

The Bonny Method of Guided Imagery and Music (BMGIM) for caring of oncology patients: A Systematic Mixed Studies Review

Listening to classical music in a relaxed state to invite images in the form of daydreams, memories, colours, feelings, kinesthetic and sensory reactions to arise from deep and inner self for the purpose of psychological resolution, personal growth and spiritual understanding (Bonny 2002)

INTRODUCTION

The best available research evidence is required to support health care decisions. Evidence based practice implies that the health care decisions and practices are based on knowledge, which is acquired from research evidence. In order to identify research evidence and best practices to support the implementation of BMGIM in cancer care a systematic review was conducted. As the systematic review included studies of quantitative, qualitative and mixed methodologies, a Systematic Mixed Studies Review was conducted.

OBJECTIVE

To conduct a systematic review to compare the effectiveness of BMGIM to other methods of care on the physical, psychological and spiritual wellbeing of oncology patients.

RESEARCH QUESTIONS:

PICO and PICO guided the formulation of the following research questions:

1. What is the effect of BMGIM compared to other methods of care on the physical, psychological and spiritual wellbeing of adult oncology patients?
2. What are the experiences of adult cancer patients receiving BMGIM?

METHOD

The systematic mixed studies review followed the standard steps of systematic reviews. Two reviewers conducted the process. The following inclusion criteria guided the search strategy:

- Studies in which the participants were diagnosed with cancer
- Studies in which the participants who were aged 18 years or older [Adult (Male and female)]
- Studies in which the implementation of the intervention, BMGIM, took place in any health care settings (hospitals, clinics, rehabilitation centres, hospice care, outpatient care)
- Studies which may or may not have had comparison or control groups
- Studies which included any of the outcomes of physical, psychological or spiritual well-being

Quantitative, qualitative or mixed method designs were considered for inclusion in the systematic review. Studies between the time frame of 2002 – 2014 and studies of all languages were considered for inclusion.

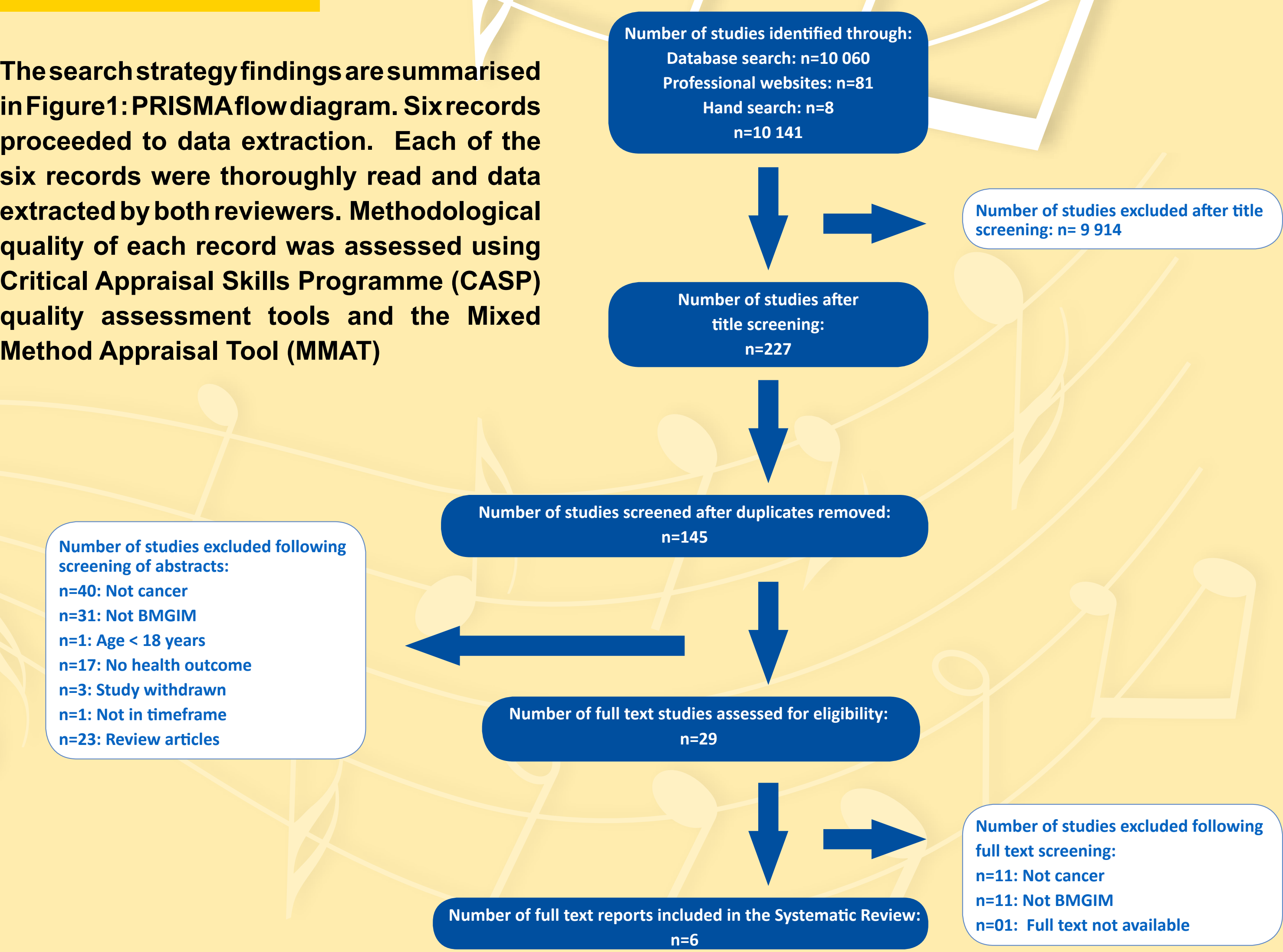
The following databases, search engines, journals and websites were included in the search strategy to ensure that the search was thorough; The Cochrane library, PUBMED, Mosby's Nursing consult, CINAHL, Clinical key, Health & Wellness Resource Centre, PsychINFO, MEDLINE (OVID & ProQuest), Science direct, EBSCO, Scopus, ProQuest, Google Scholar, Nordic Journal of Music Therapy, Journal of Music Therapy, Aalborg University, Clinical Trials.com, Voices.com and Melbourne conservatory of Music databases/search engines, journals and websites were searched.

TABLE 1 Themes, categories and sub-categories common in all included studies

THEME	CATEGORY	SUB-CATEGORY
Self-realisation	Awareness of unresolved feelings	Anger Grief Aloneness Emotional insight
	Awareness of inner faith	Not alone Reassurance
	Co-existing with an illness	Acceptance of assistance New attitude/perspective towards life and death Cognitive insight
Change in mood	Inner strength	Act of forgiveness Overcome doubt and fear Transpersonal experience
	Positive memories	Positive feelings
Change in quality of life	Experience of well being	Functional/physical well being Emotional well being Spiritual well being
Perception of music	Therapeutic effect of the music	Creative expression (Mandala, poetry) Experience of music Recommendations

RESULTS

The search strategy findings are summarised in Figure 1: PRISMA flow diagram. Six records proceeded to data extraction. Each of the six records were thoroughly read and data extracted by both reviewers. Methodological quality of each record was assessed using Critical Appraisal Skills Programme (CASP) quality assessment tools and the Mixed Method Appraisal Tool (MMAT)



DATA SYNTHESIS AND FINDINGS

The convergent qualitative synthesis design was used to synthesize the findings of the included studies. Within this design thematic qualitative synthesis allowed for the description, organisation and interpretation the findings of the studies which will be presented in Table 1.

CONCLUSION

Through BMGIM participants became aware of unresolved feelings such as anger, grief and aloneness. The realisation of these feelings brought about emotional insight. The imagery of angels, churches and religious figures like Jesus Christ offered reassurance to the participants thus creating an awareness of inner faith in the participants. Through the imagery the participants also experienced cognitive insight. The experienced emotional and cognitive insight can be seen as a change within the participants. This change within brought about improvements in mood and quality of life as participants took actions such acts of forgiveness, allowing time to grieve and allowing time for relaxation to mention a few. These actions were possible through the realisations experienced during the BMGIM sessions.

Studies also found significantly lower anxiety scores at follow up as well as improved quality of life scores at follow up in participants who received BMGIM.

REFERENCES

- Bonny, HL 2002, *Music consciousness: the evolution of guided imagery and music*, Barcelona publishers, United States of America.
- Pluye, P & Hong, QN 2014, Combining the power of stories and the power of numbers: Mixed methods research and mixed studies reviews. *Annual review of public health*. vol. 35, pp. 29-45.

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