Music as Support and Challenge –
Group Music and Imagery
with Psychiatric Outpatients

Musik als Unterstützung und Herausforderung –
Gruppenmusik und Imagination
mit ambulanten psychiatrischen Patienten

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This exploratory study documents core elements in ongoing Group Music and Imagery (GrpMI) therapy with relatively well functioning psychiatric outpatients (defined as a score above 41 on the Global Assessment of Function (GAF) Scale). The patients have different diagnoses, but all have social anxiety as an important problem area. Psychiatric outpatients (n=10) participated in small groups (2–4 participants) receiving 10 weekly 90 minutes sessions. An initial verbal dialogue focusing on participant's needs and concerns here and now led to the therapist's choice of a piece of classical music (duration 4'–12') with a mixed supportive-challenging intensity profile. After a relaxation induction and unguided music listening participants made an individual (mandala) drawing. The session was concluded with a short discussion of the meaning and relevance of the music listening experience and the drawings.

The project had a mixed methods design, documenting both process and effect, however this article focuses on qualitative analyses of the relationship between therapeutic focus – music selection – reported imagery (in drawings and verbal reports) and interpretations.

The article outlines the theoretical basis for metaphoric music listening with imagery understood as a metaphorical verbal report on experiences in other sensory modalities (Bonde 2000, 2005, 2007). The concept of a "mixed supportive/challenging intensity profile" of music selections is explained and exemplified. The analysis has focus on the relationship between music and imagery in the screening procedure (assessment of patients for the GMI groups) and is exemplified by one participant.

Diese Forschungsstudie dokumentiert Kernelemente einer fortlaufenden Group Music and Imagery (GrpMI) Therapie mit verhältnismäßig gut funktionierenden ambulanten psychiatrischen Patienten (mit einer Punktzahl von über 41 definiert nach der Global Assessment of Function Scale GAF). Die Patienten haben verschiedene Diagnosen, leiden jedoch alle an einer Sozialphobie als Hauptsymptom. Zehn psychiatrische ambulante Patienten nahmen in kleinen Gruppen (2–4 Personen) an 10 wöchentlichen Sitzungen von 90 Minuten teil. Ein verbaler Einstiegsdialog mit

Fokus auf die Bedürfnisse und Belange im Hier und Jetzt führte zu einem vom Therapeuten ausgewählten klassischen Musikstück (Länge ca. 4 bis 12 Minuten) mit einem sowohl unterstützenden als auch herausfordernden Intensitätsprofil. Nach einer geführten Entspannung und nicht angeleitetem Musikhören fertigten die Teilnehmer individuelle Zeichnungen (Mandalas) an. Die Sitzungen wurden mit einem kurzen Gespräch über die Bedeutung und Erfahrungen beim Musikhören sowie über die gemalten Bilder beendet.

Das Projekt beruht auf einem gemischten methodischen Design (mixed methods design). Dokumentiert wurden sowohl der Prozess als auch die Auswirkungen der Sitzungen, wenngleich sich dieser Artikel auf die qualitative Analyse der Beziehung zwischen therapeutischer Aufmerksamkeit – Musikauswahl – berichteten Imaginationen (sowohl verbal als auch bildlich) und deren Interpretation konzentriert.

Der Artikel stellt die theoretischen Grundlagen des metaphorischen Musikhörens vor, basierend auf einem Verständnis von Imagination als metaphorische Verbalisierung der Erfahrungen aus anderen Sinnesmodalitäten (Bonde 2000, 2005, 2007). Der Begriff eines „gemischten unterstützenden/herausfordernden Intensitätsprofils" bei der Wahl der Musik wird erklärt und beispielhaft erläutert. Die Analyse konzentriert sich auf die Beziehung zwischen Musik und Imagination während des Untersuchungsverlaufs (Einschätzung der Patienten für die GMI-Gruppen) und wird exemplarisch an einem Teilnehmer veranschaulicht.

1. Introduction and background

The present study is one part of an ongoing Danish study exploring and documenting how music therapy can be used with psychiatric patients on all levels of the Global Assessment of Function (GAF) Scale. GAF is used worldwide (DSM-IV, Axis 5, see Appendix 1) and is currently being implemented in the overall guidelines for psychiatric treatment and quality insurance in Denmark.

There is no or very little scientific evidence for music therapy as an indicated treatment modality for specific levels of functioning (intrapsychic and social) independent of diagnosis. In fact, psychiatric treatment is normally classified as related to diagnosis and there is evidence for music therapy as an indicated treatment modality for patients with schizophrenia (Gold et al. 2009), while there is very little evidence related to other major diagnoses, eg. bipolar disorder and personality disorders[1]. Based on clinical experience shared by Danish music therapists working in psychiatry, diagnosis does not seem to be the most relevant criteria or indicator; in Danish psychiatry music therapists work with a great variety of both in- and

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1   This statement is based on a comprehensive literature review made by members of the International Consortium of Nine Universities with Doctoral/Research Programs in Music Therapy

outpatients, with treatment focusing on the needs of the specific patient or group of patients in the given medical or social context, not on symptoms related to a diagnosis. The new study is therefore based on a general hypothesis:

Music therapy is an effective treatment modality with patients on all levels of the GAF scale, independent of diagnosis.

A specific research question for the present partial study deals with the relevance of active and receptive methods. A Norwegian review study (Bratheland et al. 1999) maintains that receptive methods are indicated at lover levels of functioning (0–50) while active methods at higher levels (40+). Our alternative research question is:

Are receptive and active methods adapted for specific patients or groups of patients effective at all levels of functioning, independent of diagnosis?

The small partial study described in this article intends to explore if a receptive method – Group Music and Imagery (GMI; Bruscia 2002, or GrpMI; Grocke/ Wigram 2007) – is effective with outpatients at a relatively high level of functioning (GAF score over 41).

Two specific research questions are related to the choice of music in GMI with this patient group:

1) *Is classical music with a mixed supportive-challenging intensity profile effective in evoking imagery of therapeutic relevance for psychiatric outpatients?*
2) *Can a selected piece of classical music with a mixed supportive-challenging intensity profile be used in assessment of potential participants in Group Music and Imagery for psychiatric outpatients?*

The first question will be addressed in an analysis of examples from GrpMI sessions involving selected music from the GIM repertoire (Bruscia/Grocke 2002).

The second question will be addressed in an analysis of assessment of 13 patients using one specific piece of music from the GIM repertoire.

In the first two sections of the article, the concept of a "mixed supportive/ challenging intensity profile" of music selections will be explained and exemplified. First, the development of the concepts "supportive" and "challenging music" is reviewed and related to the literature. Then the concept of an "intensity profile" is explained, as related to the use of music as metaphor in music and imagery work. Section 4 is a review of literature on receptive group music therapy in psychiatry, while sections 5 and 6 deal with the two research questions for the study at Aalborg Psychiatric Hospital.

2. Supportive and challenging music

In an empirical study of BMGIM with cancer survivors Bonde (2005, 2007, 2009) identified three categories of music selections used in the sessions: "supportive", "challenging" and "mixed (supportive/challenging)". These categories or constructs were based on musical criteria, and their distribution in 60 sessions with

6 cancer survivors was demonstrated. Two self surveys based on the Repertory Grid (RepGrid) technique were conducted in order to make explicit the present researcher's pre-understanding of the concepts as related to the GIM music repertoire (see Appendix 2 for further information).

A graphic representation of the "generic" intensity profiles was developed and can be seen below. Signatures on the Y-axis represent levels of intensity in plateaus and in building and releasing tension, while eventual climaxes and peak points can be added when appropriate. Typical Intensity profiles of the three categories would look like this (Fig. 1).[2, 3]

As Fig. 1 illustrates, *supportive music* has a flat intensity profile, which means that there are few, minimal and mostly predictable changes in musical parameters (volume, rhythm, pitch, sound, texture, mood). Contrary to this, *challenging music* has a very uneven profile with vast differences in intensity throughout the piece, corresponding with many and mostly unpredictable changes in musical parameters. *Mixed supportive-challenging music* has sections of both types, typically supportive music in the beginning and toward the end of the piece, with more challenging music in the middle of the piece.

The three categories illustrated in Fig. 1 do not directly correspond to anything previously described in the BMGIM research literature, but they can be related to the categorization of music programs as presented in training manuals (e. g. Bruscia 1996; Moe and Bonde 2004) and discographies[4]. Helen Bonny categorized the 18 music programs developed between 1973 and 1989 according to their function in GIM session series: "Basic/beginning, Sustaining effect, Working, Exploration, Advanced working" (Grocke 2002, 91). A simpler distinction could be: "basic", "working" and "special" music programs, and in Level One Training only the use of "basic" programs is recommended. It requires more advanced guiding skills and musical awareness to use "working" and "special" programs. However,

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2   The relationship between "intensity profiles" and Helen Bonny's "Affective contours"of the music programs "Positive Affect", "Death-Rebirth"/"Peak Experience" (Bonny 1978/2002) will be discussed in section 3.

3   Intensity profiles generated by the software program Mia will be presented in section 3.

4   Bonde's (2005) study did not include validation of the categorization by other BMGIM therapists, and individual differences and viewpoints would definitely arise during this process. For instance, the names of the categories can be questioned. In one discussion BMGIM therapist and music programmer Linda Keiser Mardis (Mardis 2004, personal communication) stated that it is highly individual what clients experience as "supportive" and "challenging". Even Bach's *Double Concerto*, 2nd movement, may be experienced as challenging, if a client for some reason finds it disturbing and unpredictable. It can also be interpreted as very "supportive" to "challenge" a client with more demanding music at the appropriate time. This discussion points to the necessity of further validation of the categories and their clinical relevance.
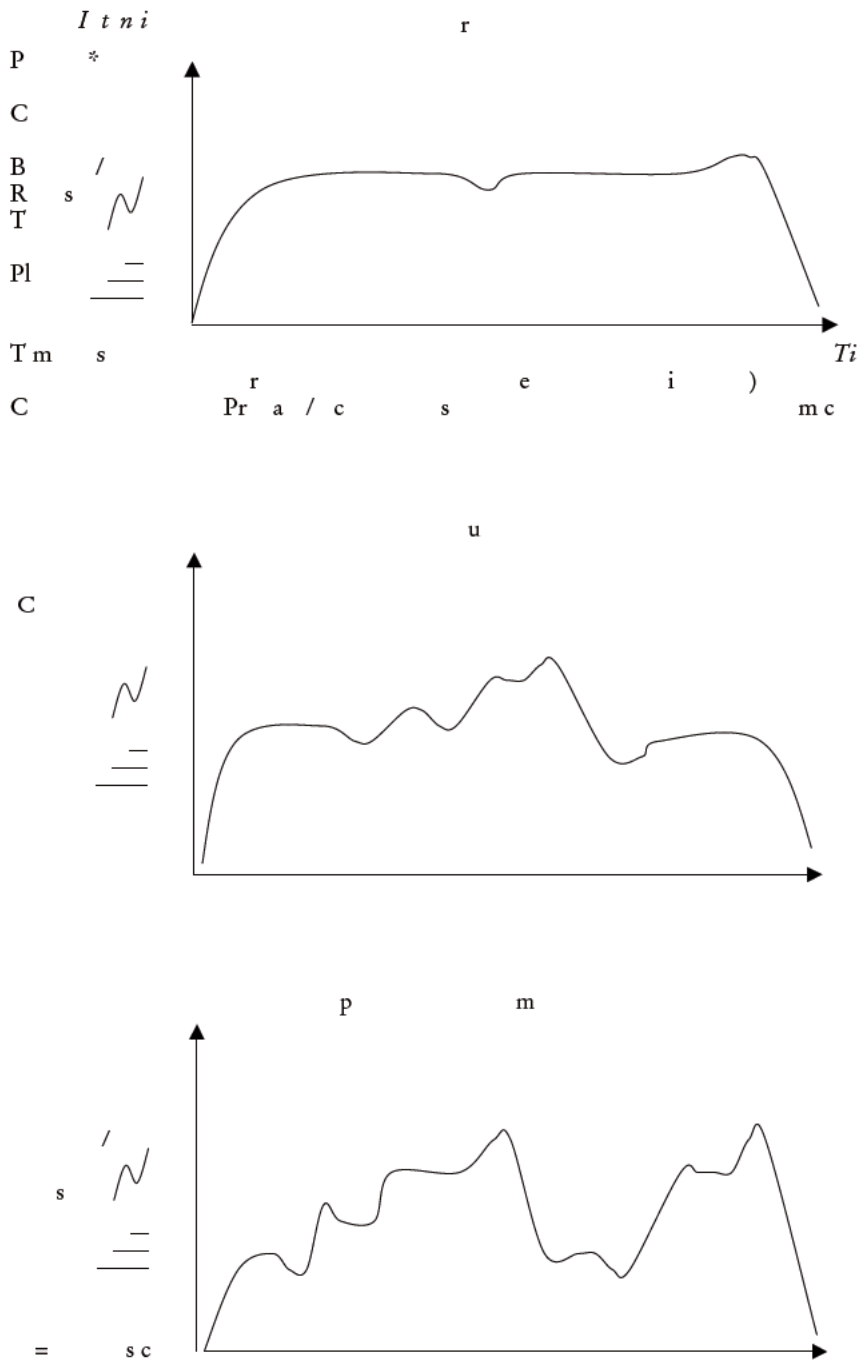
Fig. 1 Intensity profiles of supportive, mixed, and challenging music

"basic" music programs are not composed exclusively of what is referred to here as "supportive" music. Even in the most "supportive" of the "basic" programs (what I call) "mixed" selections are included. Thus, in the program called *Nurturing* (Bonny 1980) the very first cut, Britten's *Sentimental Saraband* from *Simple Symphony*, is a "mixed" piece. As suggested in the grounded theory (Table 1) the three categories have specific therapeutic functions, which require musical awareness of the guide.

The suggested categories also relate to ideas and concepts suggested by Summer (1992, 1995, 2002, 2009; Summer/Chong 2006). Summer (1992) makes a distinction between music "supporting the ,Me' Experience", "Expanding beyond the ,Me' experience", and "the ,Not-Me' experience". The latter category is also called "evocative", and in BMGIM such music is used to create "an evocative musical space". Summer (1995) expands these ideas and uses adjectives like "matching", "holding" and "stimulating" to describe the functions of the music, stressing the parallels between musical and psychological development. Summer (2002) and Summer/Chong (2006) present three levels of individual and group music and imagery therapy called *supportive, re-educative*, and *reconstructive* (originally from Wolberg 1954, adapted by Wheeler 1983). These concepts relate not as much to the music as to the levels of therapeutic practice addressing a client's emotional capacities and limitations, and the group sessions aim at stimulating interactive group processes through music. However, it is also clear that there are differences between the music chosen at each level. Simplicity, repetition and beauty are important features at the supportive level. The level of tension in the music can be higher at the re-educative level, where the client deals with symptoms as represented by images. At the reconstructive level the whole GIM repertoire can be used, including music with strong patterns of tension/release that match the client's inner tension (see Summer 2002 for examples). The music can also offer fluidity and movement, inspiring the client to translate the properties into psychological solutions to the problems in focus.

Based on an analysis of the relationship between the three music categories and imagery in 6 cancer survivors' BMGIM sessions Bonde (2005) developed a grounded theory on this relationship (Table 1) and a grounded theory of the influence of musical style and form on the imagery (Table 2).

Table 1. A grounded theory model of how different categories or types of music influence the imagery.

Supportive music is used to create a safe framework around the music-listening experience. It is used throughout the therapy, predominantly in the first five sessions. Supportive music is stable, fairly predictable and stays within the mood spectrum of categories 3–4–5–6 in Hevner's mood wheel (i. e. light moods). The form types are simple, namely typically strophic (variations), ostinato-based, dual or ternary. The imagery evoked and sustained by supportive music is easy and safe and has a static quality or develops slowly, whether it be memories, nature imagery or metaphoric fantasies. Emotional imagery is often comforting and reassuring.

Mixed supportive and challenging music is used to assess and facilitate the client's readiness to explore problem areas and new realms. Mixed music has a supportive beginning and ending, however some episodes may present the participant with a challenge, typically by changes in mood (also including categories 2 or 7), tempo and volume, a higher level of tension, which also means an increase in intensity. The form types are often more elaborate ternary forms with contrasting middle sections, or more rhapsodic forms. The images evoked and sustained by mixed music include core images and self images pointing at problem areas or developmental potentials. Mixed music can be used throughout the BMGIM therapeutic intervention. All GIM music programs include one or more selections of this type that may lead to more difficult emotional realms.

Challenging music is introduced when the participant is comfortable with the BMGIM format and has proved resonant to different musical styles and is able to work with therapeutic challenges. Challenging music serves as a musical container for therapeutic work with problem issues and difficult emotions. Challenging music is highly intense. It can be powerful, dramatic, but also sustained in a certain mood, typically categories 7, 8, 1 and 2 of Hevner's mood wheel, inviting the participant to confront problems or explore emotional dilemmas. The forms of music here are often developmental (sonata form, metamorphosis) and include contrasts in many musical parameters.

The three types or categories are independent of musical style and client preferences.

Table 2. A grounded theory model of how musical forms and styles may influence the development of the imagery

If the basic mood of the music is matching the client's needs and energy level, as suggested in the "ISO principle", the imagery can develop with the music. Any change in the levels of intensity and tension, as indicated in the Intensity Profile of the movement, is reflected in the imagery. Images are evoked, sustained and configured independently of musical form and style. However, musical form and style does influence the development of the imagery.

GIM music selections in *baroque* style are often clearly structured and focused in one or two moods, reflecting the principles of *Ars rhetorica* and *Affektenlehre.* The corresponding images and emotions are often correspondingly focused. Music selections in *classical* style are also clearly structured, however the moods are more varied, reflecting the principles of thematic dualism and development. This may add a more dynamic quality to the imagery. *Romantic* music (including Stokowski's Bach arrangements) may on the one hand be very mood oriented and focused, in that case inviting the client to explore a certain mood in depth, while on the other hand it may include extreme contrasts and high intensity, in that case inviting the client to examine complex issues that may lead to pivotal experiences. *Impressionist* music is a challenge to some clients because the absence of a tonal centre and the often free form with many changing sections makes them insecure and evoke images they cannot relate to or control. For other clients the colourful and unpredictable impressionist music can be a liberating experience, evoking new and interesting images. The GIM music repertoire includes some *20th century* music in different styles: impressionist, expressionist, neo-baroque, neo-classical and neo-romantic. The majority of these music selections represent a challenge for the client, either because the timbres may be somewhat unfamiliar or because there may be a meta-level included in the music: references to style conventions may appear as irony or pastiche. As with impressionist music this may influence the imagery both negatively and positively.

The clearer the narrative structure of the music is, the clearer this will be reflected in the imagery. When the music includes challenging elements – developmental or contrasting sequences from a musical point of view – this will immediately influence the imagery: the client reacts with a delay of a few seconds. (This can only be documented when the client is continuously reporting his/her experience). Music introducing higher intensity and tension is reflected in the imagery in many ways: a change of perspective is seen, manifest action may replace hesitation or adherence, emotional outlets may follow reflections, sudden insight ("messages") are experienced, or the imagery develops in a new direction.

Musical form and narrative form are closely related. A ternary form in the music may impose a ternary narrative or dramatic structure on the imagery. Simplicity and complexity are complementary in the development of music and imagery.
Simple musical forms with many repetitions tend to stabilize the imagery, inviting to extensive descriptions and differentiation of qualities.
Complex or developmental forms with many changes or transformations tend to impose a dynamic process on the imagery.

Table 3 presents some examples (from the GIM repertoire) of music with a mixed profile, demonstrating also how such a profile – and music with short, medium or long duration – can be combined with different styles and forms, thus enabling highly variable imagery work.

Table 3. Examples of music with a mixed profile (All selections from GIM music programs, with durations taken from the Music for the Imagination CD series)	
Copland: Appalachian Spring (20th century)	8.13
Copland: Corral Nocturne (20th century)	3.49
Elgar: Enigma Variations No. 8+9 (Romantic)	5.38
Villa-Lobos: Bachianis Brasileiras #5 (20th century)	6.41
Bach: Adagio in C (Baroque/Romantic)	5.12
Brahms: Violin Concerto No. 2 (Romantic)	8.56
Britten: Sentimental Saraband (Romantic/20th century)	6.37
Massenet: Sous les Tilleuls (Romantic)	4.57
Brahms: Piano Concerto No. 2, 2nd movement (Romantic)	11.45
Ravel: Daphnis & Chloë (excerpt) (Impressionistic)	7.15
Respighi: Gianicola (Impressionistic)	6.20
Beethoven: Violin Concerto No. 2 (Romantic)	10.13
Boccherini: Cello Concerto No. 2 (Classical)	5.53
Shostakovich. Piano Concerto No. 2, 2nd movement (20th century)	6.37
Liadov: The Enchanted Lake (Impressionistic)	7.58
Brahms: Double Concerto No. 2 (Romantic)	12.19
Ravel: Pavane (Romantic/20th century)	6.56
Ravel: Piano Concerto No. 2 (20th century)	7.00
Butterworth: The Banks of Green Willow (Romantic)	6.02
Picker: Old and Lost Rivers (20th century)	6.35
(further examples in Table 5)	

3. Intensity profiles and music as metaphor

The idea of representing the intensity of the music experience in BMGIM graphically goes back to the founder of the model, Helen Bonny. In the so-called "Monograph #2" Bonny (1978/2002) described the therapeutic meaning of the specific musical elements and designed a music-centered system of analyzing the music programs. Bonny identified the following characteristic features of the music used in GIM sessions:

1) the music is a catalyst for tension and release
2) the music is a container for the GIM experience
3) the music stimulates the flow and movement of the imagery
4) the music offers variability in the stimulus
5) the music conveys mood
6) the music is of the Western tradition of classical music (see Grocke 1999, 149)

The features of tension and release, variability and mood are examined together with the primary musical elements of pitch, rhythm/tempo, timbre and melodic line for each music selection and for the program as a whole. These elements are primary, because they carry specific metaphoric implications for the listener, e. g. changing timbres may represent particular characters and qualities in the imagery experience. In the monograph Bonny also presented her idea of the "inner morphology" of a music program in graphic "affective-intensity profiles" of selected programs. An example is given below: The music program *Positive Affect.*
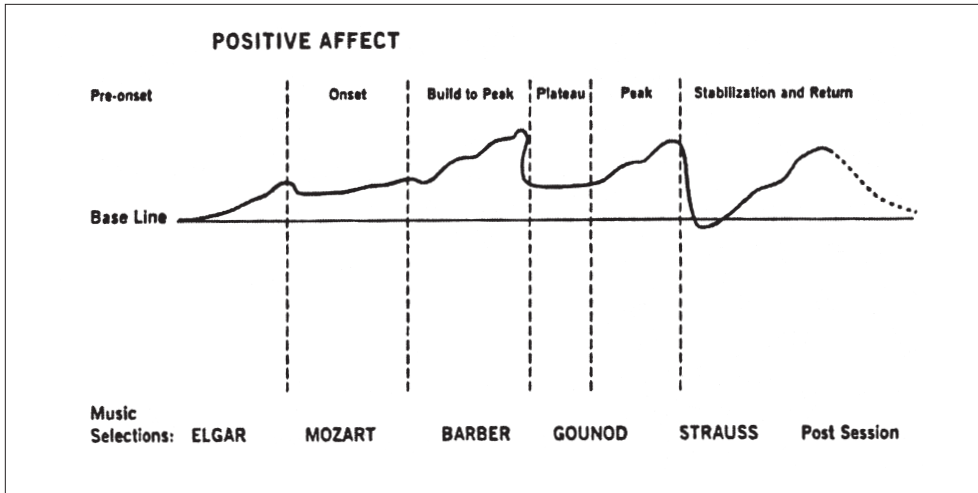

Fig. 2. The dynamic profile of the GIM music program Positive Affect.

The X-axis is the timeline, including all 6 selections in the program. The Y-axis does not measure or indicate anything exact. It attempts a graphical representation of experienced affect intensity (as interpreted by Bonny) – the rising, stable or falling mood and energy levels. This "contour model" will be discussed later.

Dynamics of experience

Bonny's graphic charts give the reader an overview of how the music of a complete program is sequenced to facilitate a specific dynamic affective experience. Bonde and Pedersen (1996/2000) elaborated the method into a graphic description of single music selections in the music program, "*Creativity 1*". The graph introduced there includes three levels of experience and indicates on a timeline (with descriptive musical cues and references to the score) how the music unfolds affectively-dynamically, thus indicating an important aspect of the specific music selection's image potential. No categorization of specific types of profiles was suggested at that point in time.

The concept of "intensity" needs clarification. From a natural science point of view, intensity is closely related to volume, and as we shall see, this view is relevant even if it is reductionistic. However, as the present author understands it, the experienced (and reported) intensity of a given music selection is based on bodily sensations and can be related to many other musical properties and parameters than volume, e. g. phrasing or harmony. Even silence (e. g. general pauses) can create great intensity. Bonny's contour model, and Bonde/Pedersen's profile model as well, are examples of such complex (and therefore necessarily "free-hand" drawn) interpretations of experienced intensity (for a discussion of intensity, see Bonde 2009, 213. For "intensity profiles" of music therapy improvisations, see Trondalen 2004).

However, for didactic purposes volume (dynamics) is the music parameter most relevant to demonstrate changes in intensity over time, and thus in creating an exact basis for creating "intensity profiles". Susan and Steve Rickman created the software program Mia (Music Imaging Analysis) to enable quick, exact yet flexible drawings of intensity profiles, especially suited for BMGIM music programs and selections. (see http://miamusicmap.com and Bonde 2007a for a more detailed introduction to Mia).

Here is the Mia profile of the beginning of the program *Positive affect* (compare with first section in Bonny's profile, Fig. 2):
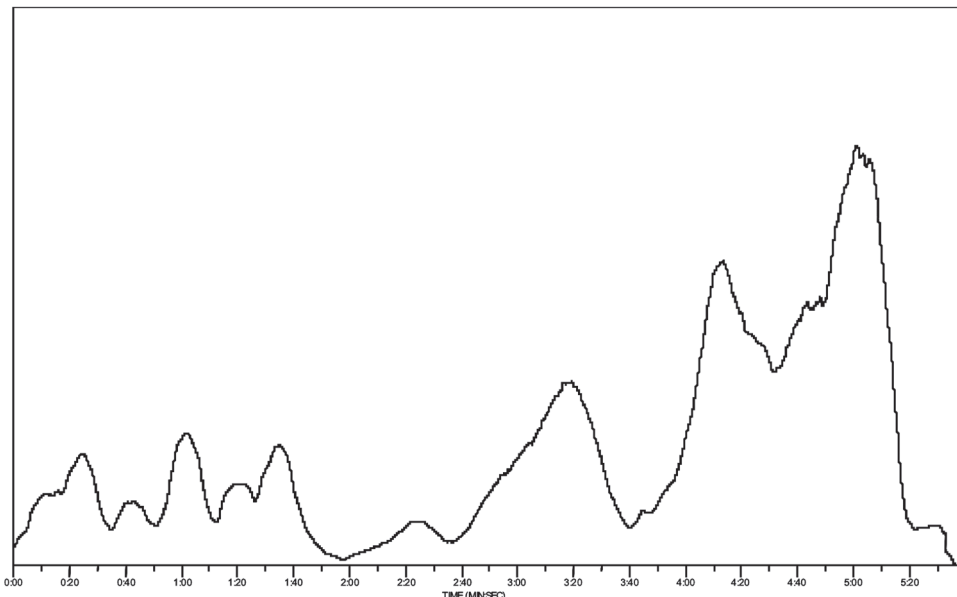

Fig. 3. Mia profile of Elgar: Enigma Variations #8+9 = the beginning of the BMGIM music program Positive affect

Figure 3 shows that variation #8 (the first two minutes) has a supportive profile, while #9 has a challenging profile. In the context of the full *Positive affect* program the two short pieces merely set the scene (as illustrated in Bonny's contour, fig. 2), however, used together as one music selection in GrpMI they can be very powerful. This is underlined by the fact that, within five minutes, the music will take the listener through all 8 mood states (or clusters) in Hevner's Mood Wheel (Hevner 1936).

Summarizing section 2 and 3, Helen Bonny developed the "affective contour" to represent the course of intensity in a GIM music program in a clear graphic form. The "intensity profile" has been developed to offer an easily understood graphic representation of the changing intensity in a specific music selection, and the Mia software program enables an exact rendering of the intensity, understood and measured as changes in volume and dynamics over time. It is obvious that supportive, mixed and challenging music have very different profiles. The build-up and release of tension in challenging and mixed music, or the absence of tension building in supporting music, is the main feature of a profile. The intensity of a given music selection influences the imagery in many ways, and an increasing or decreasing intensity of the music is immediately reflected in the imagery. In Bonde's (2005) study, the musical elements and parameters with the greatest influence on intensity, and thus on the imagery, were mood, form, volume/dynamic change and melodic conciseness. The therapeutic potential of the three types of music has not been tested systematically, and the clinical project described below is a first step in this direction.

Metaphors in music psychotherapy

Another aspect of the relationship between music and metaphor is the relationship between the experience of (primarily non-verbal) imagery and how it is reported verbally. The specific role of metaphors in the Bonny Method of Guided Imagery and Music (BMGIM) is presented and discussed in Bonde (2000, 2005, 2007). He makes a clear distinction between "image", "metaphor", and "symbol".[5] In BMGIM images in many modalities (visual, auditory, sensory-kinaesthetic, etc.) are evoked. The images are transformed to metaphors, when the client reports the imagery verbally to the therapist (an exception is actual memories that are not metaphorical). In most cases metaphors can be interpreted fully by the client in the "postlude" dialogue with the therapists. However, a special type of images/metaphors, namely symbols, contains extra meaning that cannot be fully expressed in words. Based

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5   Körlin (2000) makes a distinction between discursive and analogic symbols and meta-
    phors. Discursive (also called lexical or digital) processes are verbal, "slow, linear, se-
    quential, using monosemantic, strictly defined ‚packets' of informations", while ana-
    logic processes are non-verbal, fast, parallel, holistic and polysemantic – symbolization
    through imagery.

on a study of metaphors identified in the GIM literature, Bonde (2000) proposed three levels of metaphors in BMGIM clients' experiences in the music-listening phase of the session. These levels are: 1) the basic level of the core metaphor, the discovery of hidden meaning through the imagery evoked and supported by the music; 2) the level of metaphors of the ego and the self, the discovery of the client's personal voice; and 3) the narrative level of joined metaphors, the discovery of plots and other configurations in the client's imagery and life story. The same levels were identified in a qualitative study of six cancer survivors' experiences in a series of 10 individual BMGIM sessions and in a grounded theory study of the resulting imagery and metaphors, Bonde was able to make a differentiation of the three levels characterized above (Bonde 2005, section 6.2). Bonde also studied how the configuration of metaphors into narrative episodes was supported by the music, and the result of this study was a proposed grounded theory of the relationship between music and imagery (Bonde 2005, section 8.4). Bonde has also demonstrated in four examples, how a metaphorical listening of classical music can be performed (Bonde 2005, section 3.6.4; Wigram, Pedersen/Bonde 2002, 105–111).

To summarize the potential of metaphor in music psychotherapy, music-assisted metaphor is a matter of imaginative rationality. It allows us to comprehend one aspect of a concept, a phenomenon or a problem, in terms of another. However, metaphor is not only highlighting, it is also hiding: the metaphorical structuring does not give us a total but only a partial understanding. In psychodynamic therapy, e. g., BMGIM, metaphors may highlight defence manoeuvres while concealing their source.

The multimodal interventions of the BMGIM therapist and the dynamic support of the carefully selected music allow in-depth exploration of the metaphors, often connecting them to a narrative episode or even a complete narrative. Clients may resist therapeutic change and try to maintain their favourite metaphors, "past plots", or "scripts", but with the help of the therapist and, in BMGIM or GrpMI, the music (and the mandala drawing), clients may gradually release the control of past interpretations and "bring to language and awareness the narratives they have developed to give meaning to their life" (Polkinghorne 1988, 182). The next step is then experiencing novel configurations and different plots, enabling a new and sounder organization of the client's life story (Bonde 2000, 2005, Ruud 2003). This topic however falls outside the framework and focus of this article, as does a review of theories on music itself as metaphor and analogy (see Bonde 2007).

4. Literature on GrpMI/Receptive MT in psychiatry

Music listening in groups is a common therapeutic intervention in psychiatric music therapy, with both in- and outpatients. However, music and imagery work is relatively uncommon with this population, and literature does not exist with focus on imagery work facilitating music of a mixed profile.

Group music and imagery work has been defined in varying ways. Bruscia (2002) defines the group form of the Bonny method (called Group GIM or Music and Imagery) as "a modality for self-development involving spontaneous imaging, expanded states, various styles of music selected by the guide, and no dialogues or guiding during the music-listening." (59). Summer (2002) defines Group Music and Imagery as either "supportive", "re-educative" or "reconstructive", depending on the clients' needs and level of functioning, focusing on the interactive group process and the stimulation of "positive imagery that can be easily verbalized and described." (305)

Grocke/Wigram (2007) describe Group Music and Imagery (GrpMI) adapted for different client groups, including psychiatric inpatients (Goldberg 1994) and patients with PTSD (Blake/Bishop 1994). Adaptations for these client groups include a brief relaxation induction, listening in an upright position, with eyes open, and music selections with short duration and limited dynamic range (i. e. what is often metaphorically called "small containers"; in the terminology of this article: music with a supportive profile).

In two separate studies Moe (2000, 2001, 2002, 2007) also used predominantly "small containers" (music with a supportive profile). In the first study, 9 psychiatric patients, diagnosed as schizophrenic or with schizotypic disorders, participated in Group Music and Imagery sessions over six months. One result was that the participants' GAF score improved with a mean positive effect of 7,2%. Qualitative analyses of the imagery identified restitutional factors in the therapy process, leading to the formulation of a theory about the relationship between self-objects, psychological defensive manoeuvres and restitutional factors. The study indicated that the GrpMI therapy was a good support for the patients who benefited from the structured form and found the music and imagery helpful, both emotionally and structurally.

In the second study, 18 psychiatric inpatients with a history of drug addiction participated in GrpMI session within a larger cognitive therapy program. The aim was to determine if GrpMI could help these patients in re-establishing a sense of meaning and coherence in their life after addiction, and if it was possible, as well as helpful, to combine cognitive therapy with GrpMI. Antonovsky's SOC-29 questionnaire was used as pre-post test and a semi-structured interview, focusing on helpful elements in the therapy, was conducted after ten sessions. SOC results included a significant improvement in all three subscales (comprehensibility, manageability, meaningfulness), and all participants found the music therapy helpful. A majority of participants mentioned specific images, symbols and emotions which arose from the music imaging, as having a major impact on them during the course of therapy.

Körlin (2004) developed the SPEKTRUM creative art therapy format to suit the needs of patients suffering from severe trauma (with a GAF score between 30 and 65). This format included GrpMI work using music with a supportive profile ("small containers") in order to facilitate the development of resources (defence

manoeuvres such as imagining "safe places") and gentle analogical processing of traumatic experiences. Symptoms and complaints of the patients were significantly reduced following the combined creative arts therapy treatment.

At Aalborg Psychiatric hospital group, music listening is an important method of music therapy with inpatients (Lund 2008). The most common format used in these groups with 2–9 participants is that the music therapist brings 6–8 music selections (any genre or style) with the potential of creating both a good session opening and closure. The participating patients are encouraged to bring their own music to the session, and the whole group listens to the music and discusses what the music individually may represent and provide. Imagery can be part of the material but not as a planned element in the session.

Group music listening is part of Regulatory Music Therapy (Schwabe 2007, Röhrborn 2007), also with psychiatric patients (e. g. patients with somatoform or personality disorders). The musical repertoire is broad and includes classical music "from Benda to Lutoslawski". However, music-stimulated imagery does not seem to be a core element in RMT.

No literature has been found describing group music and imagery work with psychiatric patients using more demanding or challenging classical music (i. e. music with a mixed intensity profile).

5. Research questions and design

The Music Therapy Clinic at Aalborg Psychiatric Hospital initiates clinical research on process and outcome of relevant clinical interventions in psychiatry (documented in five yearbooks). The purpose of the study, of which this article reports only one part, was to explore to therapeutic potential of group music and imagery work with psychiatric outpatients, i. e. former psychiatric patients in rehabilitation. As mentioned earlier, the specific research questions were:

1)   *Is classical music with a mixed supportive-challenging intensity profile effective in evoking imagery of therapeutic relevance for psychiatric outpatients?*
2)   *Can a selected piece of classical music with a mixed supportive-challenging intensity profile be used in assessment of potential participants in Group Music and Imagery for psychiatric outpatients?*

In order to answer these questions 13 potential participants were assessed and 6 groups were conducted in the format described below.

Clinical method:

The group was defined as a slow-open group with 10 weekly 90 minutes sessions. Group size: 2–5 participants plus 2 music therapists (male and female). Eligibility criteria were:

–   Age: 18–55 years (adult population with the aim of returning to the job market)
–   Personal motivation for self development and insight-oriented therapy

–   Awareness of disease
–   GAF score of minimum 41/Relational process level minimum 4 (Thorgaard vol. 5, s. 18ff)
–   Ability of imaging to music
–   No dislike of classical music.

Participants were recruited through referral from one of the psychotherapeutic outpatient clinics at the hospital. All referred patients were invited to an assessment session of 45 minutes, including a short interview focusing on the patient's motivation and relationship with music. A selected piece of music from the GIM repertoire – Tveitt: *O be ye heartily welcome* (described below) – was used for screening of the patient's imagery and readiness to report. The selection criteria for this music were: 1) Duration max 4 minutes, 2) Music would be unknown for the participants, and 3) the music included several unexpected shifts in mood (c: it had a mixed intensity profile).

Session format (Group music and imagery (GrpMI)):
1. Verbal dialogue on the life situation and main issues of the participants (45–60 minutes), ending with the formulation of a common focus for the music listening.
2. The focus is metaphorically transformed into the therapist's choice of music, in most cases a classical piece of music from the GIM repertoire with a mixed intensity profile
3. Induction (a brief 4–5 minutes relaxation induction (physical or autogenic), with participants sitting or lying, with eyes closed or open after their own choice.
4. Unguided music listening (4–12 minutes). Music selections from Table 3 or similar were used.
4. Individual mandala drawing (6–8 minutes). Drawings could be given a title.
5. Final verbal dialogue focusing on the drawings and the music experience (10–20 minutes).

Research design:

The study uses a mixed methods design including quantitative pre-post tests of 1) the GAF score (as estimated by the music therapists), 2) the self-rated level of function within therapeutic target areas of each participants. Attendance rate was also calculated for each participant. The qualitative part of the design includes 1) analysis of the selected music as an assessment tool, related to each participant, 2) analysis of imagery and (mandala) drawings in selected sessions, 3) case studies of selected participants.

The present article focuses on the assessment perspective. It will also present examples of imagery and (mandala) drawings from one participant, as well as identifying the music repertoire.

6. Results

a. Participants

All in all ten patients participated in six groups from April 2008 to December 2009. Some of the patients participated in more than one group. Three further patients were not included after assessment, and two of the participants decided to stop before the planned last session of a group. They announced this in the group in a responsible and honest manner.

b. Assessment using music with a mixed intensity profile

A piece by the Norwegian composer Geir Tveitt: *O be ye most heartily welcome* was chosen as an assessment tool. It is the opening of the GIM-program *Soundscapes*, developed by Aksnes/Ruud (2006, 2008). The program includes Norwegian music only, with Tveitt as the composer of 6 out of 7 pieces. Aksnes/Ruud (2008) make the following conclusion on their comprehensive analysis of *O be ye most heartily welcome*:

> "In the analysis the well-balanced and ‚floating‘ character of the music was understood in terms of amodal, body-based schemata that are operative within music cognition. (Furthermore, the slightly darker turn towards the end of the piece is also reflected in several of the narratives). In the comparison with the reported travels, it was concluded that the schemata evoked by the music afforded a sensation of being held and carried by the music."

All of the participants who travelled to this music and reported their imagery to Ruud and Aksnes were considered to be well-functioning without psychiatric symptoms or problems. The present study documents that the participating psychiatric outpatients reacted much more sensitively on "the darker turn". This can be illustrated by the imagery reported in the assessment of a 55-year-old woman with a history of depression: In the beginning she experienced a positive mood and beautiful nature imagery. However, she felt that the darkness and tension in the middle section spoiled the good mood, and even if she could hear the mood from the beginning of the piece returning in the end, she could not re-enter this mood. We discussed her experience, and she accepted the suggested interpretation – that one of her "scripts" was repeated in the music experience: the music did not hold what it promised (in the beginning), and therefore she could not get out of the negative response this evoked in her. This woman was excluded because she was not able to contain and tolerate the emotions evoked by the (mixed intensity profile) music.

What follows is an analysis of the piece and further examples of imagery from the assessment sessions.
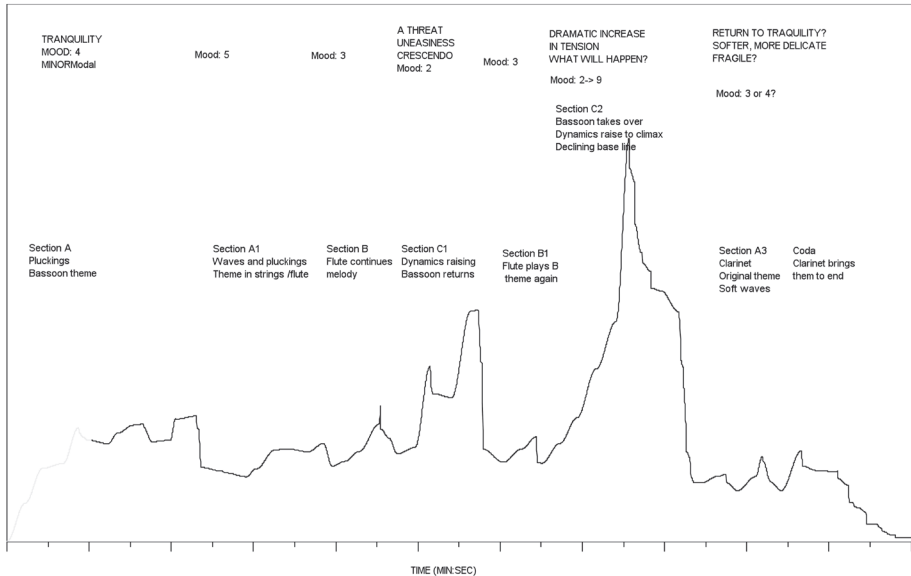
Fig. 4. Annotated intensity profile (Mia) of Geir Tveitt: O be ye most heartily welcome

The graph shows how the gentle and supportive songlike character of the first 90 seconds is first questioned and then contrasted by two crescendos dominated by darker orchestral sounds, before the first theme returns in the clarinet and brings the piece to a quiet ending. It is clearly a mixed intensity profile.

A total of 13 outpatients were assessed, and in Table 4 below their imagery is described, and it is listed whether they were included in a group or not. Participants were simply asked to listen to the music in a relaxed position, with their eyes either open or closed. After the music listening they were invited to talk about the experience in their own words.

Patient	Patient's Imagery/Music experience to TVEITT *O be ye most heartily welcome*	Included
HL F 54	Pleasant nature imagery in the first section was overshadowed by darkness and tension in the middle section. The positive mood was destroyed for HL who could not find back to the positive, even if the music was "restored". (The music didn't hold its "promise").	No
CK M 49	Positive nature imagery (spring, light, fresh air, leaves and trees); into a forest and out again. Compared the light mood to Mozart's "*Elvira Madigan*" concerto.	Yes 3 groups 26 sessions
FJ M 42	Gave a precise description of the music and also a title ("The road of life"). Reflections on the music affording representation of dynamic states.	Yes 3 groups 17 sessions

EB M65	Gave a precise characterization of the music as a flow in time with changing moods. Liked the music, but had no imagery, and no emotions were evoked.	No
LL F 51	Darkness – through a tunnel – a flash of light – darkness again – an eye → eyes behind sunglasses. Strange imagery, but not scary; the imagery made sense.	Yes 1 group 4 sessions
RB F 27	The music was sad and even a bit scary twice, before it went back to the initial mood. The sadness gave associations to "someone dying in hospital".	Yes 2 groups 13 sessions
TK F31	A spring forest with unfolding leaves. The dark section was like bad weather in the forest. The positive mood returned.	Yes 2 groups 4 sessions
HH M 42	Nature imagery (meadow, forest, water). Did not want to draw or discuss the imagery.	No
VM F 44	A fairy tale of a person visiting a forest with light and darkness. A "troll" was hiding in the shadows, but it came forward and took what it needed before leaving, as the light returned. Not scary. Fine music	Yes 2 groups 16 sessions
LO M 41	No visual imagery, but strong bodily sensations of the music and its development. The shift to a darker mood made him relax and feel calm. Not scary- liked the music.	Yes 2 groups 16 sessions
TS M 54	Light and darkness. Lightness represented by a ballerina, dancing in douce pastel colours. A dramatic but not threatening darkness.	Yes 1 group 14 sessions
MN M 36	Spring leaves – in a graphic form, like "candlesticks". Felt the music in the body, especially the lighter parts. Felt increasing tension and drama in the darker session and felt relief when the light returned.	Yes 1 group 12 sessions
MB F 28	Felt relaxed, with a tingling sensation in legs and hands. Felt her heart beat faster and breathing quickening in the darker session. The lighter sections made her feel free and think of riding and walking in the forest, watching the treetops and the sky above. The darker sections reminded her of death and being locked up in hospital. She could contain both sides and was positive of this mode of listening to music.	Yes 1 group 1 session
Group: LB, CK, FJ	None of the participants recognized the piece. However, their experience was close to the assessment. The division of the music in three sections was a salient feature: A peaceful beginning (nature imagery) – a darker, more dramatic tension building to a climax (a stone quarry with a funeral procession; a ditch; an intentional interruption of the music) – a return to the mood of the beginning (with a flavour of sadness).	

Table 4. The assessment imagery experience of 12 outpatients + 1 inpatient (MB). F=female, M=male. One group of three (LB,CK,FJ) listened to the piece again in their final group session.

Table 4 illustrates also how participants use different imagery modalities in their response. Visual, sensory-kinaesthetic and emotional imagery is predominant. This is also the case in the material from the group sessions.

In retrospect, based on knowledge from the group processes, one of the participants might have been excluded after assessment. In the sessions, the young woman RB was very quiet and sometimes resistant towards both music and drawing. Her assessment imagery does actually indicate that she was not ready for this type of challenge. Her participation was not very stable, and she stopped during her second group process because she and her two children moved to an institution far from Aalborg. Apart from RB, the assessment sessions were good predictors of stable attendance and growth potential in all participants.

c. The music used in GrpMI

Music with a mixed intensity profile was used consistently in all six groups. A few times – typically related to a specific focus or a closing session music with a supportive or even challenging profile was used – as exemplified in table 5, a list of music selections used in a group process over 15 sessions with two continuing participants.

Table 5. Music selections used in a group with two participants, Autumn 2009, 15 sessions	
1: Rachmaninov: Vocalise (cello + orchestra)	MIXED PROFILE
2: Copland: Appalachian Spring	MIXED
3: Sjostakovitj: Piano Concerto No.2, 2nd movement Andante	MIXED
4: Brahms: Piano Concerto No.2, 2nd movement Andante	MIXED
5: Bach: Double Concerto for Two Violins, 2nd movement	SUPPORTIVE
6: Russian Chant (anonymous): The Joy of Those Who Mourn	MIXED
7: Bach: Little Fugue in G Minor (orch. Arr. L. Stokowski)	MIXED
8: Boccherini: Cello Concerto, 2nd movement	MIXED
9: Liadov: The Enchanted Lake	MIXED
10: Geir Tveitt: O Be Ye Most Heartily Welcome	MIXED
11: Elgar: Enigma Variations No.8+9	MIXED
12. No music (The participants needed the full time to talk and were not motivated for listening)	
13. Alwyn: Symphony No.5, 4th movement	CHALLENGING
14. Rodrigo: Concierto de Aranjuez, 2nd movement	CHALLENGING
15. Bach: Pastorale (x2)	SUPPORTIVE

Participants often reported that the music experience was powerful and/or somewhat challenging, however, no participants reported that the music was too powerful or challenging. Thus, the study confirms that music with a mixed intensity profile can be used in GrpMI with relatively well functioning psychiatric outpatients.

d. Case vignette

LO was a 40 years old teacher who was referred to GrpMI in relation to individual outpatient psychotherapy. He had a long history of Obsessive-Compulsive Disorder (OCD, diagnosis F42 in the ICD-10 classification system) and experienced a fast and significant effect of medical treatment. Like most of the GrpMI participants he had no experience with group therapy, and social anxiety was an important focus. LO participated in two groups over 5 months. His goals (as indicated in the entrance questionnaire) were: 1) enhancing self-esteem and sense of identity, 2) experiencing focused attention and serenity, 3) increasing the capacity to accept support and care. The social anxiety was quickly reduced to a minimum in the first group (with four participants), and over time he developed a deep insight in his now abandoned compulsive behaviour and how it was related to his life history, and he used music therapy to explore new ways of living and relating in a world no longer dominated by anxiety and compulsive rituals. In the group and through music listening he explored his relationship with all sorts of emotions, also complex and difficult emotions. He developed an open and honest communication with the other group members who appreciated his sharing of experiences and reflections. Like most participants LO had no experience with drawing and in the beginning he was somewhat hesitant towards this element in the session. But soon he enjoyed drawing and appreciated the non-verbal processing of the music listening experiences. Here are three examples of his drawings.
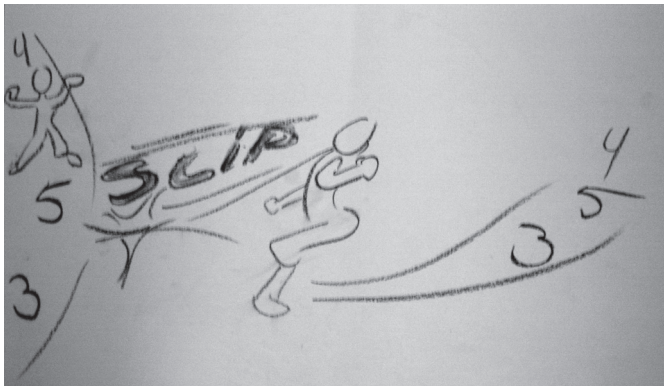

Fig. 5

Early session. *Letting go.* Music: Russian song *The joy of those who mourn*. Most of his life LO has been driven by compulsive thoughts and patterns, but he is now experiencing how it is to let go and being able to move freely and fast. The drawing illustrates how this experience is very physical – almost like a "click". The colour is black –except the "SLIP" (= "LET GO") which is blue.

Fig. 6

Midway session. *The embrace*. Music: Fauré's *Pavane.* Many hands embrace something living (for LO the red circles represent life itself). He felt embraced as well as embracing (the world). At the same time he was sad because he did not feel that his mother could understand (embrace) him. Hands are drawn in black – embracing a field of red, yellow and blue (the basic colours).
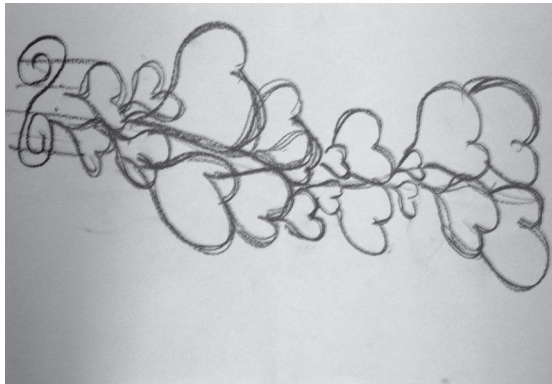
Fig. 7

Late session. *The score of love*. Music: Massenet *Sous les Tilleuls*. Two solo instruments in loveable interaction. They are independent and interacting at the same time. For LO this is analogous to his relationship with his wife who supported him in difficult times and now follows him into the exploration of a new era – true love. The "key" and the staves are black while the "neart notes" are all red.

Figures 5–7. Mandalas from three of LO's sessions annotated with his own comments.

After the closing session of the second group he sent us an e-mail:

> *I have decided to stop participating in music therapy. It has been very good for me to be in the group, and I am grateful for the treatment you have offered me. I will never forget your role in the process of shaping my present, fantastic life. My family and I live a very different life than we did before. I am deeply grateful for the options the psychiatric system has offered me, including music therapy. There is a new freedom and lightness in my everyday life (without anxiety or compulsive drives and acts), something I have never experienced before. I can enjoy life with my family and other loved ones without neglecting disasters and threats in the world around me.*

> *"I know the world I sing is the world I live in."*

7. Discussion

Helen Bonny's idea of a graphic representation of music's "affective contour" has proven effective over the years, both in the theoretical understanding of how music may influence listeners physically and psychologically, and in the development of clinical research and didactic tools to represent music dynamics visually. The categorization of music in "intensity profiles" – supportive, mixed, and challenging – has been documented as a simple way of differentiating musical stimuli in receptive music therapy, independent of theoretical paradigm. So far, the profiles are only applied to music from the classical repertoire, and further research is needed, before the categorization is applicable to other styles and genres.

Receptive group music formats have been developed for a variety of clinical populations. The present study indicates that GrpMI using classical music with a mixed intensity profile is effective with relatively well functioning patients (GAF score over 40). Further research is needed to establish a basic knowledge about music intensity profiles (or "container sizes") as related to different functional levels (i. e. GAF scores) and diagnoses of psychiatric patients.

Principles for the selection of music have not been addressed in detail in this article. The process of selecting music based on metaphorical transfer of psychological focus themes to musical qualities needs further exploration and clarification. Relevant to this is the question of who chooses the music. In the format presented here the therapist selects the music. How does this principle go together with the well known fact that patient-selected music is more effective (Dileo/Bradt 2005)?

The role of (mandala) drawing and the use of multimodal processing demands further consideration, based on the positive results in the present study. Despite promising research and clinical experience, multi-modal processing ("Intermediale Quergänge") is relatively uncommon in contemporary psychotherapy (Frohne-Hagemann 2005).

The group session format presented here can of course be associated to more general psychotherapeutic motives, models and paradigms. GrpMI is related to current psychotherapy traditions such as Mindfulness and Mentalization (Bateman/ Fonagy 2004). Group music psychotherapy may be a marginal enterprise in contemporary psychiatry. But it is definitely not marginal in its aims, interventions and procedures.

8. Conclusion and Implications

The two research questions addressed in this article can both be answered with "Yes".

Classical music with a mixed supportive-challenging intensity profile was effective in evoking imagery of therapeutic relevance for psychiatric outpatients. In this article this is primarily documented in the case vignette and in the report on music used in the GrpMI sessions.

A specific selected piece of classical music – Tveitt's *O be ye most heartily welcome*, with a mixed supportive-challenging intensity profile – was an effective and reliable tool in the assessment of potential participants in Group Music and Imagery for psychiatric outpatients. This is documented in the overview of assessment imagery and the fact that there were no dropouts in the groups. The few participants who decided to leave the groups did this in their second round, and in a responsible way.

The results indicate that music with a mixed supportive-challenging profile can be used effectively with relatively well functioning psychiatric outpatients (i. e. with a GAF score over 40). This has implications for the training of music therapists, not only within Guided Imagery and Music, but also in the training of receptive techniques more generally. The metaphoric potential of music as therapy and music in therapy demands further clinical exploration, also addressing the interaction of music as metaphor and verbal metaphorical processing of music experiences.

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Appendix 1. The Global Assessment of Functioning Scale

The *Global Assessment of Functioning (GAF)* is a numeric scale (0 through 100) used by mental health clinicians and physicians to subjectively rate the social, occupational, and psychological functioning of adults, e. g., how well or adaptively one is meeting various problems-in-living. The scale is presented and described in the DSM-IV-TR on page 32. Children and adolescents under the age of 18 are evaluated on the Children's Global Assessment Scale, or C-GAS.

The GAF Scale

91–100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms *81–90* Absent or minimal symptoms (e. g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e. g., an occasional argument with family members) *71–80* If symptoms are present, they are transient and expectable reactions to psychosocial. stressors (e. g., difficulty concentrating after family argument); no more than slight impairment in social occupational, or school functioning (e. g., temporarily falling behind in schoolwork). *61–70* Some mild symptoms (e. g., depressed mood and mild insomnia) OR some difficulty in social occupational, or school functioning (e. g., occasional truancy or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships. *51–60* Moderate symptoms (e. g., flat affect and circumstantial speech, occasional
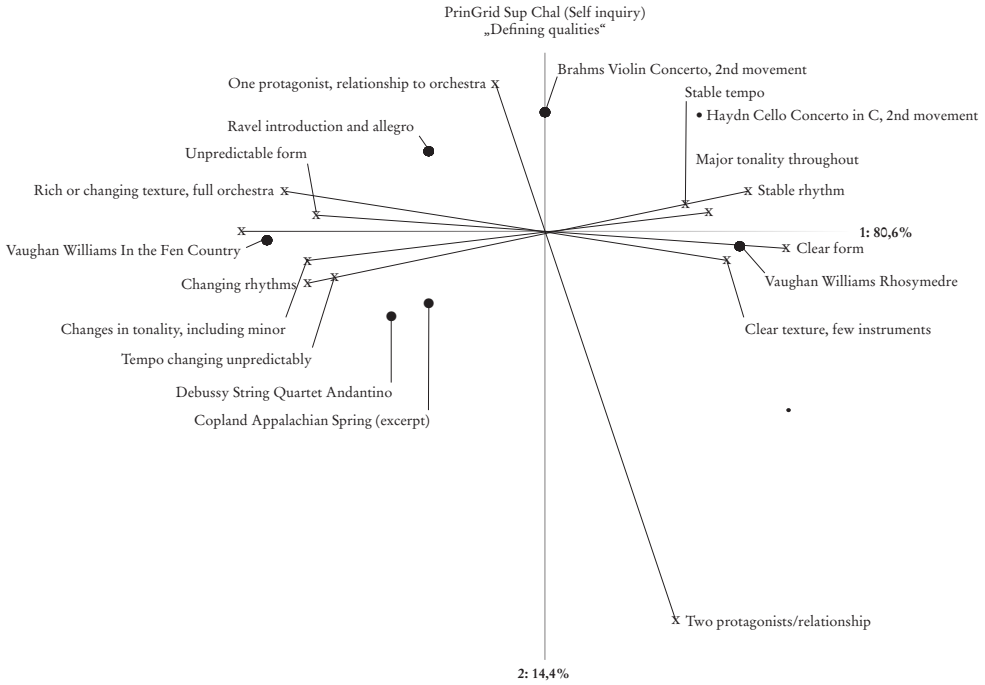
panic attacks) OR moderate difficulty in social, occupational, or school functioning (e. g., few friends, conflicts with peers or co-workers). *41–50* Severe symptoms (e. g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational or school functioning (e,g., no friends, unable to keep a job). *31–40* Some impairment in reality testing or communication (e. g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e. g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school). *21–30* Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e. g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e. g., stays in bed all day, no job, home, or friends). *11–20* Some danger of hurting self or others (e .g., suicidal attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e. g., smears feces) OR gross impairment in communication (e. g., largely incoherent or mute). *1–10* Persistent danger of severely hurting self or others (e. g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death. *0* Inadequate information.
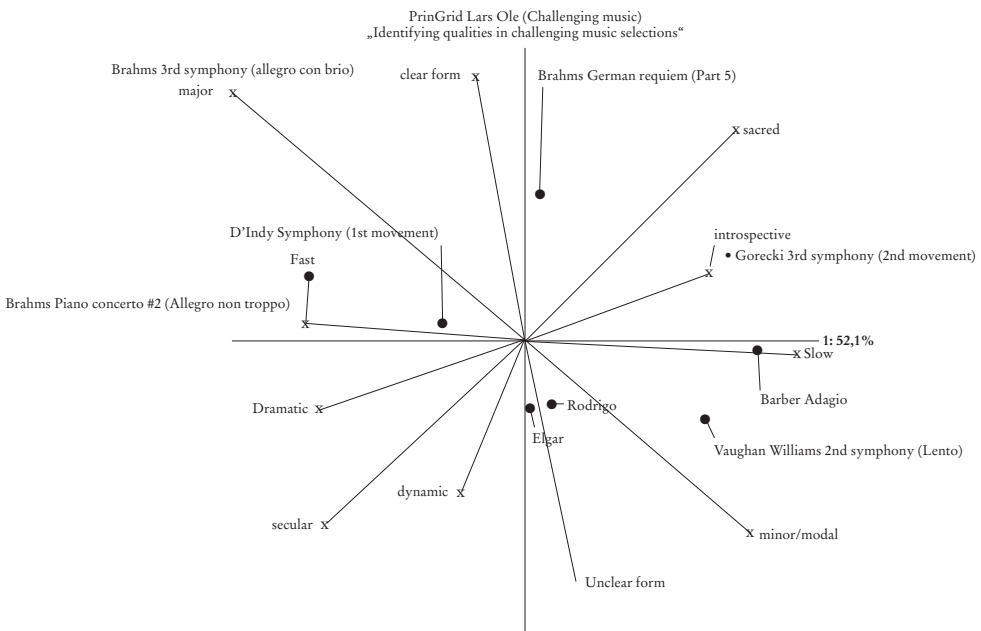(From Wikipedia, the free encyclopedia)

Appendix 2: Self inquiry

The Repertory Grid technique and software is based on George Kelly's Personal Construct Theory from the 1950ies. It is now available as a free software program.

A RepGrid self inquiry was made in order to elicit the researcher's perception of the constructs "supportive" and "challenging". The principal differences of the construct clusters are "stability and predictability" vs. "unpredictable changes" in the music, as illustrated in the PrinGrid diagram below. It is also possible to refine properties of each construct, as illustrated in the second PrinGrid diagram of the author's understanding of "challenging music". Here the most important polarities seem to be "Fast, dynamic and dramatic" vs. "slow and introspective in minor/modal" music. The constructs (polarities identified in this procedure and illustrated in the PrinGrid) may serve as reference elements in a comprehensive RepGrid inquiry involving experienced BMGIM therapists from Denmark and abroad.

PrinGrid Sup Chal (Self inquiry)
„Defining qualities"

Brahms Violin Concerto, 2nd movement

One protagonist, relationship to orchestra x

Stable tempo
• Haydn Cello Concerto in C, 2nd movement

Ravel introduction and allegro

Unpredictable form

Major tonality throughout

Rich or changing texture, full orchestra x

x Stable rhythm

Vaughan Williams In the Fen Country

1: 80,6%

x Clear form

Vaughan Williams Rhosymedre

Changing rhythms x

Changes in tonality, including minor

Clear texture, few instruments

Tempo changing unpredictably

Debussy String Quartet Andantino

Copland Appalachian Spring (excerpt)

x Two protagonists/relationship

2: 14,4%

Appendix Fig.a

PrinGrid Lars Ole (Challenging music)
„Identifying qualities in challenging music selections"

Brahms 3rd symphony (allegro con brio)
major   x

clear form x

Brahms German requiem (Part 5)

x sacred

D'Indy Symphony (1st movement)

Fast

introspective
• Gorecki 3rd symphony (2nd movement)

Brahms Piano concerto #2 (Allegro non troppo)

1: 52,1%

x Slow

Barber Adagio

Dramatic x

x Rodrigo

Elgar

Vaughan Williams 2nd symphony (Lento)

dynamic x

secular x

x minor/modal

Unclear form

Appendix Fig. b

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