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VIETNAM VETERANS WITH POST TRAUMATIC STRESS DISORDER: FINDINGS FROM A MUSIC AND IMAGERY PROJECT

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Abstract: The Bonny Method of Guided Imagery and Music [GIM], a non-directive and spontaneous process which promotes the exploration of levels of consciousness, and Directed Imagery and Music [DIM], a modification of GIM designed to access memory of specific trauma, were introduced to eight Vietnam veterans with combat-related post-traumatic stress disorder [PTSD] at a Department of Veterans Affairs National Center for PTSD. Adding music and imagery to treatment assisted the veterans in exploring their inner lives, and helped them to reconnect with associated emotions in a safe and controlled manner. GIM was effective in expanding the veterans' capacities to relax, feel emotions, share experiences and increase self understanding. DIM proved effective in facilitating memories of trauma on visual, sensory and emotional levels.

TRAUMA AND VETERANS

Post-traumatic stress disorder [PTSD] was recognized in 1980 by the American Psychiatric Association [APA] as a disorder affecting persons who have been witness to or victim of an overwhelming event "outside the range of usual human experience" [APA, 1987]. The trauma can be a single event or the result of prolonged repeated abuse [Herman, 1992]. Victims of childhood abuse, violent crime, natural disaster, domestic battering, accidents, or war may suffer

from traumatic stress. The responses to trauma may range from a brief stress reaction to a more serious diagnosis such as PTSD. Stress symptoms may include: recurring nightmares, intrusive thoughts, flashbacks, hyperarousal, avoidance of thoughts, emotional numbing of feelings related to the trauma, disinterest in pleasurable activities, anger, isolation, sleep disorders, moodiness, and difficulty concentrating [APA, 1987].

Many Vietnam veterans were witnesses, survivors and perpetrators of multiple traumas in the combat theatre. An estimated 829,000 of the 3.14 million men and women who participated in the conflict in Southeast Asia are currently suffering from some degree of PTSD [Kulka et al., 1990]. Over the course of their lives, about 1.7 million Vietnam veterans have experienced stress related symptoms. For those who had a high level of exposure to combat, grotesque death or atrocities, the prevalence is higher [Green et al., 1990].

Vietnam veterans suffered the secondary trauma of coming home to a non-supportive government, a divided nation and rejection by family and friends. This contributed to moral confusion, self degradation, anger, shame and feelings of abandonment.

War experiences have significantly disrupted veterans' lives. For over twenty years many have experienced adjustment problems with employment, the law and authority, and their physical and mental health. Unable to talk about their experiences or connect with their emotions, they use denial or addictive substances to cope. Families and friends have been deeply affected by the veteran's emotional withdrawal, decreased ability to participate in daily activities, violent outbursts and self destructive behavior, including suicide.

Why a Creative Psychotherapeutic Approach ?

Research from the Committee on Veterans Affairs [Gronrall, 1988] emphasized the importance of confronting the undigested memories and emotions from Vietnam experiences, but trauma may not always be remembered and may not be accessible through normal associative links [Johnson, 1987]. The intense arousal of the sympathetic nervous system during a traumatic experience may affect the central nervous system by reverting to sensory and imagic forms of memory rather than verbal encoding [van der Kolk, 1988], which may be one of the reasons why verbal therapists encounter problems with patients working through traumatic memories [van der Kolk, 1987]. Once the trauma does become more conscious, there is a defensive effort on the part of the patient to control the memory intrusion [Horowitz, 1976]. This results in a state of psychic numbing, or the loss of the ability to feel [Lifton, 1983], or alexithymia, the inability to express oneself emotionally or attach words to feelings [Krystal, 1979; Sifneos, 1985]. This "presents tremendous obstacles for any kind of psychotherapeutic intervention seeking to uncover traumatic memories and foster reintegration" [Johnson, 1987, p. 7-8].

The bringing to consciousness of these memories, in order to integrate them into the veteran's sense of identity, may be more easily facilitated through a non-verbal process. Johnson [1987] asserts that the creative arts therapies, which combine non-verbal and verbal processes, can effectively access and integrate traumatic material in addition to split off parts of the self.

Bower [1981] studied the link between emotion and memory and said that activation of emotion will assist in the retrieval of memories associated with it. Listening to music can contribute "subtly and powerfully to this process" [Bonny, 1989. p.7]. Goldberg [1992, 1990b] described how music generates conscious or unconscious emotion through direct physiological stimulation of the autonomic nervous system, and that emotion, in turn, evokes the image. Emotional issues that are unresolved, repressed or avoided can be retrieved through music in their concomitant visual and sensory forms from the unconscious mind. The images stimulated by the music emerge as sensory representations [visual, auditory or kinesthetic]. "Music-evoked images come from within the listener and...represent whatever personal issues are currently important to the listener...[The] images symbolic of important feelings and issues tend to recur in various forms until the listener is psychologically ready to integrate them" [Goldberg, in press, p.16].

Guided Imagery and Music with Trauma Survivors

Literature regarding the Bonny Method of GIM with survivors of trauma is growing, with case examples involving sexual, physical and emotional abuse. Erich Bonny [1988] found GIM to be a significant treatment for adult children of alcoholics [ACOA] with PTSD symptoms. Bishop [1994], in an inpatient psychiatric setting with female survivors of abuse, found GIM effective in assisting these women to experience and integrate their own personal power. Bruscia [1991] described how a 26 year old HIV+ male came to understand how traumatic events from his past prevented him from coping with the emotional challenges of living with HIV; "The images served as containers of...despair, powerlessness and rage which had been buried deep inside since a childhood trauma [p.596]". Goldberg [1990b] described how GIM empowered a survivor of violence by giving her the control she needed to release her fear through imagery, and begin talking about the traumatic experience. In their work with multiple personality disorder [MPD] Pickett and Sonnen [1993] used GIM to help patients organize and integrate by "eliciting and confronting fragmented ego states and the traumata that caused them".

This project used two music and imagery approaches to assist veterans in exploring their inner lives, in a safe and controlled way: The Bonny Method of Guided Imagery and Music [GIM], and Directed Imagery and Music [DIM], a modification of GIM which was developed by this author in collaboration with Dr. David Read Johnson at the National Center for PTSD.

Whereas GIM is a non-directive process, DIM involves music-facilitated remembering of a specific traumatic memory.

METHOD

This project was conducted at a Department of Veterans Affairs National Center for PTSD. Eight Vietnam combat veterans participated in a voluntary 16 week program which combined educational lectures, psychopharmachological treatment, group therapy, individual, family and milieu therapy and research studies. All veterans were Caucasian males between the ages of 38 and 47. All had PTSD symptoms.

Seven veterans participated in randomly assigned individual music therapy sessions- three [3] GIM and/or [3] DIM sessions each. The eighth veteran was chosen to participate in ten GIM sessions for a case study. Each veteran completed a written evaluation of GIM or DIM sessions upon completion of his series.

GUIDED IMAGERY AND MUSIC SESSIONS AND RESULTS

GIM provided the veterans with a structure to explore their feelings and inner lives while maintaining a sense of control. Session results ranged from achieving relaxation to remembering combat experiences. Imagery in GIM included memories of literal Vietnam experiences as well as memories of child and adulthood, symbols and metaphor, fantasy, sensory experiences, emotions, memories of significant people [living and deceased], losses and childhood traumas.

The Bonny Method [Bonny, 1978, 1978b] was presented in its traditional form with the goal of each session being the exploration of the veteran's inner world. Music programs were abbreviated for three of the eight veterans, who [due to difficulties with concentration] were unable to tolerate full music programs. The remaining five veterans were able to fully concentrate for the complete music programs.

Based on self-reports by the veterans and the therapist's observations, GIM was most effective in the following areas: expanding the capacity to feel emotions (e.g. grief, guilt, anger, joy, hope); increasing self understanding; achieving relaxation; and heightening concentration ability during the session. Through GIM, all of the veterans rediscovered some positive aspects of themselves and felt empowered by their abilities to participate in the process.

To demonstrate the range of imagery experiences, the following two segments have been chosen as examples; one of a combat memory and the other of a metaphor. The musical selections in the program are listed with the psychological material elicited by them. All comments in parentheses are by the therapist; brackets offer observations and explanations of and about the

proccess.

Case example, #1 - M. was a Marine in Vietnam. In this session, he remembered his last night in Vietnam when his base camp was hit by a rocket attack. M. is both alexithymic and amnestic regarding his combat experiences. All six of his GIM and DIM sessions related to Vietnam. The following segment is the final of six, and his third GIM session; it demonstrates how GIM helped with his symptoms. For this session, the therapist selected the music program Comforting [Bonny, 1989b].

During the Sibelius, Swan of Tuonela, the client reported the following:
"...I'm almost there...I can see it but I can't feel it (can you tell me what you see?) I'm lying on my stomach. I woke up and shrapnel went into my body like a warm burning sensation.

The music changed to Villa Lobos, Bachianas Brasileiras, No.5:
..."It was pitch black, a lot of strangers there. People were moaning and groaning, rounds were coming in. There's confusion. (Where are you?) I crawled over to somebody, he was having a problem breathing. He was gurgling, his airway was blocked. I tilted his head and had my fingers down his throat. He wasn't conscious. I was keeping an open airway. There's mass confusion. People are moaning. My wounds ain't serious. I can see it clear as hell but I don't feel it (tell me more). I was scared for everybody. It's like my feelings are numb, I know I can get it. I'm almost touching the feeling. I don't feel the terror

The music changed to Marcello Oboe Concerto, Adagio:
"...the sadness, the helplessness [M. began weeping]. I don't want him to die. [You don't want him to die) Oh, God! I don't want him to die! He didn't do anything. It's cold, it's wet [continues to cry]. I'm trying to keep blood out of his mouth. I know I was keeping him alive. I feel helpless waiting for somebody. People are moaning. People are groaning. (How do you feel?) Oh, I'm ok..I'm fine. I want to go home, but I don't want to go home [cries]. I'm mad at myself, I don't know who's who. I don't remember. I don't even know my buddies names. I want to know who they are so I can bury them properly..."

In M's evaluation of GIM he said: "I was more able to get in touch with my emotions, to reconnect with those feelings in Vietnam. It helped me to remember some things I had

forgotten...it made me face myself and my emotions."

Case example, #2 - K. was in the Army in Vietnam and is of Italian decent. This session took place one week prior to his discharge date from the hospital. This session appears to be a metaphor for his re-entry back into the community as well as the wisdom of his higher self. This session segment was the final GIM session of three. The therapist selected part of the music program Nurturing [Bonny, 1989b] and Pachelbel Canon in D for this session.

During the Massenet, Scenes Alsaciennes, Sous les Tillauis:
K. reported, "...I feel like I'm in a field like a California vineyard. Children are playing. Everything is clean and healthy. Seems to be like a monastary there, with friars, but it seems distant and remote from the vineyard, like a special road you have to go up...like they're separated, but, there's a light shining there. It looks like an attractive place to be. People are working, picking grapes. There's a lot of work being done here in the vineyard...

The music changed to the Canteloube, Songs of the Auvergne, Brezairola:
...but, there's an urge to go from that nice vineyard to see what the monastary is like, see what they're doing (can you do that?) Yeah. Got to go through a secret passage. You have to find a guide...there's one..a little Italian boy...he knows the way for a few bucks. We're there!..I can hear the choir singing in the church (What is it like there?) There's a sense of peace...you can feel there's no anger, no hostility, no tension, no stress. Just seems to be a lot of love. There is a lot of hard work showing. People are doing their chores. They don't look very comfortable though, but they look very happy. It's an enviable thing, the sereneness and holiness of it all. There seems to be a lot of wisdom.

And then, during the Pachelbel, Canon in D, the client reported the following:
I think I have come here to reach some wisdom, gain some knowledge. (How do you get that there?) You have to seek your mentor, your teacher...the wisdom he carries will help you to grow, to endure, to keep coming back off the rebound. Just when things are the darkest, when life is the dimmest, when hope seems all but lost, you can put that in you and it will stop you from doing the wrong thing...that's probably why I'm there, seeking strength, wisdom, support and maybe go on..."

In a post session discussion with the therapist, K expressed, "There are many roads leading from the monastary, so one has choices, options...[In order] to go compassionately back to humanity...[and] live better...not being able to change PTSD but being able to...understand...it...maybe I can take the things I've learned from the monastary and go back to humanity." I asked K. "what is your wisdom?", and he replied "...to try and not see the bad, try and focus on the good...try not to let the bad be such a poison and spread throughout...work, be expressive, try to keep an open mind and not let all the experiences of hate and war dominate your every action, your every thought...it's not yours anymore...understand that if you look the monster straight in the eye, you can beat him...not run and hide. That's the wisdom."

In his evaluation K. stated: "It [GIM] made me more aware of my feelings and thoughts, brought out desires that I thought were lost and gave greater emotional depth...I believe there is some good within me."

DIRECTED IMAGERY AND MUSIC SESSIONS AND RESULTS

Directed Imagery and Music includes the same components as GIM. However, the focus is on one specific traumatic memory throughout each session. The goal for each session is the retrieval of specific traumatic memories and reconnection with associated emotions. The structure of DIM sessions includes a prelude, relaxation-induction, selected music with accompanying imagery and a postlude.

The prelude, scheduled one week prior to each session, is the time when the veteran and therapist choose and review one combat-related trauma. These memories are consistently reported with little emotion.

The day of the session, the veteran again describes the details of this pre-selected memory and any feelings associated with it. The therapist procedes with a **relaxation** exercise and then an **induction**, to imaginatively place the veteran at the beginning of his pre-selected traumatic scenario.

Music is chosen to reflect the underlying emotion of the trauma sequence as perceived by the therapist. Depending upon the length of the memory, three or four pieces are selected. As the veteran describes the experience, music becomes an accompaniment, building to the climax of the trauma. Music is selected to reflect and anticipate emotion or mood up to and through the climax in order to provide for the release of this mood or emotion and then to offer an opportunity to reflect upon and close the experience. The veteran reports his **imagery** in this process.

Every session includes a post session processing, or **postlude** to the experience.

Case example: J. was a Marine in Vietnam. He presented himself as defended and unemotional.

During the **prelude** he decided to review the death of his best friend Bob. **Relaxation** for his session included listening to ocean waves for 10 minutes, and [in abridged form] his **induction** was as follows:

Therapist: "Imagine you're in the helicopter being taken to your next patrol. Can you tell me what's happening?"
Veteran: "Breathing heavy. We're all nervous. We're just quiet, staring off."
T: "Bob [his friend] is with you?"
V: "He's directly across from me. The helicopter lands in a field. We had to jump out. It was our first patrol, the first of many that day. I was tense, intense. My muscles would twist and shake."
T: "I'm going to put the music on now, and I'd like you to begin to tell me more about this patrol.

For J's **music** accompanyment, the therapist selected Samuel Barber's Adagio for Strings, and there was a long silence.

(Can you see yourself on patrol?) "Yeah, we were on patrol for about four hours. (Who is with you?) Bob was in front of me watching for any signs from behind us. Up ahead it leveled off, there's a small opening. The sun was coming through. It was bright because we'd been in the woods, the bush the whole day, moving very slow. [Music builds to peak- More directive statement] (You and Bob are friends). Yeah, we always looked out for each other. (What happened?) He turned around, smiled threw his thumb up like he did so many other times. (He was saying?) Telling me to chill out. He turned around, took a step and he was gone [Bob had stepped on a mine] [peak of music followed by the rests|silence] (What happened?) I was stupid, I went right up to him and held him and started rocking him [J. cries and then closes off]. His legs were gone, his arm was gone. I couldn't even see where they were, they were just gone. There was smoke all over. (Did you say anything to Bob?) I was apologizing to him and I was swearing at him. I was angry (Feel angry now?). Angry now? Yeah...(What happened?) I called for a corpman [medic]. He came over and shook his head, he wasn't going to make it. He was bleeding too bad. I had blood all over me. All he was doing was blinking his eyes and then he stopped. (He stopped)

As the Adagio ended, the therapist selected Wagner,'s Loherngrin, Prelude to Acts I and III,

J. said "He was dead. I was lost". (What happened?). We went on like it didn't matter anymore, but it did. It mattered to me. (How?) I was alone now. I was just tired...we put him on a helicopter like nothing happened, went back and started on patrol again like it didn't happen. I watched the helicopter go...he's gone. (How are you feeling now?) Feeling lousy. This has been eating me up for a long time [cries]. I mean, he went home and I had to stay [cries]. We couldn't even put his legs in the body bag, we couldn't find them [cries]. It was horror, I was gagging, shaking, I just wanted to scream, I was so angry. (Is theresomething you'd say to Bob?) Sorry, that's all, I don't know what I'd say now [cries]. I'm still angry at him. I told him that day. (Can you tell him now?) I'm angry at you! You left me alone! It wasn't fair. He's too much a part of me (say more?) I loved him, loved him more than my brother. He was always smiling. He was real quiet, didn't bother anybody. He made me laugh all the time, I was always so tense. He used to laugh when he'd see me pace back and forth trying to relax. I carry a lot of Bob in me. I wish I could enjoy life like he did." [Wagner ends].

For J's **Reflection** , the therapist chose the Pachelbel Canon in D. However, J. asked to be excused to get some air and have a cigarette.

During the **Postlude** , when J. returned we spoke about the session, his friendship with Bob, and J's inner torment and terror over Vietnam.

During his evaluation of the three DIM sessions, J. said, "The music, because it was powerful, brought me back to a time and place deeper that I usually experience in thought, except for flashbacks. Because the music was guiding me, I was able to stay in that experience instead of drifting through many experiences."

DIM sessions were particularly difficult because they required emotional and sensory confrontation of traumatic memories which veterans tend to want to avoid. According to the veterans' reports and observations by the therapist, the music in conjunction with the guide provided a redirecting function for the memory, for uncovering greater detail, and for providing a support for associated emotions. All of the veterans were able to maintain a sense of control with necessary defenses during the sessions. Some veterans found DIM relieving while others found it disturbing.

Although the images may have been violent, the emotion may have been contrasting, such as sadness or fear. Anger, often a defense for vulnerability, was often released with sadness.

The intended role of the guide was to function non-directively as in GIM. Some veterans required more directive questioning and encouragement to communicate in the reporting, as in the example. For others, the music provided more of the support, making non-directive guiding possible.

Regarding the music, it was helpful to have additional pieces available for each level in the DIM design for those who went into more depth. In the reflection, "new age" music (e.g. Windham Hill or Paul Winter) allowed more separation from the emotion of the trauma than structured classical music. Therefore, it was preferred as a means of closing the process.

With so few DIM sessions conducted in this project (a total of 10), it is difficult to state the long term effectiveness of DIM in integrating and alleviating traumatic memories.

Contraindications

Both treatment approaches, GIM and DIM, were conducted within an intensive inpatient PTSD program setting where there was considerable containment and support for veterans to experience and work through their memories and emotions.

Working with veterans with PTSD on an outpatient or private practice basis would require a gradual, long term approach to treatment, with careful attention paid to ego strengths and defense mechnisms. Since many veterans have used alcohol and drugs as a means of coping with PTSD symptoms, they may be inclined to react to retrevial of the difficult material by using their substances. Therefore, additional supports such as Vet groups, narcotics anonymous (NA) or alcoholics anonymous (AA) are recommended. GIM and DIM are not recommended for veterans who are active substance abusers.

DIM, being a newly designed approach in accessing trauma, requires further research. Because of its intensity and confrontive nature, it is not recommended for outpatient or brief treatments at this time.

SUMMARY

GIM and DIM were effective in helping Vietnam veterans in a program for combat-related PTSD to access their images and emotions in a safe and controlled way. Reconnection with emotions, the ability to concentrate and experience relaxation, and increased self-understanding were consistently reported by the veterans as the most valued benefits of GIM. In both GIM and DIM, the veterans engaged with the therapist as they entered their inner worlds.

Through this therapeutic alliance, there was a deepening of their abilities to communicate their experiences and feelings.

Since the completion of this project several years ago, individual GIM has been expanded to include outpatient as well as inpatient PTSD programs. In working with traumatic material, GIM has generally been found to be preferable to DIM because it allows traumatic memories to arise at the veteran's pace. However, DIM is offered on occasion for those in an inpatient program who feel "stuck" in one memory or nightmare and choose to confront it.

There appears to be a connection between the experience of the trauma in Vietnam and earlier childhood trauma. Research is finding that many veterans with severe PTSD are also survivors of childhood trauma [Bremner et al., 1993]. This is supported in two longterm cases with GIM where there has been an initial uncovering of Vietnam trauma and emotions followed by the remembering of childhood trauma. The emotion held in a specific Vietnam traumatic memory or nightmare has also correlated to unresolved or intensified emotion as held in the childhood trauma [shame, abandonment, fear]. The connection between persistent traumatic combat memory and unresolved childhood trauma may be one explanation for the inability of some Vietnam veterans to integrate their war experiences.

In a number of GIM sessions, the veterans have had a range of somatic responses [headaches, body tension, pain, numbing of body parts, sweating] including temporary paralysis, which appeared to be in response to the accessing of difficult emotional material. Continued investigation in this area would be beneficial.

Other areas of interest regarding GIM and combat veterans with PTSD include: the longterm benefits of GIM in working with veterans with severe PTSD; the continued research and development of DIM with perseverating nightmares and traumatic memories as a means towards interruption and integration; and the transpersonal nature of veterans' imagery of combat "buddies" killed in action.

In closing, Vietnam veterans have experienced love, courage and heroism in themselves and others. They have also witnessed the dark side of themselves and that of humanity, both in Southeast Asia and at home in the United States. I am continually moved by their struggle for meaning in life, their sensitivity and deep compassion.

GLOSSARY

Creative Arts Therapies - the modalities of art, music, dance/movement, poetry and drama therapies and psychodrama as used by creative arts therapists in diagnosis and treatment of clients. The creative arts therapies focus on communication and expression through actual and symbolic experiences in the arts. Emotional and cognitive states expressed through these modalities are immediately available for identification, clarification and change.

Multiple Personality Disorder [MPD] - a psychiatric disorder which manifests in an individual as two or more distinct personality states [unaware of one another]; each has its own patterns of perceiving, relating and thinking and each recurrently takes full control of the individual's behavior. [DSMIII-R, 1987].

Ego States - segments or introjects within the self system that are bound by common factors like age or experience. Normally, an individual experiences many ego states and can move from one to another within a psychic organization which could be described as integrated multiplicity [Pickett and Sonnen, 1993].

Vietnam Combat Veteran - one who participated in the combat zones in the Vietnam theatre [Vietnam, Cambodia, Laos] between August 1964 and May 1975 [Kulka et al., 1990].

Randomly Assigned - subjects drawn from a population in such a manner that each member of the population has an equal chance for selection.

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THE BONNY METHOD OF GUIDED IMAGERY AND MUSIC [GIM] AS INDIVIDUAL AND GROUP TREATMENT IN A SHORT-TERM ACUTE PSYCHIATRIC HOSPITAL

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Abstract: A modification of the Bonny Method of Guided Imagery and Music [GIM], was used in short-term inpatient hospital treatment as a useful intervention in the care of acute psychiatric inpatients. The author discusses how to select and use music and how to structure the session for safe and effective treatment with all but the most paranoid and disorganized of patients. She discusses the usefulness of this method in helping patients to [1] experience a here and now focus [2] engage empathetically and supportively with each other [3] deal with a wide range of individual issues and [4] address issues on the unit.

INTRODUCTION

The Bonny Method of Guided Imagery and Music [GIM] [Bonny, 1978a, 1978b, 1980] is a therapy method in which the inherent qualities of music combine with the individual's creative drive toward wholeness and health, and lead to insight, growth and change. Carefully selected programs of classical music [Bonny, 1978a] are used to evoke emotions, physical sensations, memories, thoughts, and sensory and noetic images. [A "noetic image" is a term used to refer to a strong sense of knowing that comes outside of sensory information.] This paper discusses how the GIM method was adapted for short-term individual and group treatment of patients on an acute psychiatric hospital unit.