Institute for Music, Imagination and Therapy(IMIT)
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Resource-oriented Music Imagination (RoMI)
Formerly *Music-imaginative Methods (MiMe)*

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We offer **Resource-oriented Music Imagination (RoMI)** as an EAMI accredited independent adaptation of the Bonny Method of Guided Imagery and Music.

1. History

Since its beginning in 2008 the *Bonny Method of Guided Imagery and Music* (BMGIM) training offered by IMIT (Primary Trainer: Isabelle Frohne-Hagemann) included *Music-Imaginative Methods* in Level I, II and III with the intention to add relevant receptive music techniques for groups, based on concepts of Integrative (Music) Therapy, to BMGIM. These techniques focused on a gradual, mindful and low threshold access to the clients' sensitivities, resources and anxieties.

As most graduates of the BMGIM training programme taught at IMIT work in clinical settings with severely disturbed patients it seemed necessary to take the resource-oriented mindful concept further. In 2016 six IMIT graduates (Fellows of AMI)[1] formed a team in order to develop the programme as an *independent certificate course* for music therapists and psychotherapists working in clinical contexts. This course was also designed as a prerequisite for the advanced training in BMGIM, thus covering the contents of Level I and II of the BMGIM Training. Once some members of the team had been trained as IMIT trainers, MiMe was offered as independent courses in Germany and Switzerland. Each MiMe training that took place so far was thoroughly evaluated and continuously developed.

In 2022 it was decided to change the name of the programme into *Resource-oriented Music Imagination (RoMI)*, which is more appropriate.

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[1] See above, then still with Dorothea Dülberg and Ruth Hertrampf who left the group in 2021

2. Therapeutic philosophy

2.1. Imagination and Imagery

RoMI uses the term *Imagination* instead of *Imagery*[2] which in our understanding is only part of imagination. The term *Imagery* refers to visual *images* and their *inner representations* whereas the term *Imagination* (and the *imaginative)* is related to the mental ability to be engaged in *new* experiences and to deal with unexpected problems, events and circumstances. *Imagery* (Images as well as imagines[3]) relates to inner representations of something that already has been interiorized intramentally in the *archives of the informed body*[4]: *representations of* habitual realities and inner orientations that determine our world views and the emotional appraisal of experiences. *Imagination*, in addition, allows new *experiences*, even those which are impossible in reality (such being a bird). Imagination can enable imaginative actions *with* and *without* images. A feeling of being involved in something (*feeling or being* the music) or experiencing something in a distancing position (*analyzing* or *viewing* the music) is not the same as the image of a landscape, a bird, a person or a symbol, e.g. a cross. This differentiation is very important in RoMI, because imagination includes imagery, but not vice versa.

As everything that is *intramental* was *intermental* before (Vygotskij, 1931), RoMI thus focusses especially on the *intermental relational* factor. New and positive intermentally shared experiences are the precondition to overwrite negative interiorized experiences, entrenched world views and dysfunctional orientations. RoMI is meant to encourage clients in group therapy to get engaged in *resource-oriented* intermentally shared experiences which can intramentally become new positive inner representations and imagines.

The goal is to share resource-oriented and supportive experiences in the Here and Now and not process yet the dysfunctional inner representations. This is extremely important for patients in clinical hospitals. Intermentally shared new and positive experiences protect the patient from opening the archives of the body too quickly and being flooded by negative interiorized experiences, entrenched world views and dysfunctional orientations. RoMI prepares for the BMGIM therapy, especially BMGIM's goal of "*re-constructing"* (Summer, 1998) *intramentally interiorized* dysfunctional emotional styles, beliefs and orientations.

2. 2. The importance of listening as a prerequisite for working on and with imaginations

Our body is in constant contact with our environment with the help of our senses. They have different functions and give different information. For example: *Hearing* (German: hören) fills space and eliminates distance. *Seeing*[5], in contrast*,* measures space and is a distancing act. *Listening* (German: lauschen, horchen), as a more engaged form of hearing, has

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[2] See the *Imagery Debate* (Fodor,1975; Kosslyn, 1980; Pylyshyn, 1978) in Amy Kind: Imagery and Imagination

[3] Imago is to be understood as a neuropsychological phenomenon that contains the psychic links within itself

[4] Is meant: the *body we are* (not the *body we have)* is in indissoluble connection with our environment, ecology, our culture, history and biography. Because of this connection the body becomes *informed* (Petzold, 2004) and builds inner representations.

[5] The ancient Greek word θεωρία = theōria is connected with the *eye* by which we observe or contemplate.

a special quality of touch and closeness[6]. L*istening* in its bodily nature is kinaesthetically, body-related, imagery-related, biography- and culture related. It is a way to experience relationship in time and space. *Listening* to music is also an *active re-* and *co-creating* of the music heard. Listening to music allows inner representations, symbols and metaphors to emerge. Listening also allows imagining new solutions in difficult situations.

2. 3. Mindfulness

The mindfully work with single pieces of music is a safe field for a low threshold exploration of imaginations and also for one's projections and the simultaneously contained affective spheres, different emotions and inherent ambiguity in music. Mindfulness stands for a non-judgmental moment-to-moment awareness and is one of the conditions to handle being involved or distanced in the music, to mentalise experiences and to regulate affects.

RoMI tries to promote the *mindful listening* as an act of engaged relating and activating a client's creative shaping skills.

2.4. Intermedial/intermodal transfers

Like in BMGIM, RoMI places a great emphasis on intermodal links between the senses: What does a colour feels like, does a feeling has a shape or a colour, and so on. RoMI extends these links by including *intermedial transfers* into the therapy.

Intermedial works relates to corresponding arts of our bodily senses such as music, paint, movement, dance, sculpture, poetry, stories, film, opera or theatre. In BMGIM the preferred transfer from music is the painting of mandalas, understood as intermediate step to the follow-up postlude. RoMI adds intermedial transfers, e.g. from music to painting, from painting to sculpture, from sculpture to dance, from movement to poetry, etc., in order to enrich the mental experience. Depending on the client's needs, intermedial experiences can either be activated *before* listening to the music or deepen the music experience *after* the listening phase.

3. Practices in RoMI

3.1 *Dyadic work*: A dyadic RoMI session follows in general the principles of a BMGIM session with a prelude, induction, listening phase, creative processing and postlude. During the listening phase (3-6 minutes) there may be a talk-over, but no dialogue. Like in BMGIM the prelude serves to formulate the psychological theme and the client's needs as preparation for the listening phase. In cases of difficulties to express a concern RoMI includes an initial image, a creative action, e.g. a painting, a photo of an animal or a landscape, an earlier musical improvisation or a dream in order to disclose the inner desire and issue for the listening phase (and a possible choice for appropriate music).

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[6] This is also expressed in the German word derived from 'hören'= hearing: 'ge-*hören*' = to belong to.

Music choice is not limited to the classical genre.
Classical BMGIM and modified BMGIM guiding techniques are introduced to the trainees in order to recognize the significant differences to mainly supportive work.

3.2. *Group work*:
The structure of group sessions is the same as in dyadic work. A therapeutic goal is to promote the trainees' willingness to appreciate, accept and share different possible interpretations of the music heard, to develop a tolerance for other people's interpretations, beliefs and values and to feel accepted with one's owns.
Such experiences also help the aspiring RoMI therapists to develop these skills in clients as well.
Group work in the training group is based on the interweaving of experiential sessions and the teaching of theory and practice of RoMI in clinical contexts. Trainees need to learn to recognize and manage group dynamical processes triggered or influenced by music. In the training group this can be addressed in a group experiential through the use of Interactive short GIM by the trainer. Although the technique is not taught here, the impact of the chosen music on the group dynamic will be discussed.

4. The RoMI Programme

4.1. Entry requirements
They are the same as for the advanced level in BMGIM: applicants will be admitted who are psychotherapeutically trained and clinically experienced specialist therapists (e.g. music therapists, art therapists, Gestalt therapists, licensed psychotherapists, psychiatrists and medical doctors for psychotherapeutic or psychosomatic medicine with previous musical training). Furthermore, two years of psychodynamically informed clinical work are required. The trainer decides in an individual interview on the therapeutic and musical suitability and the ability to engage in an imaginative process through music.

4.2. The RoMI Contents

Total number of lessons cover more than the hours required in Level I and II. Each Module has at least 36 units. The number of modules can vary, but includes at least 3 modules in presence time (up to 144 hours).
The programme for trainees is characterized by an interweaving of theory (including online teaching), self-experience, workouts, supervision and self-studies.

4.2.1. RoMI Module 1

4.2.1.1. Lesson themes
1) Historical outline of BMGIM and RoMI; 2) Definition of imagination and Imagery; 3) Musical biography and the significance of music preferences for music imaginative work; 4) Introduction to listening perception; 5) Categories of music for specific application; 6) Containment and music containers; 7) Concepts of tension and stress

management (breathing, mindfulness, relaxation); 8) The setting; 9) Basic structural elements: Preliminary talk; Music selection; Induction; Talk-over; Music listening phase; Regression; Resonance images (mandala) and Postlude; 10) Imagination motives; 11) The GIM therapist's voice, intonation, pacing/tempo); 12) Music archive for RoMI; 13) Indication und contraindication; 14) Ethics.

4.2.1.2. Professional self-experience in the roles of client(s) and therapist includes supervision of RoMI techniques.

4.2.1.3. Self-studies
Creation of an own music archive with music pieces of the category "supportive"; Reading of text material; Practical exercises; Designing of three inductions made in writing and audio recording to be sent to the trainer for consultation.

4.2.2. Module 2

4.2.2.1. Lesson themes
1) Listening perception; 2) Music analysis: heuristics, phenomenology, SMMA; 3) Taxonomies of music; 4) Perceptual psychology; 5) Bodily listening to music, attentiveness to somatic markers; 6) Imagination motifs; 7) Psychodynamic demand profile; 8) Mentalisation concepts; 7) Emotion theories; 8) Basic BMGIM and modified BMGIM guiding techniques; 9) the GIM process; 10) RoMI with groups; 11) Processing techniques; 12) Intermedial transfers.

4.2.2.2. Professional self-experience including 2 supervised RoMI sessions with different music containers in the training group and with 1 RoMI session with modified GIM as RoMI therapist and client.

Supervisions of trainee's preludes, finding of focus, talk-overs, dealing with 'disturbances', distancing exercises, mandalas and intermedial transfers. Introduction to "Reflecting team Supervision".

4.2.2.3 Self-study

Expansion of the personal RoMI music archive according to further categories; Text materials provided, Music analysis including creative expressions of resonance to the music heard; Body listening; Preparation of the presentation of the final project in the next module.

4.2.3. Module 3

4.2.3.1. Lesson themes
1) Group process theories; 2) Psychological and somatoform disorders and music imagination; 3) Psychodynamics of farewell processes in RoMI; 4) Fields of application:

Psychosomatics, psychiatry, oncology; Children and adolescents, adults; 5) RoMI work with inner parts (ego-states) and projective identifications; 6) Processing of symbol exploration; 7) Self-awareness processes.

4.2.3.2. Professional self-experience
1 RoMI session in the group; 1 session each of modified GIM in the roles of client and therapist; 1 Interactive group session.

4.2.3.3. "**Reflective team supervision**"; Professional and case supervision in the group on examples brought along.

4.2.3.4. Self-study: Follow-up work with the music pieces presented and used; Study of the text materials provided; Extension of the music archive created.

4.2.4. Evidence has to be submitted for RoMI certification:

- Participation in the three attendance phases.
- 16 guided RoMI sessions,
  - o 5 of which supervised RoMI sessions (including prepared short psychodynamic and diagnostic assessments, preliminary discussions, inductions, music choice, resonance mandalas/intermedial transfers and processing postludes).
- Analysis of two pieces of music from the supportive area.
- 3 written and recorded inductions and talk-overs
- A created music archive.
- Colloquium

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