon, but a landmark theme park in Sydney similar to Coney Island in New York, with a distinctive portal where one enters the park through the mouth of a large smiling face structure. A different client described her experience of living for several years in Japan, with imagery of climbing Mount Fuji to be there at dawn, another popular icon with its own inner significance.

In yet another example, while not directly named by the client, the imagery appeared to carry strong connotations of the New Parliament House in Canberra, Australia, which had been opened relatively recently before the BMGIM sessions occurred, and the imagery began with Australia's national colors. This is what the client described:

> [Is the color still there? {yellow and green}] I'm sort of outside of it now. It's bricks, an overhang of roof, it's circular and rounded. I'm trying to follow it around, it goes into the earth, a hill, there's grass on it. It's built on a hill. [Would you like to follow in the hill?] It stops, I can't get in. I can go up on the hill. [Is there some way to find out what's inside?] I think I just got out of it {the imagery}. (William, 6th session)

Without knowledge of Australian culture and events, it would not have been possible to identify this distinctive structure as most likely the national (democratic) icon of Australia.

Another client, born in the United Kingdom, reported imagery of a typical pastoral scene:

> I think I've got to get over a stile. [You've got to get over a stile?] Yes. It's by the side of a road. Um, the road's a pretty rough sort of a road. But to get nearer to the sheep, I've got to get off the road and get over this stile. I'm still not getting any nearer to the sheep. It's very green. (Rose, 4th session, from transcribed audiotape)

During this imagery, the current author sought to understand the process and experience of climbing over a stile, having grown up on an Australian sheep farm of considerable size and never having seen or experienced a stile except in pictures or nursery rhymes. The author's understanding of the way that this imagery related to the client's view of life in a rural setting was important to her Bonny Method process.

Theme 4. Cultural values and spirituality

Belief systems, religious values, and individual meanings also form part of the cultural context that impacts on the BMGIM session during both imagery and therapeutic discussion. For example, a Greek man rarely reported people in his imagery during BMGIM sessions; however, his associated discussion (before

and after the music and imagery segment) indicated a profound connection to family, which was strongly bound up in his cultural and religious values of the importance of the extended family. As he said,

> My wife, she's stuck, she's stuck with us. And that makes a lot of a difference, to the whole family. You see, we're getting the, all the children and the grandchildren once a week at home, every week, that was my "command", you know!
>
> I said, I want you, you know, every week, once a week, I want the whole family here. Not for me. But if you see all the brothers together and their children, and their wives. And they're discussing their problems, their happiness, their success, their "what." Er, they seem that they get bonded together. That was my idea, you know.
>
> Me and Cathy can stay in the back, or stay to cook all day, you know, get everything ready for them, so that they can enjoy themselves, you know, that particular day.
>
> It's a good feeling! Extremely good . . . So, that was in our dream, you know, to keep the family together. (Nikos, 4th session, from transcribed audiotape, post-music discussion)

In this instance, the current author needed to put aside her experience of a small family physically isolated from other relatives in order to engage in understanding values of a closer-knit, closely related, and closely located extended family, and the positive sense of well-being that such a situation brought to the client concerned within his cultural viewpoint.

Theme 5. Music and culture

Despite its suggested archetypal qualities, the music used in BMGIM sessions is also surprisingly culturally bound, and an awareness of this is a necessity for the BMGIM therapist. For example, in Australia the English folk tune “Greensleeves” is typically used for the “Mr. Whippy” traveling ice cream van. This affects the use in Australia of the Vaughan-Williams arrangement of this melody as part of BMGIM therapy, where it is important to be aware of culturally based associations that are likely to emerge in the imagery. An example of such associations is demonstrated in the following imagery:

> [Beginning of Vaughan Williams’ Fantasia on Greensleeves]
> No, now you’re turning him into “Mr. Whippy” with that music (joint laughter) [So would you like an ice cream?] No, but I’ll never, ever hear Greensleeves without thinking of “Mr. Whippy.”
>
> The garden’s gone. And there’s the “Mr. Whippy” van. And there are still children running up to “Mr. Whippy.” [change to B section of music] He’s on the corner, outside a school. He’s gone now. (deep

> breath) [How does that make you feel?] I wasn't real happy about "Mr. Whippy." [You weren't?] No, I've always heard lots of funny stories about how the local "Mr. Whippy" used to deal in drugs as well.
>
> And I can see, the scene's completely changed, and it's a real place that I know exactly where it is. It's a school, I can just see the school building, the children have gone. And the ice cream van is gone. [end of music] (Rose, 5th session, from transcribed audiotape)

The role of emotions and the cultural overlay related to music also was evident as another client spontaneously talked in the post-music discussion about her response to imagery in a well-known advertisement of the major Australian airline, which uses the Peter Allen song, "I still call Australia home."

> But as soon as this ad comes on [television], I do, I fill up with tears. And just the - and it's not a sad thing. It's just wonderful. I love the song. And it's all the images of all over the most wonderful places in the world. The Great Wall of China and these kids are standing there singing, "I still call Australia home". I'm a real soppy sentimentalist. Yes. And it just brings a tear. And I think music is another thing, that, you know, it's an emotional type of thing. (Margaret, 1st session, from transcribed audiotape, post-music discussion).

In this instance, it was important for the therapist to know and understand not only the song referred to but also the place of the major Australian airline as a national icon, the advertisement of the choir with their particular voice quality, and the musical image projected in order to fully understand the culturally-based music response this client was describing.

Personal & Clinical Example: "The Rock"

The following clinical example focuses on a rock which is at the heart of Australian culture. This important, iconic rock is not the rock of Gibraltar, the Plymouth rock, Stonehenge, the Rosetta stone, or the Presidents of Mount Rushmore. It is an Australian icon, known as Ayer's Rock or Uluru. This enormous rock (348 meters high, nearly 9 kilometers around its base) is sometimes referred to Australia's "belly-button," since it is approximately in the centre of Australia and is a popular tourist destination both nationally and internationally. It is also an important sacred site of the aboriginal people of Australia. In her 12th Bonny Method session, a client reported the following imagery:

> Flying over Ayers Rock now, we're circling around Ayers Rock. [What does it look like?] Magnificent! Getting lower and lower, spiraling down, in a large jet. We're close to it now. I can even see people on top of it…I'd really like to stand on top of it, I've never been there! I'm just going to jump out of the plane, with a parachute on, and gently land on Ayers Rock. [Are you by yourself?] Other

> people are there, "a thousand tourists"… I'm looking out across the red, red soil, stretching out into infinity…
>
> I realize I shouldn't be standing on it, because it's sacred ground - Aborigines don't like people climbing on it. I feel like I should do something to honor this sacred place. [Is there something to do?] I can take off my shoes. I want to feel the energy of the mother…
>
> Some Aboriginal people have appeared. I'm apologizing to them for landing on their sacred space. They're not horrible to me because I'm regarding it as sacred space…They're going to guide me down the side of it. It's still a magnificent place! The rock feels warm. It must be sunset or just after sunset! (and goes on to be involved in a ceremonial dance and stories of ancestor spirits; Cathy, 12th session)

Themes arising from this brief segment of imagery may be interpreted as flying/floating, safety, space, respect, connection to the land, spirituality, warmth/ energy, forgiveness, guidance, and belonging. Applying intertextuality via a semiotic framework (following Short, 2003a, 2003b), further relevant information is derived that can be applied to understanding the clinical and cultural context for this client. These include (a) spirituality and connection to the land are fundamental to Aboriginal belief systems, (b) large open spaces for which Australia is known, especially in the centre of Australia such as around Uluru, (b) red earth and a particular "glow" at sunset are peculiar to outback Australia, (c) respect for Aboriginal culture, (d) large numbers of tourists, (e) land and locations now owned by Aborigines, (f) connection to wider community and the sense of "sorry" felt by many descendants of migrant settlers to Australia towards Aboriginal culture.

From an archetypal point of view, these themes suggest connecting to the earth mother, fundamental spirituality, and the "dreamtime" of Aboriginal culture. This clinical example demonstrates the need for cultural understandings of language, context, national icons, cultural values, spirituality, and the role of music and culture within the practice of BMGIM.

Discussion

This paper has outlined a heuristic investigative approach following the six established phases (Moustakas, 1990; Nuttall, 2006). *Initial engagement* occurred via discovering a passionate concern about culture with important meanings and personal, compelling implications for the topic in healthcare (Blignault, Short, Eisenbruch, & Ebner, 2004), and then the forming of the question in relation to BMGIM and clarification of the therapeutic context in which the question is asked. *Immersion* was the process of living with the question and included readings in a range of fields related to the question and explorations of both personal and professional anecdotal experiences both (such as the example of the swan). In the *incubation* and *illumination* phases, new understanding and perspectives emerged with a creative awareness of the need

for change, and an appreciation of missed, misunderstood, or distorted realities via general reflections on BMGIM practice and gaps in the literature. The *explication* phase, which seeks to "fully examine what has wakened into consciousness in order to understand its various layers of meaning. . . . The researcher brings together discoveries of meaning and organizes them into a comprehensive depiction of the essences of the experience" (Moustakas, 1990, p.31), involved a systematic review of selected case material for themes and a further semiotic analysis using intertexuality. *Creative synthesis* was achieved by bringing together all aspects of the exploration in order to gain further meanings and understandings of the nature of the question and its implications, namely cultural issues and dimensions relevant to BMGIM practice.

This current study clearly demonstrates the need for cultural awareness, sensitivity, and competence emerging from the qualitative analysis of clinical examples within the context of BMGIM practice. This suggests a need for awareness of the role of language and expression, including the use of English as a second language, in the reporting of imagery by the client undergoing BMGIM therapy. In addition, the Bonny Method therapist needs to be sensitive to cultural events and understandings in order to promote engagement in the BMGIM session and to enhance the building of rapport in the therapeutic context. Ultimately, the BMGIM therapist needs to engage in cultural competence, seeking to learn all relevant information about the client's culture and opening him or herself to new perspectives and viewpoints.

In addition, this heuristic exploration suggests that the BMGIM therapist needs to consider his or her own cultural boundedness when engaging in routine and ongoing interpretations of reported imagery within the BMGIM context. Overcoming such limits occurs by attempting to put aside his or her own image interpretations, by closely tracking the reported imagery experiences of the client, and by pursuing further clarification during pre- and post-music discussions. An examination of the therapist's cultural boundedness also has possible links to counter-transference issues, which are beyond the scope of the current paper.

Even between members of a similar ethnicity or language group, it is noted that significant cultural variations may occur, for example among native English-speakers from Australia, America, or the United Kingdom, and the BMGIM therapist needs to exercise care in the use of their culturally-determined assumptions. Meaning, values, and spirituality are likewise culture-bound and may show considerable fluctuation within and between cultural groups. In addition, the way the music conveys cultural meanings, especially in the context of imagery, is still a matter of study, as noted by Shepherd and Wicke (1997). Some music may have direct and explicit cultural connotations, which should not be ignored.

Reviewing methodology, this study has shown that an innovative qualitative methodological approach developed in another context (Short, 2003a, 2003b) may be used to explore further cultural aspects of the BMGIM process. In doing so, this may follow Hall's approach (developed for dream analysis) where initial clarifications are amplified at personal and cultural levels before a further Jungian interpretation at an archetypal level, and with the results then being placed back within the context and meaning of the client's life situation (Hall, 1983). It becomes clear that it is not sufficient to only interpret client

responses at an archetypal level, but one also needs to take into account culturally specific meanings related to both imagery and music. One example of this is the process used by Short (2003a, 2003b), which incorporated broader cultural understandings in a systematic way by use of a semiotic framework and qualitative methodology. This process analyzed text from audiotaped BMGIM sessions thematically for emergent codes, constituent themes, and grand themes, which were then subjected to a semiotic analysis using intertextuality (circumtext, intratext, intertext), and finally were placed within the interpretive community (Voelz, 1995) for a further Jungian analysis. In doing so, both stated and implicit cultural material are highlighted and addressed, leading to further benefits to the client in the therapeutic context via improved communication, while enhancing the effectiveness of the BMGIM therapy sessions provided.

Conclusion

Given the increasing multicultural nature of much of the world, it is timely that professionals practicing BMGIM look at the impact of culture on this therapeutic method. This follows trends in other therapeutic disciplines, where it has already been noted that failure to consider the influence of culture in the therapeutic context may reduce professional credibility in the broader healthcare context. BMGIM has been found to be effective across cultures, provided that care and attention is applied to the communication process and other cultural aspects affecting the BMGIM setting, as noted throughout this paper.

Therapists are advised to consider a culturally competent way of thinking about their BMGIM practices and to do this in a systematic and informed manner. Especially if the BMGIM client is from another culture, it is important to develop cultural awareness and sensitivity by reflecting, asking questions, and maybe even engaging the services of a cultural consultant or bicultural professional (as recommended by Lo & Fung, 2003). In doing so, BMGIM therapists will increase their own cultural competence and gain further skills for effective therapeutic practice.

The influence of culture and ethnicity on the therapeutic situation is pervasive. Individual and personal experiences of culture are fundamental to identity, thinking processes, and social belonging. Even within the context of using a Western therapeutic and musical method, such as in the Bonny Method, there is a distinct and obvious need for the therapist to develop and demonstrate cultural awareness, cultural sensitivity, and cultural competence within the therapeutic context. This is in fact fundamental to building rapport and enhancing trust in the therapeutic relationship, as in all types of music therapy. Increased cultural competence is also part of the therapist's ongoing journey to continue to expand his or her skills within the multicultural context of the twenty-first century.

References

Australian Bureau of Statistics (2005). *Proportion of Australians born overseas highest since Federation.* Retrieved November 1, 2006 from http://www.abs.gov.au/ AUSSTATS

Australian Bureau of Statistics (2006a). *Themes: Country of birth*. Retrieved October 20, 2006 from http://www.abs.gov.au/AUSSTATS

Australian Bureau of Statistics (2006b). *Themes: Languages*. Retrieved October 20, 2006 from http://www.abs.gov.au/AUSSTATS

Blignault, I., Short, A., Eisenbruch, M., & Ebner, T. (2004). *Translation is not enough; Medium is important and dissemination is critical. Provision of health services information to Chinese, Russian and Greek patients at St Vincent's Hospital and Sydney Hospital/Sydney Eye Hospital.* Sydney: University of New South Wales, Centre for Culture and Health.

Bonny, H. (1978). *The role of taped music programs in the Guided Imagery and Music process*. Baltimore, MD: ICM books (GIM Monograph No.2).

Bonny, H. (1994). Twenty-one years later: A GIM update. *Music Therapy Perspectives, 12* (2), 70-74.

Bonny, H L, & Savary, L.M. (1990). *Music and your mind: Listening with a new consciousness*. Barrytown, NY: Station Hill Press.

Cirlot, J. E. (1971). *A dictionary of symbols*. New York: Philosophical Library.

Cooper, J. C. (1978). *An illustrated encyclopaedia of traditional symbols*. London: Thames & Hudson.

Coyne, C. (2001). Cultural competency: Reaching out to all populations. *Physical Therapy, 9* (10), 44-50.

Ekelman, B., Dal Bellos-Haas, V., Bazyk, J., & Bazyk, S. (2003). Developing cultural competence in occupational therapy and physical therapy education. *Journal of Allied Health, 32,* 131-137.

Fang, S. R., & Wark, L. (1998). Developing cross-cultural competence with traditional Chinese Americans in family therapy: Background information and the initial therapeutic contact. *Contemporary Family Therapy, 20* (1), 59-77.

Goldberg, F. (1995). The Bonny Method of Guided Imagery and Music. In T. Wigram, B., Saperston, & R. West (Eds.), *The art and science of music therapy: A handbook* (pp.112-128). Chur, Switzerland: Harwood Academic Publishers.

Guiraud, P. (1975). *Semiology*. (G. Gross, Trans.). London: Routledge & Kegan Paul. (Original work published 1971).

Hanks, K. (1992). Music, affect and imagery: A cross-cultural exploration. *Journal of the Association for Music and Imagery, 1*, 19-31.

Ingram, J. L. (1994). The role of figurative language in psychotherapy: A methodological examination. *Metaphor and Symbolic Activity, 9*, 271-288.

Lo, H-T., & Fung, K. P. (2003). Culturally competent psychotherapy. *Canadian Journal of Psychiatry, 48*, 161-170.

MacLachlan, G. L., & Reid, I. (1994). *Framing and interpretation*. Carlton, Victoria, Australia: Melbourne University Press.

Mahoney, J. S., Carlson, E., & Engebretson, J. C. (2006). A framework for cultural competence in advanced practice psychiatric and mental health education. *Perspectives in Psychiatric Care, 42*, 227-237.

Marshall, J. (2003). International and cross-cultural issues: Six key challenges for our professions. *Folia Phoniatrica et Logopaedica, 55*, 329-336.

Mishler, E. (1986). *Research interviewing: Context and narrative*. Cambridge, MA: Harvard University Press.

Moustakas, C. (1990). *Heuristic research: Design, methodology and applications.* London: Sage Publications.

Multicultural Disability Advocacy Association of NSW (2003). *NEDA/MDAA Joint submission to the ABS review, 2003*. Retrieved October 22, 2006 from http://www.mdaa.org.au/service/systemic/03/abrs.nebs.html

Nuttall, J. (2006). Researching psychotherapy integration: A heuristic approach. *Counseling Psychology Quarterly, 19*, 429-444.

Patton, M. Q. (1990). *Qualitative evaluation and research methods (2nd ed.).* Newbury Park, CA: Sage Publications

Polaschek, N. R. (1998). Cultural safety: A new concept in nursing people of different ethnicities. *Journal of Advanced Nursing, 27*, 452-457.

Shepherd, J., & Wicke, P. (1997). *Music and cultural theory.* Cambridge, UK: Blackwell Publishers.

Short, A. (2003a). *Holistic aspects of rehabilitation post-cardiac surgery in the Bonny Method of Guided Imagery and Music.* Unpublished PhD thesis, Faculty of Nursing, Midwifery, and Health, University of Technology, Sydney.

Short, A. (2003b). *Too many words, too many images, too much music? Exploring clinical GIM from a qualitative research perspective*. Proceedings of Music and Imagery Association of Australia, 2nd National Conference, Melbourne, Australia.

Voelz, J. W. (1995). Multiple signs, levels of meaning and self as text: Elements of intertextuality. *Semeia, 69/70*, 149-164.