Discovering anthroposophical music therapy : an investigation of its origins and applications

Monika Andrea Intveen

Publication date

01-01-2011

Licence

Document Version
1

Citation for this work (HarvardUL)

Discovering Anthroposophical Music Therapy: An Investigation of its Origins and Applications

Monika Andrea Intveen

Submitted for the award of PhD
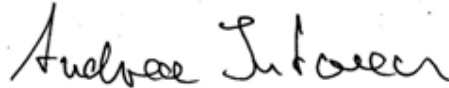
University of Limerick, Ireland

Supervisor: Prof. Dr. Jane Edwards

Submitted to the University of Limerick, June 2011

Title of thesis: Discovering Anthroposophical Music Therapy: An Investigation of its Origins and Applications

Author: Monika Andrea Intveen

I declare that this work is my own original work. Any assistance or information I have received in developing the materials herein is duly acknowledged.

Berlin, 20.3.2011, Andrea Intveen

Declaration

This thesis is presented in fulfillment of the requirements for the degree of Doctor of Philosophy.

It is entirely my own work, and has not been submitted to any other university or higher institution, or for any academic award in this university. Where use has been made of other people's work, it has been fully acknowledged and referenced accordingly.

Limerick, June 1st, 2011, Andrea Intveen

Discovering Anthroposophical Music Therapy: An Investigation of its Origins and Applications

Table of Contents

Appendices (on CD-Rom):

Appendix A: Integrating Anthroposophical Music Therapy Techniques in Non-AnMt Practice

Appendix B: Interview 1, Transcription

Appendix C: Interview 2, Transcription

Appendix D: Interview 3, Transcription

Appendix E: Interview 4, Transcription

Appendix F: Interview 1, Open Coding

Appendix G: Axial Coding Paradigm

Appendix H: Fieldwork Research Consent Form

Appendix I: Music for Three of the Planetary Scales

Appendix J: Music for Mercury Bath

Appendix K: Music for Breathing Melody

Abstract

This thesis explores anthroposophical music therapy (AnMt), an approach based on the philosophy of Rudolf Steiner. AnMt is well established in some countries, such as Germany, Switzerland or the Netherlands and is practiced in a wide variety of clinical and rehabilitation contexts. This thesis explores the basic tenets of AnMt including its foundations in anthroposophy, its location in the wider community of mainstream music therapy approaches and the applicability of its methods for music therapists not trained in the approach.

The first part of the thesis encompasses a detailed review of the relevant literature to elaborate key concepts. In the second part a modified Grounded Theory (GT) analysis of four interviews with key practitioners is presented. Finally, the findings revealed through the literature review, the GT, and the experiences with AnMt methods I gathered in my own clinical work receive critical treatment.

This exploration of the topic of AnMt has revealed that application of its methods for the wider community of music therapists is limited. However, some elements, such as the specialised instruments can be used by non-AnMt practitioners. Common ground between AnMt and other music therapy approaches was explored, but there were also significant differences identified, some of which relate to AnMt"s distinction from psychotherapeutically oriented music therapy. AnMt aims to be active on a physical, soul-related and spiritual level. Due to its esoteric foundations in anthroposophy AnMt has sometimes received criticism. However, AnMt is proposed to have a place as a contemporary music therapy approach, since it applies music systematically in therapeutic settings, and has a distinct and elaborated process of diagnosis and treatment.

Acknowledgements

Writing an acknowledgements section for a thesis is a bit like holding a speech at the Oscar"s, provided, one has won one: There is always the danger of forgetting someone who should have been mentioned. I hope that this won"t happen to me and I will try and do my best to thank everybody who has supported me in this task of writing a PhD thesis. First and foremost, I would like to thank my supervisor, Prof. Dr. Jane Edwards, who has supported me in every way that can be imagined over a period of several years and has given wonderful advice on a wide range of topics connected to the thesis. Many thanks also to the Music and Health Research Group at the University of Limerick for providing funding, and to the Irish World Academy of Music and Dance and all their staff for providing support, especially to Melissa Carty. I am grateful to the UL library staff for their help and support, especially Sinead Keogh, for providing help with the endnote programme.

I would also like to thank Prof. Dr. Susanne Bauer and Prof. Dr. Karin Schumacher at the Universität der Künste Berlin (UdK), who have been very understanding when I wasn"t always as available as I should have been, especially during the last period of the process of writing the thesis. Many thanks also to Kathleen Fritz and Teresa Samulewicz, tutors at the music therapy department at UdK Berlin, and to the Zentralinstitut für Weiterbildung (ZIW) at UdK Berlin. Special thanks to Lada Petrickova for providing technical support. I am indebted to the UdK Berlin for providing my post as scientific assistant in the music therapy department, which enabled me to continue with my own research for this thesis. Deepest thanks to Professor Mechtild Jahn-Langenberg, the former director of the MA in Music Therapy at UdK Berlin and to Prof. Dr. Susanne Metzner, who shared some valuable thoughts about research in connection with AnMt from a non-AnMt perspective

Very special thanks are also due to my best friend, Rolf Korngiebel, who has given invaluable support in all questions relating to work at the computer and formatting of documents: I couldn"t have done it without you. I am also very grateful for the help of my proofreaders, Stefan Preuss, Julia Springborn, Brian McGimpsey and Donald O"Driscoll. In addition to that I owe thanks to John Clark, who has helped me gain insights into topics connected to anthroposophy and who has been a major

List of Tables

List of Presentations and Publications

Intveen, A. (2007). Musical instruments in anthroposophical music therapy with reference to Rudolf Steiner's model of the threefold human being. *Voices: A World Forum for Music Therapy,* 7 (3). Retrieved from http://www.voices.no/mainissues/mi40007000245.php

Intveen, A. (2010a). *Music as therapy: The role of music in anthroposophical music therapy*. Paper presented at the VIII European Music Therapy Congress; Evidence for Music Therapy Practice, Research & Education, Cadiz/Spain.

Intveen, A. (2010b). "The piano is a wooden box with false teeth" - Perspectives in anthroposophical music therapy as revealed through interviews with two expert practitioners. *The Arts in Psychotherapy, 37*(5), 370-377. doi: 10.1016/j.aip.2010.09.004

Chapter 1

Introduction

This thesis presents an exploration of the field of anthroposophical music therapy with the aim of elucidating key concepts, tenets and traditions in order to locate this work in contemporary music therapy practice internationally. The thesis is guided by four key questions outlined below. The questions were answered by various methods including interviews with practitioners which were analyzed using grounded theory, and an extensive literature review of relevant texts in German and English. Additional reflections based on the author‟s use of anthroposophical techniques in two clinical contexts are also presented (see Appendix A).

Contemporary Music Therapy: An Overview

In order to locate anthroposophical music therapy, which is based on Rudolf Steiner‟s anthroposophical view of the human being (chapter 2), in contemporary music therapy, it is necessary to provide a brief overview of some traditions in contemporary music therapy. It is not possible to consider every method, model or direction in this context, but some general aspects can be provided.

Since antiquity, music has been used in healing contexts in different cultures and societies (Wigram, Nygaard Pedersen & Bonde, 2002). However, contemporary use of the term music therapy is connected to a professional practice that developed as one of the many „post war‟ therapies for injured soldiers returning home, similar to the traditions of the speech and language therapy, and occupational therapy professions (Edwards, 2007). As music therapy was initially practiced by music teachers and music enthusiasts, eventually music therapy course programmes were established on a university level to ensure practitioners were adequately trained and had the appropriate skills necessary for working therapeutically with vulnerable patients. Thus, university music therapy courses aided in establishing and maintaining quality standards of the profession (Edwards, 2007).

The most recent definition of music therapy by the World Federation of Music Therapy (WFMT) is as follows:

> Music therapy is the professional use of music and its elements as an intervention in medical, educational, and everyday environments with individuals, groups, families, or communities who seek to optimize their quality of life and improve their physical, social, communicative, emotional, intellectual, and spiritual health and wellbeing. Research, practice, education, and clinical training in music therapy are based on professional standards according to cultural, social, and political contexts (WFMT, 2011).

The profession of music therapy emerged differently in different countries and traditions (Wigram et al., 2002). Historical ideas about music and healing include Boethius" treatise about music, *De Institutione Musica* and Pythagorean concepts of a *music of the spheres* (Wigram et al., 2002). These concepts have some therapeutic references and play a certain role in AnMt (see chapter 4). Music can play different roles and can be attributed varying degrees of importance in different music therapy traditions. In this context, three main positions have been proposed (Wigram et al., 2002): 1. The "absolutist position" (p.36) views music as an autonomous aesthetic phenomenon without extra-musical reference, 2. the "referentialist position" (p.36) assumes that music also expresses extra-musical phenomena, such as emotions, and 3. the "expressionist position" (p.37) is seen as a compromise between the two above positions in which music is regarded as an

> aesthetic phenomenon with its own principles, but the elements of music are related to and share important qualities with basic human experiences. The aesthetic experience of music is a key to the understanding of human existence – and vice versa (p.37).

In psychodynamic music therapy traditions, the absolutist position is often rejected, since music is viewed as a "symbolic language" (Wigram et al., 2002, p.37). In the AnMt literature, some authors seem to be more in favour of the absolutist position (for example Ruland, 1990, 1992) while others appear to have moved closer to the

expressionist position (for example Damen, 2004). The theoretical foundations of contemporary music therapy are located in different disciplines, such as the psychology of music, the theory of therapy and psychotherapy or analytical, psychodynamic and transpersonal theories (Wigram et al., 2002).

In this thesis, the term „approach" was chosen and is used consistently both for AnMt and for other music therapy practices. The terminology pertaining to acknowledgement of the different music therapy traditions is inconsistent in the literature. As Bruscia (1998) has described, the terms *models*, *methods*, *approaches* and *schools* are often used synonymously, although they are not actually identical. For clarification, Bruscia created definitions for these terms. He described *method* as "a particular type of music experience used for assessment, treatment and/or evaluation" (Bruscia, 1998, p.114). An example for a method given by Bruscia is improvisation. He referred to technique as "a single operation or interaction that a therapist uses to elicit an immediate reaction from the client or to shape the ongoing, immediate experience of the client" (Bruscia, 1998, p.114). In contrast to this, a model is "a comprehensive approach to assessment, treatment, and evaluation which includes theoretical principles, clinical indications and contraindications, goals, methodological guidelines and specifications and the characteristic use of certain procedural sequences and techniques" (Bruscia, 1998, p.115). While stressing that "a model is much more comprehensive than a method" (p.115), Bruscia mentioned Creative Music Therapy as an example for a music therapy model. As will be seen in the course of this thesis, AnMt would also fit the criteria for being a model in Bruscia"s paradigm.

At the 9th World Congress of Music Therapy in Washington in 1999, "five internationally known models of music therapy" (Wigram et al, 2002, p.114) were acknowledged: These were The Bonny Method of Guided Imagery and Music (GIM) founded by Helen Bonny; Analytical Music Therapy, founded by Mary Priestley; Creative Music Therapy, an approach developed by Paul Nordoff and Clive Robbins; Benenzon Music Therapy as designed by Rolando Benenzon, and Behavioural Music Therapy as developed in the US by a number of theorists including Clifford K. Madsen (Wigram et al., 2002). In the literature, Juliette Alvin"s Free Improvisational Therapy was also acknowledged as an internationally known model of music therapy (Wigram et al., 2002).

Practitioners belonging to different music therapy traditions use music in different ways. While some involve the client in active music making in clinical improvisation (Wigram et al., 2002), others rely on music"s effects in receptive music therapy (Bruscia, 1998), which is associated with active music listening (Trondalen, 2010). Many approaches, for example also AnMt, use both expressive and receptive music experiences.

According to Wigram et al. (2002) the Bonny Method of Guided Imagery and Music (GIM) is the "most internationally renowned model" (p.115) of receptive music therapy. Mainly classical music is used and played to clients on stereo equipment while they are in a relaxed state. Clients are guided to image to the music and encouraged to communicate their perceptions to the therapist (Bonny, 2002). Certain pieces of music are used to promote certain moods or experiences (Bonny, 2002) (see also chapter 6). Trondalen (2010) noted that GIM can be effective as a short- or long term therapy for achieving "psychological changing processes" (Trondalen, 2010, introduction), partly through activating creative resources in the client.

Analytical Music Therapy was first developed by Mary Priestley in the U.K. and deals with clients" unconscious material through musical improvisation and verbal interaction (Priestley, 1994). Creative Music Therapy was originally designed for children with intellectual disabilities and draws on clients" innate musicality as a basis for growth, self expression and creativity (Nordoff & Robbins, 2004). It uses instrumental and vocal improvisation, including also improvised songs (Nordoff & Robbins, 2004). Creative Music Therapy shares a background in anthroposophy (Nordoff & Robbins, 2004) with AnMt, but has developed differently over time (see Robbins, 2005). Behavioural Music Therapy aims to change behaviour or to promote relaxation (Wigram et al., 2002).

Anthroposophical music therapy (AnMt) is not regularly included in overview publications of music therapy (see for example Herrmann, 2000). It has tended to remain outside of what might be considered mainstream or better known approaches, perhaps because of its partly esoteric background in anthroposophy.

Summer (1996) mentioned AnMt along with what she viewed as New Age healing traditions. Similarly, writings about the universal effects of musical modes have been described as ""New Age" literature on music and healing" (Wigram et al., 2002, p.18), and have received criticism as speculative and metaphysical. Instead there is

common view that "Contemporary music therapy is based on scientific thinking and empirical documentation" (Wigram et al., 2002, p.18). Later chapters of this thesis will explore AnMt"s differences from and common ground with other contemporary music therapy approaches.

Background of the Research/Author's Motivation

My motivation to deal with the topic of anthroposophical music therapy is connected to my past as a co-worker and music therapy assistant in Camphill: I lived and worked in two anthroposophical Camphill communities between 1994 and 2000. Camphill communities are usually land- or farm based village communities in which people with special needs live together with carers or „co-workers" according to anthroposophical principles. They live together in house communities run by so called „house parents" who are often a couple with children. Some communities provide services mainly for adults with special needs, others for children, some for the elderly with special needs.

In Camphill, there is a strong focus on arts and crafts, including music, and most of them have their own farm and garden which are run in accordance with principles of anthroposophical biodynamic farming and gardening. In case of adult communities, the residents also work in the garden and on the farm, as well as in other workshops, such as weaving workshops, potteries, and so on. There is a strong emphasis on community life, including festivals throughout the year – some of them not known very well any more to the general population, such as Michaelmas on 29th September, Candlemas on 2nd February or St. John"s Day on 24th June, and of course the more well-known ones, such as Christmas, Easter, Ascension Day, Whitsun/Pentecost, and so on.

Music usually forms a regular part of daily life in these communities. Many organise regular concerts in which the whole community participates, some as performers, others as listeners. The residents of Camphill communities usually receive a number of therapies, such as speech therapy, physiotherapy, rhythmical massage therapy, eurythmy therapy, music therapy, colour-light therapy and art therapy – depending on what is needed and the expertise available. The first Camphill Community was founded by Karl König in Scotland. Many communities now exist throughout the

world (Jackson, 2006; Pietzner, 1990). Camphill Communities were one of the main sources for the development of AnMt. Some important personalities associated with this music therapy approach developed their ideas while living and working in Camphill Communities, such as Karl König, Hans-Heinrich Engel, Christof-Andreas Lindenberg, Marja Slotemaker, only to mention a few. Two of the interviewees for this research were music therapists practising in Camphill and a third interviewee had had her first experiences with AnMt in Camphill.

During my time in Camphill, I had the opportunity to assist two anthroposophical music therapists in their work over a period of about two years and to work alongside these two practitioners, who mainly worked with children with special needs, their ages ranging from about four or five to 17 years. Occasionally, services were also provided for young adults, but the main focus was on work with children and adolescents.

The work consisted of attending case conferences or devising therapeutic treatment tailored to the needs of the clients, on the basis of Steiner"s view of the human being. Often it was necessary to compose music for the „therapies", using specific tonalities and scales, such as the Dorian mode, the pentatonic scale or the Tao. Usually, the head music therapist explained what was needed in connection with the client"s diagnosis and which musical elements could be applied to meet these needs. Then, the two music therapists and I took these ideas home with us and tried to come up with a musical idea, tried to write down some music that would be helpful in meeting the client"s needs musically. The next day we all met again, exchanged our ideas and used them to create music that was suitable for the client"s therapeutic treatment. This process could take a while. Later, maybe the instruments to be used were selected and we thought about whether the client would listen to the sequence or would be involved in playing the music. Eventually, the client was exposed to the music we came up with and we kept track of how his or her responses to it were. Sometimes, elements needed to be changed in the therapeutic sequences as time progressed and sometimes the „therapy" (as it was called in Camphill-jargon) stayed the same over long periods of time, sometimes years.

What impressed me about the work were, on the one hand, the anthroposophical instruments and the care that was taken to look after them. I enjoyed the beautiful timbres and sounds of instruments such as the lyre, chrotta, copper flute or brass hand

bells. On the other hand, the idea that musical elements such as harmony, address the feeling part in the human being, appealed to me, especially because I saw some of these ideas working in the therapeutic setting. For example, we worked with an adolescent girl who always had a very strong reaction to minor keys and started crying whenever she was exposed to them, also outside of the music therapy room. In her treatment, we initially used mainly major keys and gradually led her into the minor keys. After only a few weeks of music therapy, the strong reactions to music played in minor keys stopped completely, also outside of the music therapy situation (see also Intveen, 2007).

The anthroposophical attitude to music also made a strong impression on me in non-therapeutic social situations, such as the use of music for festivals, in daily life, for example in morning gatherings or at mealtimes, or in the weekly concerts for the whole community. I always felt that the music greatly contributed to the atmospheric aspects of things and was a real enrichment of daily life. Before I actually assisted in the music therapy in Camphill I was a carer and looked after two boys with autism spectrum disorder, who were at the time 11 and 13 years old. Both of them often experienced periods of restlessness and anxiety, or the need to engage in obsessive behaviour. This often also occurred at bedtime. I used this time to try and help them settle into the night by lighting a candle – as was usually done in Camphill – and by reading a story and later playing some music to them. Initially, I sang to the guitar – often these were Elizabethan songs originally accompanied with the lute, for example songs by John Dowland or Thomas Campion.

Even though the two adolescent boys responded well to this kind of music, I still felt that sometimes something else was needed, especially when the younger of the two boys, whom I will call Ronan, experienced bouts of restlessness and anxiety during which he could not relax and constantly had to get up and straighten and rearrange the furniture in the room. I decided to introduce the lyre to the putting-to-bed-ritual and played the Mercury Bath. Initially, Ronan was very upset about this because he was not used to the lyre and it meant a change in the ritual of going to bed and being settled for the night, which he could at first not accept. He started screaming, got up and said: "No lyre", but I insisted. After I had played the Mercury Bath for a while he was able to listen and relax and there was no more getting up and straightening the furniture. From this moment on, he accepted the lyre as a part of the evening „routine", enjoyed listening to it and it helped him to relax in the evenings. I am not suggesting that the lyre or the

Mercury Bath is a magic thing that instantly works for everyone. But the way Ronan, who usually needed a long time to accept new elements in his daily routine, so quickly accepted the lyre and Mercury Bath, made me interested in the latter and in the way AnMt uses such elements and it made me wonder whether a music therapist not trained anthroposophically could use some of these elements as well.

After my time assisting the music therapists in the above-mentioned Camphill community, I began to live outside of the community and I still provided music and music therapy services for adults in two nearby communities for about another year, supervised by one of the two music therapists I had previously assisted. I continued to use the lyre and the Mercury Bath, as well as the „breathing melody" and other elements I had previously encountered. However, I was never really entirely sure of what I was doing and whether and in which way the clients benefited from it. Eventually I left the Camphill setting entirely and studied music therapy in the M.A. in Music Therapy at the University of Limerick. This course had no connection with AnMt or with anthroposophy and that was what I felt I needed to progress to. During my training and also after my graduation I still felt I was in some way influenced by what I had experienced about music therapy in Camphill, and I wanted to explore anthroposophical music therapy, which at that stage was still a mystery to me, more thoroughly and make its basic tenets more available to the wider community of music therapists.

Aims of the Research

This research study explores Anthroposophical Music Therapy (AnMt) as a contemporary music therapy approach. The project reviews the scope of practice of AnMt, its basic tenets, its historical development and its methods. The study also considers the location of AnMt within the framework of contemporary music therapy practice in Germany and Europe with reference to the international context.
The following research questions are guiding the thesis:

1. What role do anthroposophical concepts play in informing anthroposophical music therapy?
2. What are the basic tenets of this approach?

3. How applicable are techniques of anthroposophical music therapy for practitioners not trained in the approach?

4. Where can AnMt be located in contemporary music therapy practice?

In exploring these question the thesis aims to provide an overview of the basic tenets of AnMt, especially for readers who don"t have an anthroposophical background. It is not intended to show every aspect of AnMt or to critically appraise its utility and applicability as a therapeutic approach. Instead, it is intended that the discussion of anthroposophy, and the descriptions of AnMt will familiarise a wider range of music therapists and other practitioners and researchers with this approach.

The description of AnMt"s basic tenets also requires the inclusion of an exploration of its background, and particularly the philosophy of Rudolf Steiner, anthroposophy. Anthroposophical concepts that have a direct influence on AnMt practice will be included, such as Steiner"s model of the threefold and the fourfold human being, Steiner"s views on rhythms and polarities, the model of the twelve senses and the seven life processes. Key anthroposophical concepts central for the music therapy approach also include basic principles of anthroposophical medicine, as well as the anthroposophical view of music and its role in the therapeutic process, special instruments, sequences and scales used in AnMt and the anthroposophical approach to Goethean phenomenology, particularly in relation to music and musical elements. Many of these will be referenced and critiqued through the thesis.

The applicability of techniques of AnMt for practitioners not trained in the approach is a question demanding particular attention in this thesis, since it also aims to show which elements of AnMt general contemporary music therapy practice can be inspired by. This question is also connected to a critical reflection of AnMt"s limitations, especially within frameworks which are not specifically anthroposophical.

It is not the intention of the thesis to suggest that music therapists not trained in AnMt could perform AnMt. The fact that anthroposophical music therapists undergo a very thorough and differentiated training of four to five years ("Dorion School of Music Therapy; Musiktherapeutische Arbeitsstätte," 2010; Orpheus-Schule für Musiktherapie") is respected and appreciated. The question in mind is rather whether there could be elements of AnMt that could inspire music therapists not trained in the

approach, such as the use of specific instruments (Intveen, 2007; Reinhold, 1996, 2003) or scales, such as the planetary scales (Engel, 1999; von Lange, 1968).

For the purposes of this research my stance as a researcher is that of an informed outsider who has experienced aspects of AnMt in action but hasn't undergone intensive anthroposophical training or schooling. I have provided more information about my position as an informed outsider in connection with the topic of AnMt in the above section, which deals with the background of the research and with my motivation to choose this particular topic.

Another aim of the thesis is to initiate a dialogue between representatives of AnMt and other mainstream, music therapy approaches, especially in light of a perceived lack of informed critique of AnMt and of the anthroposophical viewpoint in general, in the non-anthroposophical literature (Kern, 2007; Gidley, 2010). AnMt practitioners usually have their own music therapy conferences and rarely present at general music therapy conferences. This might be slightly different in Germany, where AnMt was integrated into a shared manifesto of different music therapy approaches, called the „Kasseler Thesen" ("Kasseler Thesen zur Musiktherapie," 2008), but is probably true for an English-speaking or more international context. For example when I attended the VIII. European Music Therapy Congress in Cadiz/Spain in May 2010, I was the only person presenting on anthroposophical music therapy (Intveen, 2010a), and I am not an AnMt practitioner. Similarly, when I attended the 2009 conference of AnMt practitioners in Berlin, there were only AnMt practitioners presenting. However, some of the participants at the conference had a background in Creative Music Therapy, as I found out during informal conversations with other conference participants. There are also examples of AnMt practitioners presenting at international conferences.

For example, Marlise Maurer presented at the 8th World Congress of Music Therapy in Hamburg, Germany, in 1996, but was criticised by Bonde (1996) for the lack of clinical documentation in her presentation:

> She may be a fine clinician and her instruments were beautiful and delicate sounding, but I find it unacceptable that case examples are presented without any documentation at all. Especially when the examples (as remembered by Maurer and told like anecdotes) are interpreted according to a speciality like the anthroposophical theory of death as the liberation of the human spiritual core (Bonde, 1996, p. 123).

Although I did not attend the conference in question and don't know much about the background of what is described in the above quotation, this „encounter" could indicate that there are differences in tradition, practice and evaluation between other traditions of music therapy and AnMt that could easily lead to misunderstandings or lack of acceptance between the different approaches. This thesis contributes to this dialogue opening the possibility to build a bridge between AnMt and other music therapy approaches. I believe that AnMt may have to offer something to „mainstream music therapy" – and it will be one of the tasks of this thesis to explore what general contemporary music therapy practice and theory could be inspired by as regards AnMt. At the same time, contemporary music therapy practice, research and theory may have to offer something to AnMt. For example, in the course of some informal conversations with AnMt practitioners at the above-mentioned 2009 anthroposophical music therapy conference in Berlin I gained the impression that some anthroposophical music therapists think that AnMt is not very developed in the area of music therapy research and hasn't yet found a research paradigm that fits it. Maybe some inspiration could be gained from mainstream music therapy approaches in this area. I think that both sides could benefit from a dialogue and I am hoping that this thesis could be part of the influences initiating this dialogue, especially in an English-speaking context.

It should not be forgotten that this research is based on an Irish background, even though I am German and based in Germany currently. However, my music therapy training was undertaken in Ireland and this doctoral thesis is written at an Irish university and supervised by a professor at the Irish World Academy of Music and

Dance in Limerick/Ireland, Prof. Dr. Jane Edwards. After graduating from the MA in Music Therapy in Limerick I practised as a music therapist in Ireland for about four years and taught in the Limerick music therapy programme as a tutor. During this time, I was often asked by students and colleagues, what AnMt was about and whether it was the same as Creative Music Therapy. I am hoping to shed some light on these questions, especially for an audience of Irish music therapists and music therapy students, with this thesis.

Methods of the Research

A number of different methods were applied in this thesis: The first part is literature-based. A thorough search of both classical and contemporary literature about anthroposophy and anthroposophical music therapy in German and English was undertaken and the literature found revealed some of the basic tenets of AnMt, its current scope of practice, its assessment and evaluation methods and the anthroposophical concepts that inform it.

The method chosen for the second part of the thesis, which is research-based, was modified grounded theory (Daveson, O'Callaghan, & Grocke, 2008; Edwards & Kennelly, 2004; O'Callaghan, 2001). Four experienced AnMt practitioners were interviewed. The interviews were semi-structured and lasted from approximately one hour to one and a half hours. The University of Limerick Research Ethics Committee granted ethical clearance for the field work interviews. Participants signed a consent form and received written information about their rights.

The interviews were transcribed and coded (open coding and axial coding) and a matrix was developed as an in-depth guide to the analysis of the data. A more detailed description and justification of the method applied, as well as the research findings, can be found in the grounded theory chapter of this thesis.

Notes on Translations in the Text

Sometimes it was necessary to translate sections from the literature from German into English. Unless otherwise stated, these translations were my own. Some anthroposophical terms were challenging to translate into English, such as the term „seelisch", which is usually translated with „emotional". However, due to the different

conception of the human soul prevalent in anthroposophy, which encompasses more than emotional aspects, I decided to use the English translation „soul-related".

Summary

This introduction provides an overview of the purposes of the thesis, the guiding questions and the methods. The following sections of the thesis will provide further detail of the ways in which the questions were pursued and the presentation of the analysis and the findings. The process of undertaking the thesis required close attention to the parameters of the questions within the limit of the scope of the thesis. It was tempting to try to include as much as possible about AnMt but that would have made it a very different kind of project. It was also difficult at times to locate the core or central idea of the approach, as AnMt, while practiced in mainstream settings as an accepted approach, has historical foundations that are not necessarily in line with contemporary scientific understandings of the body, health, mental status, and disabling conditions.

Chapter 2

Foundations of AnMt: Rudolf Steiner, Anthroposophy, and Anthroposophical Models of the Human Being

This chapter provides information on Rudolf Steiner, the founder of anthroposophy. Some brief biographical information about Steiner is included, and the main characteristics and goals of Steiner's life-work, anthroposophy, are presented. The perception of Steiner and his ideas from the insider view of anthroposophy is highlighted, as well as the perception from outside of anthroposophy, which also contains criticisms of anthroposophy. The question as to whether the writings of Steiner and other anthroposophical writers is deliberately exclusive to readers familiar with anthroposophy, is given some consideration.

Anthroposophical concepts particularly relevant for AnMt, such as the fourfold and threefold human being, the role of rhythm in human life, the models of the twelve senses and of the seven life processes are included since they appear in many of the writings about AnMt. Human development from an anthroposophical point of view, and basic principles of anthroposophical medicine are also described in this chapter. The information in this chapter is presented in order to provide a background to the materials presented later in the thesis and to contextualise anthroposophy as a basis which informs the AnMt approach.

Biographical Information on Rudolf Steiner

Anthroposophy is regarded as "the creation of Rudolf Steiner (1861-1925), the Austrian-born philosopher, dramatist, educator and esotericist" (Bamford, 2002, p. 1). Steiner was born in a small town in an area which was formerly at the border between Austria and Hungary and now is part of Croatia (Childs, 1995). He grew up in a Roman-Catholic family, and studied mathematics, natural history and chemistry in Vienna (Childs, 1995). Reportedly, he also taught himself Latin and Greek and studied the works of the contemporary philosophers of his time, such as Fichte (Childs, 1995). In 1883, at the age of 22 years, Steiner was invited to edit Goethe's scientific writings

for the „Deutsche Nationalliteratur", which he reportedly did with great enthusiasm (Childs, 1995). In 1891 he attained his PhD at the University of Rostock (Childs, 1995). Steiner was active as an educator. He followed the esoteric movement and he was an artist. In his role as an educator, Steiner founded the Waldorf or Steiner Schools (Bamford, 2002). As an esotericist, Steiner felt connected to "esoteric Christianity" (Bamford, 2002, p. 3). As an artist, Steiner was active in the areas of architecture, drama, painting and poetry, and he created the movement art "eurythmy" (Bamford, 2002).

As an initiate, according to Bamford, Steiner also achieved enlightenment "through intense inner work" (Bamford, 2002, p. 3). Steiner is reported to have "encountered the departed soul of a distant relation who had died by her own hand" (Bamford, 2002, p. 14). This is described as a "pivotal experience" (Bamford, 2002, p. 14) in Steiner's life which contributed greatly to his interest in the spiritual world. He was interested in and had influence on the education of children with intellectual disabilities. This interest has been reported to originate in his experience of tutoring a ten-year-old boy with hydrocephalus (Childs, 1995; Kern, 2007). Under Steiner's tutelage this boy, who was regarded as being "virtually ineducable" (Childs, 1995, p.13) made considerable progress and reached an intellectual standard qualifying him for grammar school entry (Childs, 1995). Apparently, the boy's hydrocephalic condition even diminished to some degree and he later became a military dermatologist (Kern, 2007).

Steiner was secretary of the German Theosophical Society for some time from 1902 onwards, and in 1913 he founded the Anthroposophical Society (Bamford, 2002; Childs, 1995). Amongst his most important writings are "The Philosophy of Freedom" (Steiner, 1964), "Occult Science. An outline" (Steiner, 2005) and "Karmic Relationships" (Steiner, 1997b). Steiner's complete works, mostly consisting of lectures, contain more than 360 volumes (Bamford, 2002), or perhaps even more than 440 volumes (Florschütz, 2007).

Anthroposophy's Main Characteristics

The term anthroposophy comes from the Greek "anthropos", human being, and "sophia", wisdom, and means "the wisdom of the human being"(Bamford, 2002, p. 8). Some of its origins lie in "late nineteenth-century Theosophy and occultism" as well as the Rosicrucian movement (Bamford, 2002). Anthroposophy has also been referred to as "the science of human self-knowledge" (Bamford, 2002, p. 20). It combines different ideas and principles, for example an "alternative science of nature" founded in an "alchemical understanding of natural and spiritual processes" (Bamford, 2002, p. 6) and a philosophy of the human being that includes concepts such as karma and reincarnation, life after death and "the participation of the heavenly hierarchies in time and history" (Bamford, 2002, p. 6).

The threefold and the fourfold model of the human being are an important part of this philosophy, as well as the relationship between humankind and the cosmos (Bamford, 2002). The development of anthroposophy as a philosophy, a spiritual path and a practical way of life was very much marked by endeavours to create "a philosophical alternative to the ruling paradigm", which Steiner perceived to be "materialist, positivist and Kantian" (Bamford, 2002, p. 15). Steiner intended to develop an alternative science which included what he perceived as realities of the spiritual world and which at the same time adhered to the "scientific method, but only in so far as this is rigorous, honest, phenomenological, experimental, logical, and repeatable" (Bamford, 2002, p. 19).

Steiner endeavoured to explore both the material and the spiritual world and to build a bridge between them, to reconcile sensory and supersensory phenomena (Childs, 1995). He regarded "the reality of thinking as a valid point of entry into the spirit" (Bamford, 2002, p. 1). Accordingly, one of the main characteristics of Steiner's philosophy is the idea of the "primacy of the spiritual world *through the experience of thinking*" (Bamford, 2002, p. 14) [Italics by Bamford]. Steiner stressed the importance of cognitive thinking and "clear, waking consciousness while leading an ordinary daily life" (Bamford, 2002, p. 2) in order to gain spiritual knowledge and reach different states of consciousness. Steiner was considered to have a calling "to unite humanity's evolving consciousness with the perennial wisdom of the ages in an appropriate, contemporary spiritual path" (Bamford, 2002, p. 4).

One of Steiner‟s declared goals was to bring about a union between "scientific and spiritual consciousness" (Bamford, 2002, p. 4). At the same time he advocated the idea that "the human being is essentially *spiritual* in nature, and as such has spiritual needs" (Childs, 1995, p. 35) [Italics by Childs]. His method of gaining knowledge about the world included – next to a Goethean phenomenological approach – meditative and spiritual training practices and supersensible perceptions, which was one of Steiner‟s main concerns (Florschütz, 2007). He rejected the idea of merely relying on objective and scientific means of cognition and of reducing science to what can be measured in a materialistic sense (Florschütz, 2007).

Steiner‟s philosophy also comprises aspects of a social movement which expresses itself in the "threefold social order" (Bamford, 2002, pp. 22, 23; Childs, 1995). This threefold social order encompasses the "economic sphere of brotherhood", the "judicial sphere of equality" and the "cultural sphere of freedom" (Bamford, 2002, p. 23).

The spiritual and physical centre of anthroposophy is the Goetheanum in Dornach, Switzerland (Bamford, 2002) near Basel. The original Goetheanum - a wooden building - was built in 1913 and burned down by way of arson on New Year‟s Eve 1922/23 (Bamford, 2002). It was rebuilt as a concrete building which is still visited today by many anthroposophists for various events, conferences or courses (Bamford, 2002).

In practical life, anthroposophy finds an expression in many areas, such as Waldorf pedagogy (Clouder & Rawson, 2003), biodynamic farming (Childs, 1995; Steiner & Thornton Smith, 2003), anthroposophical medicine (Hamre et al., 2004; Steiner & Wegmann, 1996) and cosmetics, and therapeutic communities such as "Camphill" (Jackson, 2006; Pietzner, 1990). Usually, in these communities, life is geared towards the needs of people (children or adults) with special needs, but looked at from a specific anthroposophical point of view. Workers and residents live together in so-called house-communities which have the character of an extended family setting ("Camphill Communities of Ireland," 2009).

Anthroposophists point out that anthroposophy is not a religion (Bamford, 2002), although there is a religious group connected to the anthroposophical movement, the so-called „Christian Community‟. However, anthroposophy strives to unite religion, art and science (Childs, 1995) and is critical of the separation between these aspects of

life. Anthroposophy assumes that "It is the current imbalance towards materialism, which also serves to isolate science from our other fields of knowledge, which is responsible for the manifold problems of the twentieth century" (Childs, 1995, p.35).

Perceptions of Steiner and his Philosophy within and from Outside Anthroposophy

Within anthroposophical circles, Steiner's specific ideas are perceived to establish the freedom and autonomy of the individual ego and of mankind as a whole. (Bamford, 2002; Childs, 1995). Steiner was also regarded as a "spiritual scientist or researcher" (Bamford, 2002, p. 2). His philosophy, which also contains elements of "a meditative practice", pursued "a way of knowing the world beyond the senses" (Bamford, 2002, p. 2). The outcomes of Steiner's phenomenological research in various areas are also subsumed under the term "spiritual science" (Bamford, 2002; Childs, 1995), for which "anthroposophy" was used as an alternative term (Childs, 1995). Steiner's phenomenological research was strongly influenced by Johann Wolfgang von Goethe (1749-1832), the German poet, dramatist and researcher (Childs, 1995), who also published about various topics in connection with natural sciences (Goethe, 1977). Steiner said about himself in the preface to the 1925 edition of "Occult Science. An outline": "In my Imaginative perceptions I beheld the spiritual life and being of individual Man and was able to describe this clearly" (Steiner, 2005, p.7). Steiner believed that his "knowledge of the spiritual" sprang from his "own spiritual vision" (Steiner, 2005, p.11)

Within anthroposophy, Rudolf Steiner is seen as a spiritual teacher whose esoteric school "taught a method of inner development and moral and psychological growth" (Bamford, 2002, p. 2). Anthroposophists today and in Steiner's time refer to him as a clairvoyant (Bamford, 2002). However, Childs acknowledged that Steiner's spiritual research "has little in common with what is generally understood by *clairvoyance*, a word that carries with it unfortunate connotations of unreliability and even charlatanry" (Childs, 1995, p.24) [Italics by Childs]. This suggests that in anthroposophy it is believed that Steiner's approach to clairvoyance is more reliable, more respectable and maybe more „scientific" than the above-cited „charlatanry". This is also reflected by the application of the term "spiritual science" (Bamford, 2002, p. 2) to Steiner's approach. While there isn't necessarily anything wrong with this, it also brings

up certain connotations for me. This is in some ways congruent with my experiences in personal and in work-related contacts with anthroposophists: I have often encountered the tendency in people to refer to Steiner‟s ideas as „truths‟ rather than „models‟ or „ideas‟. This supported my impression that the possibility that Steiner may have made errors, like any human being is bound to do, is rarely acknowledged within anthroposophy. Although I have been attracted to some anthroposophical ideas, especially its application of creative arts therapies and by its endeavours to find meaning in life beyond the confines of everyday materialism, this attitude, which I perceived as dogmatic, has always been one of my greatest difficulties with anthroposophy.

I have only read a small part of Steiner‟s and other anthroposophical authors‟ writings. But in what I have read so far I have hardly encountered voices that were critical towards Steiner within the anthroposophical or the AnMt literature. What I have read usually supported Steiner‟s hypotheses about life, the world, the cosmos and the human being, and some authors such as Pfrogner (1981), Engel (1999), König (1966), amongst others, developed his ideas further and applied them to areas such as music, music therapy or special education.

This is interesting from the point of view that in many other approaches or philosophies that have dealt with the human being, the human psyche and other rather profound topics, there usually have been different streams and opinions, which are often quite controversial. Psychoanalysis with all its different branches and representatives, such as Freud, Adler, Jung, and others, may be a good example for this. Nowadays, representatives of approaches related to psychoanalysis are not necessarily adherents of Freud‟s ideas. The same controversy and its resolution doesn‟t seem to exist in anthroposophy as regards Steiner‟s ideas. So far it is my impression that a critique of Steiner‟s ideas, sometimes balanced and probably more often not balanced, seems to be confined mainly to non-anthroposophical writers.

However, Bader, Leist & Ravagli pointed out that Steiner himself had mentioned that spiritual seekers were not infallible and that no human being was free from error. (Bader, Leist, & Ravagli, 2002). Accordingly, Bader et al. admitted that the possibility of error in Steiner‟s life-work could not be excluded (Bader, et al., 2002). The same authors (Bader, et al., 2002) also acknowledged that further self-critical commentary was available within anthroposophy (Ravagli, 1993-2005; Röschert, 1997).

However, it was not easy to find discussion of any issues regarding basic flaws in arguments or aspects that are now refuted. Kern noted that Steiner is and was a controversial personality and that while some see him as one of the most universally educated people of the 20th century, others regard him as a mystic lacking a scientific reputation and proposing a charlatan doctrine (Kern, 2007). Kern acknowledged that the literature has rarely achieved a balanced judgement guided by detailed insight into anthroposophy while providing a focused and comprehensible critique of the philosophical approach (Kern, 2007). However, Badewien for example has provided what could be regarded as a fair and factual critique towards anthroposophy to a certain extent, and has immersed himself into anthroposophical thinking in order to be able to provide a coherent statement about its scope and structure (Badewien, 1994).

Anthroposophy has attracted negative commentary including doubts about its scholarliness, concerns about its Christological statements, and the observation that statements relying on anthroposophy"s clairvoyant knowledge base are difficult to verify (Kern, 2007). Badewien has critiqued anthroposophy"s religious schema, which includes, for example, doctrines about karma and reincarnation, and claims about the existence of a fifth Gospel in the Akasha chronicles, a chronicle that is understood to exist in a spiritual realm and can only be accessed by seers (Badewien, 1994). Badewien has also appraised Steiner"s religious and Christological claims as irreconcilable with traditional Christian faith. However, he also described anthroposophy"s achievements, for example in being creative and courageous in its striving to provide an alternative to the established components of modern society perceived as problematic by many, such as school education or the health system (Badewien, 1994).

Kern has noted that towards the end of the 20th century allegations of racism, sectarianism, anti-Semitism and fascistic tendencies were made against anthroposophy (Kern, 2007). Even more recently, concerns were raised by German authorities – in this case the governmental department for family affairs - that certain texts by Steiner should be put on the index for writings that are harmful to minors, due to racist contents. This topic was covered in an article in "Der Spiegel" a German political magazine (kat/dpa, 2007). "Spiegel" reported that ultimately the books concerned were not put on the index because the publisher in question had agreed to annotate these passages accordingly in future publications (kat/dpa, 2007). Also, there are some strongly polemic comments against anthroposophy in the public media in Germany, for

example in the "Frankfurter Allgemeine Zeitung" (FAZ) (Heiser, 2010; Jungen, 2010). However, these contributions are not particularly differentiated in that they explore anthroposophy in an objective, informed and fair manner. They cannot be included as scientific contributions to the debate.

Kern has claimed that the above-mentioned racism allegations were based on single mistakable or misunderstood statements made by Steiner, some of which were also taken out of context. An investigation of this topic in 1997 ultimately rebutted these allegations (Bader, et al., 2002). Bader et al. referred to allegations of racism and anti-Semitism against anthroposophy as "absurd" (Bader, et al., 2002, p. 13) and pointed out that anthroposophy was humanistic, universalist and emancipatory (Bader, et al., 2002). According to Bader et al, during the era of national socialism, national socialist assessors examined anthroposophy and came to the conclusion that anthroposophy was pacifist, „adverse to the concept of race" ["rassenfeindlich"] (Bader, et al., 2002, p. 13) and in its nature irreconcilable with national socialism (Bader, et al., 2002).

Kern has indicated that in anthroposophical circles there is a willingness to take the discussion about racism allegations on board and to respond to these allegations if they are put forward in a sincere and fair manner (Kern, 2007). While it is beyond the scope of this thesis to explore these issues more deeply it seemed necessary to mention them as part of the critical discourse about the tenets of anthroposophy.

From my own experience of living and working in anthroposophical Camphill communities for a period of six years I never gained the impression that racism existed in anthroposophy. Co-workers in Camphill had a variety of nationalities and represented different ethnic groups. According to my experiences, no-one was discriminated, excluded or frowned upon because of their ethnicity. In other contexts of everyday living not connected to anthroposophy I encountered much more prejudice and narrow-mindedness in connection with people‟s ethnicity or religious beliefs. I would suggest from this that although some of Steiner‟s statements may seem racist when taken out of context and not seen in connection with the time in which they were written, the contemporary anthroposophy I encountered and am exploring and reflecting upon in this thesis does not have its basis in racist ideations.

Summer (1996) examined the claims and foundations of a number of music healing approaches she identified as belonging to the New Age movement. She criticised Steiner‟s esoteric ideas and his views on musical concepts, such as the „music

of the spheres", planetary scales and others, alongside with what she called "New Age music healing" (Summer, 1996, p. 7) traditions, into which she also included Steiner's approach. She referred to Steiner as "...a man whose theosophical offshoot, Anthroposophy, has had a marked influence on the New Age" (Summer, 1996, p. 21). She debunked some of the musical foundations of these approaches. This includes the Pythagorean idea of the existence of a music of the spheres, which, Summer argued, was based on a geocentric world view which doesn't apply to today's knowledge base any more (Summer, 1996). While some of Summer's criticisms seem comprehensible and rational, her critique of music therapy from an anthroposophical perspective did not include all of its components, such as diagnostics, referral, treatment, evaluation and training. Instead she referred to "Steiner influenced" musical healers (p. 21).

One of the main dilemmas in critiquing anthroposophy is connected to difficulties in proving and verifying statements made by Steiner and other anthroposophical writers. Ultimately this impedes scientific discussion, especially because modern positivistic research is based on proving and verifying research results. Super-sensible knowledge and the meditative path that leads to this knowledge, as practiced in anthroposophy, cannot easily be verified. However, Steiner claimed that his method is just as reliable in investigating the phenomena of the spiritual world as are scientific research methods in investigating phenomena of the material world (Kern, 2007).

Kern has posed questions relating to the range and validity of anthroposophical ideas about the human being, as they don't seem to include local-cultural, ethnic-cultural and epochal-cultural issues (Kern, 2007). In an informal personal communication, Susanne Metzner said the following about anthroposophy:

Zur Systematisierung: Die Anthroposophie scheint anderen Gesetzen/Strukturen zu folgen, als dies unsere Wissenschaftskultur vorsieht. Das hängt natürlich damit zusammen, dass auch andere Inhalte beschrieben werden. Man kann es mit der wissenschaftlichen Darstellung von Kunst vielleicht vergleichen, auch wenn das nicht dasselbe ist. Aber auch dort gibt es immer wieder das Phänomen, dass sie sich der wissenschaftlichen Strukturierung widersetzt. Ignoriert man

das, geht man am Gegenstand vorbei. Ignoriert man das nicht, kommt man bei der wissenschaftlichen Systematisierung eben in Teufelsküche. Bei der Anthroposophie kommt erschwerend hinzu, dass Rudolf Steiner sie meines Wissens ja aus den verschiedensten Bereichen zusammengesetzt hat. Also auch aus fernöstlichen Religionen und Philosophien. Das ergibt ein Konglomerat - sicher irgendwo auch reizvoll - aber es gibt verschiedene, und dazu noch ungenannte Referenzrahmen. Anders formuliert: Du wählst also mit der Anthroposophie einen Referenzrahmen, der in sich verschiedene, teils unbekannte, Referenzrahmen beinhaltet. Das macht es wirklich sehr schwierig: Blurred logic - ist in der Tat sogar ein Fachbegriff (S. Metzner, personal communication, November 20th, 2010).

[As regards systematisation: Anthroposophy seems to follow different laws/structures than is intended by our scientific culture. This is of course also connected to the fact that it deals with different contents. One could maybe compare it with the scientific depiction of art, even though it"s not the same. With art you also meet this phenomenon again and again, that it resists scientific structure. If one ignores this, one fails to meet the actual subject. If one doesn"t ignore it, one actually gets into hot water in terms of scientific systematisation. In the case of anthroposophy there is the added difficulty that Steiner – to my knowledge – has assembled it from all kinds of different areas. Including Eastern religions and philosophies. This adds up to a conglomerate, which is probably also quite attractive – but consists of different and often unnamed frames of reference. Or put in different words: With anthroposophy you actually choose a frame of reference which in itself contains different, partly unknown frames of reference. This really makes it very difficult: Blurred logic – this is indeed even a technical term].

It is something that I have observed when reading anthroposophical literature, especially Steiner: Sources are not necessarily stated and statements are made without giving the reader much information about how these statements have been verified or about their source. Nevertheless, I am not sure if this necessarily means that writing in a scholarly way about anthroposophy can"t be structured and scientific. For example, Till Florschütz wrote a successful doctoral thesis on an anthroposophical topic (Florschütz, 2007). Metzner"s critique made me think of the possibility that arts-based research, as was conducted, for example, by Ledger (Ledger, 2010), could be a useful possible research avenue for anthroposophy or anthroposophical music therapy.

In my opinion, Metzner"s objections are justified in so far as it is obvious that there is currently no objective, scientific way of verifying many of Steiner"s findings and beliefs. Anthroposophy"s esoteric character, and the above-mentioned meditative practice in exploring phenomena of the spiritual world don"t have an easy correspondence with the usual paths of causality, as was also pointed out by Kern (2007). However, this thesis does not question or investigate Steiner"s findings but rather provides the findings of an exploration of the music therapy approach which is based on the philosophy he founded.

Is Anthroposophical Literature Deliberately Exclusive?

One of Steiner"s biographers mentioned that Steiner"s books "are not always easy to comprehend" and that Steiner deliberately adopted a "somewhat convoluted literary style" (Childs, 1995, p.26). According to Childs, one of the most important reasons for this was the difficulty of describing issues from an immaterial world in the language of a material world (Childs, 1995), as well as Steiner"s own uncompromising attempt "to make as clear as possible to his readers what was clear to him" (Childs, 1995, p. 26). Childs noted that Steiner "never gave in to the temptation to „devalue" spiritual science by oversimplifying its more abstruse features" (Childs, 1995, p. 26) and suggested that the literary style of Steiner"s writings answered to leading "the reader through a genuine spiritual exercise" (Childs, 1995, p. 26). At the same time, it is recorded that "Steiner (…) refused to „popularise" his ideas or (…) to make sensational pronouncements merely for the sake of drawing attention to anthroposophy in the hope of making converts" (Childs, 1995, p. 81).

It has been admitted that Steiner‟s way of either inventing terms or using terms that are nowadays not used any more may be a stumbling block for some readers (Kern, 2007). Childs stressed that the "General Anthroposophical Society is an entirely public institution, and not in any way „secret‟, exclusive or doctrinaire" (Childs, 1995, p. 81). This point is interesting for two reasons. On the one hand, in informal conversations with a music therapy colleague who doesn‟t have an anthroposophical background, I gained the impression that this colleague thought that anthroposophical writings are purposefully written in a way that is difficult to comprehend in order to make it exclusive and unintelligible for the uninitiated person. If this was true, it may explain to some extent why critique of AnMt is so underrepresented in music therapy literature written by non-anthroposophists. For example, in his critical analysis of German art therapy approaches, Herrmann left out anthroposophical arts therapies stating that including them would require an analysis of anthroposophy which he claimed could not be done within the frame of his paper (Herrmann, 2000).

From my own experience in reading anthroposophical literature for this thesis some of it seems very unfamiliar and even strange, if not eccentric, to the untutored and uninitiated reader. But there is no actual evidence that it is the intention of this style of writing to exclude uninitiated readers. It may rather be the case that the contents of some esoteric, philosophical and world-view-related aspects of anthroposophy are in themselves difficult to comprehend.

Anthroposophical Models of the Human Being

In anthroposophy, there are a variety of models that are used to explain the human being. Some of these models, such as the fourfold and threefold human being, the model of the twelve senses and of the seven life processes, are outlined here, along with the role of different life rhythms. In addition to this, anthroposophical ideas about human development and basic principles of anthroposophical medicine, including views on illness and health, are described in this section of the thesis. Many of these concepts are highly complex. Therefore the kinds of minimal descriptions presented will naturally be incomplete, and to some extent also simplified. However, some attempt to deliver an overview of the anthroposophical tradition was essential to pursuing the goals

of the thesis and the materials covered are sufficient to provide a basis for the discussions and further findings presented in future chapters.

The fourfold human being.

According to Damen, the model of the fourfold human being points to the relationship between the physical part and other, immaterial and spiritual parts of the human being (Damen, 2004). It is based on the idea that body, soul and spirit are part of human nature (Steiner, 2004). Steiner suggested that the human being "consists of a physical body, an etheric body, an astral body, and an ego" (Steiner, 1970, p.121). These bodies or members of the fourfold human being are regarded as being connected to the mineral, plant and animal kingdoms in nature, and through their connection with these bodies, the different kingdoms of nature are assumed to be represented in the human being (Felber, 2003a, 2003c; Steiner, 2004). In the anthroposophical view, the physical body is linked to the mineral kingdom and constitutes the body that can be physically seen and touched (Felber, 2003c; Gäch, 2004) as the materialised part of the human being (Florschütz, 2007). According to Gäch, in the human being, the mineral quality shows, for example, in the skeleton (Gäch, 2004).

Bento acknowledged that in order to exist and not to fall into pieces, the physical body needs the help of the etheric body or life body, which is of a "fluid nature" (Bento, 2004, p.13), and incorporates the physical body into a time-related structure and thereby furthers the activity of life-building and formative forces (Felber, 2003c). The ether body is assumed to be connected to the plant kingdom (Felber, 2003c; Gäch, 2004). Gäch (2004) pointed out that in the plant kingdom, processes of growth, becoming and of decay are active, as is the case with the ether body of the human being. In this way, the ether body encompasses the organic nature of the human being (Gäch, 2004). The life body is perceived to contain the human being"s vitality, as well as deeply rooted habits and emotional imprinting, parts of the memory and the basis of a person"s emotional constitution (Florschütz, 2007). Steiner proposed that although the etheric body lives within and forms the physical body, it is not perceptible with "the external senses" (Steiner, 2004, p. 61). The ether body is understood to be connected with the cosmos (Steiner, 2002).

According to Steiner (2004) the astral body – also called sentient body – is the finest of the four bodies. Kern stated that the astral body contains all the different

26

attributes of the soul and is not material even if it corresponds to physical reactions (Kern, 2007). Steiner remarked that the sentient body is the place where human desires are located (Steiner, 2004), while Florschütz mentioned that short-termed emotional imprinting and feelings are also part of the astral body (Florschütz, 2007). From an anthroposophical viewpoint, the astral body is related to the animal kingdom (Felber, 2003c) in so far as instincts, desires and drives are contained in it (Gäch, 2004). In this way, this body is the place where the human emotional life is active (Felber, 2003c). Kern remarked that the astral body is in interchange with the ether body on the one hand and the will on the other hand, but is also connected to thinking, thereby creating consciousness (Kern, 2007).

Gäch (2004) proposed that practising music is a pathway for access to the astral body. She claimed that music is a gateway to inner soul qualities. According to Gäch, music promotes the ability for inwardness in the human being (Gäch, 2004), and she suggested that in musical practice, the structural principles inherent in music can enhance and support the development of structural principles within the human organisation (Gäch, 2004).

The ego is understood to be the part of the human being that is usually perceived as the core of the personality (Kern, 2007). Through it human beings perceive the laws of the outside world by way of thinking and thereby absorb part of the world"s spiritual aspects (Kern, 2007). While the other three bodies are connected to the mineral, plant and animal kingdom, the ego is perceived to be connected to the sphere of the human being (Gäch, 2004). The ego is characterised by the ability of the human being to be aware of him or her self and his or her surroundings, and the ability to be aware of the spiritual and to be active in a spiritual and creative way (Felber, 2003c). According to Gäch, the ego"s main characteristic is individuality, which shows especially in human speech and language (Gäch, 2004). Kern explained that the ego reaches into the three lower members as a spiritual influence and incarnates bit by bit (Kern, 2007).

In the anthroposophical understanding, the ego is responsible for a person"s motivation to learn and for the ability to bypass immediate gratification of needs (Kern, 2007). Steiner believed the ego to contain a person"s ability to love (Steiner, 2002). According to Gäch (2004), the ego shows in all the different parts of the human organism. As an example, the human skeleton is mentioned, which is adapted to the human being"s upright way of walking (Gäch, 2004; Kern, 2007). Kern proposed that

the ego is already expressed in an infant‟s attempts to lift his head (Kern, 2007). Gäch explained that the glands, which are seen as a physical basis of the ether body, can adapt to the different activities and intentions of the human ego (Gäch, 2004). Gäch understood that the hormonal regulation systems in the human body respond to a person‟s different emotional states but can also be stabilised by intentions of the ego (Gäch, 2004). Gäch (2004) saw this as one of the foundations for the effectiveness of psychotherapy in the treatment of psychosomatic illnesses. Kern stressed that the human ego is constantly developing and evolving, which can be seen in the fact that ego-consciousness is different in different developmental or life stages (Kern, 2007).

Some authors have suggested that the different members of the fourfold human being are not separated from each other but interact with and support each other in their functions (for example Gäch, 2004; Kern, 2007). Gäch (2004) allocated different arts to the different members of the human being. She proposed that architecture is connected to the physical body and the mineral kingdom, sculpture to the ether body and the plant kingdom, music to the animal kingdom and the astral body and drama and the arts, through their connection with speech, are associated with the ego and the human sphere (Gäch, 2004).

The threefold human being and its connection with thinking, feeling and willing.

While the above mentioned four members of the fourfold human being are perceived to provide an understanding of the human being‟s structure in connection with his or her relationship with nature, the model of the threefold human being offers insight into the fields of action in between these four members (Gäch, 2004). In addition to the fourfoldness described above, a threefoldness is assumed to be connected to the soul activities of thinking, feeling and willing (Gäch, 2004). Thinking, feeling and willing are understood to be respectively connected to "the head system, the chest system and the digestive system with the limbs" (Steiner, 2004, p. 37).

Steiner stressed that these three systems don‟t have fixed boundaries but are connected:

> In the head we are principally head, but the whole human being is
> head, only what is outside the head is not principally head. For
> though the actual sense organs are in the head, we have the sense
> of touch and the sense of warmth over the whole body (Steiner,
> 2004, p. 37).

Steiner (2004) wrote that the same rule applied for the chest and the limb systems. Felber stated that when considering the human being in accordance with this model of the threefold human being, a polarity between the head and the limb system, the upper and lower human being becomes apparent (Felber, 2003a). The middle human being, which manifests in the chest or trunk part of the human body, is seen as the meeting place of these two polarities (Felber, 2003a). The upper human being – with the head as its main manifestation – is seen as an expression of the world of ideas and sense perceptions on the physical basis of nerve substance (Felber, 2003a). It is also described as a calming, cooling influence within the human organisation (Felber, 2003a; Gäch, 2004; Reinhold, 1996). Gäch stated that structure-building and shaping tendencies are at work in the upper human being (Gäch, 2004).

From an anthroposophical point of view, the lower human being finds a physical manifestation in the limbs and in the metabolism (Damen, 2004; Felber, 2003a; Gäch, 2004). Its task is one of movement and activity (Felber, 2003a; Gäch, 2004) but also of producing warmth and decomposition of substances (Gäch, 2004).

The middle human being physically manifests in breathing and heartbeat (Felber, 2003a). It is also called the „rhythmic system‟ (Damen, 2004; Felber, 2003a; Gäch, 2004) and functions as a mediator between the head and the limb system (Felber, 2003a; Gäch, 2004). In the middle human being, the current state of wellbeing of a person is evident, for example, manifested in accelerated heartbeat, laboured breathing or sighing (Felber, 2003a).

In anthroposophy, the three different parts of the human being are perceived to be connected to three different soul activities: thinking, feeling and willing (Steiner, 2004). Steiner suggested that the head is connected to thinking and "brings to rest" in the human being "what the limbs perform in the world by way of movement" (Steiner, 2004, p. 144). According to Lievegoed, the task of thinking is "to understand creation in

its overwhelming complexity and diversity" (Lievegoed, 2005, p. 120). Lievegoed suggested that the process of thinking is basically about putting an order into what one perceives and trying to find regular patterns and laws in it, with the aim of gaining a clearer picture of reality (Lievegoed, 2005). In anthroposophical thinking, the principle which underlies the act of thinking is the "creative principle" of "objective reality" or "divine logic" (Lievegoed, 2005, p. 121). From an anthroposophical point of view, the physical foundation of thinking is the nerve-senses-system (Damen, 2004; Gäch, 2004).

Steiner proposed that the lower human being, located in the limbs and the metabolic system, "is of a will nature" (Steiner, 2004, p. 45). In this context, will is also described as "our will for action" (Steiner, 2004, p. 31) or as "that part of the human soul where an attempt is made to enter the outside world through activity" (Lievegoed, 2005, p. 173).

The chest- or middle system is understood to contain feelings (Felber, 2003a), to stand between the upper and lower human being and to mediate "between the movement of the outer world and what the head brings into rest" (Steiner, 2004, p. 144). In connection with the soul quality of feeling, Lievegoed claimed that human emotions have the quality of a "semi-conscious dream state" (Lievegoed, 2005, p. 70). At the same time, feeling "fluctuates between being open and closed to the outside world" and constitutes "the real core of the soul"(Lievegoed, 2005, p.165). Lievegoed stated that feelings always swing between the polarities of "sympathy and antipathy, love and hate, friendship and enmity, being open and being reserved, acceptance and rejection" (Lievegoed, 2005, p. 22). According to Lievegoed (2005), the way in which feelings sway between these polarities, creates a pattern which resembles the rhythmic processes in the human being, such as inhalation and exhalation or diastole and systole. At the same time it resembles the cosmic rhythms, which show, for example, in the change between night and day or the different seasons (Lievegoed, 2005). Damen claimed that most people experience their emotions as the centre of their personality (Damen, 2004). Steiner suggested that feeling also bears a connection with the spiritual world (Steiner, 1946).

It was mentioned previously here that the upper, middle and lower human being can't be divided and that they interact with each other. The same is considered to be true for the three soul activities of thinking feeling and willing:

Everything in man is partly of a knowing nature, partly of a feeling nature and partly of a willing nature. The knowing is principally knowing, but also of a feeling and willing nature; the feeling is principally feeling, but also of a knowing and willing nature: and the same is true of willing (Steiner, 2004, p. 115).

Steiner stated that of the three systems, the upper human being, located chiefly in the head, is the part that "is a manifestation of what is essentially human, of the human soul and spirit" (Steiner, 2004).

Head	Chest	Abdomen/Limbs
Upper human being	Middle human being	Lower human being
Thinking	Feeling	Willing

Table 1: Parts of the human organism and their connections to the soul qualities of thinking, feeling and willing

The twelve senses.

Steiner (2004) proposed that human beings have twelve senses instead of six, as suggested by what Steiner described as "ordinary science" (Steiner, 2004, p. 115). According to Steiner, the six generally accepted senses are the senses of hearing, warmth, sight, taste, smell and touch (Steiner, 2004). Steiner (2004) stressed that the senses of warmth and touch – often considered as one – are not the same. This has to be seen in the context of Steiner's time. Today there may be different theories regarding this subject. Steiner added the following six senses: The senses of ego, thought, speech, balance, movement and life (Steiner, 2004).

The sense of ego encompasses the ability to perceive another person's ego (Damen, 2004; Steiner, 2004). However, Steiner explained that the sense organ for the perception of another person's ego is not the same as the organ for perceiving one's own ego (Steiner, 2004). The perception of one's own ego is described by Steiner (2004) as "a process of will" while the perception of another person's ego is "a process of knowledge" (Steiner, 2004, p. 117).

Steiner referred to the sense of thought as a sense for the perception of the thoughts of other people, not one‟s own thoughts (Steiner, 2004). He stressed that the sense of thought was not identical to the sense of speech, as speech only "mediates" thoughts (Steiner, 2004, p. 11). According to Steiner, the sense of balance is a "sense-like consciousness" in balance (Steiner, 2004, p. 119), which aids in orientation to the left and right, forwards and backwards (Steiner, 2004). Steiner claimed that this sense relates more to the perception of balance than to the act of balancing (Steiner, 2004). The sense of movement is seen as a sense for the perception of one‟s own movement, for the perception of "whether we are at rest or in movement, whether our muscles are flexed or not" (Steiner, 2004, p. 119). Steiner claimed that the sense of life incorporates "the perception of the well-being of the body in the widest sense" (Steiner, 2004, pp. 119, 120).

From an anthroposophical point of view, the senses of touch, life, movement and balance "are mainly penetrated by will activity" (Steiner, 2004, p. 120) and more physical or bodily senses (Damen, 2004; Scheuerle, 2004), while the senses of smell, taste, sight and warmth "are chiefly feeling senses" (Steiner, 2004, p. 120) which connect the human psyche with the outside world (Damen, 2004). The senses of hearing, speech, thought and ego are summarised as being "predominantly knowledge senses, because the will in them is really sleeping will….in whose manifestations there vibrates also a cognitive activity" (Steiner, 2004, p. 123). Damen (2004) proposed that the knowledge senses were linked to spiritual qualities.

Steiner explained that people use their judgement to join together the separate parts provided by sense perceptions (Steiner, 2004). He suggested that with a number of twelve senses there was "a fair number of possibilities of uniting what is separate. What the ego sense experiences we can connect with the other eleven senses, and that is true of each sense" (Steiner, 2004, pp. 122, 123). Steiner (2004) considered it to be important that in child education the development of each sense is taken on board.

Damen considered that all twelve senses work together in all human activities and that external and internal interaction of the twelve senses exists (Damen, 2004). An example for the external interaction mentioned by Damen (2004) is eye-hand coordination, in which the senses of sight and of movement collaborate. According to Damen, internal interaction of the senses can be achieved through intensive listening, which activates imaginative forces (Damen, 2004). From an anthroposophical point of

view, musical activities are the place where external and internal sensory processes meet and intermingle, which releases creative energies in the human being (Damen, 2004).

The seven life processes and the etheric movements.

Steiner and Engel distinguished between seven life processes connected to the ether body: Breathing, warming, nourishing, secreting, maintaining, growing and reproducing (Engel, 1999; Steiner, 1910). Engel (1999) explicated that in reproducing the physical body repeats its own formations, in growth something new comes about from what already exists, in maintaining the existing works on the existing, and in secretion processes something is discarded which was previously in the system. Reproducing, growing, maintaining and secreting are seen as life processes happening in the organs (Engel, 1999; Steiner, 1910). In contrast to this, nourishing, warming and breathing are perceived to be life processes where something is absorbed from or exchanged with the outside world (Engel, 1999; Steiner, 1910). Steiner and Engel proposed that both the ether body and the tones and harmonies of the spheres originated in the „lower spiritual world" ["Aus der niederen Geisteswelt"] (Engel, 1999, p. 112; Steiner, 1910).

Engel (1999) considered that in connection with the ether body, the number seven is important, which is connected to seven planets with the sun in the centre. In connection with the senses the number twelve, as expressed in the model of the twelve senses, is believed to be connected to the Zodiac (Engel, 1999). Therefore, from an anthroposophical point of view, the planetary system stands behind the life processes (Engel, 1999). In this context, Engel mentioned the therapeutic use of planetary scales and suggested connections between the tones of the diatonic scale and the planets (Engel, 1999). It is assumed that the tone B is connected to the Moon, A to the Sun, G to Saturn, F to Venus, E to Jupiter, D to Mercury and C to Mars (Engel, 1999; von Lange, 1968).

Engel stated that the ether body is connected to colours and that it is in constant movement (Engel, 1999). He claimed that this had been reported by people who were able to see the ether body (Engel, 1999). Engel suggested that this movement is not so much a physical movement but an etheric one (Engel, 1999). He wrote about a variety

of different etheric movements, such as the movement of uprightness, which is an etheric movement that counteracts gravity (Engel, 1999). This is also connected to an AnMt treatment called the „inner movement of uprightness‟, which consists mainly of octaves and primes and is proposed to promote uprightness in clients (Lindenberg, 2004).

The speech movement is assumed to enable a person to speak and to act as an urge to speak (Engel, 1999). According to Engel, there is also a breathing movement, a reproduction movement, which is seen as an urge to renew blood cells, a gland movement, which causes the glands to work, a blood movement and a thinking movement (Engel, 1999). Engel proposed that the thinking movement is necessary to avoid that human thinking becomes static (Engel, 1999). He postulated that the etheric movements mentioned above have their origin in polarity and find a musical expression in rhythm (Engel, 1999). Rhythms can be found everywhere in the human organism, such as in breathing, production and decomposition of substances in the organs such as liver or gallbladder, in heartbeat and even in thinking (Engel, 1999). Engel (1999) suggested that in the area of music, a specific rhythm could be found in each musical interval. He understood this to be an etheric quality, which can be perceived through careful listening (Engel, 1999). According to Engel, the most harmonious rhythm is found in the ascending octave and finds an expression in the movement of uprightness (Engel, 1999). Engel made further connections between musical intervals, their rhythms, the life processes and other etheric processes which are very elaborate and would lead beyond the scope of this thesis. For the context of this thesis, especially the inner movement of uprightness is of interest, since it was also mentioned by one of the interviewees, as will be seen in the second part of the thesis.

The role of life rhythms and polarities.

The fact that rhythm plays an important role in everything that lives is not only known in anthroposophy. Nature, life and also the human organism are connected to certain cycles or rhythms (Wünsch, 2004a). From an anthroposophical point of view, the natural rhythms occurring in the middle human being, such as pulse and breathing, can be associated with musical phenomena (Wünsch, 2004a) while at the same time the middle human being is the place where music has its greatest effect (Reinhold, 1996; Steiner, 1970; Wünsch, 2004a). In anthroposophy, cosmic rhythms are associated with

rhythms in the human organism, with musical rhythms or even with musical phenomena such as major and minor (Reinhold, 1996; Wünsch, 2004a). The following paragraphs show examples of rhythmic processes relevant for the human being, which are based on polarities.

Breathing.

According to Steiner, breathing constitutes one of the most important relationships the human being has with the external world (Steiner, 2004). He claimed that "in breathing there dwells already the whole threefold system of physical man" (Steiner, 2004, p. 20). Steiner pointed out that metabolism is closely connected to breathing while the breathing process is connected to the blood circulation through metabolism (Steiner, 2004). He stated that the blood circulation "receives into the human body the substances of the external world which are introduced by another path, so that on the one hand the breathing is connected with the whole metabolic system or digestive system" (Steiner, 2004, p. 20). Reinhold (1996) considered that the process of breathing doesn"t only have a balancing effect on the organism but that it is also affected by emotional states or moods. At the same time, the whole human organism is influenced by emotions through the process of breathing (Reinhold, 1996).

Steiner proposed that all rhythm is assumed to be rooted in the connection between pulse and breath (Steiner, 1980). According to Steiner, there is a ratio of about 18 breaths to 72 pulse beats per minute, which equals a 1:4 ratio. Steiner admitted that this can differ between individuals, but that generally speaking all humans share a similar rhythmic experience (Steiner, 1980). Steiner concluded that human perception of rhythm is rooted in this correlation between breathing and heartbeat or blood circulation (Steiner, 1980).

Wünsch explained that the above mentioned 1:4 ratio of breath and pulse manifests in the human being around the age of nine years (Wünsch, 2004a). According to Wünsch, Steiner made the following calculation: 18 breaths per minute would be 60 times 18 breaths per hour. 24 times this sum (1080) is the amount of breaths per day, and this equals 25,920 (Wünsch, 2004a). According to Wünsch, the number 25,920 represents the amount of years the sun needs to move through the whole of the zodiac. This example is seen as an indicator for the connections between human breathing and the cosmos (Wünsch, 2004a).

Wünsch (2004) stated that in normal breathing, the intensity and speed of the exhaled air increases in the first third of the time needed for exhalation. After this first third, intensity and speed gradually decrease (Wünsch, 2004a). On a musical level, Wünsch compared the energetic component of the breath flow with Gregorian chant and sung parts of masses and the liturgy of the hours. He perceived that breathing and chant share the same subtle changes of acceleration and deceleration (Wünsch, 2004a). He also pointed out that the duration of the phrases as indicated by the length of the breath can constitute a formative influence in musical phrasing (Wünsch, 2004a). Similar rhythmic and formative patterns are also perceived to be present in the cosmos (Wünsch, 2004a). It is assumed that in this way, the human being is connected to the world and to the cosmos through music and through breathing or even through breath-like phenomena in music (Wünsch, 2004a). Wünsch traced the fact that small children often quite naturally sing in the natural rhythm of the breath back to the idea that small children come from the cosmic world (Wünsch, 2004a).

Engel (1999) alluded to the anthroposophical idea that in ancient times, human beings experienced the divine world through breathing processes. In anthroposophy, there is an idea that at a later stage in history, human beings breathed in soul elements of the world ["Seelenelemente, Seeleninhalte"] (Engel, 1999, p. 125). Engel stated that today human beings breathe in air, but that nowadays the air is not as it used to be, as it is mixed up and electrified (Engel, 1999). Engel considered that since the invention of radar and television, lung cancer has increased remarkably (Engel, 1999). He posed the question whether there might be a connection between these two developments (Engel, 1999). Engel (1999) linked inhalation and exhalation with certain musical tone sequences. He connected the process of inhalation with the tones D, E, F, G, A which is the beginning of the mercury scale and starts on the lung tone D (Engel, 1999). Exhalation is associated with the tone sequence G, A, B, C, D which leads back to the beginning tone D and thereby arrives back at the starting point (Engel, 1999).

Sleeping and waking.

Steiner (2004) considered that in sleeping, human beings carry their physical everyday experiences with them into sleep, thereby bringing these experiences into the spiritual world. From an anthroposophical viewpoint, children are not yet able to carry out this process fully (Steiner, 2004). According to Steiner (2004), carrying experiences

of the physical into the spiritual world during sleep fulfils the purpose of processing these experiences in the spiritual realm. In turn, the results of this spiritual processing are understood to be carried back into the physical plane (Steiner, 2004). In this way, the human being "can receive and bring back with him power from the spiritual world which will help him to be a true human being in physical existence" (Steiner, 2004, p. 22). What Steiner (2004) called sleeping, waking and dream consciousness, is perceived to be connected to the soul activities of thinking, feeling and willing (Steiner, 2004).

Steiner claimed that if a person doesn"t sleep long enough, his or her "ego consciousness becomes weaker (.....), hypersensitive, too much given up to all the impressions of the outer world" (Steiner, 2004, p. 112). From an anthroposophical viewpoint, during sleep, the human ego and astral body temporarily separate from the physical and ether body (Steiner, 2004). Steiner proposed that in this way the astral body and ego collect "force in the spiritual world in order to refresh the physical and etheric bodies" (Steiner, 2004, p. 113). Steiner (2004) also compared remembering and forgetting with waking and sleeping. He regarded forgetting to be linked to sleeping and remembering to waking (Steiner, 2004). Steiner considered that forgetting is just as important for the human being as sleeping and that remembering and forgetting have to be in balance (Steiner, 2004).

According to Steiner, from a spiritual point of view, human life "takes its course in waking, dreaming and sleeping" and "all the different manifestations of human life can be characterised as fully awake, dreaming or sleeping conditions" (Steiner, 2004). Lievegoed stated that from a developmental aspect, a child begins to sleep less and spend more time being awake as his or her levels of consciousness rise (Lievegoed, 2005).

Sympathy and antipathy.

Steiner believed that sympathy and antipathy are forces that are active in the human being on an unconscious level (Steiner, 2004). To Steiner, sympathy and antipathy respresent the nature of human feeling "which consists continually of a rhythm, of an alternating between sympathy and antipathy" (Steiner, 2004, p. 31). According to Steiner (2004) the "seed of the soul life" (p.31) is an alternating rhythm of sympathy and antipathy. He proposed that human thinking depended on antipathy and willing depended on sympathy (Steiner, 2004). Steiner (2004) also suggested that

sympathy and antipathy are closely linked to the concept of the threefold human being. Steiner thought that the head, the chest and the lower body are "boundaries at which antipathy and sympathy meet" (Steiner, 2004, p.36).

Lievegoed associated sympathy and antipathy with opening up towards the world and rejecting it and considered them to be part of a "great respiratory process between the spirit and the world, a diastole and systole…." (Lievegoed, 2005, p.165). Lievegoed (2005) stressed the importance of finding a good balance between these two principles. He suggested that feelings tend to swing between the extremes of "sympathy and antipathy, love and hate, laughing and crying" (Lievegoed, 2005, p.165). According to Lievegoed, focusing on only positive feelings is not healthy and could result in "superficial sentimentality", as "feelings are brought forth from contrast and the nature of their polarity" (Lievegoed, 2005, p.170). This idea of polarity, not only as a principle of human emotionality but also as an essential principle of the living world is also found in Goethe"s writings about natural science (Goethe, 1977).

Death and rebirth, karma and reincarnation.

Steiner (2002) proposed the existence of reincarnation. He claimed that during death the physical body immediately separates from the other bodies (Steiner, 2002). Steiner suggested that subsequently, the ego, astral body and etheric body briefly connect in a way they weren"t connected during life (Steiner, 2002). According to Steiner, this connection lasts for a few days and is responsible for "a person"s first experiences after death" (Steiner, 2002, p.35). During these first experiences, the human soul is assumed to see everything that was "absorbed during earthly life through our senses" (Steiner, 2002, p.35). At a later stage, the etheric body is proposed to separate from the ego and astral body (Steiner, 2002). Steiner stated that during this phase the human soul has a completely different conception of the world and that what was formerly important has no meaning any more (Steiner, 2002). According to Steiner (2002), the human soul then enters a "cosmic stage" in which it remains until it is reborn into "earthly existence" (p.42).

From an anthroposophical point of view, death and rebirth are connected to karma and reincarnation (Steiner, 1960). For example, Engel described the human astral body as one of the most differentiated organisations in the human being which contains the results of people"s experiences in the time span between their last death and their

birth into the present existence or incarnation (Engel, 1999). In this way, the astral body is connected to karma (Engel, 1999). Engel (1999) stated that the astral body starts to permeate the different organs of the physical body during the first 14 years of life. According to Engel, this process is completed around puberty, during which time a person is able to assimilate the consequences of his or her own actions into the astral body (Engel, 1999). At that stage, the astral body is considered to be fully mature (Engel, 1999).

From an anthroposophical perspective, the way the astral body manifests in the organs can also create a predisposition for certain diseases, which is linked to constellations and burdens from a previous life (Engel, 1999; Florschütz, 2007). In that sense diseases can have karmic aspects. (Engel, 1999; Florschütz, 2007). Once the astral body is „mature", the actions, feelings and experiences of the present incarnation create „new" karma for later incarnations (Engel, 1999).

Damen considered that in anthroposophy the human ego is regarded as an eternal presence which develops further in the course of a number of incarnations (Damen, 2004). In between the incarnations the ego is believed to exist on as a spiritual entity (Damen, 2004). According to anthroposophical thinking, the memory of previous incarnations vanishes when the soul is reborn into a new body, so that the person can develop freely in his or her new incarnation (Damen, 2004). However, skills and experiences that have been gained in previous lives are still believed to be present in the person"s unconscious mind, where they form a basis for further development (Damen, 2004). Experiences gained in the present incarnation, for example through dealing with an illness or disability, are perceived to be carried forth to the next incarnation in order to provide strength and support for further development (Damen, 2004).

Florschütz acknowledged that in contrast to Eastern views of karma and reincarnation the anthroposophical view of these phenomena stresses the human being"s own responsibility in the development furthered by the constant karma and reincarnation processes (Florschütz, 2007). In this context, painful experiences in a person"s biography are interpreted as biographical phases needed for the soul"s development (Florschütz, 2007). In this context, the human soul is regarded as transcending the individual and personal biography (Florschütz, 2007). From an anthroposophical point of view, whether or not a person develops illnesses in the face of challenging biographical experiences depends on the degree to which a person manages

to realise the karmic tasks of his or her soul development (Florschütz, 2007). In anthroposophical thinking, there is a theory that developmental tasks related to karma can manifest in a person in the shape of physical diseases (Florschütz, 2007). The assumed connections between physical diseases and karma (Engel, 1999; Florschütz, 2007) have already been mentioned above and open up certain possibilities for treatment in anthroposophical therapies. For example, Florschütz (2007) pointed out that if the karmic task connected to an illness can be revealed, realising this task to a higher degree can sometimes help in treating the illness.

From what has been stated above, it could be concluded that „curing" diseases may not always be the ultimate, or at least not the only aim of AnMt, as well as other anthroposophical therapies. From an anthroposophical point of view, having a positive influence on a person‟s karma may be just as important. Maybe the fact that AnMt also plays an important role in terminal care (Treichler, 1996) supports this idea to some extent, since in this context, the successful treatment of diseases is not the principal objective.

Human development from an anthroposophical point of view.

Anthroposophy has a specific view on human development. The purpose of this section is to outline some of the basic ideas that are crucial to the anthroposophical view of human development, focusing mainly on the period from infancy and early childhood to puberty and young adulthood. As AnMt had its beginnings in work with children with intellectual disabilities (Beilharz, 2004a) considering the parameters of the developmental approach taken is an important pathway to understanding more about AnMt. This developmental perspective is relevant in an exploration of the anthroposophical music therapy approach because of its relationship to the diagnostic process in this work. The client when seen in these developmental terms may have become stuck at a certain stage or essential developmental steps may not have taken place. This recognition then informs possible indications and treatment methods in AnMt.

In the first part of this section an overview of Steiner‟s writings about human development will be considered, especially the three seven-year-periods that make up the start of human development. These views are then elaborated through consideration of the development of thinking, feeling and willing.

Overview of Steiner's perspective to human development.

According to Steiner, the young child is primarily body, in middle age the human being is chiefly soul, and in old age, the human being is mainly spiritual (Steiner, 2004). He proposed that while in the child, willing and feeling have grown together- which shows in the fact that an infant's movements exactly correspond to its feelings – in later life the feeling is to be released from the willing (Steiner, 2004). In the old person, the thinking and feeling have grown together, while willing is independent (Steiner, 2004).

The first two decades of human life, which are the ones mainly concerned with education, can be sub-divided again into three different periods (Steiner, 2004). Steiner pointed out that up until the change of teeth the child wants to imitate everything he or she sees (Steiner, 2004). During this time, the child "is still filled with the devotion that one develops in the spiritual world" (Steiner, 2004, p.134), which in Steiner's view is the reason why the wish to imitate arises. Steiner (2004) proposed that the child's unconscious general assumption at this age is that the world is moral and that young children still live in their pre-natal, spiritual past to some extent (Steiner, 2004).

From age seven up to puberty the child "wants to take on authority what he has to know, feel and will" (Steiner, 2004, pp.125, 126). Steiner indicated that in this developmental stage, children live in the present and have a strong interest in their environment (Steiner, 2004). He stressed that at this time in life, the human being wants to enjoy the world. Steiner suggested that the unconscious assumption of the child in this age group is that the world is beautiful and that the arts would be a good medium to meet this tendency in the child (Steiner, 2004). After puberty the young person is perceived to strive to relate to the world through "individual judgement" (Steiner, 2004, p.126). At this age, the adolescent assumes that the world is "true" (Steiner, 2004, p.136). Steiner found that the child "descends into this physical world out of higher worlds" and that the past "descends with him" (Steiner, 2004, p.136). In this way, past, present and future are "planted in the growing child" (Steiner, 2004, p.136).

According to Steiner, the child's development proceeds from the head, up to the change of the milk teeth, to the chest, during primary school age, and, during puberty, to the limbs (Steiner, 2004). Lievegoed claimed that the head is the part of the human body, which stops growing and completes its development first (Lievegoed, 2005).

After this has happened, around the age of two, the "soul-force" (Lievegoed, 2005, p.125) of thinking begins to develop. Toddler age is marked by "the large abdomen" (Lievegoed, 2005, p.125). After the age of four years then, when this development comes to a close, "creative imagination" (Lievegoed, 2005, p.125) arises. After the age of five years the limbs start growing and when this has come to a certain change in the child"s figure, the will emerges (Lievegoed, 2005). Around the age of seven the head and the features change, and this is the time when "New thought-processes emerge" (Lievegoed, 2005, p.125), which make it possible for the child to think in images (Lievegoed, 2005). From age eight to ten there are developments in the trunk again at the end of which there is a "change in the child"s feelings" (Lievegoed, 2005, p.125). During pre-adolescence, the limbs grow again, which is followed by a "change in the will, so that the child is now ready to face the world" (Lievegoed, 2005, p.126). Along with the "harmonization and change in the facial features" during adolescence, the youth "tries to form a world picture" (Lievegoed, 2005, p.126). Afterwards, another "growth in breadth" (Lievegoed, 2005, p.126) occurs: the young person"s figure becomes "more rounded" and the "phase of self-discovery" (Lievegoed, 2005, p.126) begins. With "maturation into the stature of the adult" comes an "orientation towards society" (Lievegoed, 2005, p.126).

The three seven year periods of child development.

From an anthroposophical point of view, human development is divided into seven-year-periods (Bento, 2004; Kern, 2007; Lievegoed, 2005). Bernard Lievegoed wrote about "three periods of about seven years each" (Lievegoed, 2005, p.20): the first period lasts from birth to change of teeth, the second one from the change of teeth up to puberty and the third one from puberty to adulthood (Lievegoed, 2005).

From birth to change of teeth.

Generally, the first seven-year-period of child development is marked by an extensive transformation of the physical body. This process is mainly accomplished through the forming and constituting forces of the ether body (Bento, 2004; Kern, 2007). From an emotional point of view, the child is very open to his or her environment and meets the world "with unlimited trust" (Lievegoed, 2005, p.20). During infancy, the first phase of this developmental stage, the child"s consciousness is

mainly perception, and the will is active in the child (Lievegoed, 2005). Because there is not so much consciousness present yet, "impressions are deepest and may penetrate the most profound unconscious levels of the soul" and form "a foundation for later more conscious experiences" (Lievegoed, 2005, p.57). In infant age the child, who outwardly doesn‟t seem to understand a lot, "intensely assimilates the deeper spiritual content surrounding it" (Lievegoed, 2005, p.58).

During toddler age, speech develops and the child begins to learn how to walk. In speech, the child tends towards „a‟- sounds first, and the development of speech from an anthroposophical point of view is seen as the laying of a foundation for "conscious soul-life" (Lievegoed, 2005, p.61). According to Lievegoed (2005), speech acquisition "brings a breaking of the ties between the core of the self and the surrounding world, a process that only ends with puberty" (p.64). At the same time, speech acquisition is connected to the development of thinking (Lievegoed, 2005). Lievegoed pointed out that during toddler age the language spoken around the child is of fundamental importance (Lievegoed, 2005). This fact produces difficulties, for example, in the education of deaf children (Lievegoed, 2005). The beginning of the development of thought, according to Lievegoed, begins between the second and third year (Lievegoed, 2005).

All in all, the first developmental phase is mainly marked by "physiological development" (Lievegoed, 2005, p.97). The experiences made in this period of life form the "*deepest unconscious layer*" (Lievegoed, 2005, p.117) [italics by Lievegoed] in later adult life.

From change of teeth to puberty.

In the second developmental phase, children still live in their own little world, but they start to have friends (Lievegoed, 2005). In this developmental stage, they can easily be addressed through fairy tales (Lievegoed, 2005). This phase is mainly marked by "psychological development" (Lievegoed, 2005, p.97). In adulthood, the experiences made during this time survive in the shape of the "*semi-conscious or subconscious layer*" of the soul (Lievegoed, 2005, p.117) [italics by Lievegoed]. During this second seven-year-period the child‟s actions become more focused and goal-oriented (Kern, 2007). Thinking is often pictorial during this time (Kern, 2007). However, from the age of twelve onwards, this changes increasingly towards more logical and formal thinking

(Kern, 2007). According to Kern (2007), puberty brings about many changes, including the "birth of the astral body" (p.185).

From puberty to adulthood.

Lievegoed stated that with the onset of puberty, children get in touch more and more with the reality of things around them, but that they also start to discover their own self, using it as a centre from which to penetrate the "outside world" (Lievegoed, 2005, p.21). During this phase, teenagers also become "socially active" (Lievegoed, 2005, p.21) and in general this is a time of social development (Lievegoed, 2005). With the onset of sexual maturity, the physical and emotional ability to love emerges (Kern, 2007). In general, the third seven-year period is marked by a freeing up of the astral body (Kern, 2007).

According to Lievegoed, only in adulthood is a balance achieved in direction of activity, which consists of an alternation between experiences going out from within and experiences coming in from outside (Lievegoed, 2005). Lievegoed still added another stage, old age, when the outwards activity gradually decreases and is replaced by "the memory of what was assimilated earlier" (Lievegoed, 2005, p.23). He gave descriptors to the main three phases of childhood as far as learning and development are concerned and found that while in the first phase imitation is important to the child the second phase is "a time of emotional development" and the third phase "a time of ideas" (Lievegoed, 2005, p. 24). Experiences made during this time remain in the "*totally conscious layer*" (Lievegoed, 2005, p.117) of the human soul and can be built upon for further experiences.

Soul development as the development of thinking, feeling and willing.

Lievegoed (2005) found that thinking, feeling and willing develop successively in the human being. In connection with AnMt, an inclusion of these concepts is interesting, as the soul qualities of thinking, feeling and willing are important in this approach and are also allocated to certain musical elements (Reinhold, 1996)

Thinking.

In the development of thinking, Lievegoed made a distinction between "the formation of conditioned reflexes" and "thinking in a characteristically human manner"

(Lievegoed, 2005, p.146). The first consist of learned experience "that becomes automatic" (Lievegoed, 2005, p.147), the latter begins when children develop their own images (Lievegoed, 2005).

According to Lievegoed, thinking starts to develop from the age of two years at the same time as objects from the environment are named (Lievegoed, 2005). Lievegoed stated that this phase only comes to a close around the age of six years (Lievegoed, 2005). At this age, children are "not yet ready to assimilate abstract concepts in long lessons at school" (Lievegoed, 2005, p.83). Lievegoed presumed the "first metamorphosis of thinking" (Lievegoed, 2005, p.84) to occur around the age of around seven to nine years, when children develop their "own images" (Lievegoed, 2005, p.85) and concepts arise for the first time. According to Lievegoed, this kind of childish thinking resembles day-dreaming in later adult life, since the child"s images are "not yet sharply defined" (Lievegoed, 2005, p.85). Thinking in this phase is regarded as independent from perception (Lievegoed, 2005). Speech is assumed to be perceived more consciously and "memory expands and becomes continuous" (Lievegoed, 2005, p.87).

Lievegoed (2005) pointed out that around the age of fourteen years, a "synthesis of thought" (p.113) takes place while during the time after puberty "the child"s thinking should be guided above all towards an independent approach to problems" (Lievegoed, 2005, p.153).

Feeling.

Lievegoed"s developmental concept implies that consciousness of the self only starts to develop around the age of three years (Lievegoed, 2005). What Lievegoed called the "birth of feeling" is perceived to occur around the age of four, when the child starts to show signs of having "a structured emotional world" and experiences the own self as "separate from the outside world" (Lievegoed, 2005, p.72). Lievegoed associates this with the development of "creative imagination", a force in the human being which has the potential to change the "outside world" in accordance with inner needs (Lievegoed, 2005, p.72). This developmental stage is seen as a time when fairy tales are important for the child, as they give him the chance to "act out his imagination" (Lievegoed, 2005, p.73). Lievegoed claimed that fairy tales reveal "the secrets of life and death", of which children have an "intuitive knowledge" (Lievegoed, 2005, p.75).

During toddler age the child is regarded to be "preoccupied with rhythm" and "can remember things in a rhythmical form for which it has no abstract memory" (Lievegoed, 2005, p.76). Lievegoed (2005) proposed that the "peak of rhythmic memory" occurred between the ages of three and four. He found that during this period, nursery rhymes and counting rhymes were important. Lievegoed claimed that this type of memory "survives until the age of nine, after which it is submerged in artistic experience" (Lievegoed, 2005, p.157) in European children.

Lievegoed suggested that around the age of nine or ten years, a "metamorphosis of feeling" occurs (Lievegoed, 2005, p. 90). This is perceived to encompass the transformation of feeling towards a more objective quality, which is connected to the loss of some of the imaginative qualities attributed to feeling in anthroposophy (Lievegoed, 2005). In anthroposophical thinking, during this period children become more aware of their loneliness and develop a sense of separation from the cosmos, which enhances the perception of the "contrast between self and world" (Lievegoed, 2005, p. 93). According to Lievegoed, this development coincides with the age in which children start to criticise (Lievegoed, 2005). It is also a time when music becomes more important and "the elements of major and minor keys and harmony are really experienced" (Lievegoed, 2005, p.135).

During puberty, "the question of sexuality arises in the child's soul" (Lievegoed, 2005, p.99). Loneliness is once more regarded to be a guiding topic during this life period, since a certain distance has arisen between self and other (Lievegoed, 2005). Due to all the uncertainty experienced by the pubescent adolescent, emotions "swing between extremes" (Lievegoed, 2005, p.102). At this point in life, the self is not yet strong enough to deal with all the emotional and physical upheaval this developmental period brings (Lievegoed, 2005). Balancing of intimacy and distance is regarded as an important developmental task between ages 15 to 18, when the "higher self" is still sought outside of the own self (Lievegoed, 2005, p. 106).

Lievegoed stated that music in particular was "able to bridge the gap towards others and to free feelings of romantic longing for common experience" (Lievegoed, 2005, p.106). He proposed that adolescents experience their self "alternately in minor and major modes" (Lievegoed, 2005, p. 135) and considered minor keys to be especially suitable for the expression of feelings of loneliness.

According to Lievegoed, from the age of 16 years onwards a "synthesis of feeling" occurs (Lievegoed, 2005, p.113). During the last phase of adolescence, which Lievegoed placed in the age group between 17 and 21 years, the ego is believed to become more autonomous, which implies the possibility of forming intimate relationships (Lievegoed, 2005). Late adolescence is also the period of "self-realization", which is connected to "strong idealism" (Lievegoed, 2005, p.132). At the same time, real concern for other human beings with their own personality and destiny, is developed in this period (Lievegoed, 2005). Finally, adulthood brings with it "the ability to truly fine-tune one"s relationship with ones surroundings" – a process leading to "sensitive self-reflection" (Lievegoed, 2005, p.110).

Willing.

Lievegoed (2005) claimed that conscious will didn"t really exist in infancy, while behaviour was strongly influenced by drives during toddler age (Lievegoed, 2005). Will was defined by Lievegoed as "the force which can direct drives or is able to set goals beyond the immediate gratification of drives" (Lievegoed, 2005, p. 77). Will is proposed to begin developing around the time of "active imagination" and "creative play" (Lievegoed, 2005, p.77). Around the age of six, children"s play is perceived to be less guided by creative imagination and to become more goal-oriented instead (Lievegoed, 2005). This orientation towards goals was described by Lievegoed as "true will" or "conscious will" (Lievegoed, 2005, p.78). According to Lievegoed (2005), children reach school age with the emergence of the conscious will. He described this as period when children try to achieve what is in their imagination and also ask adults for help (Lievegoed, 2005). In anthroposophical thinking, school age is identified as a developmental stage in which children develop respect for adults and become "receptive to authority" (Lievegoed, 2005, p.80).

Lievegoed (2005) claimed the last phase of adolescence, between 17 and 21 years, is marked by a "synthesis of will" (p.110) and that during this time many decisions regarding one"s own direction and vocation in life need to be made. From an anthroposophical point of view, will is important in the development of morality (Lievegoed, 2005). Lievegoed stated that drives become will when they are permeated with consciousness and that will "becomes moral when drives are so regulated that a spiritual reality permeates the decision by the self" (Lievegoed, 2005, p.175). Will is

described as immoral, "when the self is consciously suppressed and the intellect is used in the service of natural drives" and as amoral, when "the intellect unconsciously serves the drives" (Lievegoed, 2005, p.175). Lievegoed claimed that most actions "carried out by modern-day people fall into this category" (Lievegoed, 2005, p.175). He found that the "possibility of „evil" occurs when drives enter the realm of the will" (Lievegoed, 2005, p.176).

Lievegoed distinguished three phases in the development of morality. The first stage consists of "imitating the morality of the environment through habit formation", while in the second stage a person learns to understand "the problems of life in which morality directs" (Lievegoed, 2005, p. 180). In the third stage an "inner experience of the conflict between good and bad" (Lievegoed, 2005, p.180) arises. When these three stages have been undergone sufficiently "a *free* attitude towards the problems of morality in the world" (Lievegoed, 2005, p.180) can develop [Italics by Lievegoed].

Aspects of musical development in children.

Lievegoed claimed that children only truly enter the realm of music and drama after the age of ten years (Lievegoed, 2005). According to Lievegoed, this is the time when children begin to emotionally experience the qualities of "light and dark" (Lievegoed, 2005, p.171), of sympathy and antipathy, as well as expansion and contraction – a process which reaches its climax during puberty and adolescence (Lievegoed, 2005).

Lievegoed stated that the toddler "enjoys a sense of rhythm because this is close to the expression of his will" (Lievegoed, 2005, p.171). However, he suggested that a sense for rhythm and melody only develops at a later stage in children, while a certain memory for melody emerges at the end of the toddler phase (Lievegoed, 2005). This finds its first expression in a memory "for particular intervals (descending in thirds)" (Lievegoed, 2005, p.171). The next step consists of memorising the pentatonic scale and at a later stage, memory "for the diatonic scale with the tonic as a support" (Lievegoed, 2005. p.171) develops.

According to Lievegoed, children live "in the first simple elements of beat, rhythm and melody up to the tenth year" (Lievegoed, 2005, p.171), when an inner awareness of minor and major doesn"t yet exist. The latter is claimed to arise only after the age of ten, while during puberty, harmony "becomes an inner experience"

(Lievegoed, 2005, pp. 171, 172). Steiner proposed that children under the age of nine years still live in the experience of fifths (Steiner, 1970, 1980). He concluded that therefore, fifths needed to be used as a starting point in developing an understanding of music in children and were also the key to musically reaching children of this age group (Steiner, 1970, 1980). According to Steiner, the understanding of the third should be addressed after the age of nine years, while the distinction of major and minor thirds should be furthered around age nine or ten and the understanding of octaves around the age of twelve years (Steiner, 1970, 1980).

Steiner claimed that although before the age of nine years, children don‟t comprehend major and minor moods they can be affected by them to a certain degree (Steiner, 1970, 1980). Steiner suggested that children around the age of nine or ten years feel attracted to thirds and major and minor moods and that this should be encouraged (Steiner, 1980). He also recommended that apart from instinctively oriented rhythmic experiences, instrumental rhythm education should only begin after the age of nine years (Steiner, 1970, 1980). Engel claimed children should not be exposed to too much „adult‟ music at a too early stage (Engel, 1999).

Aspects of Development during Adulthood.

Bento wrote that in the age period between 21 and 28 years, the young person strives to meet the world independently, on his or her terms (Bento, 2004), while from age 28 to 35, "one tries to bring meaning to all of these encounters" (Bento, 2004, p.20). Lievegoed stated that the stormy years of young adulthood, which are marked by trying to get to know oneself and the world, are followed by a quieter period (Lievegoed, 2005). He proposed that from the age of thirty, more equilibrium enters life and that "the years from thirty to thirty-five are the most balanced and peaceful years in many people‟s lives" (Lievegoed, 2005, p. 196).

From an anthroposophical perspective, around the age of 35 or 40 there is another crisis, which is linked to questions related to the will (Bento, 2004; Lievegoed, 2005). According to Lievegoed, people in this age group often ask themselves what they should do with the experiences they have made during the first stages of adulthood and which they have consolidated in the second phase, up to the age of about 35 (Lievegoed, 2005). Lievegoed suggested that this crisis could be overcome with the help of "another breakthrough of the self, the spiritual individuality" (Lievegoed, 2005, p.197). He

claimed this crisis implied the chance to become aware of one‟s role as an "intermediary" between the spiritual and the "earthly" (Lievegoed, 2005, p.197). Lievegoed (2005) proposed that wisdom could develop in a person as a result of this process. He compared the latter with a "spiritual birth" (Lievegoed, 2005, p.198).

According to Bento, from forty-two to forty-nine a person connects to his or her "spirit self" (Bento, 2004, p.20) and the soul finds its relationship with the spirit (Bento, 2004). Another quieter period follows up to the age of around sixty, which is a time when the self grows and matures again (Lievegoed, 2005). After retirement, when ones "immediate social functions" start to end, there is a stage of development when ones "inner life", leads to "spiritual maturity" (Lievegoed, 2005, p.198). Lievegoed wrote that adulthood is a time of self-education, which happens through confrontation of life and the self (Lievegoed, 2005, p.198). He proposed the existence of three overarching stages in a person‟s life: "youth, a stage of development, and finally a stage of spiritual maturity" (Lievegoed, 2005, p.198). According to Lievegoed, each of these periods lasts about 21 years.

AnMt's connection to anthroposophical medicine and anthroposophical views on health and illness.

Anthroposophical medicine (AM).

AnMt is closely connected to anthroposophical medicine, and because of this AnMt is usually prescribed by a doctor, in most cases an anthroposophical doctor (Pütz, 2008). Florschütz has claimed that AnMt has presented itself as an approach merely adjuvant to anthroposophical medicine (Florschütz, 2009). He claimed this was a countermovement against what the general professional music therapy bodies in Germany tried to achieve. That is, formal recognition as an independent approach on the grounds of professional regulations in the context of approved psychotherapeutic approaches (Florschütz, 2009).

Ruland (1990) found that physicians, working in accordance with the Goethean approach can collaborate well with AnMt practitioners, even if they are not especially „musical‟, because they are used to not looking at the various organ functions in an isolated way, but keep in mind the whole, complex picture of the balance of forces within the human being (Ruland, 1990). Ruland advocated that therefore

anthroposophical doctors have the possibility to understand the role of musical elements (Ruland, 1990). In this way, further music therapy steps can be considered and decided upon between physician and musician. Often the doctor can deduce indications for other therapeutic interventions from the musical diagnosis provided by the music therapist (Ruland, 1990) .

The impulse for the development of anthroposophical medicine came from collaborations between Rudolf Steiner and Ita Wegmann (Steiner & Wegmann, 1996). Wegmann was the first doctor to incorporate Steiner‟s ideas in relation to medicine (Glöckler, 1993). She founded a clinical institute which was later to become the Ita-Wegmann-Klinik in Arlesheim near Basel in Switzerland (Glöckler, 1993). Today, there are more than a thousand clinics and clinical practices in Germany in which anthroposophical medicine is practiced. Anthroposophical doctors also practice in other countries, such as Switzerland, Sweden, England, Italy, the Netherlands, North- and South America (Glöckler, 1993), and in 56 countries worldwide (Hamre et al., 2007). Anthroposophical medicine doesn‟t aim towards being regarded as an alternative medicine, but as an extension of mainstream medicine through anthroposophical methods (Bissegger, 2001; Glöckler, 1993). Accordingly, methods of anthroposophical medicine (AM) include those of mainstream medicine with its different areas of specialisation as well as anthroposophical methods, for example mistletoe therapy in treatment of cancer (Schürholz, 1993a) or the anthroposophical art therapies, including music therapy (Treichler, 1993a), as well as anthroposophical homeopathic or herbal remedies (Schürholz, 1993b).

Glöckler claimed that the artistic anthroposophical therapies, to which AnMt belongs, are not only active on a psychotherapeutic level, but are also applied in treatment of organ diseases (Glöckler, 1993). AM views itself as psychosomatic medicine, which includes the person as a whole with spirit, body and soul (Treichler, 1993b). In this context, both soul, which is „psyche‟ in Greek and body, which is „soma‟ in Greek, are considered in diagnosis and treatment of diseases (Treichler, 1993b). One of the specifics of AM are that diagnosis and treatment are based on Steiner‟s models of the threefold (Treichler, 1993b) and fourfold (Glöckler, 1993) human being. Mainstream medicine methods and anthroposophical methods in the areas of psychotherapy, art therapy, counselling, pharmacological therapy, diet, and applications such as rhythmical massage go hand in hand in order to treat a patients‟ symptoms in a

holistic way (Hamre, et al., 2007; Treichler, 1993b). According to Hamre et al. (2007), one of the core concepts of AM is the idea of "typological correspondences between pathophysiological processes in man and formative forces working in minerals, plants and animals, reflecting a common evolution of man and nature" (Hamre, et al., 2007, 'Background' section, para 3). Therapeutic use is made of these correspondences "in medications of mineral, botanical or zoological origin" (Hamre, et al., 2007, 'Background' section, para 3). In order to be certified as an anthroposophical doctor, "a completed medical degree and a structured postgraduate AM training according to international criteria" is necessary (Hamre, et al., 2007, 'Background' section, para 4, 2nd column).

The effectiveness of anthroposophical medical therapy, including AnMt was presented through a study by anthroposophical physicians titled "Anthroposophic Medicine Outcomes Study" (AMOS) (Hamre, et al., 2004). This four-year prospective cohort study, which was carried out in Germany in collaboration with a health insurance provider, indicated some evidence for the effectiveness of anthroposophical medicine and anthroposophical creative arts therapies, including music therapy (Hamre, et al., 2004). 141 medical practices in Germany providing anthroposophical-medical treatment participated in this study. 898 patients aged 1-75 years were referred to and treated for chronic diseases with methods related to anthroposophical medicine (AM). These include also anthroposophical music therapy, which is categorised as a component of anthroposophical art therapy (Hamre, et al., 2004; Hamre, et al., 2007; Treichler, 1993a). All AM therapies were evaluated as "single package, with supplementary analysis of main therapy groups" (Hamre, et al., 2004, p. 352).

Amongst other issues, the study investigated patients" socio-demographics, disease symptoms, health-related quality of life, treatment costs, adverse effects, therapy effectiveness (patient and doctor ratings) and satisfaction ratings (Hamre, et al., 2004). Patient diseases included mental disorders, such as depression or anxiety, musculoskeletal problems, respiratory disorders, such as asthma, headache disorders, such as migraine, and others (Hamre, et al., 2004). Hamre et al. found that "substantial, consistent and stable improvements of disease symptoms and HRQoL [health-related quality of life] were observed during the 2-year follow-up" (Hamre, et al., 2004, p. 357). Furthermore, they reported that in the first year of the study, "additional costs of AM therapies were outweighed by the cost reduction from a reduced number of hospital

days" (Hamre, et al., 2004, pp. 357, 358). Adverse effects were found less frequently in anthroposophical medicine than in other kinds of medication. The authors concluded from the results of the study that "anthroposophic therapies were associated with substantial long-term reduction of disease severity and improvement of health-related quality of life in patients with musculoskeletal and mental disorders, headache syndromes, asthma and other chronic diseases" (Hamre, et al., 2004, p. 359). Since the average duration of patients" diseases before participating in the study was at 6.5 years, the authors found this result encouraging (Hamre, et al., 2004).

A similar study was published in 2007 by the same authors (Hamre, et al., 2007). This was also a four-year prospective cohort study exploring anthroposophical medical therapy in chronic diseases. Prolonged consultation times of anthroposophical medical practitioners were one of the aspects this study focused on. 233 patients aged 1-74 years were treated by 72 anthroposophical doctors (Hamre, et al., 2007). Results showed that patients treated by anthroposophical doctors after an initial prolonged consultation time had reduced chronic disease symptoms and improved quality of life over a long-term period. Similar to the study above, the most frequent patient diagnoses included mental disorders, musculoskeletal disorders and respiratory disorders (Hamre, et al., 2007). The authors stressed that "AM therapy for chronic disease aims to counteract constitutional vulnerability, stimulate salutogenetic self-healing capacities, and strengthen patient autonomy" (Hamre, et al., 2007, 'Background' section, para 3), using, for example, anthroposophical remedies, art-based therapies and anthroposophical counselling (Hamre, et al., 2007).

Views on Illness and Health.

The disease concept fundamental to anthroposophical medicine is vitally important in anthroposophical music therapy (Bissegger, 2001). One of the basic ideas in anthroposophical medicine is that in each organ there are two main processes at work: constituting and decaying forces (Bissegger, 2001). The equilibrium between constituting forces and decay is different in each organ or organ system (Bissegger, 2001). For example, in the nervous system there is mainly decay, while the metabolic and limb system contains mainly constituting forces (Bissegger, 2001). Bissegger (2001) stated that when the natural equilibrium is disturbed, illness emerges. From an anthroposophical point of view, an excess of decaying forces can cause sclerosis and

hardening in the human being, while an excess of constituting forces is associated with inflammation and disintegration (Bissegger, 2001; Reinhold, 1996). In accordance with the understanding prevalent in anthroposophical medicine, every disease manifests in one-sidedness, that is through the dominance of one polarity of forces or the displacement of forces (Reinhold, 1996). This applies both to physical and psychosomatic or psychiatric illnesses (Bissegger, 2001). Illness can also emerge when healthy steps of development occur too early or too late (Reinhold, 1996). For example, when ossification of the skeleton occurs too early, growth can be impaired (Reinhold, 1996). Delayed onset of speech or motor skills can be a sign of a developmental disorder in children (Reinhold, 1996).

In the anthroposophical understanding, illness can also arise when processes, which are healthy in one organ occur in the wrong organ or to the wrong extent (Reinhold, 1996). Reinhold (1996) quoted the example of „cold" illnesses, in which the dominating calmness of the nerve-sense system leads to congealment in parts of the body in which it is not needed or even harmful. An example given for this type of illness is Parkinson"s Disease (Reinhold, 1996).

When pathological imbalances occur in the human organism, a regulatory and balancing function is attributed to the rhythmic system, especially the breathing system (Reinhold, 1996). The assumed structural correspondences between music and the human organism opens up the possibility to apply musical elements systematically in treating pathological imbalances in the human constitution (Reinhold, 1996).

Damen remarked that a person is in good health, when the members of the fourfold human being are in balance with each other (Damen, 2004). However, this healthy balance is quite individual and can therefore be different for different people (Damen, 2004). The different „bodies" have different needs whose fulfilment nourishes them (Damen, 2004). The physical body needs a healthy diet and surrounding, while the ether body needs a balanced life rhythm, nature and beauty (Damen, 2004). The astral body is nourished by experiences that arouse interest, enthusiasm or a sense of being touched by something (Damen, 2004). The ego needs social relationships, possibilities for personality development and a meaningful lifestyle (Damen, 2004). Artistic experience, as for example provided through music therapy, can have a preventive effect here (Damen, 2004).

According to Damen (2004), illness develops when the balance between physical, ether, astral body and ego isn"t present any more. Damen claimed that usually all members of the fourfold human being are involved in an illness (Damen, 2004). On the one hand, recovery requires medical or therapeutic input but on the other hand the patient himself or herself has to strive for change and participate actively in his or her own recovery process (Damen, 2004). According to Damen, AnMt can support and strengthen a person"s will to do so (Damen, 2004). In an anthroposophical context, music therapy is always part of an interdisciplinary treatment plan. It can also improve quality of life, which is particularly important in work with the terminally ill and the dying (Damen, 2004).

Chapter Summary

In this chapter a variety of anthroposophical concepts forming AnMt"s knowledge base were presented. An introduction to Rudolf Steiner and anthroposophy"s most basic features was presented. Following this, an overview of the perception of Steiner"s ideas within and outside of anthroposophy was discussed. After a brief excursus to the question whether anthroposophical literature is deliberately exclusive, some of the main concepts of the human being in anthroposophy were highlighted. These included the models of the threefold and the fourfold human being, the seven life processes, the twelve senses and the role of live rhythms based on polarities. The most basic principles of anthroposophical medicine were presented, including the views on illness and health prevalent in this approach.

The anthroposophical concepts of the human being are highly relevant in any discussion of AnMt because the diagnostic and treatment processes in AnMt, such as the musical diagnosis, are based on these concepts (Damen, 2004; Pütz, 2008). The inclusion of anthroposophical medicine is of particular importance, as AnMt presents itself as a discipline adjunctive to anthroposophical medicine (Florschütz, 2009). It was not the aim to discuss the above-mentioned concepts in detail but rather to present an overview of basic anthroposophical ideas which have an influence on AnMt theory and practice. This presentation then allows a further and deeper discussion in the ensuing chapters.

Chapter 3

Goethean Phenomenology as a Basis for Understanding Qualities of Musical Elements in AnMt

Introduction

This chapter presents some brief deliberations about phenomenology in general including the role that Goethe‟s ideas and their influence on Steiner‟s anthroposophical ideas may have within this approach. A presentation of these concepts is warranted in order to assist in understanding how Steiner‟s ideas developed as well as providing a context for some of the themes that are found in AnMt, and their origins.

The brief insight provided about phenomenology is followed by a summary of Goethe‟s ideas about phenomena, especially what he called the *ur-phenomenon* (Goethe, 1977). Furthermore, Goethe‟s concept of *delicate empiricism*, of the observer‟s participation and the researcher‟s *natural attitude* will be considered. These ideas are not the primary focus of the thesis, rather they surround and support the more central ideas. Goethean phenomenology in relation to music therapy and phenomenological studies of musical elements in an anthroposophical context will be included as well as Goethe‟s views on polarity and the empty mind.

Phenomenology as practised in anthroposophy is principally Goethean (Ruland, 1990), meaning that it is influenced by the phenomenological approach of Johann Wolfgang von Goethe (1749-1832), the German poet who was best known for his poems, novels such as "Die Leiden des jungen Werthers" or dramas such as "Faust". He was less well known for his studies on different areas of science, such as morphology, chromatics, mineralogy, geology, anatomy or meteorology (Goethe, 1977; Seamon, 1998a). Apparently, Goethe believed that his contribution to science would someday be regarded as a greater achievement than his literary works (Seamon, 1998a).

In order to understand the Goethean foundations of phenomenology as practised within the framework of anthroposophy and in AnMt, it is necessary to include Goethe‟s principal ideas about a phenomenological approach to the sciences. This is not intended to be an in-depth presentation but rather aims to review some of the core principles of this approach to phenomenology. Therefore secondary sources that

provided overview information about the topic of phenomenology are the main informants for this chapter. Other phenomenological traditions, such as the one founded by Husserl, will be mentioned, but it would be beyond the scope of this section to give a detailed account of the entire phenomenological tradition, its philosophy, and its history. Further relevant literature extends these topics (for example Merleau-Ponty, 2002; Moran, 2000; Vandevelde & Hermberg, 2011; Williamson, 2006).

Phenomenology

There are many different ways of practising phenomenology and different areas of knowledge explored with the help of phenomenological research. However, what most of them have in common is their principal aim: studying a phenomenon as if it was able to give a self-description (Seamon, 1998a). The Goethean phenomenological style has been identified as having quite specific elements described by one author as an "early example of a phenomenology of the natural world" (Seamon, 1998a, para 3). Simms (2010) has claimed that "Goethe belongs into the phenomenological movement" (p.2) because his methods are congruent with the phenomenological style of thinking. Simms and Seamon have associated Goethe's approach with existential phenomenology (Seamon, 1998a; Simms, 2010) which deviates from Husserl's transcendental phenomenology (Simms, 2010).

Although most contemporary approaches to phenomenology are based on the phenomenological approach advocated by Husserl (Seamon, 1998) some descriptions of phenomenology from this perspective offer a useful point of comparison with the Goethean method. Seamon, for example, has described how "phenomenology is the exploration and description of phenomena, where *phenomena* are the things or experiences as human beings experience them" (Seamon, 1998a, para 3). It is a "science of beginnings that demands a thorough, in-depth study of the phenomenon, which must be seen and described as clearly as possible" (Seamon, 1998a, para 3). Phenomenology practised in this sense can be seen as a "rigorous empirical science" which is a research practice rather than a conceptual system (Simms, 2010, p.1).

Kern found that the phenomenological approaches of Husserl, Goethe and Steiner differ in many ways but also have some common ground (Kern, 2007) Similarly, Simms perceived parallels between Goethe's and Husserl's approaches

(Simms, 2010). She argued that Goethe and Husserl "invented similar research practices with the intention to alter the researcher"s consciousness and increase her/his ability to perceive the world" (Simms, 2010, p. 2). Both methods originate in the same impulse which advocates diminishing prejudices in the observer in favour of observing phenomena exactly (Simms, 2010). Similarly, Pfau found "ample justification for linking Goethe's concept of the „phenomenon" to the rise of modern phenomenology in the work of Brentano, Husserl, and the early Heidegger" (Pfau, 2010, p.31). Kern discerned the differences between Husserl, Goethe and Steiner especially in terms of the subject of knowing (Kern, 2007).

While Husserl was concerned with the „Wesensschau", with the human consciousness (Simms, 2010) and Goethe with the phenomena of nature, Steiner wanted to explore the phenomena of the spiritual world by way of thinking (Kern, 2007). What all three approaches have in common, according to Kern, are the rejection of the positivistic world view and the emphasis of pure perception, in contrast to pre-conceived notions, and the importance of careful description of perceived phenomena (Kern, 2007). A key difference between Goethe"s and Husserl"s phenomenological style is that Goethe advocated staying with the experience of the object investigated throughout the whole process of studying it while Husserl also included reflective, intellectual investigation in addition to the experiential aspect (Seamon, 1998a). Goethe"s method has been characterised as suggesting "an interlinkage and harmony among all things of nature, including humankind" (Seamon, 1998, „Goethe, Phenomenology and Nature" section, para 4).

Anthroposophical phenomenological method is claimed as a valid phenomenological approach to research the spiritual world but it can only complement and not replace recognised research methods and approaches (Kern, 2007). Quantitative, empirical research methods will always be needed to investigate certain topics. For example, randomised controlled trials are valuable in proving the effects and side effects of certain pharmacological treatments and are part of the gold standard of evidence-based medicine, used to indicate the efficacy and effectiveness of some medical treatments and therapies (Edwards, 2004). It seems difficult to a 21st century mind to imagine that these methods could be replaced by exact scrutiny of an object in a Goethean phenomenological sense in all areas of modern research.

On the other hand, positivist research and the approaches it includes, such as evidence-based medicine, can only show certain aspects of a phenomenon and in this context other qualitative inquiry methods are needed, to show the complex aspects and qualities of objects and phenomena (Flick, 2002; Seamon, 2005). The Goethean phenomenological approach as interpreted by Steiner in his „spiritual science" proposes the need to explore spiritual aspects (Kern, 2007). This can be difficult to comprehend by contemporary researchers not familiar with methods that try to access the spiritual world. For researchers operating within the traditions of accessing the spiritual world it is understood that Steiner's pathway cannot be verified or refuted by anyone unless a person has pursued the same path of spiritual investigation (Kern, 2007). The extent to which one believes in the existence of a spiritual world or how access to this world is to be attained and verified impacts the veracity of the approach. The way, for instance, one researcher described his experiences of immersing himself into Goethean observation of phenomena in Cornwall (Cameron, 2005) resembles the way certain meditative practices are carried out, such as the six subsidiary exercises recommended by Steiner (Lowndes, 2000) for helping to access the spiritual world and to investigate phenomena in their pure form.

Goethe and the Phenomenon

The Goethean approach to natural science and to phenomenology was fundamental to the development of key concepts in Steiner's anthroposophy (Childs, 1995; Seamon, 1998a), especially in terms of techniques of observing and investigating phenomena in living nature which he also tried to apply to the spiritual world (Kern, 2007). In anthroposophy, phenomenological study is practised in different disciplines, including music. The approach can be described as essentially experiential (Ruland, 1990; Steiner, 2002); that is, it is not connected to intellectual thinking but rather to feeling (Steiner, 2002). Steiner proposed the need for humanity to develop what he described as "cognitive feeling, a thinking heart" (Steiner, 2002, p.28). Steiner also claimed that anthroposophy was already present in Goethe's world view in a rudimentary form. He then developed Goethe's approach to phenomenology further by widening its scope to include super-sensory perceptions (Kern, 2007).

Goethe‛s writings on natural science are influential in anthroposophy. One idea highlighted by Steiner (1970, 1980), involves the idea that human reality is only a reflection of the true and divine and spiritual reality: "Das Wahre, mit dem Göttlichen identisch, läßt sich niemals von uns direkt erkennen, wir schauen es nur im Abglanz, im Beispiel, im Symbol […]" [„What is true and identical with the divine, can never be recognised by us directly. We are only able to behold it as a reflection, an example, a symbol‛] (Goethe, 1977, p.237). These thoughts have Platonic resonance. Apparently the German Romantic poet Friedrich von Schiller (1759-1805) had "complained to Goethe that his „ur-phenomenon‛ was synonymous with the Platonic ideal" (Seamon, 1998, notes section, note no. 18) but apparently Goethe rejected that commentary (Seamon, 1998).

A similar statement is found in Steiner‛s writings about music, where he claimed that music played by human beings with actual instruments is only a reflection of the music existing in the spiritual world (Steiner, 1970, 1980). Similar ideas were expressed by Ruland and Pfrogner (Pfrogner, 1981; Ruland, 1992) about „musica mundana‛ and „musica humana‛, following Pythagorean and Boethian thought models (Zipp, 1985). Goethe advocated that in living nature everything is connected with a larger whole (Goethe, 1977). Phenomena therefore do not appear in an isolated way, but are interconnected. Isolated or individual phenomena, according to Goethe, need to be approached with a method implying an interest in the whole (Goethe, 1977). Goethe also demanded that in exploring phenomena there was no need to search for anything behind the phenomena but that the latter were speaking for themselves and contained all knowledge within them (Goethe, 1977).

Ultimately, Goethe searched for a so-called "Urphänomen" (Goethe, 1977, p.42), a basic or archetypal phenomenon which underlies and includes all phenomena, is identical with them and is "Ideal-real-symbolisch-identisch" [„ideal-real-symbolic-identical‛] (Goethe, 1977, p.42). The "Urphänomen" can also be seen as "the essential pattern or process of a thing" (Seamon, 1998a, 'The Ur-Phenomenon' section, top of para 1). For example, Goethe strove to develop the concepts of the "Urtier" [„primeval‛ or „archetypal animal‛] (Goethe, 1977, p.55), which was meant to be the idea of an animal, in this case a mammal, and the "Urpflanze" [„archetypal plant‛] (Goethe, 1977, p.55; Pfau, 2010), which was to represent the basic idea of a plant.

Seamon noted that in Goethe‟s time, his method of scientific investigation "was highly unusual because it moved away from a quantitative, materialist approach to things in nature and emphasized, instead, an intimate, firsthand encounter between student and thing studied" (Seamon, 1998a, para 2). In this way, "Direct experiential contact became the basis for scientific generalization and understanding" (Seamon, 1998a, para 2). At the time, Goethe‟s studies were regarded "either as subjective artistic descriptions written by a scientific dilettante or as a form of philosophical idealism that arbitrarily imposed intellectual constructs on the things of nature" (Seamon, 1998a, para 2). Through the influence of Husserl and other phenomenological theorists, phenomenology developed a philosophical foundation which in turn led to the development of "a conceptual language able to describe Goethe‟s way of science accurately" (Seamon, 1998a, para 2).

Polarity

Goethe regarded polarity as one of the guiding principles and as a mainspring in the phenomena of nature (Goethe, 1977; Pfau, 2010). The workings of nature were seen as a constant process of "tension and its reconciliation," a "living dialectic that joins the parts in a dynamic, interpenetrating whole" (Seamon, 1998a, 'Theory of Color' section, last para). One argument used as evidence of polarity is that darkness produces an inclination to light in the human eye and vice versa (Seamon, 1998a). Goethe also advocated that the ur-phenomenon of plants arises "out of the interplay between two opposing forces" (Seamon, 1998a, 'The Ur-Phenomenon' section, para 1), which he called vertical and horizontal tendency (Seamon, 1998a). While the vertical tendency is connected to the plant‟s tendency to grow upwards, the horizontal tendency expresses "the nourishing, expanding principle that gives solidity to the plant" (Seamon, 1998a, 'The Ur-Phenomenon' section, para 1). Seamon pointed out that, according to the Goethean view, the plant only grows normally when these two forces are in balance (Seamon, 1998a, 'The Ur-Phenomenon' section, para 1). This is a parallel to the anthroposophical view of health and illness, which implies that health is present when opposing forces or polarities are in balance and illness arises when they are out of balance (Bissegger, 2001; Reinhold, 1996). Polarity is a concept often referred to in anthroposophy, for example the polarities between inhalation and exhalation, birth and

death, day and night, contraction and expansion, minor and major, rhythmos and tonos, etc. (Lievegoed, 2005; Reinhold, 1996; Ruland, 1990, 1992, 2004; Steiner, 2004; Wünsch, 2004b). For example, balancing out between the polarities of the upper and lower human being is mentioned as one of the tasks of the human middle or rhythmic system in Steiner‟s model of the threefold human being (Felber, 2003a; Steiner, 2004). This balancing activity of the middle system in the human being is often supported through music therapy interventions in AnMt (Reinhold, 1996). As will be shown in other parts of this thesis, it is often the middle human being that is addressed through AnMt, for example by choosing the appropriate instruments, such as lyre, kantele or other stringed instruments, and by applying the appropriate musical elements, such as harmony, major and minor or certain intervals, for instance the fifth (Reinhold, 1996).

Delicate Empiricism, the Observer's Participation, the Natural Attitude and the Empty Mind

Goethean epistemology includes both analysis and synthesis but assumes that analysis implies synthesis (Goethe, 1977). Goethe postulated that analysis is not to be applied where it is not based on synthesis (Goethe, 1977). At the same time, he argued that phenomena are not detached from the observer, but intermingled with his or her personality (Goethe, 1977). In this context, Goethe suggested the existence of what he called "zarte Empirie" [„delicate empiricism‟] (Goethe, 1977, p.43), which is characterised by the researcher or observer becoming intimately identical with the phenomenon, which can lead to theory building in its own right (Goethe, 1977; Pfau, 2010). Seamon also characterised delicate empiricism as an "effort to understand a thing‟s meaning through prolonged empathetic looking and seeing grounded in direct experience" (Seamon, 1998a, 'Delicate Empiricism' section, para 1). This process involves to "gradually gather a more complete understanding of the phenomenon" (Seamon, 1998a, 'Delicate Empiricism' section, para 1). It implies an inner participation of the observer in the phenomenon (Goethe, 1977).

The observer‟s experience is central to the Goethean phenomenology and is related to the researcher‟s *natural attitude* (Cameron, 2005; Simms, 2010). The natural attitude encompasses seemingly obvious „truths‟ about phenomena, which are rather a sign of unawareness of the real phenomenon, combined with preconceived or

unreflected ideas or opinions. (Cameron, 2005; Simms, 2010). In phenomenological research, it is attempted to by-pass this natural attitude (Cameron, 2005) or to challenge and change it (Simms, 2010). Simms, in referring to Merleau-Ponty, described such a perspective as following one‟s "naïve" relationship with the world and then lifting it up "into philosophical thinking" (Simms, 2010, p.1). Freeing one‟s mind from pre-conceived notions is considered important in Goethean phenomenology since in order to be able to practice Goethean phenomenology an „empty consciousness‟ or empty mind is needed as a „spiritual resonance organ‟ which enables the researcher to „hear‟ the spiritual ["Herstellung eines "leeren Bewusstseins" als geistiges Resonanz-Organ, Entwicklung der Fähigkeit das Geistige zu hören"] (Kern, 2007, p.135).

Following van Manen‟s views, Cameron explicated that there are some possible pitfalls and dangers when engaging in Goethean research. They include getting side-tracked, engaging in speculations, preconceived notions or narcissistic deliberations, as well as intellectualising or self indulgence (Cameron, 2005). Cameron indicated that in contrast to analytical science, which uses generalisation and abstraction, Goethe‟s approach seeks to employ an approach which allows "the phenomena to reveal themselves through the trained intuition" (Cameron, 2005, p.181). One way of achieving this, is characterised by close scrutiny of the phenomenon and visualising the observed contents in one‟s imagination – a process Goethe called „exact sensorial imagination‟ (Cameron, 2005). Simms pointed out that exact sensorial imagination is preceded by "exact sensorial perception" (Simms, 2010, p. 5). In addition to imaginative visualising of the phenomenon the latter is also varied in the imagination in the exact sensorial imagination method (Simms, 2010). Cameron wrote that "With discipline and practice" and by moving to and fro between direct sensory observation of the phenomenon and *exact sensorial imagination*, "the Goethean scientist develops a sufficiently receptive and intuitive space within themselves to allow" the phenomenon "to reveal its essential nature, its „ur-phenomenon‟" (Cameron, 2005, p.181).

What is characterised as the observer‟s „natural attitude‟ is considered something to be overcome when engaging in Goethean phenomenological research. This could be viewed as the observer‟s social, intellectual, emotional or cultural background and context and is not necessarily negative. Encountering and examining an object or phenomenon detached from the observer‟s context, even when trying to practise delicate empiricism seems challenging. I wonder whether any person can make themselves fully

independent from what they have learned, perceived or understood previously about a certain phenomenon. It does seem compelling to make one‟s mind empty of pre-conceived notions as much as possible in order to engage in research but it is difficult to imagine how possible it would be to achieve. However, what seems difficult from a scholarly point of view is the lack of possibilities of distinguishing engagement in „delicate empiricism‟ from so-called „preconceived ideas‟ and the other above-mentioned pitfalls and dangers when engaging in Goethean phenomenology. Cameron (2005) was aware of these issues and in trying to engage in this method, had the courage to question his own way of progressing with the research constantly. If a method of this kind is meant to work, it probably works best in connection with constant questioning of one‟s own attitude or findings. Similarly, Seamon stated that "our only guides for trustworthiness are our intensity of awareness of the phenomenon and our ability to continually return to the phenomenon as the means and ends of descriptive and interpretive accuracy" (Seamon, 2005, p. 86).

Cameron described a process of observing a rock in Cornwall, describing the scene as thoroughly as possible in words and drawing sketches from memory later on (Cameron, 2005). Goethe himself made drawings of the plants he investigated (Simms, 2010). Possibly, engaging in an artistic activity like drawing brings forth the intuitive and visual aspect in a person‟s perception even more.

During my time in anthroposophical Camphill communities in Ireland I participated in a seminar that gave co-workers basic training in anthroposophy. In the course of these seminars, we also engaged in phenomenological studies. I somehow remember making drawings of objects, such as leaves, trying to follow the tutor‟s instruction to be as true to the object as possible. Similarly, we were encouraged to imagine an object such as a candle or pencil or any kind of object of everyday life in all its possible dimensions in our inner mind, thereby engaging our thinking capacities. Questions that would be asked about the object included „Where does it come from‟, "What is its shape and form?‟, „What materials is it made of‟, „How was it made‟, and so forth. I remember finding it difficult to relate to this way of engaging with an object, but I can imagine that by practicing this skill, one could ultimately gain a different kind of insight that goes beyond our usual way of investigating phenomena.

Seamon mentioned the following questions in connection with Goethean phenomenological investigation: "What do I see? What is happening? What is this

saying? How is this coming to be? What belongs together? What remains apart? How does this belong together with itself? Is it itself? Can I read this in itself?" (Seamon, 2005, p. 88). This especially refers to seeing in a phenomenological way, in connection with Goethe‟s theory of colour (Seamon, 2005). This way of questioning can also be applied to musical phenomena. For example, questions asked while listening to a tone during phenomenological studies as performed in anthroposophical music therapy include the following: „Who are you? What do you want? In what way are you moving and where to?" [“Wer bist Du? Was willst Du? Wie und wohin bewegst du dich?”] (Felber & Spalinger, 2003, p. 73). Felber and Spalinger (2003) pointed out that when an exercise of listening to the same tone, is repeated daily, the tone doesn‟t necessarily communicate the same every day but that with constant practice eventually the essence of the tone comes to the fore.

Seamon has claimed that “In our postmodern time of fragmentation and relativity […] Goethean science provides a rich, intuitive approach to meeting nature and discovering patterns and relationships that are not only stimulating intellectually but also satisfying emotionally and spiritually” (Seamon, 1998a, last para). In this regard Goethe may have much to offer modern scientific approaches. As far as the observer‟s participation in Goethean phenomenology is concerned, this appears to make sense, especially in a music therapy context. Experiencing the quality of musical elements before using them therapeutically is an understandable prerequisite for AnMt practice. It is connected to the therapist‟s empathy with the music therapy client. This aspect is also stressed in some other music therapy approaches. For example, Mary Priestley advocated that any analytical music therapist should have undergone a process of analytical music therapy themselves first (Priestley, 1994). At the same time it speaks for the AnMt practitioner‟s therapeutic competence to have experienced the elements used in therapy and knowing them „from the inside‟ before exposing clients to them.

Phenomenological Studies

Goethean researchers consider that "the schooling of intuitive faculties in the scientist" (Cameron, 2005, p.182) is of major importance. This encompasses schooling not only "the outer senses and the intellect" (Seamon, 1998a, 'Delicate Empiricism' section, para 4), but also the inner perceptions, which eventually leads to seeing the phenomenon more clearly, but also more deeply (Seamon, 1998a). Cameron distinguished four stages in the phenomenological process according to Goethe. The first stage consists of detailed sense perception of the „bare facts" of the phenomenon, while the second stage encompasses the above mentioned „exact sensorial imagination" (Cameron, 2005; Seamon, 2005). In the third stage, "seeing in beholding" (Cameron, 2005, p.185), the phenomenon itself "reveals its „gesture", that expression of its essential nature, through receptivity on the part of the observer rather than the active perception of the previous stages" (Cameron, 2005, p.185). Cameron remarked that the „gesture" is a step "towards the quintessential nature of the thing, the „ur-phenomenon'" (Cameron, 2005, p.185). The fourth stage, "being one with the object", involves "intuiting the responsibility that accompanies coming to know another being from the inside" (Cameron, 2005, p.188). In this whole process, attention is one of the central imperatives (Cameron, 2005).

These ideas are not specifically anthroposophical and originate in a more general stream of Goethean science, for example in the existential phenomenological view (Seamon, 1998a), as practised and taught in philosophical and scientific contexts such as universities. Amongst these phenomenologists, Goethe"s approach is regarded as closest to existential phenomenology, as for example practised by Merleau-Ponty (Seamon, 1998a; Simms, 2010). However, Steiner"s contribution to Goethan science is known in these circles (Cameron, 2005, Seamon, 1998, E.-M. Simms, personal communication, December 23rd, 2010) and similarities with the anthroposohical approach can be found. For example, anthroposophical Steinerian-Goethean phenomenology also speaks of „gestures" of the phenomenon, for example in connection with musical elements, especially intervals (Pfrogner, 1981; Reinhold, 1996; Ruland, 1992; Steiner, 1970; von Lange, 1968; Wünsch, 2004b).

Cameron compared the Goethean way of phenomenon experience with "Buddhist visualisation practices" but found that Goethe"s method has "the great

advantage of coming from within Western culture" (Cameron, 2005, p.191). An interesting observation Cameron made about Goethean phenomenology may also explain why the anthroposophical way of researching and encountering phenomena has remained somewhat of a peripheral issue in modern society: "These are ways of understanding and experiencing the world that can only partially be brought into the modern university and indeed into most modern lives" (Cameron, 2005, p.195). This may partially be due to the extremely time-consuming process that is involved, as described by Cameron (2005). Cameron referred to a conversation with David Seamon, in which Seamon stated that best results are achieved in group work – in this case with students - with feedback given to the group by its individual members. The collective effort seems to be important in not getting side-tracked or falling prey to preconceived ideas (Cameron, 2005).

Goethean Morphology

Goethean morphology has had an influence on certain streams of psychology and of music therapy: Morphological psychology (Salber, 2009) and morphological music therapy (Tüpker, 1996; Weymann, 1996). In these contexts, Goethe‟s ideas about forms and their development are applied to phenomena connected to the human soul and consciousness (Tüpker, 1996). This is the reason why a very brief sub-chapter of this thesis is dedicated to Goethean morphology: Future research may eventually be able to create a conceptual bridge between AnMt and other music therapy approaches, such as morphological music therapy. However, it would be beyond the scope of this thesis to discuss the differences and similarities between AnMt and morphological music therapy.

In general, morphology is defined as "the science of form" (Bjelic, 1992, p. 222). It is described as " a discipline in biology which studies classes of organic forms according to their formative types" (Bjelic, 1992, p.222). Bjelic argued that Goethe‟s "science" differs radically from most contemporary views of plant morphology (Bjelic, 1992, p.222) [inverted commas by Bjelic].

In the scholarly literature on the Goethean approach to scientific investigation, morphology and phenomenology are sometimes mentioned in one breath (for example van der Bie). This could create the impression that they are the same thing. And indeed,

Prof. Dr. Eva-Maria Simms from the Duquesne University, a Goethean researcher and phenomenological and archetypal psychologist, stated that distinguishing between Goethean morphology and phenomenology is to some extent artificial, albeit initially indicated from a scholarly point of view (E.-M. Simms, personal communication, December 23rd, 2010). The differences lie mainly in the point of reference or perspective:

> Phenomenology is the Goethean method when explained from the perspective of the perceiver/researcher. It describes the gradual change of consciousness through the rigorous process of observation, the refinement of perceptual abilities, the growing of organs of perception, the imaginative variation of phenomena beyond what is in the sense-organs, and finally the appearance of the total form or Urphaenomen as it lives in the temporal stream of phenomena (E.-M. Simms, personal communication, December 23rd, 2010).

As opposed to this, morphology "describes the phenomena of nature (or culture) from the perspective of the observed world" (E.-M. Simms, personal communication, December 23rd, 2010). Simms describes Goethean morphology as "a qualitative, descriptive science which searches for the underlying principles that determine how organic forms change through time, a process he called metamorphosis" (E.-M. Simms, personal communication, December 23rd, 2010). Ultimately, phenomenology can be described as gaining "knowledge of oneself through engagement with the world" and morphology as attaining "knowledge of the world through engagement with the self" (E.-M. Simms, personal communication, December 23rd, 2010). Finally, these two seemingly opposite processes merge into one another:

> The observer"s consciousness is part of the morphological processes of nature, and nature needs human consciousness and its phenomenological method to become aware and conscious of itself (that is what Goethe and Rudolf Steiner thought). In the end

we have a crossing/chiasm of self and world (E.-M. Simms, personal communication, December 23rd, 2010).

Goethe himself defined morphology as the science of Gestalt and of the formation and transformation of organic matter, as well as an auxiliary science to physiology which is based on the history of nature and the anatomy of all higher organisms. At the same time, he characterised morphology as a natural science and a new science, the latter not in terms of its contents but in terms of its method (Goethe, 1977).

One central idea in Goethe's morphology is his assumption that Gestalt is flexible and subject to constant changes (Goethe, 1977; Pfau, 2010) and that a doctrine of Gestalt is always also a doctrine of metamorphosis, which in turn is the key to all natural phenomena (Goethe, 1977). Goethe stressed the aspect of wholeness in Gestalt and in natural phenomena and looked at the latter in a dynamic way which included the process of their becoming (Goethe, 1977). He examined different natural phenomena in terms of morphology and metamorphosis, including the effects of light on plants, metamorphosis in plants and insects or comparative anatomy in animals (Goethe, 1977). For example, he advocated that mammals' cranial bones are derived from six vertebrae (Goethe, 1977).

One of Goethe's thoughts in connection with morphology may have special meaning for anthroposophy and for anthroposophical music therapy: In his observations of plants, Goethe was particularly interested in different developmental stages of the plant, in its metamorphoses (Bjelic, 1992; Pfau, 2010). He distinguished between two opposing forces in plant development: contraction and expansion (Bjelic, 1992), which he regarded as "a dynamic Gestalt exhibited in all plant forms and organs" (Bjelic, 1992, p. 232). The idea of contraction and expansion as a fundamental tendency is also found in anthroposophy (Lievegoed, 2005; Ruland, 1990) and in the context of the anthroposophical view of music, for example in connection with certain intervals or with major and minor (Reinhold, 1996; Ruland, 1992; Wünsch, 2004b). These ideas are made use of in AnMt, as will be described in other chapters of this thesis. In anthroposophy, contraction and expansion is closely linked to antipathy and sympathy (Ruland, 1990). From an anthroposophical point of view, sympathy and antipathy are the main agents of human soul life (Lievegoed, 2005). The subject area of contraction

and expansion and sympathy and antipathy is closely linked to the issue of polarity (Lievegoed, 2005).

Goethean Phenomenology and Anthroposophical Music Therapy

In AnMt Steiner‟s method of scientific exploration is understood to be derived from Goethe‟s strictly phenomenological scientific attitude and therefore it is considered a highly scientific approach (Ruland, 1990). AnMt researchers have undertaken phenomenological studies to explore the basic gestures and meanings of musical elements, such as intervals, harmonies or rhythms (Pfrogner, 1981; Ruland, 1990). Goethean phenomenological studies in connection with musical elements are carried out by anthroposophical music therapists in order to be able to apply musical elements correctly and effectively in AnMt (Felber & Spalinger, 2003; Florschütz, 2009). AnMt training courses have regular musical phenomenological studies in their curriculum ("Dorion School of Music Therapy"; "Orpheus-Schule für Musiktherapie").

Ruland has stressed that his own music therapy approach originated in the experienced phenomenon of musical elements (Ruland, 1990). The musician or music therapist can‟t arrive at an experience of musical phenomena through reading, thinking, comparisons or logical conclusions, but he or she has to experience them and develop an awareness of the principles of these experiences (Ruland, 1990).

Immediate responses of a patient to particular musical elements can be accurately documented and made widely available (Ruland, 1990). However, the precise interpretation of these responses can only be possible with a faculty called "anschauenden Urteilskraft" (Ruland, 1990, p.3). In the Goethean sense, this is an understanding that has to be nurtured through living practice. Schilperoord translated the Goethean term „anschauende Urteilskraft‟ with "intuitive judgment in perceiving" (Schilperoord, 2008, p. 42). Ruland proposed that this concept of „anschauende Urteilskraft" explained the core principle of the Goethean method: not to look for or suspect anything behind the phenomenon, such as the immediate musical experience, which doesn‟t result from the phenomenon itself; not to impose any intellectual explanations onto the phenomenon, which it doesn‟t express itself (Ruland, 1990).

In an AnMt context, phenomenological studies are, for example, undertaken in order to explore the nature of musical elements (Bissegger, 2001; Felber & Spalinger,

2003; Florschütz, 2009) and are based on indications by Rudolf Steiner (Florschütz, 2009). Florschütz (2009) pointed out that phenomenon studies in AnMt differ from morphological studies in that they don‟t seek to realise the qualitative research principle of „controlled subjectivity‟ [“kontrollierter Subjektivität”] (Florschütz, 2009, p. 35), as is done in morphological research, but that the self development aspect of the researcher or therapist is in the foreground. Phenomenological studies pertaining to musical elements in AnMt can either be conducted in a group or individually (Felber & Spalinger, 2003). Sometimes, the groups involved in this kind of study can be quite large, for example when undertaken at AnMt conferences (Felber & Spalinger, 2003). Musical parameters examined include individual tones (Felber & Spalinger, 2003; Florschütz, 2009), timbre of different materials or instruments (Bissegger, 2001; Florschütz, 2009), intervals, (Bissegger, 2001; Felber & Spalinger, 2003; Florschütz, 2009), rhythms (Bissegger, 2001; Felber & Spalinger, 2003), scales (Bissegger, 2001; Felber & Spalinger, 2003; Florschütz, 2009), measures, different kinds of musical form or harmonies (Bissegger, 2001).

Felber and Spalinger (2003) wrote about some of the exercises conducted by AnMt practitioners to explore the qualities of musical elements. For example, they described how a group of music therapists decided to study the tone E, which was played on a variety of instruments, such as a kantele tuned only to the tones e‟‟ and e‟‟‟‟; a copper tube, Choroi flute, psaltery, lyre or tenor chrotta (Felber & Spalinger, 2003). The instruments came in successively, played individually, together and took it in turns. At the end of the exercise, the tone E was sung. After the tones had faded out, there was a moment of silence and following this, the group members exchanged their experiences and perceptions verbally (Felber & Spalinger, 2003). Some of the feedback of the group members referred to the perception of the tone being present for a long time in their minds like an echo after the actual sound had faded out. However, this mental echo of the tone E was detached from the timbre of the different instruments or the pitch in the different octaves and developed a distinct quality of its own, thereby gaining independence from the way it was produced (Felber & Spalinger, 2003).

Other ways of conducting phenomenon studies in AnMt have been described (Felber & Spalinger, 2003). Group members can describe their impressions about a certain tone, such as C, verbally. Then the participants try to inwardly experience these qualities and impressions. At a later stage, everybody sings a tone that comes to mind

(Felber & Spalinger, 2003). Felber and Spalinger (2003) pointed out that quite often people found the same tone during this exercise. Florschütz (2009) explained that the findings made by AnMt practitioners regarding the qualities of musical elements were not usually applied in a formal scholarly research context. However, they are exchanged and communicated in different task force groups and conferences of the medical section of the anthroposophical college at the Goetheanum in Dornach (Florschütz, 2009). In collaboration with anthroposophical physicians, curative educators and musicologists these findings are developed further and at a later stage they are validated in AnMt practice (Florschütz, 2009).

Summary

In this chapter, core tenets of Goethean phenomenology relevant to the AnMt approach were described. These included, for example, concepts such as the ur-phenomenon, polarity, delicate empiricism, the observer‟s participation, the natural attitude and the empty mind, as well as Goethean morphology. The role of Goethean phenomenology within AnMt was described and some examples as to how phenomenological studies are carried out in an AnMt context were given. In the next chapter, musical concepts prevalent in AnMt, which are based on the Goethean phenomenological approach, will be discussed.

Chapter 4

Musical Concepts in Anthroposophy

Introduction

This chapter deals with musical concepts in anthroposophy that are relevant for AnMt. The anthroposophical view of musical elements, such as intervals, harmonies, rhythms or the qualities and therapeutic properties of musical instruments, is based on the ideas that these musical elements have universal, objective and archetypal gestures (Ruland, 1992). These aspects are presented and discussed with reference to a wide literature base and with a presentation of critical analysis of their function. From an anthroposophical point of view, these universal gestures can be explored with the help of Goethean phenomenological studies (Felber & Spalinger, 2003; Florschütz, 2009; Ruland, 1990), as was described in the previous chapter. The archetypal gestures or meanings of musical elements gleaned from these phenomenological studies are used therapeutically in AnMt (Florschütz, 2009). They are also connected to anthroposophical models of the human being, such as the threefold and fourfold human being (Felber, 2003a; Reinhold, 1996).

This chapter begins with a brief description of the understanding of hearing and listening, especially in music listening, in anthroposophical terms. This is followed by the highlighting of anthroposophical views on universality in music and some of their foundations in earlier views of this topic, such as Boethian or Platonist ideas (Pfrogner, 1981; Ruland, 1992; Zipp, 1985). Then, the universal gestures and meanings of musical intervals are described and discussed critically with reference to a wide range of literature sources that inform this section. An overview of the different types of musical elements and how they relate to the human being from an anthroposophical view is given. Finally, the connections between threefold and fourfold models of the human being, musical elements and musical instruments are explicated. All of these aspects are fundamental to understanding later descriptions of how AnMt operates, and the findings from the grounded theory research which involved interviews with four experts in AnMt.

Hearing, Listening and Music Perception from an Anthroposophical Perspective

According to Steiner, human beings don"t only perceive music aurally but music listening involves the whole of the human being (Steiner, 1970, 1980). Steiner claimed that although the air was the medium in which the tone lived, listening to a musical tone had nothing to do with air (Steiner, 1970, 1980). He proposed that instead the ear is the organ which separates the air from the tone so that the perceived musical tone is more like a resonance or reflection of what happens physically outside of the human body. In this way, the tone lives in the etheric element (Steiner, 1970, 1980). Steiner"s conclusion was that the ear"s task is to overcome the air element and to reflect the pure etheric perception of the tone to the human being (Steiner, 1970, 1980). He described the ear as a means of reflection for the perception of tone (Steiner, 1970, 1980).

According to Scheuerle, the act of listening is an experience that happens in time and is characterised by constituting and decaying forces (Scheuerle, 2004). These are one aspect of the *polarities* mentioned earlier. In accordance with Steiner"s model of the 12 senses (Steiner, 2004), several senses are involved in hearing and listening, especially the sense of hearing, the sense of speech and the sense of thought, as well as the sense of ego (Scheuerle, 2004; Steiner, 2004). Interval perception manifests in the perception of consonance and dissonance, and these constitute the basic experience of the sense of tone (Scheuerle, 2004). Scheuerle (2004) has stressed that while consonance seemed more agreeable to begin with, dissonance was also an important component of the musical process, since tension and resolution in music would not be possible without this phenomenon. This issue may have an impact on the perception of AnMt in the general music therapy community, since sometimes it is stated that AnMt doesn"t involve musical dissonance and patients are too much protected from difficult musical experiences in this approach (Robbins, 2005).

Reinhold considered that in contrast to other sensory perceptions hearing is related to an inner space (Reinhold, 1996). Similarly, the inner space or inner condition of living beings is revealed by the sounds they utter (Reinhold, 1996). Reinhold quoted the example of the quality of animal calls which can give an attentive listener information on whether the animal is experiencing pain, joy, fear or contentment (Reinhold, 1996). In a similar way, a person"s voice provides substantial information about his or her inner emotional state (Reinhold, 1996). On a third level, by reading

between the lines in a spiritual way of listening, the impulses and spiritual goals of a person can be perceived (Reinhold, 1996). Reinhold (1996) observed that these three levels of hearing return in a transformed way when music is played. Through an instrument‟s timbre and sound, the material it has been made of and the way it has been worked on can be identified (Reinhold, 1996). Listening to music also reveals whether or not the musician is playing expressively (Reinhold, 1996).

Ruland (1992) distinguished between physical sound, utterance and musical tone. He noted that sound is the "body of tone" (Ruland, 1992, p.3), which is experienced "Via the physical sense of hearing" (Ruland, 1992, p.3). Ruland interpreted utterance as "the speechlike aspect of sound" (Ruland, 1992, p.3). He proposed that through their own soul nature, human beings can empathise "With the nuances of feeling of another soul" (Ruland, 1992, p.3). According to Ruland, musical tone is spiritual in its nature and lifts the listener from the physical and soul experience "to the spiritual experience of music itself" (Ruland 1992, p.3). Ruland (1992) admitted that it can sometimes be difficult for the listener to differentiate between sound, utterance and musical tone. He suggested that these different levels can be confused, especially in connection with the omnipresence of modern music technology and playback devices (Ruland, 1992).

Some anthroposophical authors advocated that in order to perceive the essence of music, listeners have to hear what sounds between and behind the notes (Engel, 1999; Reinhold, 1996). In this way, musical elements and basic musical qualities can be explored (Reinhold, 1996). Reinhold (1996) mentioned the example of musical intervals: When a novice listener learns about intervals, initially he or she learns to recognise intervals according to their character. Only at a later stage, when an interval has been listened to many times, starting from different notes and in the context of different musical compositions, its basic gesture, which always stays the same, can gradually be comprehended (Reinhold, 1996).

Reinhold (1996) considered that in listening to the unheard gesture in the intervals, spiritual qualities can be experienced. She expressed the view that once musical experience had been expanded in this way, music could be penetrated more deeply, which could deepen a person‟s experience of his or her own inner being (Reinhold, 1996). This is seen as one of the benefits of AnMt (Reinhold, 1996). Reinhold stressed that music leading to such an inner experience didn‟t necessarily have

to be slow and meditative and that a lively rhythm could also induce an inner experience (Reinhold, 1996). Ruland (1992) advocated that hearing musically is different from other kinds of hearing. He wrote that in music, "Nothing outward communicates itself to us – neither anything bodily or physical, nor anything of a soul nature. In the case of a musical tone we remain entirely within ourselves." (Ruland, 1992, p.2). He viewed music as thoroughly spiritual in its nature, since it is perceived within the human soul but in its nature belongs to the realm of "the most objective and supreme" spiritual order (Ruland, 1992, p.2).

Universality, Objectivity and Archetypes in Music

Within an AnMt context it is presumed that intervals and other musical elements have certain universal gestures (Pfrogner, 1981; Reinhold, 1996; Ruland, 1992; Steiner, 1970, 1980; Wünsch, 2004b). The dynamics or relationships between the tones of the interval are particularly important in this context (Pfrogner, 1981; Wünsch, 2004b). Pfrogner even claimed that the tones of an interval are secondary while the dynamic between the tones is central (Pfrogner, 1981). In AnMt, the idea persists that the universal gestures and meanings of intervals and other musical elements can be explored through phenomenological studies in accordance with Goethe"s phenomenological approach (Kern, 2007; Pfrogner, 1981; Ruland, 1990). In this context, the term „universal" implies that musical elements have „objective" effects that are the same for everyone, with reference to the following definition of the Oxford English Dictionary of the term „universal": "Of a rule, law, principle, […] true or purporting to be true for all cases which come under its terms; applicable in all instances" (OED, 2010). That is, there are many instances in AnMt when some aspects are not considered unique or idiosyncratic but rather are believed to have generalised relevance and impact.

Rhythm, pulse and the archetypal elements in musical measure.

Steiner considered all existing rhythms to be rooted in the connection between the human pulse and breath (Steiner, 1970, 1980). According to Steiner, the ratio of about 18 breaths per minute to 72 pulse beats per minute is a 1:4 ratio which forms the basis for the human experience of rhythm (Steiner, 1970, 1980).

Wünsch (2004a) stressed that the symmetry and regularity of musical measure and time signature is related to the human pulse. At the same time, the element of breath is related to the melodic element in music (Wünsch, 2004a). The tension between the more flexible melodic and the more static rhythmic element can find musical expression in the technique of tempo rubato (Kempf, 2008). This is reminiscent of Ruland's ideas on *rhythmos* and *tonos* in music, with rhythmos perceived as the more static and tonos as the more flexible and flowing force (Ruland, 1990, 2004). In this context, Wünsch proposed that melody and measure, the flexible and the static, are two opposite tendencies or inner gestures which influence each other (Wünsch, 2004a). He suggested that in the past, the relationship between breath and pulse found a musical manifestation in duple time (Wünsch, 2004a). He indicated that nowadays rhythm tends to be freer, with syncopations and changes of measure, which means that in modern music the connection between the functions of the human body and music is not so strong any more (Wünsch, 2004a). According to Wünsch young people feel especially attracted to this freedom of measure in music (Wünsch, 2004a).

Wünsch noted that in triple time, the predominant measure of the early 14th century, the listener feels much more on the same level with his or her surroundings than in duple time and that it is associated with a circular movement (Wünsch, 2004a). Triple time is usually experienced as a oneness (Wünsch, 2004a). In contrast to this, duple time can be experienced as a vertical movement, while the vertical and circular qualities meet in 6/4 time (Wünsch, 2004a). Here, the slower, gravitating twofold quality of duple time combines with the faster movement of triple time (Wünsch, 2004a). In connection with musical tempo, Wünsch hypothesised that what people perceive as fast or slow depends on the relationship of the tempo to the human pulse. Usually, people experience a tempo which is more or less synchronised with their own pulse as moderate tempo (Wünsch, 2004a).

Objectivity and human archetypes in musical expression.

Ruland expressed the view that what is expressed in music is greater and more objective than an individual person‟s feelings (Ruland, 1990). He exemplified this by contemplating which impression his own personal, subjective pain and grief – expressed through wailing, sighing or whinging, would make on another person. He compared this hypothesised impression with the effects of music expressing a similar intensity of pain (Ruland, 1990). Ruland presumed that his whinging and sighing would not make a listener feel very comfortable and that if he or she enjoyed this, the person would probably be perceived as not quite normal (Ruland, 1990). In contrast to this, music which expresses deep pain can be beautiful to listen to (Ruland, 1990).

A listener who enjoys the beauty and depth of such music would not be perceived as „not quite normal‟ (Ruland, 1990). According to Ruland, the reason for this is the fact that this kind of music expresses neither the pain of the composer, nor that of the performer, nor anyone else‟s personal pain (Ruland, 1990). Ruland hypothesised that in music, emotional qualities such as pain or joy are transformed into a thoroughly objectified „emotional colour‟ or „colour of the soul‟ [“Seelenfarbe”] (Ruland, 1990, p.6). According to Ruland, these colours of the soul are not part of any subjective soul although they are experienced on a soul level (Ruland, 1990). Ruland perceived this process as a permeation of subjective human emotions with a higher and more objective truth, which spiritualises human beings‟ subjective emotionality (Ruland, 1990). As a musical example, Ruland mentioned old folk songs, in which people sang their hearts out and expressed intense joy or pain. Ruland proposed that in this way, emotional qualities were beautified because they were illuminated by an objective spiritual background (Ruland, 1990). In this way, for example a funny satirical song can become a mirror of a living human ideal, and the mirror isn‟t held up to the listener from outside, but through the music from inside of his own soul, as a deeply felt objective spiritual human archetype (Ruland, 1990).

Ruland suggested that in the course of the last few centuries musicians have acquired more and more freedom to detach from this objective spiritual background of what he called the real musical experience (Ruland, 1990). According to Ruland, this detachment from music‟s archetypal qualities lead to the assumption that music is a mere expression of human emotions (Ruland, 1990). Ruland wrote critically about the

baroque doctrine of affections and about what he thought of as modern psychological trends claiming that music contains nonverbal information about people‟s subjective emotions (Ruland, 1990). Ruland compared this perception of music with only seeing the screen that absorbs the projected light, without actually seeing the source creating the light (Ruland, 1990).

Ruland had mentioned Beethoven as an example of a composer who expressed his own personal struggles by means of what Ruland saw as the objective spiritual, archetypal background of music (Ruland, 1990). In contrast to this, what Ruland called the superstition that music expresses nothing higher than personal feelings, in his opinion finds expression in the genre of easy listening music (Ruland, 1990). This type of music was described by Ruland as a true child of materialism, which has lost touch with the objective spiritual background and relates to the subjective emotional experience instead (Ruland, 1990). Ruland stated that one characteristic of easy listening music is that it copies elements of „real music‟ [“eigentlicher Musik”] (Ruland, 1990, p.8) and uses them without considering their spiritual content (Ruland, 1990).

Ruland has stressed that in view of today‟s omnipresence of music technology media, it is music therapy‟s task to lead every musical element back to its objective spiritual background, and to help rediscover the archetypal nature in music (Ruland, 1990). He advocated that this should not happen on an intellectual and philosophical level, but as an emotional experience (Ruland, 1990). According to Ruland, through music therapy new soul forces can be released, which have a deep and healing influence on the patient‟s body-and-soul organisation (Ruland, 1990).

Ruland perceived the use of „programme music‟ [“Programmusik”] (Ruland, 1990, p.16) in music therapy as problematic, for example if employed to encourage a patient to depict his own conflicts or emotions musically. He suggested that in such cases the patient is caught in his or her subjective emotions and carries these into the music or rather avoids the music in this way (Ruland, 1990). Ruland proposed that the therapist should only commence interaction with the patient on this level if there is no other possible beginning with the patient. He advocated the eventual transformation of such musical interactions into the „real musical experience‟ [“das eigentliche musikalische Erleben”] (Ruland, 1990, p.16) within the therapeutic process, or else the patient might get stuck in narcissistic self-observation which is merely covered by the music (Ruland, 1990). At this point, Ruland stressed again, that music doesn‟t contain

any personal feelings, even if people feel emotionally understood in the musical experience (Ruland, 1990). He postulated that the use of music in AnMt should be free of pre-conceived ideas which lie outside of the music, in order for the patient to truly engage in the musical experience (Ruland, 1990).

Universality in musical intervals and tonalities.

From an anthroposophical point of view, intervals are not just purely musical phenomena but they are also an expression of the relationship between the human being and the world and thus play an important role in different cultural epochs, in which different intervals and the experiences they elicit are predominant (Pfrogner, 1981; Ruland, 1992; Steiner, 1970, 1980; Wünsch, 2004b). Steiner phrased the idea that there is an *evolution of consciousness* (Steiner, 1970, 1980) which passes through several *post-Atlantean epochs* (Steiner, 1970, 1980). The term post-Atlantean refers to the time after the supposed downfall of Atlantis, which was sub-divided by Steiner into different cultural epochs (Badewien, 1994).

The first post-Atlantean epoch was regarded as the period in which the ancient Indian culture prospered (Badewien, 1994; Ruland, 1992). The second post-Atlantean epoch constituted the cultural zenith of ancient Persia (Badewien, 1994; Ruland, 1992). In the third post-Atlantean period, the ancient Egyptian, Chaldean (Badewien, 1994; Ruland, 1992) and Chinese (Ruland, 1992) cultures were predominant. The fourth post-Atlantean epoch was the heyday of ancient Greece and Rome (Badewien, 1994; Ruland, 1992), while the fifth post-Atlantean period is the modern age (Badewien, 1994). According to Steiner, different intervals were predominant in people‟s consciousness in these different epochs (Steiner, 1970, 1980).

This view was supported by other anthroposophical theorists and musicians (Pfrogner, 1981; Ruland, 1992; Wünsch, 2004b). The general tendency in this construct of ideas is that in ancient times, people‟s consciousness was more congruent with wider intervals and the more modern times are associated with smaller intervals (Ruland, 1992): The time of Atlantis and ancient India was seen as the time of the seventh, ancient Persia as the time of the sixth (Ruland, 1992). The fifth was perceived as predominant in the cultures of ancient Egypt, Chaldea and China, the fourth in the time of ancient Greece and Rome (Ruland, 1992). Today‟s modern age is seen as the time of the third (Ruland, 1990, 1992; Steiner, 1970, 1980). Intervals smaller than the third,

such as the second and prime, are seen as intervals of the future (Ruland, 1992). Ruland stated that the development of musical consciousness is a reflection of processes in the human soul, for example in relation to the development of thought (Ruland, 1992). As will be seen in the research-based part of this thesis, these views and ideas have a strong impact on therapeutic work in AnMt.

In anthroposophy, a musical interval is regarded as a movement in which the human ego expresses itself (Pfrogner, 1981). An interval can be played melodically, with the tones following each other (Pfrogner, 1981), which is a flowing movement, or in a harmony-related way, when both tones are played simultaneously, which is seen as retained movement but nonetheless movement (Pfrogner, 1981). Pfrogner stated that his own observations about the intervals were based on ascending intervals with the tones played successively. He regarded ascending intervals as the root form and descending intervals as inversions (Pfrogner, 1981). At the same time, he considered plucked instruments, such as the monochord, lyre or kantele as the instruments most suitable for phenomenological interval studies (Pfrogner, 1981).

Pfrogner also observed that the tone and interval systems of many cultures have scales which consist of seven tones as an underlying principle, such as the tone systems of Europe, Arabia or India (Pfrogner, 1981). According to Pfrogner, in the European tone system, the intervals of the prime, octave, fifth and fourth are the most important ones (Pfrogner, 1981). Pfrogner advocated the existence of a polarity between prime, which symbolises finding oneself, and octave, associated with finding oneself on a higher level (Pfrogner, 1981). Another polarity is seen between the fifth, which stands for contact with outside world, and fourth, symbolising contact with the self (Pfrogner, 1981). According to Pfrogner, these two sets of polarities form the basis for the principal orientation a human being needs to exist in the world (Pfrogner, 1981). At the same time both prime and octave and fourth and fifth are complementary intervals, which constitute the octave together (Pfrogner, 1981).

Pfrogner considered that in interval studies as performed in AnMt it is usually assumed that one starts with the same beginning note and plays an ascending interval. In these cases, the root note of the scale and the root note of the interval are the same (Pfrogner, 1981). Pfrogner pointed out that the impression gained of an interval"s quality can be different when the root note of the scale and the root note of the interval are not the same note (Pfrogner, 1981). Pfrogner argued that it makes a difference which

tone is chosen as a starting point for playing an interval: If it is not started from the tonic of the scale the character of the interval and that of the tone"s function within the scale can be quite different (Pfrogner, 1981). Pfrogner explicated that although the general character of the interval stays the same it makes a difference whether one experiences the character of an interval on the first, second, third or other step of the scale (Pfrogner, 1981).

The idea of archetypal gestures of musical intervals (Pfrogner, 1981; Ruland, 1992; Steiner, 1970, 1980) and the concept of cosmological connections of musical tones, which are also linked to the human being (Engel, 1999; von Lange, 1968), are not entirely new ideas and may not even be considered specifically anthroposophical. They are related to the perception of micro and macro cosmic aspects (Zipp, 1985), and this view of their relevance existed before anthroposophy. Boethius, a Western-Roman statesman and philosopher, who lived around 480 to 524, spoke of three different kinds of music: *Musica mundana*, the music of the spheres created by the movement of the planets, *musica humana*, the interplay of processes in the human being and between human beings, and *musica instrumentalis*, the music created by human beings playing musical instruments, including the voice (Zipp, 1985). These ideas are also quoted by anthroposophical authors (Pfrogner, 1981; Ruland, 1992).

In Boethius" world view, the macrocosmic musica mundana is the real music, while the microcosmic musica instrumentalis is only its effigy, albeit given to man by the Gods (Zipp, 1985). Zipp pointed out that this idea was already known by the Pythagoreans and the Platonists (Zipp, 1985). Steiner"s view that music and musical instruments originate in the spiritual world and musical instruments played by humans are only an image of this spiritual music (Steiner, 1970, 1980) is certainly reminiscent of these ideas. Bento remarked that in the human being"s sensory activity, "there is a complete musicality to the inner life – music of the spheres" (Bento, 2004, p.13), which could be seen as an expression of musica humana.

The idea of the existence of analogies between music, the cosmos and the human being prevalent in anthroposophy extends also to the anthroposophical view of natural sciences, such as chemistry. Husemann, for example, stated that the "musical qualities of the diatonic scale represent the dynamics of reactions in the periodic system in so far as they are involved in organic chemistry" (Husemann, 2007). He referred to Newland"s law of chemical octaves, according to which chemical elements reoccur periodically

with increasing weight of the chemical compounds, similar to the way musical tones reoccur in different octaves (Husemann, 2007). According to Husemann, the difference between the chemical and the musical octave is, that the octave tone in music is always also a prime and the beginning of a new scale (Husemann, 2007). Husemann proposed that the fact that principles of musical order are also found in chemistry points towards an analogy between musical laws and the structure of matter, which again indicates that material existence can be seen as an outward image of an inner music of the spheres (Husemann, 2007). What Boethius called musica instrumentalis, the music played by humans on musical instruments, mirrors the laws of the music of the spheres (Husemann, 2007). As a reflection of the music of the spiritual world, musica instrumentalis becomes a gateway to gaining insights into the inner processes of substances (Husemann, 2007).

In anthroposophy, the numbers seven and twelve are regarded as having importance in music, for example in connection with the diatonic and the chromatic scale (Pfrogner, 1981; Ruland, 1992). Anthroposophists seem to pay particular attention to the meaning of numbers in musical systems (Pfrogner, 1981; Ruland, 1992) but their importance is also admitted outside anthroposophy (Zipp, 1985). The perception that the numbers seven and twelve are important in music of different cultures and epochs, in the human organism and in cosmological contexts – for example in the shape of the Pythagorean idea of the existence of seven planets (Zipp, 1985) and in the shape of the twelve signs of the Zodiac (Engel, 1999) is seen as an indicator for the hypothesis that there is a kinship in structure in the cosmos, in music and in the human being (Engel, 1999; Zipp, 1985).

In this context of perceived analogies between the cosmos, the human being and music, the number seven occurs in phenomena such as the seven planets (Engel, 1999; Husemann, 2007; von Lange, 1968) or the model of the seven life processes (Engel, 1999; Pfrogner, 1978), the seven colours of the rainbow (Husemann, 2007), seven steps of atomic mass (Husemann, 2007) or the seven tones of the diatonic scale (Husemann, 2007; Pfrogner, 1981; Reinhold, 1996; Ruland, 1992; Steiner, 1970; von Lange, 1968). Husemann concluded that in the animated world all developments occur in seven steps and that the etheric world has a sevenfold structure (Husemann, 2007). According to Ruland, the number seven, which is musically expressed in the scale, and macrocosmically represented in the idea of the existence of seven planets (Ruland,

1992), relates to "temporal change and development" (Ruland, 1992, p.77). Ruland admitted that this view referred to the Ptolemaic view of the cosmos, consisting of seven planets, and not to modern view, which includes more planets (Ruland, 1992). However, in Ruland‟s opinion this does not necessarily mean that these deliberations are based on error. He rather interpreted this as an expression of the limitations of human understanding at a given point in time (Ruland, 1992). Ruland considered that the above-mentioned ideas related to the number seven in music and cosmos could still be a step on the path to true understanding (Ruland, 1992).

The spiritual and in a sense magical importance attributed to the numbers seven and twelve has historical antecedents found in texts from ancient Mesopotamia, ancient India, ancient Egypt and ancient Greece, as well as in Arabic and Jewish traditions (Zipp, 1985). The musical scales of many of these cultures are or were based on seven tones (Pfrogner, 1981; Ruland, 1992; Zipp, 1985). The ideas mentioned in this section of the thesis are connected to the assumption of music‟s universality, including the universality of musical elements, such as intervals, rhythm and harmony. Pfrogner expressed the view that the great composers knew about this universality in music and used it to achieve musical effects:

> Die Komponisten früherer Zeiten wußten sehr wohl, was sie taten, wenn sie Rezitative oder Arien durch vom Skalengrundton nach abwärts ausgeführte Quartschritte abschlossen. Damit sollte der betreffende Textgehalt nochmals (…) in seiner Bedeutung auf denkbarst eindringliche Weise unterstrichen werden. (Pfrogner, 1981, p.168).
>
> The composers of earlier periods knew exactly what they were doing when they concluded recitatives and arias with a descending fourth starting from the tonic. With this figure, the contents of the text were supposed to be stressed (…) once more in the most vivid manner.

Pfrogner quoted examples from Bach‟s "Matthew Passion", Haydn‟s "Creation" and Mozart‟s "Magic Flute" to explain what is meant by the effects of these intervallic gestures (Pfrogner, 1981). In the following passages of the thesis, the different intervals‟ gestures and qualities will be described from an anthroposophical view.

Musical intervals and their gestures.

The prime.

Pfrogner referred to the prime as the repetition of a tone (Pfrogner, 1981). In this context, Steiner‟s claim that in the future, musical diversity will be perceived in one tone (Steiner, 1970, 1980), may be relevant for the interval of the prime. Wünsch postulated that the prime can stand at the beginning as well as at the end of a development and thereby has the character of a caryopsis, being beginning and end at the same time (Wünsch, 2004b). Scheuerle suggested that the prime, or tonic, indicates consistency (Scheuerle, 2004) and that the repetition of the same tone, even in speaking, creates a reliable, calming and trustworthy impression (Scheuerle, 2004). Scheuerle perceived a connection between the prime and a person‟s individual pitch of speaking, which is normally constant but can change in different emotional states, such as excitement (Scheuerle, 2004). According to Reinhold, the prime stands for the life period when people start to take responsibility for their own further development (Reinhold, 1996). Accordingly, the path of the ascending scale based on the prime or tonic is a path of alertness, of inner exaltation and of a broadening of one‟s consciousness to a more spiritual outlook (Reinhold, 1996).

Ruland characterised the prime as "A centered resting-in-oneself; self and world correspond. Total trust in oneself and the world. Sleep" (Ruland, 1992, p.53). He interpreted the prime as "The resurrection of the inner spiritual self in the midst of death, destruction and horror" (Ruland, 1992, p. 62) and as the ability to uphold one‟s spiritual integrity amidst a chaotic world. For Ruland, this is "the absolute experience of the prime" (Ruland, 1992, p.62), which is to be attained only in the future.

Pfrogner (1981) regarded the prime as tone repetition connected to memory and to the re-invention of the ego. The experience of the prime, according to Pfrogner, is linked to an inner self-experience of the ego and the beginning of intervallic ego-orientation (Pfrogner, 1981). As this is equivalent to the experience of being within oneself, the prime has a high importance for music therapy in being able to promote this experience (Pfrogner, 1981). Steiner indicated that the prime, like other small intervals such as the second, is an interval of the future and that mankind hasn‟t reached the consciousness of these smaller intervals yet (Steiner, 1970, 1980).

The second.

Steiner postulated that humankind hadn‟t yet reached the experience of the second (Steiner, 1970, 1980). Some anthroposophical authors distinguished between the major and the minor second (Pfrogner, 1981; Ruland, 1992; Wünsch, 2004b). Ruland characterised the major second as "A first, dreamlike movement; tension; expectation. Murmuring; the incessant movement of water with no set point of reference. Vegetative. Deep dreaming" (Ruland, 1992, p.53). As opposed to this, the chromaticism of the minor second is perceived to be connected to "self-awareness" and "astral contraction" (Ruland, 1992, p.146). Wünsch interpreted the minor second as arrested movement with a structuring function within a scale (Wünsch, 2004b). In contrast to this, he suggested that melodies moving within the whole tone scale, which represent the quality of the major second, create a disordered and almost anarchistic impression (Wünsch, 2004b). Generally, the interval of the second stands for movement (Wünsch, 2004b). Pfrogner (1981) stressed that this movement was an inner and stepwise movement. He proposed that the major second points more outward, the minor second more inwards, while the major second is the primary element of melody (Pfrogner, 1981).

According to Ruland, in contrast to the experience of the fourth and the fifth, which lead to an "outer objective world order", the experience of the second "leads to an objective spiritual world" (Ruland, 1992, p.61). On the basis of Steiner‟s ideas, Ruland postulated that today‟s human consciousness is not ready for the experience of the second yet, "because we cannot yet be given free access to our own life forces – not in our present state as citizens of the 20th century, full of egoistic, materialistic, intellectualistic banality and subjectivity" (Ruland, 1992, p.61). He concluded that modern humanity is not "ripe" (Ruland, 1992, p. 61) for such an experience yet. Ruland assumed that trying to promote the experience of the second at this point in time would have a destructive effect on people‟s soul forces, considering their present state of mind (Ruland, 1992). Ruland suggested that human beings‟ maturity and inner readiness for the experience of the second could be attained by working through what he perceived as the present crisis of the third experience and to "objectify" and spiritualise" the latter (Ruland, 1992, p. 61). According to Ruland, the laws of spirituality have to become a part of the inner nature of human beings, so "we can grow naturally into the world of our archetypal unconscious" (Ruland, 1992, p.61). However, Ruland stressed that such

a development can‟t be forced prematurely but has to follow its own laws (Ruland, 1992).

The third.

The third is the interval through which the experience of major and minor is promoted (Pfrogner, 1981). According to Steiner, in the experience of the third, the human being feels he‟s "within himself" (Steiner, 1970, p.143). From an anthroposophical perspective, both the major and the minor third characterise an inner movement in the human being, in which the human ego stays within the boundaries of the organism (Steiner, 1970, 1980). The third creates an experience and impression of intimacy (Pfrogner, 1981). Reinhold (1996) pointed out the importance of the third in the structure of triads and stressed that its „inner soul language‟ ["innerliche Seelensprache"] (Reinhold, 1996, p.14) is important nourishment for the emerging psyche of adolescents in puberty. She described how it was possible to observe how young people in this age group subconsciously tended to bask in harmonies and to indulge in the opposing feelings evoked by major and minor keys (Reinhold, 1996), as found, for example, in the traditional music of different countries (Reinhold, 1996). Reinhold stated that adolescents often prefer harmony instruments, such as the guitar or piano (Reinhold, 1996).

Ruland proposed that the experience of the third, both major and minor, offers a musical encounter of the whole scope of human emotional qualities, such as hope, confidence, courage, longing or grief (Ruland, 1992). Ruland stressed that music therapists have to remember that the third experience equals the world of perceptions of the modern human being since the beginning of modern times (Ruland, 1990). He observed that although nowadays it is possible to expose people to very different interval experiences, both in therapy and on the purely artistic level, the perception of thirds and triads is the sphere of musical experience the music therapy patient is really at home in (Ruland, 1990).

According to Steiner, the transition to the experience of the third marks the point in time when human beings started to feel connected to their own physical organisation (Steiner, 1970, 1980). Steiner claimed that the third leads the whole musical experience inwards and accounts for the emergence of subjectivity in the musical experience. He considered major and minor to be connected with subjective human feelings and

perceptions (Steiner, 1970, 1980). Steiner dated the development of the experience of the third in musical perception back to the fourth post-Atlantean epoch, but considered that people are basically still in that mode of perception nowadays [this refers to 1923, when the lectures were held] (Steiner, 1970, 1980).

Ruland claimed that the third still strongly characterises the musical experience of today‟s modern times (Ruland, 1992). He implied that the different qualities of the musical elements are also qualities of the *Zeitgeist*, the way of thinking of the different epochs in time (Ruland, 1992). Ruland observed that human thinking underwent a similar development as the third:

> Thinking has undergone much the same trials the third has
> undergone. Musical experience of the third has become an insipid
> and empty thing, banal, and ultimately subhuman. In the realm of
> thought, the earthly intellect has become grey and spiritless,
> banal, and capable of engaging in quasi-scientific embroidering
> on every human or subhuman aberration (Ruland, 1992, p.111).

Ruland proposed that the spiritual nature of the third must be found again, before the world can be transformed towards true freedom and responsibility (Ruland, 1992). He believed that a hindrance in achieving the spiritual goals of our time and in reaching true freedom lies in materialism (Ruland, 1992). Ruland expressed the view that a too personal quality in music, which he thought could degenerate into kitsch and sentimentality, has caused a musical crisis of the third experience. He perceived what he called mood and entertainment music as an expression of this kitsch and sentimentality (Ruland, 1992). Ruland assumed that the true spiritual fulfilment of the third consciousness "still is a thing of the future" (Ruland, 1992, p.117).

Differences between the minor and major third and minor and major keys.

In the anthroposophical understanding the third provides a musical experience that is generally directed more inwards (Steiner, 1970, 1980) or even connects us with our innermost feelings (Pfrogner, 1981). But within this, the major third, and also major keys, are associated with being more extrovert (König, 1966) and the minor third and minor keys with being more introvert (König, 1966). The strong inward experience that

the minor third promotes (Steiner, 1970, 1980; Wünsch, 2004b) enhances the perception of one‟s own inner soul space (Wünsch, 2004b). Ruland ascribed an individualising character to minor keys, which can focus a person inwards (Ruland, 1990). In his own clinical experience in working therapeutically with music, Ruland observed that the warm, dark quality provided by minor keys can aid certain patients in their self-discovery and grieving processes (Ruland, 1990). Ruland also characterised the minor quality as "remembering" and "reflecting" (Ruland, 1992, p.51).

In contrast to this, major thirds and major keys provide a slightly more outward experience (Steiner, 1970, 1980; Wünsch, 2004b) which furthers a sense of light-heartedness (Wünsch, 2004b). Wünsch stated that the third is generally associated with a breathing process of the soul, which moves between contraction and expansion: Contraction is given in the case of the minor, expansion in the case of the major third (Wünsch, 2004b). Wünsch observed that this breathing process of the soul plays an important role in the development of children at the age of nine to fourteen years (Wünsch, 2004b). He stressed that the major and minor qualities are supported by other musical elements as well, such as rhythm, tempo and pitch (Wünsch, 2004b). While an ascending melody or a rhythm beginning with short and ending with long notes or fast tempo and high pitch support the major quality, the opposite qualities of these parameters support the minor quality (Wünsch, 2004b).

The fourth.

Steiner believed that the fourth was at the threshold between inner human being and outer world (Steiner, 1970, 1980). Wünsch pointed out that compared to the threshold marked by the fifth, the one associated with the fourth is not flexible and breathing but more static and confining (Wünsch, 2004b). Steiner advocated that in the experience of the fourth, the human being doesn‟t perceive the outer world, but the spiritual world (Steiner, 1970, 1980). The ascending fourth was interpreted by Ruland as male, the descending fourth as female principle (Ruland, 1990).

The fourth is also brought into context with a questioning character (Scheuerle, 2004) and as waking up and vitalising (Ruland, 1992; Scheuerle, 2004). The waking and invigorating character of the rising fourth, especially when performed from below towards the tonic and in a lively tempo has also been stressed by Pfrogner (1981). Ruland characterised the fourth as "a true *mediator* between outer world and inner

world, above and below, macrocosm and microcosm, divine and human, past and future" (Ruland, 1992, p.97) [italics by Ruland]. Wünsch observed in children that during a certain time in their development they go through a phase in which their perceptions and experiences resemble the quality of the fourth (Wünsch, 2004b). He claimed that children around the age of nine turn more inwards, but not into their own inner experiences but into the inner experiences and memories of mankind (Wünsch, 2004b). According to Wünsch, melodies and tunes based on the principle of the tetrachord, such as church modes or chants from Northern and Eastern European countries, are strongly oriented towards the fourth and express its qualities (Wünsch, 2004b).

Pfrogner found that the fourth is an interval of contemplative introspection which points the human being towards himself or herself (Pfrogner, 1981). Pfrogner suggested that if a music therapy client suffers from a disturbance of the self experience, this can be treated by introducing the experience of the fourth, for example by using instruments that are tuned in fourths, such as double bass, viola da gamba, lute or guitar (Pfrogner, 1981).

The tritone.

The tritone or the augmented fourth and diminished fifth (Pfrogner, 1981) is not mentioned as often as other intervals in the anthroposophical literature. Ruland noted that the diabolic aspects often attributed to the tritone are connected to its quality of dissolving "the threshold between inner world and outer world" (Ruland, 1992). In this way, untransformed material from the inner world pours outside and unfiltered influences from the outer world can get inside (Ruland, 1992).

Pfrogner stressed the tritone"s urging quality which searches for change (Pfrogner, 1981). While the diminished fifth represents a narrowing of the otherwise opening quality of the fifth, the augmented fourth is a widening out of the more inward gesture of the fourth towards freedom and a wish to outgrow one"s boundaries (Pfrogner, 1981). Pfrogner stressed that while the term tritone or tritonus originally only applied to the augmented fourth it is nowadays incorrectly used for both augmented fourth and diminished fifth (Pfrogner, 1981).

The fifth.

Steiner suggested that the human being is brought out of himself or herself in the experience of the fifth (Steiner, 1970, 1980), thereby moving beyond the boundaries of one"s own physical body (Steiner, 1970, 1980; Wünsch, 2004b). From an anthroposophical viewpoint, the fifth seems like a threshold between inside and outside, where one is aware of being separate from the outside world for the first time (Pfrogner, 1981). Wünsch stated that this is a flexible threshold which can be overcome (Wünsch, 2004b). Pfrogner (1981) characterised the fifth as the human being"s primary interval in terms of contact with the surrounding world. With the ascending fifth, the threshold is flexible or open towards the space above, while with the descending fifth the inner soul space is experienced to a greater degree (Wünsch, 2004b). In general, a breathing rhythm, a quality of expansion and contraction is connected to the fifth (Ruland, 1992; Wünsch, 2004b).

The ascending fifth symbolises an opening or inhaling gesture while the descending fifth is associated with a closing or exhaling gesture (Ruland, 1990; Wünsch, 2004b). The ascending fifth is also compared with a question, the descending fifth with an answer (Ruland, 1990) or with the "Amen" in a prayer (Ruland, 1990, p.33). Ruland also connected the ascending fifth with the female principle and the descending fifth with the male principle (Ruland, 1990).

According to Reinhold, the fifth has a breathing quality and creates an atmosphere of a spacious and safe place. In the pentatonic scale, which is free from semitones, it functions as a formative force. Its dreamy, enveloping character has a positive influence on the development of young children (Reinhold, 1996). This is partly due to the conceptualisation of the fifth as the human being"s primary contact interval with the outside world (Pfrogner, 1981). In this way, the young child"s urge to enter into contact with the outside world is supported and reflected on a musical level (Pfrogner, 1981). In a similar way, disturbances in the area of contact with the surrounding world can be treated therapeutically through use of the interval of the fifth (Pfrogner, 1981). Wünsch observed that in Dorian chants and in folk songs there is very often a division into a first part, which stays within the boundaries of the fifth, and a second part, which goes beyond this tonal space but then returns into the inner space of the fifth (Wünsch, 2004b).

The sixth.

Steiner perceived the sixth as related to inspiration (Steiner, 1970, 1980). Ruland described it as "euphoric" (Ruland, 1992, p.53). While there is a certain similarity to the third in addressing personal sentiment, in the sixth the soul experiences an expansion (Wünsch, 2004b). The threshold still perceivable in the fifth disappears in the sixth experience (Ruland, 1992; Wünsch, 2004b). According to Wünsch, the minor sixth minimises the expansion of the soul to some degree and has a longing quality (Wünsch, 2004b).Wünsch pointed out that the striking character of the sixth has often been abused for suggestive purposes and that it was an interval often preferred in totalitarian systems (Wünsch, 2004b).

Pfrogner explicated that the minor sixth is the complementary interval to the major third and the major sixth to the minor third. In the rising sixth, the human being carries his or her feelings out into the world (Pfrogner, 1981). According to Ruland (1992), after the seventh, the sixth was the second interval to be experienced in the development of musical experience. This interval was typical for the culture of ancient Persia (Ruland, 1992). However, it was not the minor or major sixth familiar to us, but a sixth with the numerical relationship 13/8 (Ruland, 1992), which "lies between the major and the minor sixth, somewhat nearer the minor sixth" (Ruland, 1992, p.56). Ruland admitted that this interval, which he characterised as "golden" in quality (Ruland, 1992, p.57) is somewhat unfamiliar for us to listen to, and that it takes some practice to experience it "as a harmony in its own right" (Ruland, 1992, p.57).

The seventh.

According to Steiner (Steiner, 1970, 1980) the seventh is related to intuition and in Atlantean times, "this musical experience of the seventh, (….), consisted in feeling oneself completely carried away" (Steiner, 1970, p.119). Experiencing music with the quality of the seventh was equivalent to being in the spiritual world (Steiner, 1970, 1980). The experience of being torn and entirely drawn out of oneself is connected with the seventh from an anthroposophical point of view (Pfrogner, 1981; Ruland, 1992). A state of high tension is associated especially with the major seventh (Ruland, 1992; Wünsch, 2004b) which is striving to be resolved in a harmony (Wünsch, 2004b). The seventh standing on its own requires from the human being to be able to tolerate this

painful (Steiner, 1970, 1980) experience of being entirely out of oneself (Wünsch, 2004b). Ruland (1992) stated that the early ecstatic experience of music during the Atlantean and earliest post-Atlantean epochs in the culture of ancient India was not elicited by the same kind of seventh that we know today with its quality as leading note to the octave (Ruland, 1992). It may have possessed the same tension without at the same time being a leading note (Ruland, 1992). In referring to Steiner, Engel claimed that in Atlantean times the seventh was the only interval that was experienced. There were no in-between tones (Engel, 1999).

The octave.

Steiner advocated that the octave promotes a new experience of the human ego on a higher level and that thereby it proves the existence of God (Steiner, 1970, 1980). This statement was also quoted by other anthroposophical authors (Kern, 2007; Pfrogner, 1981). Steiner claimed that humanity has not yet reached the octave experience and that this will only happen in the future (Steiner, 1970, 1980). He believed that this new experience of the octave will in the future considerably deepen people‟s experience of music (Steiner, 1970, 1980). Ruland explicated that every musical scale can be "contained within the space of an octave" (Ruland, 1992, p. 14). He suggested that within the musical space, the octave fulfilled a creative, ordering purpose and he compared the interval with a microcosmos (Ruland, 1992). Ruland interpreted the octave as "the establishment of a new prime", which is why the musical scale "remains sevenfold" (Ruland, 1992, p. 53), instead of being eightfold. A similar view was expressed by Scheuerle (2004). Wünsch claimed that there was a polarity inherent in the octave, which pulled upwards and outwards on the one hand and downwards and inwards on the other hand (Wünsch, 2004b). Wünsch proposed that this polarity is the place where identity is experienced (Wünsch, 2004b).

Musical Instruments from an Anthroposophical Point of View

Musical instruments are closely connected to the process of hearing. Hearing or listening to music in anthroposophical terms is always connected to an inner, spiritual experience (Reinhold, 2003). According to Reinhold (2003), musical instruments can help to build a bridge to this inner, spiritual experience of music. In this process of hearing, the whole human being is involved. What is specific about the different

musical instruments is the fact that the way they sound, their timbre, is connected to the materials they are made from (Reinhold, 2003). Steiner looked at the aspect of spirituality in music and its expression in the instruments from yet another angle. He claimed that musical instruments are created from spiritual imagination (Steiner, 1980). He thought that where musical instruments are sounding nowadays, spiritual beings used to be in the past (Steiner, 1970, 1980). Steiner compared the orchestra to the human organism, but excluded the piano from it, as he felt that it had been created rather from abstract ideas than from spiritual imagination (Steiner, 1970, 1980).

Engel stressed the three-dimensional aspects of musical instruments, which can aid in helping music therapy clients who experience difficulties with spatial orientation (Engel, 1999). While, in terms of playing technique, wind instruments are related to a back and forth-direction, percussion instruments represent an up and down-movement and stringed instruments are connected to a right-left sideways movement (Engel, 1999).

Reinhold interpreted musical instruments as an extension of the human organism (Reinhold, 1996). From this point of view, only the total of all musical instruments represents the human being as a whole (Reinhold, 1996). In this thought model, tying in with Steiner‟s ideas, music is regarded as a „sounding organism" ["tönenden Organismus"] (Reinhold, 2003, p.45). Hence it is considered important for therapeutic application of musical instruments to be aware of how the different groups of instruments correspond to the parts of the human organism (Reinhold, 1996). Reinhold suggested that the shape of some musical instruments resembles the shape of parts of the human body (Reinhold, 2003). As an example, Reinhold compared the strings of a harp or lyre with the human nervous system (Reinhold, 2003). This idea was also elaborated by Oberkogler (Oberkogler, 1976). Both authors described the lyre as a representation of the Apollonian principle in music, as compared to the Dionysian principle (Oberkogler, 1976; Reinhold, 1996). The Dionysian principle is regarded to be represented by some of the wind instruments, mostly reed instruments, such as the oboe (Oberkogler, 1976). According to Oberkogler, their archetype is found in the Greek Aulos (Oberkogler, 1976). The Apollonian principle represents an experience of the divine, which goes beyond the boundaries of the self into the macrocosm, a more outward going path, while the Dionysian principle builds on a more mystical, inward-leading experience, which is connected to the microcosm (Oberkogler, 1976).

Engel elaborated on the similarity between human organs and musical instruments in connection with the way they are played and with their shape (Engel, 1999). He associated wind instruments with the airways, percussion instruments with the skeleton and bones, and stringed instruments with the nervous system. As Engel stated, this idea comes from Rudolf Steiner, but was also discussed by Karl König (Engel, 1999). One of the results of the train of thought that involves the analogies between instruments and human body is the idea that musical instruments can be used therapeutically to regulate pathological processes in the human being (Reinhold, 2003). According to Reinhold, AnMt practitioners need to study musical instruments diligently, including those from different epochs and cultures (Reinhold, 1996). This also pertains to their effect on the human being (Reinhold, 1996). In listening to the client the therapists has to be able to identify which instrument he or she needs (Reinhold, 1996). Reinhold stressed that the instrument should be easy to play and should make it possible for the client to experience the character of the instrument as purely as possible.

She found that often it is enough to let the patient blow one note or bow one string to achieve a particular therapeutic effect (Reinhold, 1996). Reinhold advocated that the more one connects inwardly with a musical element the simpler the actual activity looks from the outside (Reinhold, 1996). If the outer means are reduced in favour of deepening the inner experience the perception of musical qualities is enhanced (Reinhold, 1996). Reinhold proposed that this could be the reason why therapists can sometimes hear with their inner ear what kind of a sound or instrument a music therapy client needs (Reinhold, 1996). Sometimes through this process new musical instruments for therapeutic use can be invented in collaboration with instrument builders (Reinhold, 1996), as the example of the development of the anthroposophical lyre shows (Beilharz, 2004b). Reinhold pointed out that every anthroposophical music therapist compiles his or her own instrument collection individually according to his or her particular style of working (Reinhold, 1996).

In anthroposophical music therapy the choice of instruments is vital in the therapeutic process (Reinhold, 1996). On the one hand, the instruments are perceived to help intensifying the effect of music on the human organism, both in active playing and listening (Reinhold, 1996). In this way instruments help to connect the human psyche with the body (Reinhold, 1996). On the other hand they can also work in the opposite

way. If in the course of an illness the „inner music" ["innere Musik"] (Reinhold 1996, p. 21) of a person has become too weak, the musical instrument acts as a replacement for it until it is reinforced enough by the therapeutic process (Reinhold, 1996).

Types of instruments and their correspondence to the human being.

Wind instruments.

Wind instruments are closely connected with the human breath and thereby closest to the activity of singing (Reinhold, 1996). With wind instruments, sound is not produced in the larynx, as is the case with singing (Reinhold, 1996): When reed instruments are played, sound production happens inside the oral cavity. With brass instruments and traverse flutes the sound is produced in the space between the lips and the mouth piece. Some other types of flutes, such as recorders and overtone flutes [German: "Naturtonflöte" (Reinhold, 1996, p. 22)] produce the tone within the mouth piece (Reinhold, 1996). Reinhold stated that when wind instruments are played, the human breath, transformed into sound, is given direction, timbre and pitch by the instrument (Reinhold, 1996). The pitch range extends to ranges above and below that of the human voice (Reinhold, 1996).

Stringed instruments.

From an anthroposophical perspective, the plucked and bowed stringed instruments relate to the middle system of the human being within the model of the threefold human being (Reinhold, 1996). Reinhold (1996) stressed that with the use of bowed stringed instruments, the sound production is independent from the human breath. What used to be a breathing activity in singing and playing wind instruments is now outside the human body and is taken on by an arm movement, which leads the bow across the strings (Reinhold, 1996). According to Reinhold (1996), bowing and singing share the ability to produce long held tones and crescendi. Reinhold (1996) compared the two different directions of the bow stroke, the upward and downward stroke, with breathing in and out. She observed that no other instrument can have such a profound balancing effect on inhalation and exhalation as the stringed instrument (Reinhold, 1996). According to Ruland, the "bowed stringed instruments take a middle position between the wind instruments and the instruments related to the harp" (Ruland, 1992, p.

5). He proposed that the tone produced on a bowed stringed instrument reaches a balance between soul quality and spiritual tone quality (Ruland, 1992). According to Ruland, the harp-like plucked stringed instruments, such as harp, lyre, zither, harpsichord or piano are closest to what he regarded to be the spiritual reality of musical tone (Ruland, 1992). Ruland specified this spiritual reality as the "numerical-harmonic order" (Ruland, 1992, p. 5) or the music of the spheres (Ruland, 1992).

Not much is found about the use of the piano and other keyboard instruments in the anthroposophical music therapy literature. According to Steiner, the piano has an exceptional position among the instruments, as it was brought about out of a "materialistic" perception of music (Steiner, 1980, p. 35). Steiner regarded the piano as an instrument providing an experience that needs to be overcome in achieving true musicality. For example, he stated that "Man must free himself from the impression of the piano if he desires to experience what is really musical" (Steiner, 1970, p. 148). However, Reinhold noted that in spite of its more objective qualities of sound, compared with the more personal characteristics of the timbres of other instruments, the piano offers a large pitch range and multifaceted expressive qualities which can be valuable from a therapeutic point of view (Reinhold, 2003). Ruland (1992) classified the piano as belonging to the family of stringed instruments, which is why it is included in this section.

Percussion instruments.

Reinhold stated that in terms of playing technique percussion instruments are similar to plucked stringed instruments (Reinhold, 1996). Sound production mainly occurs through letting the hands or beaters spring from the instrument"s surface (Reinhold, 1996). The process of sound production is almost reversed in comparison to singing and bowing, as there is a very short moment of touching the instrument, which coincides with the exhalation phase, and the sound follows and falls into the inhalation phase (Reinhold, 1996). Reinhold (1996) pointed out the connection between movement and playing percussion instruments. Some of the percussion instruments used in AnMt are not specifically anthroposophical and are used in other music therapy approaches as well, such as the xylophone, metallophone, cymbals, drums or timpani, which have been mentioned by Reinhold (1996) as instruments used in AnMt. Anthroposophical authors expressed that percussion instruments speak in an elementary way of the

materials they are made of, such as wood, animal skin or metal (Reinhold, 1996; Ruland, 1992). Some imitate nature sounds, such as whispering, rushing, cracking, thundering or hissing, while others produce clearly defined tones (Reinhold, 1996). Anthoposophically speaking, percussion instruments relate to the sphere of will (Reinhold, 1996). They invite players to engage in physical activity and often only need an initial impulse after which they continue to sound (Reinhold, 1996). Reinhold stressed that this way of playing activates the movement of the limbs (Reinhold, 1996). In addition to that, percussion instruments promote joy of playing, further the imagination and develop the will-directed, rhythmical aspects of music making (Reinhold, 1996).

Reinhold suggested that some tuned percussion instruments such as chime bars, xylophones and metallophones relate to the melody element in music, using rhythm as a starting point (Reinhold, 1996). She stated that through these tuned percussion instruments, will impulses could be channelled (Reinhold, 1996). Wooden and metal percussion instruments are perceived to express the rhythmical qualities short, in the case of wood, and long, in the case of metal, in a characteristic way (Reinhold, 1996). Whereas some wooden instruments, like the xylophone, require alertness and flexibility from the player, metal instruments with a long lasting resonance, such as metallophones and cymbals, invite the player to listen to the sound gradually fading away (Reinhold, 1996). Reinhold observed that some other tuned percussion instruments, for example the timpani, promote a physical experience of the tones played by having a physically penetrating and powerful effect on the player (Reinhold, 1996). Therapeutically, this is reported to have a toning, will-enhancing and warming effect (Reinhold, 1996).

Models of the Human Being and Music: The Threefold and the Fourfold Human Being, Musical Elements and Musical Instruments

In AnMt, the models of the threefold and fourfold human being are applied in music therapy treatment and diagnosis (Damen, 2004). The use of these models is based on Steiner"s ideas about the existence of connections between parts or members of these models and musical elements, as well as musical instruments. Some of these connections will be presented in the following section of this thesis.

The threefold human being and musical elements.

From an anthroposophical point of view, musical elements and the soul qualities related to the threefold human being, thinking, feeling and willing, correspond to each other (Reinhold, 1996; Steiner, 1970, 1980). For example, melody is perceived to be related to thinking (Gäch, 2004; Reinhold, 1996). Steiner claimed that melody had "a certain similarity with thought" (Steiner, 1970, p.137) without actually being thought. For Steiner, one of the main features of the experience of melody was that it made "the human head accessible to feeling" (Steiner, 1970, pp.137, 138). Harmony is believed to be linked to feeling and rhythm to willing (Gäch, 2004; Reinhold, 1996; Steiner, 1970, 1980). Steiner proposed that in this system of thinking, feeling and willing on the one hand and melody, harmony and rhythm on the other hand, melody has the function of carrying harmony upwards towards thinking and rhythm has the function of carrying harmony downwards towards willing (Steiner, 1970, 1980). Steiner viewed rhythm as the primary element of musical experience, "because rhythm is connected with the will and man must cause his will to be inwardly active if he wishes to experience music" (Steiner, 1970, p.139).

As was already indicated above, from an anthroposophical point of view, harmony is closely connected to human feeling (Gäch, 2004; Reinhold, 1996; Steiner, 1970, 1980). This means that what is musically expressed in harmony is perceived through feeling while at the same time feeling is thought to form the centre of all human experience (Steiner, 1970, 1980). According to Reinhold, feeling plays a central role in the perception of music, as music addresses the feeling (Reinhold, 1996). Reinhold proposed that feeling can be influenced or enhanced through music, which she thought could be observed in the facial expressions of people who are engaged in listening to or playing music (Reinhold, 1996). For example, people can be deeply touched by a lament, not because they enjoy someone else"s grief, but because in listening to it they can experience how their own personal experience of emotional pain is brought to an objective level through the music (Reinhold, 1996). This is congruent with Ruland"s statements about objectivity in musical expression (see above).

Reinhold stated that rhythm in music is closely connected to movement and dance, as can be experienced when clapping or walking rhythmically (Reinhold, 1996). Engel mentioned the phenomenon that when one is dancing to music and thereby

connecting to the rhythmical element in it, one actually leaves the realm of music and enters the realm of the will-sphere (Engel, 1999).

In contrast to the rhythmical element, movement would disturb a person‴s focus when concentrating on a melody line (Reinhold, 1996). Therefore, melody is rather related to the calm quality of thinking (Reinhold, 1996). Reinhold noted that harmony is located between melody and rhythm, and connects them (Reinhold, 1996). While the major keys are more outgoing in character, the minor keys are more inward (Reinhold, 1996). In the change between minor and major, in the transition between them, the polarities of human experience, such as opposing qualities of feelings, the changes of the seasons, day and night, inhalation and exhalation are expressed (Reinhold, 1996).

Reinhold (1996) attributed therapeutic significance to these ideas: Through music with a strong rhythmical accentuation the will can be activated or relaxation can occur in listening to a beautiful melody. In such a way, imbalances that can be signs of illness can be treated and brought into balance again (Reinhold, 1996). Reinhold concluded that the capacity for the perception of music lives in people‴s emotionality and middle or respiratory system (Reinhold, 1996). The threefold structure of music, divided into melody, harmony and rhythm, directly corresponds to the underlying threefold structure of thinking, feeling and willing and their physical foundations of the head-, respiratory- and metabolism/limb systems (Reinhold, 1996).

Damen wrote that musical elements, such as rhythm, harmony and melody are not separated from each other but that they flow into one another (Damen, 2004). For example, there is no melody without rhythm. This also points to the fact that thinking and movement or willing processes are connected to each other. (Damen, 2004). This again, is congruent with Steiner‴s statement that thinking, feeling and willing are processes not strictly separated from each other but connected to each other and interdependent (Steiner, 2004).

The threefold human being and musical instruments.

In many other music therapy approaches, especially those with a more psychotherapeutic or psychodynamic orientation, music is perceived as a means of relating in order to engage the client in a therapeutic interaction with the therapist (Priestley, 1994). In AnMt, musical elements are regarded to have specific effects, as was seen, for example, in the section dealing with the intervals. Like the musical

elements, musical instruments are also perceived to have certain therapeutic effects (Beilharz, 2004c; Reinhold, 1996, 2003). These effects are based in anthroposophical thought models connecting aspects of the human being with musical instruments.

For example, Steiner gave indications in connection with relationships between instruments and instrument groups and thinking, feeling and willing: He perceived wind instruments to be related to the head, bowed instruments to be linked to the middle system and percussion instruments to be connected to the limb system (Steiner, 1970, 1980). Steiner regarded the wind instruments as more related to the sphere of melody than bowed instruments, which he saw as more connected to the element of harmony (Steiner, 1970, 1980). The following ideas by Reinhold will explain these claims more closely: Reinhold proposed that when wind instruments are played, a feeling of calmness is produced in the player (Reinhold, 2003). Sound production is linked to the breath and movement of the limbs is minimal in the process of playing (Reinhold, 2003). Therefore, the connection of wind instruments with the head and with the soul activity of thinking becomes more comprehensible.

In contrast to this, playing percussion instruments is directly connected to the movement of the limbs (Reinhold, 2003). The original link between the percussive element in music and dance is still observable (Reinhold, 2003). Here, the close connection to the soul activity of willing, and therewith to the lower human being, is quite obvious (Reinhold, 2003). On the other hand, the playing style of stringed instruments suggests that thinking and will activities are balanced out, which is the task of the middle human being with its connection to the soul activity of feeling (Reinhold, 2003). This is shown for example, in the way the playing style of stringed instruments bears resemblance to the way wind instruments are played, in that it is possible to hold a long note when bowing. At the same time, the playing style of stringed instruments also implies percussive elements, for example in plucking (Reinhold, 2003). In this way, the thought and will activities are perceived to be present in playing stringed instruments (Reinhold, 2003).

Reinhold pointed out that the connection of stringed instruments with the middle human being, which manifests in heartbeat and breathing, also shows in the way they are held while being played (Reinhold, 2003). This is especially true for the lyre, children's harp and kantele, which are held near the heart in the chest area (Reinhold, 2003). According to Reinhold (2003), the movement while playing stringed

instruments, for example during bowing, bears a resemblance to the breathing process. This is especially prominent in playing the tenor chrotta (Reinhold, 2003).

Head	Chest	Abdomen/Limbs
Upper human being	Middle human being	Lower human being
Thinking	Feeling	Willing
Melody	Harmony	Rhythm
Wind Instruments	Stringed Instruments	Percussion Instruments

Table 2: Connections between the threefold human being, musical elements and musical instruments

The fourfold human being and musical elements.

Damen (2004) proposed that music listening is an outward activity which is connected to an inner experience. This inner experience is liaised with the physical body (Damen, 2004). In as far as this inner experience has a vitalising effect on the human being, the ether or life body is involved (Damen, 2004). When feelings and emotions are elicited through musical experience the astral body comes in (Damen, 2004). If music listening leads to experiences of one‟s own origin and to spiritual experiences the ego is involved (Damen, 2004).

Steiner (1970, 1980) related the C major scale to his model of the fourfold human being. He claimed that the lowest tones were related to the physical body, while the notes from about E to G were linked to the ether body. The next few tones up to the seventh were brought in connection with the astral body by Steiner, while he linked the octave to the ego (Steiner, 1970, 1980). Felber (2003a) stated that the physical body found musical expression in everything that related to architectural principles in music, such as the solid structure provided by musical measure or the way chords are constituted. The ether body, related to the plant world, is seen as connected to anything in music which is of a plastic nature, such as rhythm or certain melodic shapes (Felber, 2003a). The astral body is expressed musically in everything that is colourful in music or associated with light and warmth, like timbre or certain intervals. The ego principle is found in musical form, as expressed in composition (Felber, 2003a).

The fourfold human being and musical instruments.

From an anthroposophical perspective, the members of the fourfold human being, the ego, astral body, ether body and physical body are connected to the four elements fire, air, water and earth (Reinhold, 2003). The involvement of these four elements in processes connected to human constitution and human body fluids, as well as temperaments, is also found in humoral pathology based on Hippocrates‟s ideas (Bujalkova, Straka, & Jureckova, 2001). In the anthroposophical view, fire is connected to the ego, air to the astral body, water to the ether body and earth to the physical body (Reinhold, 2003). According to Reinhold (2003), the wind instruments are connected to the fiery element and to the ego, as tone production through blowing has a fiery quality and the player is engaged on an ego-related level. Light and airy sounds are created in plucking, which is perceived to be connected to the breathing of the soul, which in turn marks the connection with the astral body (Reinhold, 2003). Therefore, plucked instruments are seen as connected to the astral body (Reinhold, 2003).

Reinhold (2003) proposed that in bowing a watery, flowing quality is contained, which creates a connection between bowed instruments and the ether body. The solid character of the element earth is seen to be linked to the physical body and to percussion instruments (Reinhold, 2003). Reinhold noted that these qualities of the instruments are not static or fixed and that, for example, on one single instrument, such as the tenor chrotta, fiery, airy, watery and earthy music could be played (Reinhold, 2003). Besides that, the sound qualities and other characteristics of musical instruments are also connected to their cultural and sometimes religious context (Reinhold, 2003). Reinhold stressed that instruments from foreign cultures could not just be integrated in to music therapy practice without studying their qualities and properties first (Reinhold, 2003). Musical instruments in connection with the four elements and the four members of the fourfold human being are sometimes seen as representing constitutional types in AnMt (Reinhold, 2003). In this context, the entirety of all instrument groups is seen as equivalent to the human being as a whole, while individual instrument groups are partly associated with „healthy but one-sided constitutional types‟ [“von gesunden, aber einseitigen Konstitutionstypen” (Reinhold, 2003, p. 50).

This view of the instruments would probably imply that certain one-sided constitutional tendencies in the human being, such as an overly strong tendency towards

the physical, earthy, melancholic element could be therapeutically treated by applying instruments more related to opposite or different qualities, such as the fiery or water element, in this context represented by wind instruments and bowed instruments.

Ego	Astral Body	Ether Body	Physical Body
Fire	Air	Water	Earth
Wind Instruments	Plucked Instruments	Bowed Instruments	Percussion Instruments
Form Principle: Composition	Colour Principle: Timbre, Intervals	Plastic Principles: Rhythm, Melody	Architectural Principles: Measure, Chords

Table 3: Connections between the fourfold human being, the four elements, musical instruments and musical elements

Summary

A variety of musical concepts prevalent in and relevant to AnMt was introduced in this chapter. In this context, comprehensiveness was not an aim, but rather the presentation of some of the main ideas in connection with musical elements and musical instruments that influence AnMt theory and practice. The concepts described in this chapter included the anthroposophical views on hearing and listening, as well as universal and archetypal qualities in music. The basic archetypal gestures of musical intervals were presented from an anthroposophical point of view. Different instrument groups and musical elements were examined in connection with the threefold and fourfold model of the human being. The anthroposophical concepts in relation to music, which were described above, form a basis for the application of musical elements and instruments in a therapeutic way in AnMt. The following chapter, "Basic tenets of AnMt", will investigate how some of these ideas are applied in therapeutic practice.

Chapter 5

Basic Tenets of Anthroposophical Music Therapy

Introduction

One of the guiding questions for this thesis is: "What are the basic tenets of this approach?" This chapter aims to illuminate this question by investigating AnMt's development and current scope of practice, the contents of AnMt training and the therapist's desired attitude and discipline. This is undertaken through an in-depth review of literature and reflections on the author's experience of working and living in an anthrosoposophical Camphill community.

AnMt's therapeutic process, including referral, diagnosis and treatment, is described. Engel (1999) proposed four fundamental steps in AnMt, which are presented here. The specific musical elements and instruments used in AnMt are highlighted. This includes, for example, the use of instruments such as the lyre or chrotta and the application of specific musical sequences, for instance the Tao, Mercury Bath, breathing melody or the mirrored planetary scales. The above-mentioned components of AnMt are based on the anthroposophical concepts of music and the human being highlighted in the previous three chapters.

Brief Overview of the Development of Anthroposophical Music Therapy and its Current Scope of Practice

AnMt developed as a therapy practice in what is termed curative education, an interdisciplinary anthroposophical approach to providing for the needs of people with intellectual disabilities (König, 1966). Additionally, it was established through connections with eurythmy therapy (Beilharz, 2004a). Although AnMt has its origins in the area of curative education it is now established in many areas both in education and in health care, especially in Germany, Switzerland and other European countries. There are many indications for and applications of AnMt and its practitioners work in a variety of clinical areas. Music has always played a central role in anthroposophical communities providing services in relation to curative education, many of which emerged after 1924 (Beilharz, 2004a). In these communities, music has been a central

part of activities of daily life, including morning and evening circles, school, waking up music in the morning and settling music at night, festivals, Sunday services, as well as eurythmy therapy (Beilharz, 2004a).

The "Sonnenhof" in Arlesheim, Switzerland is an anthroposophical community that includes a residential home and special school for children, adolescents and adults with special needs. Here some of the first recorded attempts were made to apply music systematically and therapeutically in curative education in the late 1920s (Beilharz, 2004a). At the time, these endeavours were called „curative music" ["Heilmusik"] (Beilharz, 2004a, p. 82). According to Beilharz (2004a), this curative work with music stagnated after a few years. In the 1930s and 1940s music rather played the role of an integral part of daily life, of other therapeutic treatments such as eurythmy therapy and as part of the culture of anthroposophical homes and communities for people with special needs rather than being a therapy of its own (Beilharz, 2004a).

This began to change after 1950 when anthroposophical music therapy was developed and differentiated further by pioneering personalities such as Karl König, a doctor and curative educator who developed music therapy treatments for children with specific conditions and who also published in this field (Beilharz, 2004a; König, 1966). Hans-Heinrich Engel and Hermann Pfrogner were two other important forces in the development and application of AnMt (Beilharz, 2004a). Engel and Pfrogner collaborated for several years and both were involved in a study circle about music therapy in the Christophorus home in the Netherlands. This group's activities had a long-lasting influence on AnMt. It consisted of music therapists, doctors, curative educators and musicians (Beilharz, 2004a). Both Pfrogner and Engel investigated intervals, also in a cosmological context and in conjunction with the seven life processes (Engel, 1999; Pfrogner, 1978, 1981, 1986). Engel (1999) also found a link between musical elements, planets and organs of the human organism.

AnMt developed further with the emergence of the first AnMt training facilities (Beilharz, 2004a). From 1974 to 1981 there was a course at the Christophorus home with Veronika Bay as one of its founders. Christoph-Andreas Lindenberg developed the music therapy foundations in Camphill (Beilharz, 2004a). He is now leads the Dorion School of Music Therapy in Pennsylvania, USA (Beilharz, 2004a; Willig, 2005).

Maria Schüppel founded the anthroposophical music therapy training course in Berlin at the "Musiktherapeutische Arbeitsstätte" in 1963 and she was the director until

1993 (Beilharz, 2004a). She is a composer and pianist and combined her musical knowledge and experience with the anthroposophical view of the human being and anthroposophical medicine (Bissegger, 2001). Unfortunately there are no publications from Schüppel‟s vast experience as an AnMt practitioner, which extended over a period of nearly 50 years (Florschütz, 2009). Johanna Spalinger co-founded the music therapy training at the Orpheus School of Music Therapy near Bern in Switzerland (Beilharz, 2004a). Anny von Lange, a pianist and composer, worked on the phenomenological investigation of musical phenomena (Bissegger, 2001), including the planetary scales (von Lange, 1968).

Two other important personalities in the earlier days of AnMt were Edmund Pracht (1898 – 1974), and Lothar Gärtner (1902 – 1979) (Beilharz, 2004a). Gärtner developed the lyre, a central instrument in AnMt (Beilharz, 2004a). Pracht played the piano during eurythmy sessions and felt that there was a strong discrepancy between the sound of the piano and the way children listened (Beilharz, 2004a). In 1926, in collaboration with Lothar Gärtner, the first modern lyre was built (Beilharz, 2004a). Alois Künstler (1905 – 1991) was an anthroposophical composer who wrote music for the lyre (Beilharz, 2004a).

Another person who was influential in the developing period of AnMt was Julius Knierim (1919 – 1999) who worked musically in curative education with children and adolescents at the Michaelshof in Hepsisau in Germany (Beilharz, 2004a). He developed a method of improvisation with three players which was called "Freies Tongespräch" [free conversation in tones] (Oerter, 1991; Tobiassen, 2004a). Beilharz stated that Knierim‟s concept of working with music was in some ways quite opposed to the rather prescriptive and often receptive use of musical elements promoted by Engel and König, and he suggested that Knierim was more of an artist and teacher than a music therapist (Beilharz, 2004a).

Beilharz established that up to the 1970s and 1980s music played a central role in anthroposophical communities for curative education in a way that there was a „basic musical atmosphere‟ ["musikalisches Grundklima"] (Beilharz, 2004a, p. 86). During this time, musicians were often charismatic personalities who were at the same time artists, teachers and therapists and music therapy was not a specialised, independent discipline yet (Beilharz, 2004a). Beilharz argued that today the above-mentioned „basic musical atmosphere‟ is weakened or has even disappeared, partly due to restrictions

applied by the authorities which led to financial shortcomings (Beilharz, 2004a). He pointed out that like many other kinds of therapies, therapeutic musical interventions moved into the hands of specialists. Beilharz proposed that musicians in anthroposophical curative education, be it music therapists or music teachers, have a difficult task these days because contemporary society isn''t favourably inclined towards true listening (Beilharz, 2004a).

With the emergence of anthroposophical music therapy schools to train aspiring therapists the number of skilled and specialised therapists has increased while the applications of AnMt have spread beyond the boundaries of curative education (Beilharz, 2004a). They include, for example, areas such as paediatrics, internal medicine, psychiatry, palliative medicine (Felber, Reinhold, & Stückert, 2003), intensive care (Reinhold, 1993), oncology, psychosomatics, neonatology, gynaecology (Pütz, 2008) and other areas of medical specialisation.

Contents of an Anthroposophical Music Therapy Training

The information for this section is gained from the published AnMt literature with reference to the course documentation from three training programmes "Musiktherapeutische Arbeitsstätte" in Berlin ("Musiktherapeutische Arbeitsstätte," 2010), at the "Dorion School of Music Therapy" in Glenmoore, Pennsylvania, United States ("Dorion School of Music Therapy") and the "Orpheus-Schule für Musiktherapie" [Orpheus School of Music Therapy] ("Orpheus-Schule für Musiktherapie") in Switzerland.

Certain topics need to be covered in anthroposophical music therapy training, such as lessons on basic musical elements like melody, harmony, rhythm, intervals and tonal systems and their qualities (Reinhold, 1996). Similarly, the different types of musical instruments are important in terms of their effects on the human being (Reinhold, 1996). The human being needs to be studied, especially in connection with concepts of sickness and health (Reinhold, 1996). In the subject music therapy these different areas are connected and applied to different types of illness (Reinhold, 1996).

Short internships in curative education and hospitals aim to create a connection to therapeutic issues in relation to the individual patient (Reinhold, 1996). The 12-month full-time internship at the end of the training process gives the student the opportunity to develop confidence in dealing with situations in a therapeutic way, while

being supported by experienced therapists (Reinhold, 1996). These ideas were expressed in the 1990s, but most of them are still integrated in today"s anthroposophical music therapy training courses, and some new teaching contents may have been added and further differentiated, as will be seen in the following passages, where mainly the music therapy course at the "Musiktherapeutische Arbeitsstätte" in Berlin will be used as an example to show what anthroposophical music therapy training can encompass. Some aspects concerning the AnMt training at the Orpheus school of music therapy in Switzerland and the Dorion School of Music Therapy in Pennsylvania, USA, will also be included.

The duration of anthroposophical music therapy training courses is usually four years, including one year of internship at the end. The "Musiktherapeutische Arbeitsstätte" in Berlin offers an undergraduate course based on anthroposophical ideas and lasts for 8.5 semesters.. The training at the "Arbeitsstätte" strives to be a comprehensive interdisciplinary theoretical and practical course. The aim is to enable graduates to practice AnMt in all medical, educational and social fields of application. The curriculum is orientated towards the guidelines for health care professions in Germany. The course is divided into three phases with the first phase consisting of a two-year-period of broader basic education. The second phase lasts 14 months and encompasses practical music therapy education. The students are on placement during two six-week-blocks, in special education or clinical fields. Phase three is a mentored internship with supervision, during which extensive documentation has to be undertaken ("Musiktherapeutische Arbeitsstätte," 2010).

The theoretical subjects in the course include professional ethics, professional law, assessment and diagnostics, case conceptualisation, treatment settings and devising a treatment plan, as well as documentation and evaluation. Verbal techniques are part of the curriculum, as well as a large number of medical subjects, including embryology, anatomy, physiology, pathology, psychiatry and gerontology. Furthermore, subjects such as pharmaceutics, development of the human being, pedagogy and comparative music therapy are included. In addition to this, a number of psychological and psychotherapeutic subjects are taught, such as psychology, developmental psychology and psychotherapy. A further part of the curriculum is research methods and epistemology.

The practical subjects include application of therapy instruments, experience of artistic elements and processes, peer supervision as well as experiential and biographical work. There is an individual training plan which includes individual lessons in singing, lyre, and in playing a bowed stringed instrument, but also some music theory subjects, such as harmony and counterpoint. A first aid course is part of the AnMt training at the "Musiktherapeutische Arbeitsstätte" in Berlin. Graduates of the course qualify with a certificate in accordance with the guidelines of the Association for Anthroposophical Arts Therapies in Germany (AAArTiG) and the medical section of the independent academy for humanities at the Goetheanum in Dornach/Switzerland ["Freie Hochschule für Geisteswissenschaft am Goetheanum, Dornach/Schweiz, Medizinische Sektion"].

The courses at the Orpheus school in Switzerland and the Dorion school in the U.S. have similar structures and subjects. At the Orpheus school, the placement is integrated into the third and fourth years of study. In third year, the students are involved in a special education placement, while in fourth year a medical placement takes place. In addition to some of the subjects mentioned in the section on "Arbeitsstätte", taught theory subjects include theosophy, music history, history of culture and eurythmy, as well as social processes, values and norms or professional ethics. The musical anthropology advocated by Engel is explicitly mentioned as a subject in the Orpheus AnMt training. Psychiatry, supervision and peer supervision are included in the curriculum.

Apart from a range of medical and anthropological subjects the curriculum of the Dorion School of Music Therapy includes curative education, social therapy, the inner life movements, reincarnation and karma, the therapeutic process, tone eurythmy and musical phenomenology. The latter is also a part of the Orpheus training. In the Berlin training, this probably falls into the category of experience of artistic elements and processes (see above). Both the Orpheus and the Dorion training courses stress the fact that the AnMt training is closely linked to an inner path of self-knowledge;

The above observations indicate that in the Dorion and Orpheus training there seems to be a greater weight on the purely anthroposophical subjects, although the Orpheus training, for example, also includes ethical and sociological questions. Whether they go beyond the anthroposophical framework, is not clear from the information given on the website of the Orpheus training. The Berlin course appears to have a certain openness towards subjects not necessarily linked to anthroposophy, such as

psychotherapy or professional law. It is not quite clear from the curricula on the websites of these courses what the contents of supervision and peer supervision are and in which way they are carried out, whether, for example, there is a special anthroposophical way of applying supervision and peer supervision. Professional law and ethics don"t appear explicitly as subjects on the Dorion website but it is possible that they are included under a different heading. What is exemplary about the Berlin training course is the fact that a first aid course is an integral part of the music therapy training ("Musiktherapeutische Arbeitsstätte", 2010). This appears especially useful considering that many possible music therapy clients might have conditions such as epilepsy, asthma or heart and circulation problems, which may require quick reactions in emergency cases. The necessity that a music therapist is able to respond to such situations is also mentioned in the code of ethics of the German music therapy association (DMtG) (Frohne-Hagemann, Nöcker-Ribaupierre, Esch & Weymann, 2009).

The above findings from the websites of three AnMt courses show that the training contents are quite diverse and include a range of medical, anthroposophical, musical, psychological and psychotherapeutic subjects. This is significant from the point of view that it shows that AnMt may not be as „backward", "old-fashioned", esoteric and one-dimensional as the views I have encountered in discussing my thesis with other practitioners suggest. This is exemplified by the following anecdote: A while ago I gave a presentation in a renowned hospital about my music therapy work with clients in a psychiatric day clinic, using some elements from AnMt. The audience consisted mainly of doctors, medical students, nurses and other therapists, including also some music therapy colleagues. In the course of the presentation, when I talked about the principles of AnMt, one of the doctors asked: "Have they ever heard of psychiatry?" I answered in the affirmative and found this remark quite interesting as it gave me the impression that this could be a response AnMt meets frequently: The assumption that AnMt practitioners or maybe anthroposophists in general are ignorant of what is perceived as evidence and findings of modern scientific, medical, psychological and psychiatric disciplines. Maybe this is due to AnMt"s esoteric foundations. However, I would like to suggest that it indicates a serious under-estimation of AnMt to reduce it to only its esoteric aspects.

The Inner Attitude and Discipline of the Anthroposophical Music Therapist

There are some demands an applicant for an AnMt training needs to fulfil: some are in the area of skills, such as musical skills or practical experience in working with clients. Other requirements are based in the inner attitude and stance of the anthroposophical music therapist-to-be (Reinhold, 1996). Reinhold postulated that an anthroposophically trained music therapist needs to have an inner attitude, in which searching for the human being in music, and for music in the human being combine (Reinhold, 1996). She suggested that people intending to train as an anthroposophical music therapist should be experienced musicians with advanced mastery of their main instrument and should also have good vocal skills in singing (Reinhold, 1996). At the same time, applicants for an AnMt training are usually expected to have some practical experience in dealing with possible music therapy client populations, such as people with medical illnesses or disabilities (Reinhold, 1996).

This requirement can be met, for instance, with placements in inner medicine or curative education (Reinhold, 1996). At the same time, aspiring AnMt-therapists should be interested in both musical and human phenomena and should be open to new situations and experiences (Reinhold, 1996). However, there are not only demands on trainee AnMt practitioners. From an anthroposophical viewpoint, qualified anthroposophical music therapist have to engage in self-development as well (Florschütz, 2009). Ruland (1990) dedicated a whole book chapter to the inner education of the music therapist. He believed that music therapists needed to continuously probe their own musical perception and awareness of musical phenomena and thereby to practise their judgement of the same (Ruland, 1990). Ruland suggested that in dealing repeatedly with the same musical elements with patients who may be quite different from each other, the music therapist can extract the objective nature of a musical element with progressively more clarity just because he or she can also observe the process of listening into and connecting with the musical element in the patient (Ruland, 1990).

Ruland postulated AnMt practitioners need to educate themselves towards being able to detach the experience of musical elements from their own musical taste (Ruland, 1990). He expressed the view that it is necessary to learn to let the musical elements express themselves as experienced phenomena (Ruland, 1990). He advocated that self-

education of this kind could prevent music therapy‟s degeneration into a seemingly creative music activity, which categorically defined every kind of music making and every kind of music as therapy, just because it got something moving emotionally (Ruland, 1990). On the other hand, a phenomenological attitude to music therapy is perceived to protect therapists from the dangers of evaluating the effects and indications of music therapy solely through intellectualising (Ruland, 1990).

The attitude and role understanding of the anthroposophical music therapist has repercussions on the relationship between music therapy client and therapist. Engel regarded the music therapy client as a fellow human being who is not able to be the „master in his own house‟, for a variety of reasons: "Er sieht sich einem Mitmenschen gegenüber, der aus verschiedenen Ursachen heraus nicht imstande ist, Herr im eigenen Hause zu sein" (Engel, 1999, p.25). The music therapy client is out of balance and not able to resolve the situation on his or her own (Engel, 1999). In contrast to this, therapists know a way out of this situation and their task is to show the client the way (Engel, 1999). In this process, therapists engage their own will to help the patient (Engel, 1999). Engel admitted that this potentially constitutes an interference with the client‟s freedom and could lead to a kind of unhealthy dependence on the therapist on the client‟s side, which can present as a kind of love (Engel, 1999). Other, more psychoanalytically oriented music therapy approaches, explain this phenomenon as transference that can also be made use of in the therapeutic process (Priestley, 1994). However, Engel stated that the stance the patient must adopt is to commit to the therapist and the therapeutic process out of an attitude of freedom and deeper insight. According to Engel, this enables the therapist to act in a selfless way and leaves some of the responsibility for the therapeutic process with the client (Engel, 1999).

Engel (1999) advised that in order to fulfil their therapeutic tasks successfully, anthroposophical music therapists should work on their will, astral body, morality and ego strength. He warned that AnMt practitioners should not attempt to exercise power in providing a musical experience for the client and stressed their responsibility to undergo a constant cathartic process (Engel, 1999). At the same time, he demanded that the AnMt-therapist should be musically and artistically adept and knowledgeable of the human condition and constitution (Engel, 1999).

There could be parallels here to standards in other music therapy approaches. Quality monitoring as well as aspects referring to the self development and inner

discipline of the therapist are probably found in most music therapy approaches. For example, in my own training at University of Limerick I took classes on self-care and also attended a group experiential session weekly. Willig, a graduate of the Dorion School of Music Therapy, stressed the importance of always being a beginner and being humble in order to work effectively within the AnMt framework. She assumed that this attitude of humbleness would enable the therapist to be empathic towards the client (Willig, 2005). Willig stated that being humble and being a beginner is necessary "at every level of the work" and "requires control of thought, control of action, perseverance, tolerance, faith, and equanimity" (Willig, 2005, p.27). These steps are highly congruent with the six subsidiary exercises developed by Steiner (Lowndes, 2000).

The Therapeutic Process

In this section of the chapter, the therapeutic process in AnMt is investigated, including indications as well as diagnostic and treatment aspects. According to Damen (2004) the outward therapeutic process in AnMt consists of the following elements: Music therapy diagnosis, phrasing of the direction the treatment may take, devising a treatment plan, evaluation and a music therapy report. However, there is also an inner process in AnMt, which consists of aspects such as the therapeutic relationship, rational and intuitive courses of action, diagnosis and creating a musical treatment (Damen, 2004).

Referral, diagnosis and development of therapeutic goals.

Referral.

Reinhold stated that in anthroposophical facilities, such as clinics, schools and homes, music therapy is often included in the overall treatment plan or concept by a doctor, in collaboration with a therapeutic team (Reinhold, 1996). In outpatient treatment, the doctor advises the patient to avail of music therapy, and if possible, the doctor refers patients to a music therapist he or she knows (Reinhold, 1996). The treatment plan is then discussed between physician and music therapist (Reinhold, 1996). The general procedure for AnMt is to be prescribed by a doctor (Pütz, 2008) and the medical diagnosis is the first step in the process of devising a music therapy

treatment for a patient (Pütz, 2008). This can either be a conventional or an anthroposophical medical diagnosis (Pütz, 2008). From the primary medical diagnosis the indication for AnMt is deduced (Pütz, 2008).

Reinhold explained that there are also situations where the initiative comes from patients, who either approach the doctor about music therapy or contact a music therapist themselves (Reinhold, 1996). A referral to AnMt is not dependent on patients‟ previous musical experiences, but on the abilities and strengths which they should activate or develop with the help of music (Reinhold, 1996). Similarly, Damen stated that it is not essential whether or not a patient can express himself or herself adequately in music (Damen, 2004). Music can help patients to listen to their own musical expressions and thereby gain valuable insights into their own state of being. This is an integration process that can lead to therapeutically desired change (Damen, 2004).

Diagnosis.

During the diagnostic process the models of the threefold and fourfold human being can be a help in integrating a person‟s symptoms or problems into a bigger context (Damen, 2004). The first step before entering into the phase of the musical diagnosis, which follows after the medical diagnosis, is clarification about other therapies applied, about the way clinical symptoms present, about biographic characteristics, previous experiences with music and about the client‟s healthy resources (Pütz, 2008). Especially in these early stages of the diagnostic process, interdisciplinary diagnosis is important in AnMt (Damen, 2004). Damen stressed the relevance of interdisciplinary issues in AnMt-diagnostics. Representatives of different health professions from the anthroposophical context discuss their perceptions and ideas about a patient from the angles of their respective areas of expertise. All of this is meant to contribute to a complete and rich picture of the patient‟s state, which may help music therapists to find inspiration for their own therapeutic work with this patient (Damen, 2004).

Another important point is the therapist‟s first impression of the client on a pre-therapy level (Pütz, 2008). A next step consists of what Pütz called the phenomenological perception of the client through the therapist (Pütz, 2008). This includes paying attention to the patient‟s physical appearance, the presence of the patient‟s personality, how emotional aspects and vitality find expression, but also how

the four members of the fourfold human being show, as well as aspects connected with the patient's constitution and the temperament (Pütz, 2008). These observations are intended to create an impression of the way the four members of the fourfold human being interact in a particular client (Damen, 2004). This again gives the music therapist an idea of which musical elements might help the client (Damen, 2004).

Continuous or process-oriented assessment is intended to be part of the therapeutic process in AnMt (Pütz, 2008). It serves as a quality control of the treatment (Pütz, 2008). It can give music therapists information on the degree to which therapeutic goals have been met and whether and in which way a client's musical behaviour may have changed (Pütz, 2008). In the process of musical diagnosis the therapist observes whether and how the patient listens, how he or she plays or sings, including musical parameters such as tempo, dynamics or expression (Damen, 2004; Pütz, 2008). The instruments preferred by clients and their relationship to musical elements such as melody, harmony and rhythm, are important aspects to be observed (Damen, 2004; Pütz, 2008). Other important parameters include musical memory, musical receptiveness, comprehension of consonance and dissonance, preference of high or low pitch, major or minor keys and how the client values the musical process (Pütz, 2008). Some extra-musical parameters are part of the initial diagnosis, such as the client's experiences in the musical process, aspects of the client-therapist relationship and the depth and frequency of breathing during the musical activities (Pütz, 2008). It is then the music therapist's task to draw the essence from this whole diagnostic process (Pütz, 2008).

All of these observations allow conclusions in terms of the patient's present state in connection with the models of threefold and the fourfold human being (Damen, 2004). The patient's musical expressions are interpreted in the context of these models (Damen, 2004). Due to the assumed analogy between music and the human organism in AnMt, a person's inner state of being and inner processes are considered to be mirrored in the way he or she plays or listens to music (Damen, 2004). There is also mention of a meditative practice Steiner had recommended as a way to find the appropriate AnMt treatment for a client. That is, the therapist imagines the patient at night before going to sleep (Damen, 2004). During the night some form of processing may occur, especially if this is done a few days in a row, which may lead to finding a solution for the direction of the therapeutic treatment (Damen, 2004).

Development of therapeutic goals and objectives.

Therapeutic goals in AnMt are developed using the initial diagnosis and the musical diagnosis as a starting point (Pütz, 2008). The therapeutic aims and objectives are attuned individually to each client and encompass medium-term goals and long-term objectives which depend on how the client presents clinically and what his or her symptoms are, as well as the client‟s resources and deficits (Pütz, 2008). Usually, there is an agreement on the objectives with the referring doctor (Pütz, 2008). An important therapeutic objective mentioned in the AAArTiG guidelines for anthroposophical arts therapies is the transfer of the client‟s ability for self regulation from the music therapy situation into everyday life (Pütz, 2008). There are a number of possible therapeutic goals in AnMt and some of them don‟t necessarily differ from therapeutic goals in other music therapy approaches. However, there may be profound differences in the way these goals are endeavoured to be achieved. In the AAArTiG guidelines for anthroposophical art therapies, a mobilisation of resources on a holistic level is mentioned as a therapeutic goal, as well as a positive self-image, increase in self-esteem, ego strength, behavioural changes and increased self-regulation (Pütz, 2008). Ultimately, AnMt aims to support clients‟ self-regulation on a spiritual, emotional, vital and physical level (Pütz, 2008).

Four steps in anthroposophical music therapy according to Engel.

Engel identified four important steps in AnMt (Engel, 1999). He suggested that the first step could be to calm the music therapy client in a way that he or she can truly experience silence in order that silence can sound. This will eventually enable the client to inwardly experience his or her own tone, but it is an exercise that may take a long time (Engel, 1999). After using single tones in music therapy in the beginning, intervals, melody, harmony and rhythm are successively and gradually introduced (Engel, 1999). Engel pointed out that if a music therapist works with clients in this way, it is possible to use all these musical elements to enter into a dialogue with the client, which happens on the level of mutual interaction [“Ich-Du-Bereich”] (Engel, 1999, p.17).

According to Engel, free musical play is the second step in music therapy. (Engel, 1999). In this second step, the movement element in music is explored instrumentally, using mainly percussion instruments (Engel, 1999). Free instrumental

expression needs to progress from noise to utterance via sound to the pure tone, which needs to be heard inwardly and then expressed instrumentally so that playing and listening can reach an equilibrium (Engel, 1999). Engel stated that the main soul quality that is related to this type of music making is the pleasure of expressing oneself musically, which can easily be observed in children playing music (Engel, 1999). Although acknowledging the therapeutic value of this second step in music therapy, Engel criticised that it is often regarded as the only way of practising music therapy, whereas in his opinion there are other important aspects to it as well. He regarded free improvisation as just one aspect, one step in the whole process of working therapeutically with music (Engel, 1999).

Engel stressed the importance of music making as an activity that involves the senses, such as sense of movement, sense of hearing, sense of word, sense of thought, sense of warmth, sense of balance, sense of life and sense of touch (Engel, 1999). According to Engel, the experience of movement creates auditory experience, which in turn contributes to an inner metamorphosis (Engel, 1999). Although this happens subconsciously it becomes engraved into the ether body and this is what makes it therapeutically effective (Engel, 1999). Engel stated that a counterweight to the potential one-sidedness of mere free play on percussion instruments is the use of wind- and stringed instruments (Engel, 1999). Another basis of and starting point for improvisation is silence and listening (Engel, 1999).

The third step in music therapy consists of leading the person towards the instrument. This starts with listening again, but then it has the character of learning and being tutored (Engel, 1999). Engel proposed that through practising coordination of movements and spatial orientation in connection with the instrument and through finding a balance between hearing and doing in music, a harmonisation of thinking, feeling and willing is achieved (Engel, 1999). A therapeutic goal of this third step is an integration of the above three soul activities, as well as acquisition of the organising principles of melody, harmony and rhythm (Engel, 1999). In this context, Engel (1999) mentioned Paul Nordoff's work with children, using instruments with only one string or instruments which can produce only one note. Children learn how to handle their own instrument first, then they find their place in the orchestra and in the piece of music by learning to play their instruments at the right time (Engel, 1999). According to Engel, such a kind of approach can help to learn some basic organising principles of music,

118

although it may take a long time and may need a lot of repeating. One-tone flutes and interval flutes are also often used in this way, as well as English brass hand bells (Engel, 1999).

The fourth and last step proposed by Engel (1999) consists of focusing on the individual. The author regarded all previous steps as a kind of „fundamental" or „basic" therapy ["Grundlagentherapie"] (Engel, 1999, p.21). The fourth step exceeds this and aims at an experience of self through completely individual therapy work (Engel, 1999). Engel stressed that individual pathological processes demand individual therapeutic techniques and indicated that there are no set prescriptive music therapy interventions for particular pathological phenomena. Instead, the music therapy client has to be understood in terms of his or her musical being: "Das Kind oder der Erwachsene müssen aus ihrem musikalischen Wesen erfaßt werden" (Engel, 1999, p.21). According to Engel, indications for diagnosis and therapy can be perceived in this musical being (Engel, 1999). He stressed that the same medical diagnosis could demand quite different music therapy interventions in different people. He thought it necessary to consider a whole range of different factors, such as the patient"s constitution and disposition, his or her temperament, life processes and his or her emotional state (Engel, 1999). It is obvious that the approach is holistic rather than reductive, and while clinical symptoms impact the decisions as to treatment, many other factors are considered.

Accordingly, scales, planetary scales, pentatonic music, whole-tone scales, the Tao, diatonic and chromatic scales can be used in music therapy (Engel, 1999). These elements are used to create an individual therapy that will be effective for a certain time span, which can vary from client to client from a few weeks to several years (Engel, 1999). At a later stage, each treatment can be modified according to the client"s needs. Engel (1999) stressed the need for creativity while designing the therapy. He advocated that devising therapeutic treatment for a client should not only be based on analytic processes (Engel, 1999). Individual therapies, which are tailored to each client"s needs, are usually carried out about three times per week. Engel pointed out that after about eight weeks it would be advisable to take a break of about four weeks (Engel, 1999). According to Engel (1999), many AnMt treatments are purely receptive in the initial stages and as therapy progresses the client is encouraged to participate musically. Ideally he or she will be able to learn to play his or her therapy music (Engel, 1999). The activity that involves the client can be movement, instrumental play or vocal

interaction (Engel, 1999). An instrument that is very important in AnMt is the lyre – particularly in receptive therapy (Engel, 1999). Engel suggested that therapeutic treatment has been successful when the client is able to fully engage with the music and through that, to develop a different self-experience (Engel, 1999).

As was seen above, the therapeutic process in AnMt consists of different stages, such as medical diagnosis, referral, musical diagnosis, treatment and evaluation. This shows that AnMt is a well developed music therapy approach. More information about the therapeutic process in AnMt will be provided in the research-based part of the thesis, where interviewees" comments about this topic will be presented and discussed.

Musical and Therapeutic Specifics of AnMt

Some elements of AnMt are unique to the approach and have been specifically developed within the tradition. These rudiments include the use of specific musical elements, tonalities and instruments. A specific improvisational approach, used in AnMt with origins in anthroposophical music education, is Julius Knierim"s "Freies Tongespräch" (Oerter, 1991; Tobiassen, 2004a). This section gives an overview of some of these unique musical and therapeutic features of AnMt, which is not intended to be comprehensive but instead to provide an impression of some of these distinctive characteristics of AnMt. The general avoidance of electronic media and electronic music in AnMt is also included in this section as it is an important and characteristic feature of the approach.

Musical specifics: Use of certain tonalities, musical sequences and instruments.

In AnMt practice, conventional musical instruments are used, as well as specialised instruments some of which have been designed specifically for AnMt (Beilharz, 2004b; Gevecke, 2004; Kumpf, 2004; Reinhold, 1996, 2003). Scales and tonalities are used which also find application in the wider community of music therapy approaches, such as major and minor tonality (Reinhold, 1996). However, there are also scales and tonalities which are specific and indigenous to AnMt, such as the mirrored planetary scales (von Lange, 1968) or certain musical sequences, such as the Tao (Engel, 1999; Pfrogner, 1986) or the Mercury Bath (Bissegger, 2004; Intveen, 2010a, 2010b).

Tonalities and sequences: Mirrored Planetary Scales, Mercury Bath and Tao.

The mirrored planetary scales.

In this section, the structure of the mirrored planetary scales, as proposed by von Lange (1968) is described. These scales are used by some anthroposophical music therapists. Some of their therapeutic indications will be mentioned, as well as the assumed connections between planetary tones, human organs and the seven days of the week. It would be beyond the scope of this thesis to give a detailed account of the complex and elaborate cosmological connections between planetary tones, planetary scales, human organs, days of the week and soul-related qualities, as described by Engel (1999). Therefore, only an incomplete picture of this complex subject can be depicted here. There is also a different type of planetary scales as proposed by Kathleen Schlesinger (Schlesinger, 1923), which are sometimes referred to in AnMt (Ruland, 1992). The Schlesinger scales will not be discussed in this chapter. During the time I assisted in AnMt in Camphill I did not come across any AnMt practitioners who used the Schlesinger scales in music therapy. The omission of the Schlesinger scales in this thesis doesn"t imply they are not important or relevant for AnMt practice. However, they are beyond the scope of AnMt practice I encountered and also beyond the range of topics that can be given attention in this thesis.

According to Engel (1999) and von Lange (1968) the different tones of the diatonic scale are aligned with seven planets. In this context, the number seven plays an important role (von Lange, 1968). Engel (1999) and von Lange (1968) saw the connections between planets and diatonic tones as follows: B is associated with the Moon, A with the Sun, G with Saturn, F with Venus, E with Jupiter, D with Mercury and C with Mars. On each of these tones, planetary scales are built up, which are different in structure and quality and in their ascending and descending forms. Chromatic changes in the descending scales cause changes in accidentals (von Lange, 1968). This comes about by way of mirroring the intervals of the ascending scale in reverse order in the descending scales (Intveen, 2010b).

If, for example, in the ascending Mars scale, which is identical with the C-Major scale and the Ionian mode, the first interval from C to D is a whole tone, the first interval in the descending scale is also a whole tone, from C down to B flat and so on (Intveen, 2010b). All the ascending scales are free from accidentals, and in this way, the

ascending moon scale is identical with the Locrian mode, the Mars scale with the Ionian mode, the Mercury scale with the Dorian, the ascending Jupiter scale with the Phrygian mode, and so on (Intveen, 2010b). The Mercury scale is Dorian both in its ascending and descending form while the other scales have different combinations of intervals and accidentals in their descending forms (Intveen, 2010; von Lange, 1968). In fact, the Mercury scale is the only one of the mirrored planetary scales which has the same notes in the ascending and the descending scale (von Lange, 1968). Due to the above-mentioned chromatic changes, some of the planetary scales are perceived as particularly interesting or engaging. Sharpened notes in the descending scales are interpreted as bringing light into the scale while flattened notes are seen to add a more darkened, inward quality (von Lange, 1968).

For example, the sun scale which is based on the tone A, has quite a strong minor quality in its ascending, Aeolian form (von Lange, 1968). In the descending scale the F and the C are sharpened and thereby a major quality occurs, creating a strong polarity between ascending and descending Sun scale (von Lange, 1968). The moon scale, which starts and ends on a B, has six sharpened notes in the descending scale. This is interpreted as containing the reflections of the light of the universe (von Lange, 1968). In the descending Mars scale, which is based on the tone C, the tones B, A, E and D are flattened in the descending scale. Thereby the qualities of Moon, Sun, Jupiter and Mercury are directed more inwards (von Lange, 1968). Von Lange stated that the Mars scale had a harmonising effect, especially on a person's breathing (von Lange, 1968). The descending Jupiter scale, starting on E, has the accidentals D sharp, C sharp, G sharp and F sharp. According to von Lange (1968), the sharpened notes in the descending scale contrast the minor character of the ascending scale. Apart from the root note F, all the tones are flattened in the descending Venus scale. Von Lange (1968) stated that this gave the latter an inward quality. In the Saturn scale, starting on the tone G, the minor seventh in both ascending and descending scale is regarded as significant as it stresses the transition to the octave (von Lange, 1968).

In anthroposophical music therapy, one way of using the mirrored planetary modes would be the introduction of a *tone of the day* at the beginning and end of therapy sessions (von Lange, 1968). This is based on the idea that certain days of the week are linked with certain planets (von Lange, 1968). Thus, there is a tone of the day for each weekday. Von Lange (1968) pointed out that using the tone of the day, for

example at the beginning and at the end of music therapy sessions, could create a connection to the forces of the cosmos. She suggested that musical activities used in AnMt treatment could then go deeper and be more healing and harmonising (von Lange, 1968).

Engel (1999) proposed a connection between the organs, the planets and the tones of the diatonic scale which can be made use of in AnMt treatment. According to Engel, the tone C is connected to the planet Mars, to Tuesday and to the gall bladder. D is linked to Mercury, Wednesday and the lungs, E to Jupiter, Thursday and the liver. F is associated with the planet Venus, the day Friday and with the kidneys, G with Saturn, Saturday and the spleen. While A is the tone of the heart and of the Sun, connected to Sunday, B bears connection with the Moon, Monday and the human brain and nervous system (Engel, 1999).

Tone	Planet	Day of the Week	Organ
C	Mars	Tuesday	Gall bladder
D	Mercury	Wednesday	Lungs
E	Jupiter	Thursday	Liver
F	Venus	Friday	Kidney
G	Saturn	Saturday	Spleen
A	Sun	Sunday	Heart
B	Moon	Monday	Brain/Nervous System

Table 4: Allocation of planets, days of the week, quality and human organs (von Lange, 1968, Engel, 1999)

Engel (1999) also connected the organs to certain soul qualities, which formed another important basis of Engel‟s music therapy approach. According to Engel, the lungs are linked to memory of everyday things (Engel, 1999). Engel proposed that disturbances in the area of the lungs can lead to mental illness, repetitive or compulsive behaviour and paranoid ideation (Engel, 1999). However, this may not be taken literally in a sense that if a person has a lung disease he or she may also develop these emotional disturbances. It is a topic that is challenging to comprehend for non-anthroposophists, and is partly related to the idea that in the human organs there is also an ether body, an astral body and an ego (Engel, 1999). Engel assumed quite complex relations between the organs, the planetary influences and the members of the fourfold human being (Engel, 1999). While it is beyond the scope of this thesis to reveal these connections, it

is intended to give readers an impression of the concept of the planetary scales and their therapeutic use in AnMt.

In cases of emotional disturbances in connection with the lungs, the Mercury scale can have a healing effect, as well as the fifth as an interval connected to breathing. Engel identified the kidneys as responsible for human being‚‚s connection with the astral body, which enables them to feel and is connected to habits (Engel, 1999). If the equilibrium of kidney forces is out of balance, a person is flooded by his or her own habits and compulsive behaviour, and neuroses and psychoses can be the consequence (Engel, 1999). In Engel‟s view, the musical representation of these out-of-balance kidney forces is the tritone between F and B (Engel, 1999).

Engel (1999) proposed that the liver is connected to warmth of the soul and feelings. He suggested that in case of a healthy development, these feelings and thoughts rise up into the spiritual world after a person‟s death, where they form the basis for the next life, the next incarnation (Engel, 1999). Disturbed liver forces can, according to Engel, lead to hallucinations and psychoses (Engel, 1999). Engel pointed out that the gall bladder is closely connected with the liver and furthers the decomposition of substances (Engel, 1999). This organ is seen as responsible for supporting the human ego in breaking down extraneous matter (Engel, 1999).

Engel alluded to the spleen‟s balancing function, especially in connection with the oxygen and iron levels in the human organism (Engel, 1999). He linked this organ with the penetration of the physical body with ego forces. According to Engel, a pathology in the area of the spleen results in a lack of a person‟s ability to be in harmony with the world, and inner and outer rhythms get out of balance. Engel concluded that psychologically, malfunctioning forces of the spleen could lead to a tendency towards brutality (Engel, 1999). He suggested that if the balance of the spleen is out of order on a certain level a person can lose track of qualities such as temperance.

Engel attributed a threefold balancing function to the heart: The regulation of the relationship between inside and outside, of the relationship between upper and lower human being and of the rhythmic system, which is located in the middle human being (Engel, 1999). Besides that, the heart is seen as connected to feelings of guilt and to the human conscience (Engel, 1999). Engel stated that excessive anger, fury and a tendency towards bipolar disorder can arise when the heart forces are out of balance (Engel, 1999). He put forth that the human ego has to permeate all the organs and does so via

the blood and blood circulation. By being transported by the blood the human ego develops an especially close relationship to the human heart. Like the other organs, the heart can be looked at from a physical, etheric and astral point of view. In this way, the heart is the place where karma is experienced and where the ego manifests, and where physical and moral aspects of human existence merge into one another (Engel, 1999). Therapeutically, the planetary modes based on the tones allocated to the respective organs, can be used to treat the above-mentioned imbalances in connection with the different organs (Engel, 1999).

The Mercury Bath.

The Mercury Bach is a sequence composed by Maria Schüppel, the founder of the first German AnMt training course in Berlin (Bissegger, 2004). Bissegger stated that the Mercury Bath had a light, sparkly and invigorating quality, due to the 7/8-measure and the constant change between major and minor (Bissegger, 2004). The Mercury Bath is based on the Mercury Scale and consists of arpeggiated ascending and descending major and minor triads, with major and minor alternating, but not in strict succession (Intveen, 2010b). There was little reference to be found in the literature about the therapeutic applications of the Mercury Bath in AnMt. However, from my own experiences with using the Mercury Bath in music therapy in Camphill, I remember that it is often used for clients who are distressed, who are anxious or otherwise emotionally out of balance. Valuable information about the therapeutic uses of the Mercury Bath was provided in the interviews with the four AnMt practitioners that forms a substantive contribution of this thesis. Therefore, further reference to the Mercury Bath and to the planetary scales will be made in the section of this thesis that deals with the interviewees" statements.

The Tao.

Originally, the Tao was a sequence given by Steiner for eurythmists (Pfrogner, 1986). It was intended as a meditation for eurythmists to help them prepare for the artistic movements connected with eurythmy (Pfrogner, 1986). In the relevant AnMt literature, Pfrogner and Engel have given some background about the Tao (Engel, 1999; Pfrogner, 1986). This thesis section presents some of this background. However, in view of the extreme complexity of this subject, a claim of comprehensiveness can"t be made.

In anthroposophical music therapy the number 12 is important. The Western European tone system is based on the 12 notes of the diatonic and chromatic scales (Engel, 1999). The music of other cultures and other epochs also connects to the number 12 in different ways (Pfrogner, 1981, 1986; Ruland, 1992). In anthroposophical music therapy, often a connection is made to the 12 signs of the Zodiac (Engel, 1999; Ruland, 1992). Engel postulated that music emanates from the Zodiac and that this music is not audible for human ears (Engel, 1999).

Engel suggested that the Zodiac music belonged to the „creator‟s sphere" ["Schöpfersphäre"] (Engel, 1999, p.34) and was connected to twelve creative powers ["Schöpferkräfte"] (Engel, 1999, p.33). Four of these powers are Scorpio, Taurus, Leo and Aquarius (Engel, 1999, p. 33). From an anthroposophical point of view, life forces have emanated from these four powers millions of years ago, which have created many things (Engel, 1999). The following tones were assigned to the four zodiacal forces: Scorpio is connected to the tone B, Taurus to A, Leo to E and Aquarius to D (Engel, 1999). Engel connected those four forces to different kinds of ether (Engel, 1999). Scorpio is „tone ether" ["Tonäther"] (Engel, 1999, p.35), Taurus is „life ether" ["Lebensäther"] (Engel, 1999, p.35), Leo is „warmth ether" ["Wärmeäther"] (Engel, 1999, p.35) and Aquarius is „light ether" ["Lichtäther"] (Engel, 1999, p.35).

The sequence of the „creator‟s Tao" ["Schöpfer Tao"] (Engel, 1999, p.32) consists of these four tones B, A, E and D (Engel, 1999). In connection with what is radiated by the different kinds of ether, the tones B and A are assumed to be more closely connected, which shows musically in being played almost simultaneously (Engel, 1999). E and D are further apart, have the tendency to spread out and are played in succession (Engel, 1999). Engel showed these differences musically by notating the B and A as crotchets and E and D as minims (Engel, 1999, p.37). Schüppel created a rhythmic variation of the Tao, in which the B is written as a quaver note, the A as a crotchet, the E as a dotted crotchet and the d as a minim (Engel, 1999). Engel stated that tone ether, connected to the tone B, and life ether, connected to A, are polarities, which is why the tones B and A nearly clash (Engel, 1999). He pointed out that the Tao was an ancient Chinese sequence of tones and that it was not invented, but based on cosmic truths (Engel, 1999). It is beyond the scope of this thesis to explain this in detail, but Engel believed that the different tones of the Tao were connected to certain chemical elements, as well as the four elements water, earth, air and fire and that in interaction

between the zodiacal forces, the elements and the tones of the Tao and certain organs of the human organisms were created (Engel, 1999). According to Engel, Scorpio, the tone B, tone ether, nitrate, water and the liver are connected to each other in this way. Similar connections are assumed for Taurus, the one A, life ether, carbon, the earth and the human lungs (Engel, 1999). A correspondence was also assumed between Leo, the tone E, warmth ether, warmth, hydrogen and the spleen, and Aquarius, the tone D, light ether, oxygen, air and the kidneys (Engel, 1999). Engel also found that the Tao sequence was originally related to the sphere of the soul and later was transformed into etheric forces (Engel, 1999).

Engel (1999) wrote about various different Tao sequences but it would be beyond the scope of this thesis to include all of them. Therefore, only the creator‟s Tao is focused on in this thesis. Pfrogner (1986) indicated the therapeutic use of the Tao for people who are emotionally „bent‟ [“seelisch gebeugte Menschen”] (Pfrogner, 1986, p. 37) in order to help them experience inner emotional uprightness.

Musical specifics: Use of specialised musical instruments.

Instruments such as the lyre (Beilharz, 2004b), bordune lyre (Tobiassen, 2004b), chrotta (Gevecke, 2004), choroi flutes (Pedroli, 2004) or Bleffert metal instruments (Kumpf, 2004) are specific to AnMt and were developed within the approach. They will be described in this section, as well as some other instruments which are not specifically anthroposophical but are used frequently in AnMt, such as the Gemshorn or the bowed psaltery (Reinhold, 1996). Although the role of singing and of therapeutic voice work is quite important in AnMt, it will not be included in order to avoid exceeding the scope of this thesis. There is a special approach to singing in AnMt (Werbeck-Svärdström, 1980) which would be worth further exploration in future research dealing with the topic of AnMt. Werbeck-Svärdström, who founded this approach, collaborated with Steiner for some time and aimed at *uncovering the voice* rather than building it up (Werbeck-Svärdström, 1980). Reference to the subject of therapeutic singing is also made by Felber, Reinhold and Stückert (Felber, et al., 2003).

Wind Instruments.

The copper flute and the choroi flute.

The copper flute is a wind instrument with a soft timbre that can be played with a gentle breath and offers little resistance to the player (Reinhold, 1996). It doesn"t have any holes for fingering and the smallest increase in the strength of breath produces the next highest note on the overtone scale. In this way the copper flute educates the player towards a flexible way of blowing and helps him or her to increase the strength of breathing very gradually (Reinhold, 1996). Reinhold (1996) found that this instrument can be helpful in music therapy work with patients who have been bed-bound for a long time or who suffer from respiratory conditions, such as bronchial asthma.

The Choroi flute was created in a curative education context in order to help a boy with autism to learn to speak (Pedroli, 2004). Although this venture didn"t succeed, the Choroi flute has since found various purposes both in anthroposophical music education and music therapy (Pedroli, 2004). „Choroi" is the name of the company that builds these flutes, as well as lyres and other anthroposophical instruments ("Choroi"). According to Reinhold (1996), Choroi flutes are fipple flutes and have a very light, clear timbre that resembles a human singing voice. Their shape is cylindrical and the wood they are made from is only treated with oil (Reinhold, 2003). Choroi flutes come in diatonic and pentatonic tuning, and as interval flutes with only one hole, which allows the player to play two notes, either a fourth or a fifth apart (Reinhold, 2003). The Choroi flute most often used is the pentatonic flute (Pedroli, 2004). Pedroli (2004) remarked that the Choroi flute is on the one hand easy to play and on the other hand, a musically satisfying tone can be produced with it.

Reinhold (1996) found that Choroi flutes generally don"t possess the piercing quality that is sometimes associated with the timbre of a recorder. Their sound rather approaches the listener from the periphery and thereby encourages intensive listening. (Pedroli, 2004). Reinhold (1996) stressed that the sensitive psyche of small children can be addressed with this instrument. She also suggested its use with adolescent and adult music therapy clients in avoidance of the earthier qualities. From an anthroposophical point of view, this could, for example, be clients suffering from anorexia (Reinhold, 1996). According to Reinhold, members of the latter client group are often able to connect with the Choroi flute"s delicate timbre (Reinhold, 1996).

Renaissance recorder, gemshorn and crumhorn.

The Renaissance recorder, gemshorn and crumhorn are not specifically anthroposophical instruments but are used within AnMt practice (Reinhold, 1996). As AnMt is most likely one of the few music therapy approaches using these instruments, they were included in this chapter dealing with use of specific instruments typical for the AnMt approach. Some instruments, which are used in AnMt, such as the „Alphorn‟ have not been included in this chapter.

Reinhold (1996) proposed that Renaissance recorders used in music therapy help to focus and strengthen the breath, such as the tenor and bass instruments with their lower pitch range. Reinhold (1996) reported about clients coming to AnMt treatment who complained about shortness of breath when playing the recorder. However, Reinhold concluded that a lot of these complaints were rather associated with excess of air, due to not being able to use up enough air while blowing (Reinhold, 1996). She advocated that playing the Renaissance recorder instead may help alleviating these problems because with these instruments the flow of breath could be used more efficiently than with ordinary recorders. However, she admitted that the tenor flute may be difficult to play for patients with small hands (Reinhold, 1996). For small-handed clients, the gemshorn could be easier to play (Reinhold, 1996).

The gemshorn with its soft and dark timbre is considered to have a similar effect as the Renaissance recorder while at the same time also furthering the sensation of one‟s body being pervaded with warmth (Reinhold, 1996). Originally it was made from the chamois horn, but later also from other animal horns (Montagu, 2007-2011), such as cow horn (Kennedy, 2007-2011). Its bore is conic (Kennedy, 2007-2011) and the instrument is "blown from the wider end of the horn" (Montagu, 2007-2011). Its finger holes are close together so that the instrument can easily be played by people with smaller hands (Reinhold, 1996). Reinhold proposed that due to its nice and warming timbre, as well as the pleasant touch of the material, the gemshorn is also suitable for players who tend to be highly strung and thin-skinned. She also attributed invigorating and structuring properties to the instrument (Reinhold, 1996).

The crumhorn is a "double-reed wind-cap instrument with cylindrical bore and a curved lower end to the body" and was " the most important wind-cap instrument during the 16th and early 17th centuries" (Boydell, 2007-2011, top of the page). It is available in different sizes, including soprano, alto, tenor, extended tenor, bass, and

extended bass (Boydell, 2007-2011). The crumhorn's double reed, which is hidden inside the wind-cap, offers resistance to the player's breath and helps to strengthen it (Reinhold, 1996). The crumhorn's timbre reminds of a bassoon or a bagpipe and the player needs to employ a strong impulse from the diaphragm and stomach muscles (Reinhold, 1996). Reinhold suggested that the crumhorn's nasal and squawking sound could seem either humorous, eerie or serious, and had an alerting, toning and contracting effect on both player and listener (Reinhold, 1996). To achieve accurate intonation and structured melodic play crumhorn players need to combine strength of breath with a clear conception of pitch (Reinhold, 1996). From an anthroposophical point of view, the crumhorn is a wind instrument, which ties in with the consciousness-related activity of melody shaping (Reinhold, 1996). However, in, playing this instrument, this thinking activity, which is related to the upper human being, is connected with will forces, which are linked especially to the abdominal muscles involved in breathing (Reinhold, 1996).

Reinhold (1996) advocated that blowing exercises with the crumhorn furthered deeper breathing and affected muscle tone and blood pressure on a physical level. On an emotional level, blowing exercises on the crumhorn can enhance motivation and stamina (Reinhold, 1996). According to Reinhold (1996), these effects of playing the crumhorn point towards various therapeutic applications. She mentioned depression, anxiety, bedwetting and low blood pressure as possible indications for therapeutic use of the crumhorn in AnMt. The application of the crumhorn as therapeutic instrument for persons suffering from asthma was also mentioned by Reinhold, but not in an acute state of the disease (Reinhold, 1996).

Stringed instruments.

Some of the stringed instruments used in AnMt have been especially created for use in AnMt, such as the lyre (Beilharz, 2004b) and chrotta (Reinhold, 1996). Others, like the bowed psaltery, are not specifically anthroposophical but have been adopted by AnMt and are used frequently in this context.

Bowed stringed instruments.

The Bowed Psaltery

The psaltery is an instrument belonging to the zither family (McKinnon, van Ree Bernard, Remnant, & Kenyon de Pascual, 2007-2011). Psalteries come in different shapes and many of them are strummed (McKinnon, et al., 2007-2011) but the psalteries used in AnMt, as described by Reinhold (1996) are usually bowed and of triangular shape. Reinhold observed that this triangular shape comes about due to the organisation of the strings in a scale (Reinhold, 1996). The diatonic scale which matches the white keys of the piano is located on the right hand side of the longest and lowest middle string. On its left hand side, the pentatonic scale matching the black keys of the piano can be found (Reinhold, 2003). The strings are arranged around the middle string in a way that their length decreases and their pitch gets higher (Reinhold, 2003). Von Kries found that the instrument"s shape showed a geometry which existed in the intervals in the shape of numeric law and interpreted the psaltery as an instrument symbolising divine order (von Kries, 2004).

According to Reinhold, the lower pitches of tenor and bass psaltery are related to the structure building properties of the tones (Reinhold, 1996). Reinhold (1996) suggested that these tones can even be perceived by people with hearing problems. Von Kries (2004) associated the vibrations of the psaltery with physically invigorating effects. Reinhold compared the relatively high pitches of the alto-, and especially the soprano psaltery with the intensity of sunlight (Reinhold, 1996, 2003). She found that the ethereal quality of these tones, combined with their long lasting resonance (Reinhold, 1996, 2003) tied in with the consciousness of children, who are „outside of themselves" ["die außer sich sind"] (Reinhold, 1996, p. 28), such as children with autism, some of whom are attracted to light reflections and utter high-pitched vocal sounds (Reinhold, 1996).

According to Reinhold, the tones of the slightly lower-pitched psalteries, such as tenor or alto, are experienced by the listener in the middle of the body, while frequencies of the higher pitched instruments, such as the soprano psaltery, are experienced way above the head (Reinhold, 2003). According to Reinhold (2003), the psaltery timbre can have an alerting effect. One of the therapeutic indications for the bowed psaltery in AnMt is its ability to promote a link between centre and periphery (Reinhold, 2003). Von Kries stressed that the psaltery enables even unpractised

musicians to play melody lines and scales in tune, as opposed to the violin, which – as a fretless instrument - demands a great degree of practise in finding the right places on the fingerboard (von Kries, 2004).

In connection with the playing style of this instrument, it was stated that psalteries are bowed with a rather light touch with a flowing motion while legato play is not possible, due to the way the instrument is built (von Kries, 2004). It was reported that Maria Schüppel was the first person using the psaltery in music therapy (von Kries, 2004). Von Kries explained that the shape and the type of wood the instrument is made of also has an influence on its therapeutic effects (von Kries, 2004). For example, a psaltery with a rounded shape made of birch tree is supposed to lead to inner calm and clarity and to have an invigorating influence on the kidney function (von Kries, 2004). Von Kries claimed that there were research findings which backed up these connections between wood, instrument and the effect on the human being (von Kries, 2004). A source for these findings was not quoted by the author.

<u>The chrotta</u>

Pictures bearing testimony to the existence of the chrotta date back to the 6th century (Gevecke, 2004). The instrument has existed in different cultures and has been given different names, such as the Irish term "cruit", the Welsh "crwth", the Finnish "Kanteleharpa" or the Swedish "Straharpan" (Gevecke, 2004, p. 190). According to Gevecke (2004), the latter two names indicate the kinship of the chrotta with the lyre and harp instruments. In actual fact, the chrotta is also described as a bowed lyre (Gevecke, 2004). What distinguishes it from a lot of other bowed instruments is the fact that its bridge is connected to the top of the instrument‟s corpus on the one side and to its base on the other side (Gevecke, 2004). According to Reinhold (1996) the anthroposophical chrotta has been developed for therapeutic purposes, modelled on the ancient Celtic crwth.

The chrotta has a rather dampened, sometimes slightly nasal, warm timbre, and comes in different pitches and degrees of intensity, depending on the size of the instrument (Reinhold, 1996). The tenor chrotta, which is the one most often used in anthroposophical music therapy (Reinhold, 1996), is tuned like a cello (Reinhold, 2003). It is held between the knees and played with a viol-bow (Gevecke, 2004;

Reinhold, 1996) using also the viol grip of the bow (Gevecke, 2004). However, sometimes also a cello or violin bow is used with cello or violin grip (Gevecke, 2004).

Reinhold (1996) stated that even a beginner could bow deep, warm tones, which were usually experienced as comforting, enveloping and relaxing. As a bowed instrument the chrotta corresponds to the middle human being (Reinhold, 1996). Due to its low pitch range the tenor chrotta creates a connection between the breathing system and the lower human being, as does the cello (Reinhold, 1996). Reinhold pointed out that, depending on how the instrument is played, it relates more to the rhythm element in music, as is the case with pizzicato, or to the melody element, as is the case with bowing (Reinhold, 2003). Gevecke suggested that depending on whether the viol or cello grip and bow is used, the playing relates more to receiving, as is the case with the viol grip, or to giving and acting, as is the case with the cello grip (Gevecke, 2004).

There are specific ways in which the chrotta is played in AnMt, depending on the therapeutic indications and aims. For example, the client can bow the open strings while the left arm is moving along with the bowing right arm in a mirrored movement or gesture (Gevecke, 2004; Reinhold, 1996). This is perceived to have a strong connection to breathing and to the middle human being (Gevecke, 2004; Reinhold, 1996), both on a physical (Reinhold, 1996) and on a soul related level (Gevecke, 2004). According to Reinhold (1996) this exercise on the chrotta can be especially helpful for patients who suffer from breathing difficulties, such as asthma or metastases of the lungs. Through the connection of a quasi-breathing bowing gesture with intensive listening, physical breathing is freed up. On the one hand, the breathing process is put into a musical context, and on the other hand the client is allowed to forget about the physical act of breathing by being preoccupied with playing, listening and with the mirrored arm movements (Reinhold, 1996).

Reinhold (1996) described another way of using the chrotta therapeutically: Clients position the soles of their feet on the instrument while the therapist bows. According to Reinhold, the perception of the vibration of the low-pitched tones can restore impaired sensitivity, warmth and blood flow in the legs (Reinhold, 1996). The bass chrotta has a similar but even stronger effect, compared with the tenor chrotta (Reinhold, 1996). Gevecke stressed the generally warming qualities of the chrotta sound and its ability to envelop and to resolve tension, stiffness or hardening on a physical level or anxiety and depression on an emotional level (Gevecke, 2004).

From an AnMt point of view, the above described qualities of the chrotta can help to intensify the correspondence between body and soul, especially in the legs and the abdomen (Reinhold, 2003). The chrotta can be indicated to treat patients with motor difficulties, as the regular bowing movement might enhance a flow of movement (Gevecke, 2004). Another possible indication is music therapy with clients who don't speak or sing, as the instrument's sound can lend its voice, for example to children who don't speak or it can encourage clients to sing (Gevecke, 2004). Gevecke mentioned that especially chrottas in the lower pitch range can help to treat conditions in connection with the upper human being, such as migraine, hypertension, and others (Gevecke, 2004). Within AnMt, the chrotta finds therapeutic application in internal medicine, neurology, oncology, paediatrics, geriatrics, psychiatry and special education (Gevecke, 2004).

Plucked stringed instruments.

The plucked stringed instruments used in anthroposophical music therapy are mostly descended from the lyre family (Reinhold, 1996). What they have in common is a limpid, but at the same time soft timbre (Reinhold, 1996). Lyres are available in different sizes, from quite small to big instruments, and this enables AnMt practitioners to apply them as needed with patients with different constitutions (Reinhold, 1996).

<u>The Lyre</u>

The modern anthroposophical lyre was developed in 1926 (Beilharz, 2004b). It was designed by Edmund Pracht and Lothar Gärtner (Beilharz, 2004b). The ancient lyre goes back to about 3000 B.C. in Mesopotamia and also existed in ancient Greece as „lyra" or „kithara" and during Celtic times as „crwth" or „rotta" (Beilharz, 2004b). Pracht's dissatisfaction with the piano's timbre and sound in connection with the purpose of highlighting the qualities of musical elements (Beilharz, 2004b) became well known. Lothar Gärtner took up some of Pracht's ideas, made some changes and founded his own lyre studio in Konstanz, Germany. Other lyre builders followed over time and today there are lyre builders all over the world building lyres of different shapes and sizes and with different sound qualities and pitch ranges (Beilharz, 2004b).

For example, the solo lyre has a pitch range from c to d'''''; the big soprano lyre ranges from e to d'''''; the small soprano lyre from g to a''''; the big alto lyre from E to f''' and the small alto lyre from G to a'' (Beilharz, 2004b). The descant lyre encompasses

the tones from g to C''''''. There are also tenor and bass lyres with tones reaching down to C or contra-A (Beilharz, 2004b). According to Reinhold (2003), the alto lyre is the one most commonly used in music therapy. Lyres are also used in anthroposophical music education, for example in Waldorf schools (Beilharz, 2004b). According to my own experience, lyres can also be part of music performances and social musicking events. During my time in Camphill, I was part of various lyre orchestras and lyre ensembles, one of which was called "The Naked Piano" and performed in different places, including the Goetheanum in Dornach.

I have played the lyre now for a number of years. The strings are arranged like the keys of the piano, with the diatonic strings in the front, while the pentatonic strings, which correspond to the black keys of the piano, are at the back. As opposed to the piano, if one faces the instrument, the high-pitched strings are on the left hand side, while the low-pitched strings are on the right hand side. However, the player holds the instrument on his or her lap in a way that the high-pitched strings are near the player's chest, while the low-pitched strings point away from the body of the player. Usually, most of the diatonic strings are played with the right hand, while the strings at the back are played with the left hand (Beilharz, 2004b). The playing technique involves the finger tips gently sliding off the strings. Beilharz compared this with an almost stroking movement (Beilharz, 2004b).

In accordance with the playing technique, the lyre begins to sound in that instant in which the player's finger releases the string (Reinhold, 1996). The timbre of the instrument is described as pure and it's meant to invite to listen (Reinhold, 1996). Reinhold (1996) reported that a lot of patients love the lyre because of its soft, gentle and enveloping sound. She claimed that both to the player and the listener the lyre opened up a space for listening. The instrument embraces all musical elements: melody, harmony and rhythm (Reinhold, 1996). Reinhold suggested that the purity of the lyre tone can help listeners in perceiving the nature of musical phenomena and that hence a systematic application of musical elements becomes possible through the use of the lyre, both in active and receptive therapy (Reinhold, 1996).

From an anthroposophical viewpoint, the lyre is an instrument which addresses the middle human being in a way that is both freeing and furthering a more inward experience (Reinhold, 1996). According to Reinhold (1996), its sound generally promotes relaxation, as well as having a relieving effect on congested breathing, pain

and tension. Through the intensity of the tone, the lyre sound increases concentration and listening, and can therefore be used in the treatment of clients in low awareness states and clients with specific forms of hearing impairment (Reinhold, 1996). Reinhold concluded that the new element that the lyre brought into music therapy was a refined culture of listening to musical elements, such as intervals (Reinhold, 1996) but also listening to the essence of tone, in a more spiritual way (Reinhold, 2003).

In addition to the above described chromatic lyres there are also lyres in diatonic or pentatonic tuning or lyres that can be tuned as a chord. One example is the kantele – originally a traditional Finnish instrument belonging to the family of psalteries (Rahkonen, 2007-2011). A smaller version is the wing kantele, which has ten strings and is often used in anthroposophical music therapy (Reinhold, 1996). This instrument enables the player to practise building up simple melodies or playing freely. Possibilities to tune this instrument in different scales or tunings make its therapeutic applications quite flexible (Reinhold, 1996). Another variation of the lyre is the bordune lyre, which can be tuned in chords or open chords (Reinhold, 1996). Its strings are strung crosswise with bass and descant strings alternating (Reinhold, 1996; Tobiassen, 2004b).

Being quite small and mobile, the bordune lyre can –for example – easily be played by patients who are bed-bound or have impaired motor skills (Reinhold, 1996; Tobiassen, 2004b). It can also be played either with the right or left hand (Tobiassen, 2004b). When one strums the instrument a harmony sounds (Reinhold, 1996), which fills the space it‟s played in (Tobiassen, 2004b). The bordune lyre‟s tuning is flexible: As is the case with the kantele, it can be tuned in different scales or chords. The pitch-range within which the strings can be tuned encompasses a fourth (Tobiassen, 2004b). One of the basic tuning systems for the bordune lyre is as follows: The bass strings are tuned to an open chord, omitting the thirds while the descant strings are tuned to the major scale fitting to this chord (Tobiassen, 2004b). If all the strings are strummed, a light, radiant cluster sounds, in which the root note is dominant. But the instrument can also be tuned as a chord, with or without thirds, and used for song accompaniment (Tobiassen, 2004b).

Even clients unfamiliar with musical instruments can play the bordune lyre and enjoy its harmonies (Reinhold, 1996). It is also considered an excellent group instrument (Tobiassen, 2004b). Due to the fact that it is usually made of solid wood it is

quite sturdy (Tobiassen, 2004b). Different ways of playing this instrument are possible (Tobiassen, 2004b). It can be played like a chromatic lyre or it can be strummed or plucked like a guitar. Beaters can be used and the outer strings can even be bowed (Tobiassen, 2004b). It is also possible to play harmonics on the bordune lyre (Tobiassen, 2004b). When strumming the bordune lyre, two hand movements are possible: a motion away or towards one"s body (Tobiassen, 2004b). This can be compared with a receiving gesture or a minor quality when strumming towards one"s body, and a major quality or giving gesture, when strumming away from one"s body (Tobiassen, 2004b). The movement connected with this activity is considered to loosen up tension and the vibrations of the instrument are regarded to have therapeutic properties (Tobiassen, 2004b).

The sound quality of bordune lyres with their mixture of high-and low-pitched tones (Reinhold, 2003), of light and warmth components (Tobiassen, 2004b), addresses the chest area and breathing or middle system of the human being (Reinhold, 2003). One way of using the instrument consists of two players playing a minor and a major chord in alternation, which can lead to a relaxed musical interaction (Reinhold, 1996). According to Tobiassen, this can also have a breathing quality or a quality of cosmic rhythms, such as night and day or summer and winter (Tobiassen, 2004b).

The bordune lyre"s principle of a lasting bordune tone or drone may have been borrowed from other, earlier instruments, such as the Indian Tambura (Tobiassen, 2004b). Tobiassen described some group dynamic exercises that can be done with the bordune lyre (Tobiassen, 2004b). For example, two groups of players can stand opposite each other with either the same or different tunings, and play their lyres in alternation, with one group receiving, the other giving and then vice versa (Tobiassen, 2004b).

Percussion instruments: The Bleffert metal instruments.

The German anthroposophical instrument builder Manfred Bleffert has built some percussion instruments forged from metal (Kumpf, 2004). This is a specific range of instruments including tamtam, cymbal, tubular bells, gongs, glockenspiel, small cymbals and triangles (Kumpf, 2004). The seven different instrument groups relate to developmental processes in the human being (Kumpf, 2004) and the number seven is important here and appears in several other contexts within anthroposophy, as was mentioned before in this thesis. The order of those instruments is important, since from

an anthroposophical point of view there is a specific developmental process leading from the tamtam to the triangle and vice versa (Kumpf, 2004).

Many of the instruments Bleffert built originate in ancient instruments used in Asian cults, such as the tamtam, cymbal or gong (Kumpf, 2004). Those archetypal versions of the present instruments were meant to help people to connect with divine forces (Kumpf, 2004). The metals the instruments are made from are iron, bronze and copper (Kumpf, 2004). Many of the instruments described above are available in any of these metals (Kumpf, 2004). Kumpf (2004) stated that the instruments have different sound qualities or gestures, depending on the material they are made from. She mentioned examples from her music therapy work with children with special needs, using the Bleffert metal instruments. For example, a very restless five year old boy with autism listened intensively for the first time when the therapist played a bronze gong (Kumpf, 2004). She also described how some clients found a way of letting go when listening to the sound of the metal instruments or playing themselves (Kumpf, 2004).

Concluding thoughts about the use of specified tonalities and instruments in AnMt.

As was seen above, a number of specialised instruments exist in AnMt, while other instruments, such as the bowed psaltery or the crumhorn, may have existed before and are not specifically anthroposophical. However, the above deliberations show that instruments are used in a specialised and prescriptive way in AnMt, which is closely connected to Steiner‟s view of the human being. Prescriptive use of musical elements also becomes apparent in the way intervals, scales and musical sequences are applied in this approach. However, there are limitations to this prescriptive side of the approach. Although musical elements and instruments are sometimes applied in a prescriptive way, AnMt practitioners don‟t view themselves as musical „apothecaries‟ [“Musikapothekertum”] (Florschütz, 2009, p. 36). Therapeutic treatments composed and devised for individual clients are not meant to be generalised in a symptom-oriented way, and mimicked in music therapy treatment without an underlying foundation of knowledge or experience or without considering individual patients‟ constitutions (Florschütz, 2009).

As far as the assumed links between planetary tones and scales, human organs and emotional states are concerned, it could be argued that these connections can‟t be

scientifically proven. The same would be true for Steiner‟s claim of seeing some of these connections clairvoyantly in his approach to what he called spiritual science (Childs, 1995; Steiner, 2002). It has already been mentioned that Steiner‟s spiritual knowledge base is difficult to verify (Kern, 2007). However, this doesn‟t necessarily mean that Steiner‟s ideas, as well as those of his successors in the area of music therapy, such as Engel or Pfrogner, can be proven as untrue.

While a lot of music therapists not practising within the anthroposophical approach would probably rather avoid using musical elements about whose validity and origin they are not sure, it could probably also be said that the dynamics of transference and countertransference, which feature in processes between therapist and client in analytical music therapy (Priestley, 1994), also struggles with verification of a scientific basis. Some „mainstream‟ music therapists may be critical of assumptions such as the one made by von Kries about the bowed psaltery with a rounded shape having an invigorating effect on the kidney function (von Kries, 2004). They may also find that anthroposophical authors are quick to find cosmic and divine relationships between numbers, musical elements and the human being. While such criticisms are comprehensible and there may be some truth in them there is also a requirement for individual music therapists to realise that some aspects of their own approach may be perceived in this way to those outside the tradition.

Therapeutic specifics: Avoidance of electronic media.

One of the therapeutic characteristics of AnMt is the avoidance of electronic media. A number of anthroposophical authors have criticised the use of modern pop music and the use of electronic playback devices through which such music is heard as well as dismissed the value of using popular music in music therapy (for example Engel, 1999; Ruland, 1992). Both Engel (1999) and Ruland (1992) expressed strong views in connection with electronic media.

Engel: Pop music as ‘evil counterpart’ to music therapy.

Engel described pop music as an evil counterpart to music therapy, which in his opinion contributes to minimising peoples‟ consciousness by using excessive volume and mutilated melody sequences which are reduced to three to six bars (Engel, 1999). According to Engel, hearing this music leads to the development of destructive

tendencies in human beings (Engel, 1999). In his opinion, the ever-present availability of music through modern media has a trivialisation of music as a consequence (Engel, 1999). He believed that contemporary popular music indicated that humanity was at a threshold which was characterised by people‟s difficulties to contain their soul forces with the help of their ego strength (Engel, 1999).

According to Engel‟s anthroposophical perspective modern music has distinct and problematic characteristics. He proposed that harmony and melody are swallowed up by rhythm, which becomes increasingly dominant and addresses mainly the will forces, which in turn belong to the sphere of the subconscious (Engel, 1999). Engel called this a shallowness of musical experience which – from his point of view – leads to a weakening of morality in human beings (Engel, 1999).

Engel postulated that it is necessary to practise a kind of music therapy that is not based on minimising people‟s consciousness (Engel, 1999). He proposed that with use of modern music and electronic media, music is experienced in fragments rather than as a whole. In his view, one way of returning back to a more holistic experience of music is through [anthroposophical] music therapy (Engel, 1999).

Ruland: Music that is 'frozen solid'.

Ruland stated that through recording music and playing it back electro-magnetically, that is in such forms as tapes and records, the physical qualities of the music and the materials in which it is contained, are "frozen solid" (Ruland, 1992, p.116). Ruland found that purely electronic music created the impression of being cosmic, of coming out of space, which lead Ruland to consider this music to be a form of deception (Ruland, 1992). He has claimed that after a period of listening to this kind of music, "There is a perceptible loss of vital strength and one feels as though one‟s soul had been hollowed out" (Ruland, 1992, p.117). According to Ruland, other types of recorded music such as pop and rock which use techniques such as electronic feedback, also fall into this category of music (Ruland, 1992). Ruland found that rock and pop music appealed to the emotions, but on an illusionary level: "people yield to the illusion that their emotions are some sort of cosmic inspiration" (Ruland, 1992, p.117).

Other anthroposophical perspectives on electronic media.

While electronic media are avoided in AnMt, there is also some commentary available on this topic in the wider anthroposophical literature, which also includes electronic media not only used for sound production, such as television. For example, in an interview with the anthroposophical magazine *Lilipoh*, Rentea, an anthroposophical doctor, stated that people‟s sensory perception was overstrained in modern society, due to the great amount of everyday activities depending on sensory input, such as watching television (Rentea, 2004-2009). Rentea pointed out that human organisms use up a lot of energy to process all the sensory input, which could lead to "persistent fatigue" (Rentea, 2004-2009, para 3). He quoted a Swedish study, in which children raised in a "Rudolf Steiner lifestyle", consisting of "a simpler, more natural way of life" (Rentea, 2004-2009, para 3) were compared to children raised in a „nomal‟ lifestyle (Rentea, 2004-2009). According to Rentea, results of the study showed that children raised in a Rudolf Steiner lifestyle had "a statistically significant lower level of allergies" (Rentea, 2004-2009, para 3). Rentea proposed that allergies "have to be understood (...) as the body‟s attempt to throw back out what should not come in, in the first place" (Rentea, 2004-2009, para 3).

Rentea (2004-2009) also suggested that modern humanity covers up its problems, such as rising levels of anxiety in people, with constant sensory stimulation through media. He remarked that it was "intriguing how a sense-filled life" [in terms of sensory input] became "senseless" (Rentea, 2004-2009, para 4). Rentea pointed out that a remedy for constant sensory overload could consist of exposing oneself to genuine, and not virtual, stimuli, which come from nature (Rentea, 2004-2009). On a therapeutic level, music therapy as proposed by Engel, without use of electronic media, could be seen as such a healing experience (Engel, 1999).

Johnson (2007), an anthroposophical paediatrician, claimed that watching television equalled a "multileveled sensory deprivation that may be stunting the growth of our children‟s brains" (Johnson, 2007, harmful to the mind section, para 1). She explained that television, other electrical appliances and power lines produced electromagnetic waves which could cause cancer in humans, which was a hypothesis for which scientific evidence had been found (Johnson, 2007).

While these dangers of television and other audiovisual media may be quite realistic, at least with constant use or over-use, the same dangers may not necessarily be attached to electronic media which serve sound storage or playback, although overuse of these may also not be healthy. I believe that, whether in a therapeutic, educational or social situation, live music is to be preferred to music played back on a CD player, stereo equipment or other electronic playback medium. Probably most people have experienced at some stage that a concert with live music is a livelier and more pleasant experience than listening to music on one‟s MP3-player and that dancing to live music is much more exciting than dancing to music that comes from the stereo. However, for me the term „live music‟ also encompasses live music played on electric or electronic instruments, such as keyboard, electric guitar, electric bass or human voices played through an amplifying system.

Electronic music as a part of people's culture and identity.

Some of these statements seem a little old-fashioned and out of place today, as electronic media are so much part of our daily lives that people nearly take them for granted. However, that doesn‟t mean one can‟t be critical of them and be aware of their not so productive or helpful side. Having commented on this, it is also necessary to point out that experience in clinical music therapy in more mainstream music therapy approaches has shown that music which is meaningful to clients and belongs to their culture, is part of their identity or helps to build identity, has been useful and effective in music therapy (Ruud, 1998). Through popular music using electronic media, important values – for instance working class values – can be expressed (Ruud, 1998). For example, the music of the 1968-generation shows that rock music can also help people express their criticisms towards society in a creative way (Ruud, 1998).

The experience shows that rock music or other related genres, such as heavy metal, pop music or hip-hop, are often meaningful to adolescents. These are genres that usually involve the use of electronic instruments and playback devices and other music technological devices. Ruud (1998) showed that with the help of popular music, adolescents can express and articulate themselves in a society that is often otherwise not meaningful for them. Thus, pop or rock music can be a resource of empowerment and identity, which is at the same time community-building (Ruud, 1998). Ruud pointed out that this is an important reason why many music therapists use the genres and styles

mentioned above, as well as the electronic media connected to them, in their music therapy work (Ruud, 1998). In community music therapy work with adolescents there have been some very successful projects using electronic instruments and media. For example, Rieger has undertaken band projects in Germany with young people with special needs and with young emigrants from mainly Eastern European Countries (Rieger, 2006). Rieger reported that in his community music therapy projects – which also included music performances and the recording of a CD – rock music played on mainly electronic instruments helped adolescents to master difficult life situations (Rieger, 2006). The media applied in these projects helped to link musical experiences from different cultures and to develop trust, courage and a sense of self-worth and thereby ultimately led to integration and inclusion (Rieger, 2006).

Musical and therapeutic specifics: "Das freie Tongespräch" by Julius Knierim.

There is a specific kind of improvisation which was originally developed by Julius Knierim for use in music education, called *das freie Tongespräch* (Tobiassen, 2004a). Translated into English, it means something like "free conversation in sound" or "free conversation with tones". This is not explicitly written in the literature reviewed, but as will be seen at a later point in the thesis, when the interviews are discussed, Freies Tongespräch is also used as a therapeutic intervention in AnMt.

Knierim originally developed the concept for pupils aged between about 14 and 16 years, an age in which the social components of music making are especially important (Tobiassen, 2004a). According to Tobiassen, Knierim‟s aim at the time was to develop a way of music making in which the teenagers could express themselves freely, but not chaotically in music (Tobiassen, 2004a). Skills that were needed for this kind of improvisation, for example playing the lyre and other instruments, were already acquired in the music lessons in earlier school years (Tobiassen, 2004a).

For the free conversation in tones, different instruments were grouped around the lyre, for example chimes made of brass, aluminium or wood, cymbals, drums, Latin American and African percussion instruments, triangles, flutes or bowed psaltery (Tobiassen, 2004a). The teenagers themselves were asked to bring along common household objects or even bits of scrap material, such as old tubes or roof tiles

(Tobiassen, 2004a). These objects were included in music making. All instruments were available to all players and could be changed during the improvisation (Tobiassen, 2004a). The instruments were placed in the room according to their origin, the material they were made of or according to the players" activities when playing these instruments, such as bowing, plucking, and strumming (Oerter, 1991). The central instrument in this kind of improvisation was the lyre (Oerter, 1991; Tobiassen, 2004a). In the original form of the free tone conversation, three players were involved who were positioned in the room in such a way that they formed a triangle (Oerter, 1991; Tobiassen, 2004a).

Three parameters are important during musical play: The beginning, listening to others, and sensing when it is time to end (Tobiassen, 2004a). With three players, there are three possibilities of joint play: One person plays and two respond musically, nobody responds or just one player responds (Tobiassen, 2004a). There may also be sections when all participants play or when nobody plays. The players need qualities such as courage, the willingness to step back or to deal with the unexpected and are meant to meet through the music (Tobiassen, 2004a). There is an exercising period before the actual improvisation during which necessary playing techniques and gestures are practised, such as certain types of touch, attack or dampening techniques (Tobiassen, 2004a). This is followed by a phase in which certain exercises are to be performed, such as orientation exercises: For example, one player plays a phrase and afterwards the others imitate it as accurately as possible. As a final step all play the phrase again together (Tobiassen, 2004a). The orientation exercises refer, for example, to one"s own instrument preferences, to ways the instruments can be played and the way they sound together or individually (Tobiassen, 2004a).

The next phase entails practising the three parts of the actual improvisation: Beginning, middle or progression of the improvisation and the end. These are almost regarded as movements (Tobiassen, 2004a). An important issue is that none of the movements should be too long (Tobiassen, 2004a). The last phase consists of the actual free tone conversation and now the participants can play more freely without actually working on certain exercises (Tobiassen, 2004a). Tobiassen pointed out that regular group rhythms or "grooves" (Tobiassen, 2004a, p. 474) should be avoided. He considered it more important to use the non-verbal language of the instruments, in the sense of a non-verbal conversation between the players (Tobiassen, 2004a).

One of the aims of Freies Tongespräch is that the musicians meet in the music and in playing together (Tobiassen, 2004a). Non-verbal messages can be part of the improvisation but musical structure, phenomena and instrumental studies are also in the focus (Tobiassen, 2004a). Playing has a certain dialogic character and listening and pauses are also important (Oerter, 1991). Verbal exchange about what has been played is part of the process (Oerter, 1991). Oerter (1991) described how players" personal problems can show in the music and are also resolved through the music. Freies Tongespräch is intended to provide possibilities for both social and artistic exchange and encounter, for musical and personal development (Oerter, 1991). It is not intended to bring up unresolved conflicts from the unconscious mind. Similarly, relationships are not directly worked on, except through the music and leaving aside verbal communication (Oerter, 1991).

It can be concluded that Knierim"s Freies Tongespräch is an improvisational approach used in AnMt, which is on the one hand oriented towards phenomenological musical expression (Tobiassen, 2004a). It needs a certain preparation period and is quite structured in the beginning, but the final improvisation part also has elements of free improvisation and musical self-expression (Oerter, 1991; Tobiassen, 2004a). Although the self development of the players is part of the process, musical structures and goals are central. Both spontaneous and structured elements are present in this form of group improvisation used in AnMt. While Freies Tongespräch may have some elements of free improvisation and joint play it is quite clear that the musical process is the main focus and that players" problems are not verbally processed (Oerter, 1991; Tobiassen, 2004a).

Summary

A range of the characteristics found in AnMt practice have been presented in this chapter, including its development and current scope of practice, contents of AnMt training, the therapist's attitude and discipline and different aspects of the therapeutic process. Specific instruments used in AnMt were described, as well as special scales, sequences and tonalities characteristic for the approach. While some of these concepts could only be touched upon here, they will be presented and discussed again in connection with statements made by the interviews about these aspects. A discussion of issues related to the therapeutic use of some of the elements of AnMt mentioned here will be elaborated. The next chapter will deal with the location of AnMt within different music therapy traditions.

Chapter 6

Locating Anthroposophical Music Therapy

Introduction

This chapter considers AnMt‟s placement within and relevance to other traditions of music therapy, psychotherapy and music pedagogy. One of the stated aims of the thesis is to explore where AnMt can be located in contemporary music therapy practice, and it is also relevant to one of the guiding questions of the thesis.

In order to examine AnMt compared to other, more relationship-oriented or psychotherapy-oriented music therapy approaches, some perspective to the relevance and positioning of AnMt alongside other traditions will be presented through examination of relevant literature especially where anthroposophical writers have commented on other therapeutic traditions. However, locating AnMt within traditions of music therapy, psychotherapy and music pedagogy presents some challenges. This is partly due to the fact that the AnMt approach has a highly complex and idiosyncratic background. For example, the anthroposophical view of the human soul as important to therapeutic practice differs somewhat from the way that human consciousness is perceived in psychotherapeutically oriented traditions. This makes it difficult to relate AnMt to psychotherapeutic approaches. However, finding AnMt‟s relationship to other treatment approaches in music therapy extends beyond the question of whether or not it can be seen as a psychotherapeutically oriented approach.

AnMt shares similarities with other traditions in music therapy, some of them based on the assumption of universality and archetypes in music, or in connection with using phenomenological reflections to explore musical elements. The role of spirituality may also be shared with some other music therapy traditions including approaches that are depicted as more *music-centred* (Aigen, 2005). It is not the intention of the chapter to fully explain other traditions but rather to point out closeness and distance between some relevant facets. This could promote a better understanding of AnMt and its foundational traditions as well as indicating those from which it is striving to be clearly distinguished.

AnMt's Roots in Curative and Music Education

AnMt had its beginnings in a curative education context and some AnMt therapists still work in close connection with curative education. In AnMt with children or children with special needs, therapy and education are quite closely related (Damen, 2004). Therefore a demonstrated connection to education and pedagogy exists. Damen noted that children quite often want to experience a musically satisfying result and so the therapist"s task is to bring an artistic element into the music, however simple the music may be in its structure (Damen, 2004). At the same time the therapist has to make sure the music used is therapeutically effective for the children (Damen, 2004). So here, there is a fine line dividing music therapy and music education practices in AnMt. This also shows in the fact that some of the musical activities and techniques, for example "Freies Tongespräch" (Oerter, 1991; Tobiassen, 2004a), are used in anthroposophical music education, which is where it originated (Tobiassen, 2004a), and as a therapeutic intervention (Oerter, 1991).

Contemporary AnMt is practiced widely in many therapeutic and rehabilitation areas and does not only focus on the needs of children who have intellectual disabilities. It has developed many more areas of application (Beilharz, 2004a; Pütz, 2008; Reinhold, 1996), probably demanding many different therapeutic interactions than those in the education setting with children.

Anthroposophy's Relationship to Psychology, Psychotherapy and Psychoanalysis

Some psychotherapeutic and especially psychoanalytical concepts have been criticised by anthroposophists (Ruland, 1990, 1992; Steiner, 1946). For example, Ruland wrote that the "discovery of the subconscious by Depth Psychology" is merely "a head-oriented gesture in the right direction" (Ruland, 1992, p.164), and that a head oriented consciousness is not able to deal with the spiritual reality (Ruland, 1992). Steiner was known to be critical of Freud"s psychoanalytic theory (Steiner, 2004). His criticisms mainly referred to the lack of consideration of the human being"s spirituality in psychoanalysis (Steiner, 1946).

In contrast to most streams of contemporary Western psychology, in anthroposophy it is proposed that a human being, when born into the world, has both an "inherited body" and a "spiritual individuality", which Lievegoed regarded as *entelechy*.

(Lievegoed, 2005, p.16). Lievegoed (2005) believed that "in human physical and spiritual development" both genetic and biographical potential" is present (p.16). This biographic potential reveals itself in the human self, which is viewed as "the deepest core of our being" (Lievegoed, 2005, p. 16). From an anthroposophical point of view, the human soul is influenced by the physical and spiritual world (Lievegoed, 2005). From the physical world, stimuli come in "through basic drives and senses", from the spiritual world through the self (Lievegoed, 2005, p.16). Spirit, in the shape of the self, and matter in the shape of the physical body, are believed to meet in the human soul, which is seen as "an intermediate area" (Lievegoed, 2005, p.16). If the self is seen as a part of the "divine spiritual world" (Lievegoed, 2005, p.17) and the body as a part of the material world, the threefold nature of the human being in body, soul and spirit becomes apparent (Lievegoed, 2005).

Lievegoed remarked that psychology of the past century as seen from his time, in the 1980s, chiefly explored the effects of the physical body on the soul (Lievegoed, 2005). As an example he mentioned sensory psychology of the 19th century, psychoanalysis and individual psychology, which he thought of as being "a psychology being based on needs" (Lievegoed, 2005, p.18). He admitted that some of these streams of psychology, including also Gestalt psychology, had discovered some truths about the human being (Lievegoed, 2005). Although he attributed a "one-sided tendency" (Lievegoed, 2005, p.57) to psychoanalysis, he added that it had made important statements about the first experiences in child development in connection with the subconscious mind. (Lievegoed, 2005).

Different views on the origins of neuroses and other mental disorders.

Similarly to Lievegoed, while taking a critical stance Steiner (1946) also attributed some basic insight into the human psyche to the psychoanalysis tradition. For example, he admitted that the phenomena observed by psychoanalysis actually exist. He stated that psychoanalysis "pointed out that the reality of the soul is to be accepted as such" (Steiner, 1946, p. 20). However, he claimed that the psychoanalytic methods of attaining knowledge of the human soul were inadequate (Steiner, 1946). According to Steiner this led to errors: "And what the psychoanalysts bring to light today can be regarded only as an assortment of quarter-truths" (Steiner, 1946, p. 2). He claimed that Freud "settled upon sex as the original cause" (Steiner, 1946, p. 8) of neurosis and

rejected this view as well as what he perceived as Adler‛s ideas about the human striving for power (Adler, 1912) playing a part in the origins of psychological distress (Steiner, 1946). C.G. Jung‛s model of an individual and a collective subconscious (Jung, 1979) was discarded to some extent by Steiner, who believed that the only way to discover the truth about the human soul was possible through the path of anthroposophical spiritual science (Steiner, 1946). Steiner‛s main criticism of psychoanalytical theorists was that it "does not enter their minds to consider the spiritual world seriously" (Steiner, 1946).

However, some tenets can be found in Steiner‛s view of the human being, which could be seen as parallels to psychoanalytic theory, such as the assumption that lifting subconscious and painful feelings into consciousness can have a healing effect (Florschütz, 2007). Unlike traditional psychoanalysis, anthroposophy does not embrace the idea that such feelings stem from unresolved conflicts during the early phases of psychosexual development (Florschütz, 2007). From an anthroposophical point of view, neurosis or mental disorders can develop, when the balance between thinking feeling and willing is disturbed, which can, for example, happen when the ego is weakened. This again leads to a mingling of thinking, feeling and willing, which can, for instance, cause nervous or hysteric conditions (Steiner, 1946). In AnMt, there are certain techniques and methods associated with the use of certain instruments or musical elements that are intended to have a balancing effect on thinking, feeling and willing (Pütz, 2008; Reinhold, 1996) and thereby strengthen the ego.

Different views of the conscious and subconscious mind.

Steiner developed a particular view about the conscious and the subconscious human mind. He claimed that in ordinary day consciousness, the human being perceives the world mainly through the world of the senses and through thoughts, feelings and impulses of will (Steiner, 1946). What lies beyond the threshold of normal day consciousness is described by Steiner as "the hidden aspects of soul life" or the "subconscious" (Steiner, 1946, p.63). The assumption is made that the spiritual world lies "Behind the phenomena of the senses" (Steiner, 1946, p.77). What is described by Steiner as the threefold nature of the human soul during normal everyday consciousness in thinking, feeling and willing, becomes "imagination, inspiration and intuition" (Steiner, 1946, p.63) in the subconscious mind. The latter are "three supersensible

faculties" (Steiner, 1946, p.63, translator's note) of the subconscious mind, which can be acquired through a path of spiritual training (Steiner, 1946).

Steiner also claimed that the powers of the subconscious mind have an influence on the human blood circulation and that certain feelings or states of mind have either a beneficial or a negative influence on blood, breathing and the ether body and thereby on the whole organism (Steiner, 1946). Thus, "the human being contributes from his subconscious to his own invigoration or deterioration" (Steiner, 1946, p.68). In his doctoral thesis, Florschütz investigated possibilities of drawing indications for music-psychotherapy with an anthroposophical orientation from Steiner"s statements about the human being"s subconscious mind (Florschütz, 2007). He distinguished this approach clearly from anthroposophical music therapy because he was more interested in a specifically psychotherapeutic stance (Florschütz, 2007) which AnMt doesn"t seem to provide, as will be discussed below.

Steiner (2000) referred to a human super-conscious mind: He noted that in the process between incarnations, the human soul enters a stage in which there is a fourfold structure resembling the one during earthly life, in which the ego is the lowest member. The other members are called spirit-self, life-spirit and spirit man (Steiner, 2000). Steiner claimed that while during earthly life, the human being is subject to waking-, sleep- and sub-consciousness, in the period between death and a new birth there are stages in which the soul is in a state of super-consciousness during which "higher beings fill our consciousness" (Steiner, 2000, p.26). Steiner described this as a period characterised by a consciousness which is higher than normal human consciousness and during which the soul learns important lessons for future incarnations and acquires "super-human knowledge of things, without which we would be unable to build up our own existence in the next earth life in the way that is necessary" (Steiner, 2000, p.27).

Kühlewind (2005) also wrote about the super-conscious mind. He distinguished between ordinary day consciousness, sub-consciousness and super-consciousness (Kühlewind, 2005). He described sub-consciousness as an area of completed soul phenomena, such as associations, day-dreams, irrational fears, „emotional habits" ["seelische Gewohnheiten"] (Kühlewind, 2005, p.26) or will impulses, which are not conscious to the person but can sometimes flood the conscious mind (Kühlewind, 2005). According to Kühlewind, super-consciousness shows in incomplete phenomena, skills and abilities, which stem from a more primordial layer of the human soul

(Kühlewind, 2005). Kühlewind explicated that super-conscious abilities are not conscious, and so both the sub-and the super-consciousness are in the realm of the unconscious (Kühlewind, 2005). The difference between them is that elements of the super-consciousness exceed the personal sphere and come from a spiritual realm (Kühlewind, 2005). In contrast, the contents of the sub-conscious mind are private and personal even though they can be quite similar in different people and thereby have a certain collective quality (Kühlewind, 2005). The conscious part of the person, described by Steiner as ordinary day consciousness which is mainly based on sense impressions (Steiner, 1946, 2000), is shaped and constituted by the effects of super-conscious abilities and dispositions while the sub-consciousness is like a „negative" of the personality: "Das gewöhnliche Bewusstsein bildet sich durch die Wirksamkeit der überbewussten Fähigkeiten, während das Unterbewusste gleichsam das Negativ einer Individualität darstellt" (Kühlewind, 2005, p.47).

Kühlewind stated that the effects of the super-consciousness can be observed – for instance – in the capacity for logical thinking or in the young child‟s ability to learn to understand human language without having any previous knowledge of it (Kühlewind, 2005). The universal spiritual abilities of the super-conscious human being also show in the human being‟s capacity for communication and in vocations and talents, for example for mathematics or music (Kühlewind, 2005). They also contain a certain destiny-related component which can show in the way a developing child absorbs or even selects certain experiences while others are rejected (Kühlewind, 2005). This, as well as Kühlewind‟s suggestion that the super-conscious dispositions come from the spiritual world, may be a correlation to Steiner‟s hypothesis that the super-consciousness can be traced back to a karmic purpose, to the time span between death and a new birth (Steiner, 2000). The following section will show that the anthroposophical view of the unconscious mind, as described above, demands the inclusion of spiritual aspects, and especially those connected to karma and reincarnation, in any therapeutic treatment, including music therapy.

Treatment of mental disorders requires inclusion of spiritual aspects.

Steiner proposed that in treating mental disorders an anthroposophical path of spiritual science is necessary in order to re-establish an appropriate connection with spirituality. It is not considered enough to bring the reasons for illnesses of the soul into consciousness (Steiner, 1946). From Steiner‟s point of view, one possibility of establishing this spiritual connection lies in occultism, in pursuing a path of making one‟s mind open to what Steiner called "the world of supersensible facts, which are objectively present" (Steiner, 1946, p. 54) and thereby gaining clairvoyant abilities (Steiner, 1946). However, Steiner was adamant that clairvoyance and other aspects in connection with the spiritual world were to be approached in a scientific way and not to be mingled with superstition (Steiner, 2000). In his opinion, mere individualistic treatment of mental illness as he understood to be performed by psychoanalysts cannot be effective because it neglects universal human issues which go beyond the individual, such as karma and reincarnation (Steiner, 1946).

In relation to pursuing a spiritual path of anthroposophical self education, Steiner recommended engaging in a daily review which entails remembering the day‟s events in reverse order in the evening before going to bed, in a more pictorial way and from a more external view of the own self (Florschütz, 2007; Rentea, 2004-2009). This is intended to help digesting and processing the events of the day (Rentea, 2004-2009) and to gain a more external perspective of one‟s own actions and motives (Florschütz, 2007), as well as strengthening the will, fostering an understanding of spiritual processes and harmonising the soul by providing the possibility to learn distinguishing essential issues from minor ones (Florschütz, 2007). Florschütz proposed that this exercise could also have a preventive function by protecting the person from repressing important issues which could start a life of their own and disturb the person‟s emotional wellbeing in the long run. One of the stated long term-goals of anthroposophical spiritual exercises, including also the six subsidiary exercises (Lowndes, 2000), which will be mentioned below in connection with the therapist‟s self-development, is an increase of awareness (Florschütz, 2007).

Psychotherapy-Oriented Music Therapy Approaches and AnMt

The anthroposophical view of psychoanalytical and psychodynamic concepts may also have exerted influence on the AnMt view of these approaches. Many general music therapy approaches position themselves within the framework of psychotherapeutic work, for example in Germany and Austria (Mössler, 2010). This becomes obvious in statements about music therapy given in the manifesto created in the "Kasseler Konferenz" in Kassel, Germany, in 1996:

> These 2. Der Begriff „Musiktherapie" ist eine summarische Bezeichnung für unterschiedliche musiktherapeutische Konzeptionen, die ihrem Wesen nach als psychotherapeutische zu charakterisieren sind, in Abgrenzung zu pharmakologischer und physikalischer Therapie. Musiktherapie näher zu definieren erfordert Aussagen zum zugrunde liegenden Psychotherapiebegriff und Musikbegriff" ("Kasseler Thesen zur Musiktherapie," 2008, p.1).
>
> [Thesis 2. The term "music therapy" is an overarching term for different concepts of music therapy, which are to be called psychotherapeutic in accordance with their character and in distinction from pharmacological and physical therapy. In order to define music therapy more closely, statements about the underlying psychotherapeutic and musical concepts are required].

In the same manifesto, the importance of a therapeutic relationship, as well as the therapeutic setting, is pointed out in connection with psychotherapeutic frameworks:

> These 3 (…). Psychotherapie begründet sich in der Konstituierung des therapeutischen Settings und ist an die Entwicklung einer therapeutischen Beziehung gebunden ("Kasseler Thesen zur Musiktherapie," 2008, p.1).
>
> [Thesis 3 (…). Psychotherapy is based on the establishment of the therapeutic setting and is linked to the development of a therapeutic relationship].

There is no indication in the AnMt literature that the setting plays a lesser or different role than in other music therapy approaches but it has been mentioned already in various places in this thesis that the role of the therapeutic relationship in AnMt may not be as central as in psychotherapeutically oriented music therapy approaches. The question to be considered might not so much be whether there is a therapeutic relationship but rather what are the key factors by which this relationship would be recognised as therapeutic. It is important to give consideration to whether it is intended in AnMt that the relationship is therapeutic, since the music is regarded to be the main agent promoting change in the patient (Damen, 2004).

The modern tendency within anthroposophical therapy concepts implies that psychotherapeutic questions are gaining more and more ground (Florschütz, 2007). However, Florschütz has claimed that publications about AnMt usually omit psychotherapeutic questions (Florschütz, 2007). This may suggest that AnMt is not oriented to psychotherapy but that its orientation is towards effects that occur on an entirely different level. Damen considered that AnMt is not to be understood as a psychotherapeutic treatment form (Damen, 2004).

AnMt follows the tradition of anthroposophical medicine (Florschütz, 2009) which strives to be understood as psychosomatic medicine (Treichler, 1993b). This could be seen to imply effects on the human soul in treatments. Accordingly, Damen (2004) referred to AnMt as a psycho-somatic therapy: He indicated that although AnMt can be seen as psychotherapeutically effective to some extent, as it leads to a change in the patient's soul life through mainly nonverbal, musical processes, it also goes beyond psychotherapy as it can reach physical-somatic levels (Damen, 2004).

Two main difficulties present themselves when thinking about AnMt in connection with psychotherapy. One is the need to define psychotherapy more closely, for example in terms of the question whether non-verbal methods that are nonetheless active on an emotional or soul level can be called psychotherapeutic methods. The other is related to the anthroposophical definition of the term *soul*, which deviates from the psychotherapeutic view of the human soul and includes more perspectives than that of human emotions.

Strotzka‟s 1975 psychotherapy definition says the following:

> Psychotherapie ist eine Interaktion zwischen einem oder mehreren Patienten und einem oder mehreren Therapeuten (auf Grund einer standardisierten Ausbildung), zum Zwecke der Behandlung von Verhaltensstörungen oder Leidenszuständen (vorwiegend psychosozialer Verursachung) mit psychologischen Mitteln (oder vielleicht besser durch Kommunikation, vorwiegend verbal oder auch averbal), mit einer lehrbaren Technik, einem definierten Ziel und auf der Basis einer Theorie des normalen und abnormen Verhaltens (Strotzka, 1982, cited by Karloff, 2005).

Translated into English, this would be:

> Psychotherapy is an interaction between one or several patients and one or several therapists (on the basis of standardised training), with the aim of treating behaviour difficulties or states of suffering (of mainly psychosocial causes) with psychological means (or maybe better through communication, mainly verbal, but also nonverbal), using a teachable technique, with a defined goal and on the basis of a theory of normal and abnormal behaviour.

According to this definition, nonverbal techniques would also be included in psychotherapy work. However, it also implies that verbal discussion is regarded as an important way of engaging in the therapeutic relationship in most psychotherapeutically oriented approaches. In AnMt, music‟s role is central and the verbal conversation is secondary (Damen, 2004). Developments and changes in the patient are caused by and processed through the music (Damen, 2004). The verbal conversation serves the purpose to talk about the experiences elicited by the music (Damen, 2004) and not necessarily to process clients‟ inner conflicts.

A psychotherapy definition by Slunecko postulates that the interaction and relationship between client and therapist is central and one of the most important, if not the most important factor that makes psychotherapy work (Slunecko, 1999, cited by Karloff, 2005). Similarly, Horvath (2000) has stated that the therapeutic relationship is a

central aspect in therapy success. If AnMt can be positioned as closest to music-centred music therapy approaches in which the therapeutic relationship is chiefly a musical relationship (Aigen, 2005), the question as to whether these approaches could be placed in the category of psychotherapeutically oriented music therapy is worthy of further exploration and discussion.

AnMt and the therapeutic relationship.

The therapeutic relationship is one of the core principles of psychotherapeutically oriented music therapy. It is not intended to fully explore the role of the therapeutic relationship in AnMt here, but rather to highlight some ideas and tendencies in relation to this expansive topic.

Horvath pointed out that both the early psychoanalysts and the early behaviour therapists didn"t consider the therapeutic relationship to be central in psychotherapy (Horvath, 2000). While the former regarded the therapeutic relationship as a positive transference relationship in which clients" earlier relationship experiences with significant persons in their lives were mirrored, the latter regarded the therapeutic relationship as a placebo-effect which often only became relevant through the successful intervention of the therapist (Horvath, 2000). Carl Rogers is considered to be one of the psychotherapeutic founders who began to focus people"s attention on the fact that the therapeutic relationship itself could have therapeutic value (Horvath, 2000). Rogers hypothesised that the therapist"s benevolent attitudes, such as congruence, empathy and unconditional positive regard for the clients were in themselves therapeutically effective (Horvath, 2000). This hypothesis was supported through extensive research (Horvath, 2000). Research also proved that a good, stable and solid relationship is likely to bring about positive therapeutic results and is a central factor in therapy success (Horvath, 2000). This finding is highly relevant to consideration of the context of AnMt as the discovery that clients" perception of the therapist"s attitude and the quality of the therapeutic relationship is more important than the therapist"s repertory of techniques:

> Perhaps the most intriguing and challenging of these has been the
> consistent observation that the client"s subjective evaluation of
> the relationship, rather than the therapist"s actual behavior, has

the most impact on therapy outcome. Specifically, it has been found that it was *not* the objectively measured level of the therapist‟s empathy, congruence, or unconditional regard per se that had the most powerful impact on the therapy outcome, rather, it was the client‟s *perception* of these qualities that foretold the success of the helping process (Horvath, 2000, p. 166) [Italics by Horvath].

Sometime after Rogers‟s findings, the importance of the therapeutic alliance and a therapeutic working contract that contained agreements about how therapist and client were to work together, was associated with the therapeutic relationship in psychotherapeutic contexts (Horvath, 2000). The therapeutic alliance encompasses, for example, the therapeutic long- and short term goals reached in mutual agreement between therapist and client (Horvath, 2000).

The guidelines for anthroposophical art therapies of the Association for Anthroposophic Art Therapy in Germany (AAArTiG) stated that both the therapeutic relationship and the artistic medium are employed to achieve therapeutic change (Pütz, 2008). Three therapeutic levels are distinguished, 1. the level of the relationship between patient and therapist, 2. the level of the relationship between patient and artistic product, and 3. the level of the relationship between the artistic product and therapist. The latter is regarded as an area characterised by reflection (Pütz, 2008). It is assumed that those three levels interact with one another and that interventions taking effect on one of these levels affect the other two levels as well (Pütz, 2008). In this context, the relationship dynamics between patient and therapist exert an influence on the therapeutic process as a whole (Pütz, 2008). However, it is difficult to infer from these deliberations that AnMt should be considered a psychotherapeutic treatment form. They may rather show that there is some common ground between AnMt and the more psychotherapeutically oriented music therapy approaches, consisting of the consideration and inclusion of the therapeutic relationship in music therapy.

Therapists' self-reflection in AnMt through spiritual work.

In AnMt, therapists engage in anthroposophical spiritual exercises, to practice their ability to be open, positive and empathic, which are qualities needed in the therapeutic process (Bissegger, 2004; Felber, 2003b). One set of exercises serving this purpose are the so-called six *subsidiary exercises* (Bissegger, 2004; Felber, 2003b; Florschütz, 2007; Lowndes, 2000). The first exercise is designed to control thinking (Bissegger, 2004; Felber, 2003b; Lowndes, 2000). Lowndes (2000) gave a description of these exercises: The spiritual student is asked to choose a simple, man-made object, such as a pen or a match (Lowndes, 2000). Then, he or she is required to find out everything about this object. This can also be written down. Questions should be asked about the object, for example, who invented it or why is it designed in this particular way. This exercise intends to help guiding the thinking along clear and logical paths and to minimise undisciplined, associative and arbitrary thinking (Lowndes, 2000). Through it, "the capacity for thought becomes greatly strengthened" (Lowndes, 2000, p. 73). The second exercise aims to control the will (Bissegger, 2004; Felber, 2003b; Lowndes, 2000) and consists of choosing several simple actions to be carried out at certain times during the day (Lowndes, 2000). These should not be routine actions of daily life but rather things one wouldn"t normally do. The exercise aims to free oneself "from the tyranny of time" (Lowndes, 2000, p. 78) and to master one"s will impulses (Lowndes, 2000).

The third exercises is connected to the control of feelings (Bissegger, 2004; Felber, 2003b; Lowndes, 2000). It entails taking stock of one"s own emotional expressions and then changing these expressions, but not the underlying feelings (Lowndes, 2000). At a later stage, these first steps of the exercises are reviewed and following this a decision is made as to what the next step should be. It was stressed that in this context, rationalisation should be avoided (Lowndes, 2000). The ultimate aim of this exercise is acquisition of equanimity and mastery of one"s astral body (Lowndes, 2000). The fourth exercise, associated with "fulfilment of thinking in feeling" (Lowndes, 2000, p. 89) entails trying to find positive aspects about everything one encounters (Lowndes, 2000). The aim lies in overcoming negativity and strengthening the sovereignty of soul and self (Lowndes, 2000). The fifth exercise, interpreted by Lowndes as "fulfilment of thinking in the will" (Lowndes, 2000, p. 100) is an exercise

of openness. Impartiality is to be gained and prejudice to be minimised by trying to open oneself to the possibility of experiences that seem unbelievable or unlikely in the first instance (Lowndes, 2000). The sixth and final exercise, "fulfilment of thinking in thinking" (Lowndes, 2000, p. 107) is a highly complicated exercise and it would be beyond the scope of this thesis to describe it more closely. However, it is connected to "harmony of the soul" (Lowndes, 2000, p. 107), to the inner balance of soul processes.

To some extent practising exercises such as the six subsidiary exercises fulfils the task of engaging in self-reflection and self-experience. In other music therapy approaches, experiential work or supervision, and even attending psychoanalytic sessions (Priestley, 1994) is encouraged in order to monitor one"s own perceptions and behaviour in the therapeutic process, and in order to ensure the professional quality of the therapeutic work. Therefore, AnMt shows some congruence with other approaches in requiring a certain self awareness from the therapy practitioner in order to promote safe and effective practice. However, it is obvious that in AnMt practice this is overtly spiritual, an orientation rarely encountered in other approaches.

Musical Universality, Archetypes and Phenomenological Reflection in other Music Therapy Approaches

Opinions about the universality of intervals and other musical elements can be found in music therapy approaches outside of the framework of anthroposophy. For example, Timmermann considered possible archetypal meanings in music with reference to Jung"s concept of the archetypes in the collective unconscious (Timmermann, 2004). Timmermann supposed that musical archetypes could be primeval sounds or sound-related basic structures. Timmermann saw archetypal basic structures in different musical elements, such as individual tones and their overtone scales, which are responsible for timbre, rhythm, intervals, which create consonance and dissonance, scales, which create melody, chords and tonality, as well as musical figures, such as glissandi (Timmermann, 2004). Timmermann also reported an experiment he often conducted when teaching music therapy students about receptive music therapy techniques: He let them listen to intervals he played to them and asked them to write down their spontaneous associations with these intervals. The students" notes were later read out and compared. Timmermann concluded that the results of this exercise

revealed differences between students‟ perceptions of intervals, but also some consensus. He reported that he supported students in making up their own minds by encouraging them to continue to conduct their own research in this area (Timmermann, 2004).

Weymann used a similar strategy in teaching music therapy students about improvisation, which he called „phenomenological exploration‟ [“phänomenologische Exploration”] (Weymann, 2001, p. 93). Like Timmermann, Weymann also played intervals to students or sang them with the group (Weymann, 2001). Afterwards, students wrote down their perceptions of the intervals and tried to describe their character. Again, results were then read out and compared. Weymann also stated that in spite of all differences in the perception of intervals there were usually some similarities. He proposed that by recording and summarising these similarities, eventually tenable characterisations emerged. However, he also pointed out that characterisations were dependent on time and persons. He explained that a phenomenon‟s essence is perceived by people and also depends on the material and the listening experience (Weymann, 2001). Weymann reported differentiating the interval experience for students by letting them listen to compositions in which the interval in question features. At an even later stage, students are encouraged to improvise using only a specific interval (Weymann, 2001).

There are some other music therapy approaches that make use of an assumed universality of musical elements. For example, in traditional oriental music therapy, connections are made between the human being, music and cosmological phenomena (Tucek, 2004). One of the pioneers of this approach has referred to Boethius‟ idea of a cosmic harmony (Tucek, 2004). In traditional oriental music therapy, the regulatory therapeutic effect is seen in music‟s structure (Tucek, 2004). Tucek has also observed that connections are made between oriental musical modes, the *makams*, and emotional states and body organs.

For example, the makam *Rast* is perceived to be linked to the emotional qualities of contentment, inner calm and joy and to the head, face and eyes. It is also believed to counteract paralysis (Tucek, 2004). This view implies a universal effect for the qualities of Rast. Other makams are proposed to have specific, universal effects as well (Tucek, 2004). Indian raga therapy, *Raga Chikitcha*, is based on similar principles in that specific ragas are used to treat specific ailments (Sundar, 2005, 2007). Therefore, beliefs

about universal effects of particular musical elements are present in other traditions and practices of music therapy even while in many approaches music responses are presented as highly individualised.

In the Bonny Method of Guided Imagery and Imagination (GIM) a certain universality of music‟s workings on the human being is assumed. It is a "method of listening" which is associated with inducing an altered state of consciousness in the client (Trondalen, 2010, introduction). GIM "combines active music listening with relaxation, visualisation and conversation and affords the opportunity for listening experiences to take place on several levels of one‟s consciousness" (Trondalen, 2010, introduction). Helen Bonny, the founder of this approach, has devised certain listening programmes for clients, in which certain pieces of classical music are understood to elicit certain moods or atmospheres, or even to symbolise certain events, such as death and rebirth (Bonny, 2002). For example in "the positive affect program" (p.310), Elgar‟s *Enigma Variations* Nos. 8 and 9, Mozart‟s *Laudate Dominum* from the *Vesperae Solemnes*, Barber‟s *Adagio for Strings*, Gounod‟s *Offertoire* and *Sanctus* from the *St. Cecilia Mass* and Strauss‟s *Death and Transfiguration* are used to evoke certain qualities in clients (Bonny, 2002). This may be reminiscent of assumed universal effects of musical qualities, as proposed in AnMt, and could also be regarded as prescriptive. However, certain anthroposophical authors, such as Ruland, would probably regard such a use of music as programmatic and therefore reject it (compare Ruland, 1990, 1992).

The Role of Spirituality in other Music Therapy Traditions

Spirituality is a subject that reportedly has been neglected in music therapy, although recently a greater openness towards this topic has emerged (Forinash, 2009). As Forinash pointed out, like sexual orientation, spirituality "isn‟t about imposing our beliefs on others, but it is about integrating all aspects of who we are into our identity as music therapists" (Forinash, 2009). There are many references to the topic of spirituality in the music therapy literature and only a few of them will be mentioned here. For example, Aldridge has explored the topic of spirituality in relation to healing and medicine (Aldridge, 2000). Marom investigated music therapists‟ spirituality using phenomenological research (Marom, 2004). In 2007, the "Musiktherapeutische

Umschau" in Germany devoted a whole journal issue to the topic of spirituality. Interestingly, no AnMt papers appeared. This special issue of the journal included articles about spirituality and the medium of music (Renz, 2007), about spirituality and health (Ostermann & Büssing, 2007), about the personal and professional relevance of spirituality for music therapists (Sutter & Wormit, 2007) and about a transcendental view of music in music therapy (Aldridge, 2007).

In different contexts and traditions, there are quite diverse understandings of the term spirituality and heterogeneous meanings are attached to it (Ostermann & Büssing, 2007). Some scholars have pointed out that often a distinction between religiosity and spirituality is not made or the two terms are even used as synonyms while they are in fact two different concepts (Aldridge, 2007; Renz, 2007). Spirituality is sometimes associated with terms such as „holism", which has been used in an almost grandiose way (Ostermann & Büssing, 2007). Renz (2007) advocated that the term spirituality needed to be dealt with in a reputable manner in view of the commercialisation and trivialisation that has occurred in relation to the concept. She proposed that religiosity had to do with revelation of the divine while spirituality was also connected to human practices and attitudes. However, she advocated that spirituality exceeded this meaning and that it was also related to being touched by the divine dimension. She suggested that spiritual experience incorporates relatedness to something bigger, a relationship between the human being and an unfathomable entity which is merciful and cannot be induced by human beings (Renz, 2007).

Aldridge (2007) described spirituality as individual while religion is a more social experience. He understood spirituality as an inner, personal relationship with a higher power which isn"t necessarily linked to the formal and external aspects of religion (Aldridge, 2007). He stated that a person could experience a spiritual dimension without being religious. According to Aldridge, while leading to a higher state of consciousness, spiritual practices also imply the danger of addiction, which is why spiritual guidance is necessary (Aldridge, 2007). Aldridge considered that the danger of emotional experience being mistaken for spiritual experience was also possible in musical experience (Aldridge, 2007). He connected spirituality with transcendence and found that transcendence meant moving beyond a present state of consciousness to a different one, which was also applicable to the experience of illness and suffering (Aldridge, 2007).

Bonny (2002) described spirituality as "a search for answers for life and death" which is combined with an attitude of "regarding life as sacred" (p.179). As opposed to this, she referred to religion as " a set of belief systems, tests, liturgies, forms of worship organized for groups to teach and practice unified beliefs resulting in ‚faith'" (p.179). Bonny interpreted music as an "avenue to spirituality" (p.180) and stressed the importance of listening deeply.

Ostermann & Büssing (2007) stated that the term spirituality could often be found in the context of complementary medicine. They suggested that the fact that in the general population denominational ties decreased in favour of a search for meaning in alternative frameworks, also showed in medicine (Ostermann & Büssing, 2007). Examples of the search for alternative spiritual experiences are considered phenomena such as peak experiences in sports or far Eastern meditation techniques (Ostermann & Büssing, 2007). Ostermann & Büssing pointed out that since the early 1990s the number of medical publications dealing with the topic of spirituality had steadily increased. The authors mentioned that in a medical context, communication about spiritual issues was often still difficult between therapists and patients (Ostermann & Büssing, 2007).

In mainstream music therapy practice, spirituality has gained increasing importance in palliative care or work with comatose clients (Aldridge, 2000; Renz, 2007; Sutter & Wormit, 2007).The fact that spirituality is now more in the focus of discussions about music therapy also shows in papers presented at international conferences, such as "Music therapy and spirituality: Multicultural theories, approaches and research" by Gerhard Tucek, Jörg Fachner, Lucanne Magill and Carolyn Arnason, which was presented at the 2010 European music therapy conference in Cadiz, Spain (Magill, Arnason, Fachner, & Tucek, 2010). The authors of this paper stated that spiritual wellbeing was part of health and quality of life. They advocated that music therapists care also for their clients" spiritual needs using methods which are appropriate from a cultural point of view (Magill, et al., 2010). Fachner spoke about the shamanic roots in music therapy and about universality in music. He suggested that the search for universal properties in music and sound would continue. In relation to the question of whether the therapeutic relationship or the music was effective in music therapy, he proposed that the ingredients contributing to therapeutic effects could not easily be separated (Magill, et al., 2010).

In this conference presentation Arnason reflected on the spiritual dimensions in improvisational music therapy. She reported her work with an intellectually aware client with severe cerebral palsy. In music therapy with this client, the spiritual dimensions were "wordless, musical and deeply felt" (Magill, et al., 2010). She concluded that while spirituality may not be a conscious aim in music therapy and music-centred psychotherapy, the transitional nature of musical improvisation had similarities with spiritual experiences. Arnason stressed the "sacredness of listening" which was "soul work" and described listening to music as a "dynamic transformative process" (Magill, et al., 2010). She advocated that bringing silence into music and into people"s lives promoted the growth of spirituality (Magill, et al., 2010).

Renz (2007) reported about the meaning of spirituality in her work with seriously ill, dying and comatose clients. She explicated that this client group was particular vulnerable and sensitive towards aural experiences and that music therapy methods applied were mostly receptive (Renz, 2007). Sutter & Wormit (2007) explored the role of spirituality in music therapy in terminal care in a study they conducted. 23 music therapists working in this area were asked about what spirituality meant to them personally and how it affected their work in music therapy (Sutter & Wormit, 2007). Sutter & Wormit found that a majority of the participants thought that spirituality was meaningful and fundamental in human life. A significant number of participants reported to engage regularly in spiritual practice (Sutter & Wormit, 2007). However, most of the music therapists involved in the study stated that they rarely discussed spiritual topics with their clients in order to avoid role conflicts and transgressing their competencies. The authors stressed that in spirituality, music played a key role (Sutter & Wormit, 2007).

The above sections show that an awareness of spirituality is present in other, more mainstream music therapy approaches. However, the kind of spirituality practised in AnMt is quite specific and distinctive to the approach and direct comparisons may not be helpful to furthering the exploration aimed for here. As was mentioned in the previous chapter of this thesis, some of the elements of AnMt may be perceived as esoteric rather than spiritual. It is possible to show that AnMt shares an emphasis on spiritual domains of practice with practitioners from other music therapy approaches. However, one key difference may be that AnMt encourages explicit emphasis on spirituality whereas many other traditions may leave spiritual matters up to the

preference of individual practitioners rather than providing teaching or position statements on the role of spirituality in practice.

Music-Centred Music Therapy

With its focus on musical processes in the therapeutic treatment (Damen, 2004), AnMt could be seen as a music-centred music therapy approach. While it would be beyond the scope of this thesis to examine all of the theoretical implications of the term *music-centred* it might be helpful to include some of its characteristics relevant for clinical practice into the discussion of whether AnMt could be called a music-centred music therapy approach. Music-centred music therapy is closely linked to the concept of "music as therapy", as opposed to "music in therapy" (Aigen, 2005, p. 47). Bruscia explained the differences between these two concepts as follows:

> When used as therapy, music serves as the primary stimulus or response medium for the client"s therapeutic change....In music as therapy, emphasis is given to the client relating directly to the music, with the therapist aiding the process or relationship when necessary....when used in therapy, music is not the primary or sole therapeutic agent but rather is used to facilitate therapeutic change through an interpersonal relationship, or within another treatment modality (Bruscia, 1987, p. 9).

According to Bruscia, most music therapy approaches use music both as and in therapy, but tend more towards one or the other direction (Bruscia, 1987). Aigen proposed that music-centred music therapy is a broader concept than *music as therapy* in terms of its application (Aigen, 2005). According to Aigen, "the term *music-centered* is offered as one that is potentially applicable to theory, clinical practice, approaches to education and training, and research" (Aigen, 2005, p. 48). Aigen pointed out that the term music-centred didn"t only apply to improvisational approaches, but also to others, such as GIM, which use composed music (Aigen, 2005). One of the characteristics of music-centred music therapy is the proposition that musical goals are clinical goals (Aigen, 2005). Aigen suggested that in a music-centred approach, there was a "license to express clinical goals in purely musical terms" (Aigen, 2005, p. 93), even if goals in

other areas are also pursued (Aigen, 2005). In addition to this, the therapeutic relationship in music-centred approaches is chiefly a musical relationship (Aigen, 2005), as is the case, for example, in GIM, where the therapist-client-interaction is secondary to the musical experience in the therapeutic process, although the therapist has responsibility for the latter (Trondalen, 2010). Some aspects of this are congruent with practices in AnMt. For example, in Knierim"s improvisation technique Freies Tongespräch, verbal interaction is mainly focused on the musical experiences, and participants" problems and conflicts are resolved musically rather than verbally (Oerter, 1991). This may indicate that the relationships between participants and with the therapist are mainly musical and would also be congruent with Aigen"s (2005) proposal that verbal processing of clients" problems isn"t an imperative in music-centred music therapy.

Conclusion and Summary

The question of where exactly AnMt can be located cannot be entirely resolved within the scope of this thesis. It is possible to conclude that it has elements of congruence with music education, as well as psycho-somatic therapy, and spiritual, occult, esoteric elements. Additionally, it also indicates features that are compatible with music-centred music therapy as described by Aigen (2005). Further clarification of the differences between the perception of the human soul in anthroposophy, and in the psychotherapeutic music therapy approaches is warranted. In informal conversations with anthroposophical music therapists I gained the impression that they consider AnMt to be something more than psychotherapy, and that describing AnMt psychotherapeutic in its nature would be considered an unwelcome reduction of its scope. This is understandable given that AnMt strives to include both spiritual and constitutional aspects, as well as Steiner"s very specific view of the human being.

Examination of commentary from the anthroposophical literature about other approaches revealed some tensions between the ideas about human experiences proposed from the anthroposophical view, and other therapy traditions. These tensions mainly manifest in the domains of understanding about consciousness and spiritual aspects. While this is in no way a comprehensive testament to these tensions, it at least provides some evidence that there is no absolute disavowal of the validity of other

approaches by anthroposophy but rather that anthroposophy has pursued ideas of spirituality as a central guiding principle. Therefore therapeutic practices based on this philosophy embrace spiritual dimensions in order to remain congruent with the foundations.

In this chapter, AnMt was considered in a variety of ways, illuminating areas of overlap and congruence with some other music therapy traditions, such as psychotherapeutically oriented music therapy, GIM, music therapy with a spiritual orientation or music-centred music therapy. The differences that distinguish AnMt from these approaches were also briefly reflected upon. Anthroposophy''s relationship with psychoanalysis, psychotherapy and psychology was deliberated, for example in connection with the role of the therapeutic relationship and the function of verbal interaction. The question as to whether AnMt could be positioned as a psychotherapeutically oriented approach, was considered.

<u>**Chapter 7**</u>

A Modified Grounded Theory Analysis of Interviews with four Anthroposophical Music Therapy Practitioners: Introduction and Method

Introduction

This research study presents an examination of the basic tenets of AnMt, its scope and current style of practice and provides a perspective and critique of its applications. In order to progress an understanding of AnMt and to address the questions guiding the research the inclusion of information from key practitioners was required. Four expert practitioners from the AnMt tradition were interviewed. The interviews were in-depth and involved semi-structured aspects as well as discussion. The questions guiding the research were kept in mind by the researcher during the interview:

1. What role do anthroposophical concepts play in informing anthroposophical music therapy?
2. What are the basic tenets of this approach?
3. How applicable are techniques of anthroposophical music therapy for practitioners not trained in the approach?
4. Where can AnMt be located in contemporary music therapy practice?

The interviews were transcribed and where necessary the respondents were contacted again on points of clarification. Analysis of the interviews was conducted using grounded theory (Corbin & Strauss, 2008; Flick, 2002; Strauss & Corbin, 1997). The approach taken is described as a „modified" form of the method since it elaborates categories and relationships between the materials in order to deepen understanding of emergent phenomena but does not intend to create theoretical constructs (Daveson, et al., 2008; Edwards & Kennelly, 2004; O'Callaghan, 2001). Further elaboration of the resultant categories and their properties are presented in the next chapter.

Deepening an understanding of AnMt in order to pursue the guiding questions of the thesis required access to and learning from practitioners in the field of AnMt. Through personal contacts and opportunities that arose during the course of the

research, four expert practitioners in the field were interviewed. The analysis of these interviews revealed detailed aspects of the AnMt approach that otherwise would not have been accessible through the literature, or through attendance at seminars and conferences. Although this section of the thesis mainly presents the findings of the analysis of the interviews, it is important to note that the other research materials such as the journals from the therapy work, the reflexive journal, materials generated through attendance at conferences and seminars, and the AnMt and anthroposophical literature were compared and reflected upon when undertaking this analysis.

Rationale

Identifying and describing the paradigmatic frame surrounding research undertaken, including music therapy research, has been proposed as important (Edwards, 1999). For most of the thesis but especially for this part of the research the constructivist research paradigm was the strongest influence in terms of the ontology and epistemology of the approach chosen.

The approach used to analyse the interview materials was based on grounded theory as described by Corbin and Strauss (Corbin & Strauss, 2008; Flick, 2002; Strauss & Corbin, 1997) and also on „modified" grounded theory which has become a hallmark of music therapy research (Amir, 2005; Daveson, et al., 2008; Edwards & Kennelly, 2004; O'Callaghan, 1996, 2001; O'Callaghan & Hiscock, 2007). The section that follows provides a rationale for choosing the constructivist research paradigm. The methodological steps in grounded theory are explicated, and some background to these frameworks is given.

Grounded Theory

Grounded theory was first developed in the field of sociology (Glaser & Strauss, 1967). It is a descriptive and interpretive qualitative research approach which is inspired by phenomenology (Amir, 2005). In this inductive and interpretive research process, there is no pre-set hypothesis that has to be tested (Mills, Bonner, & Francis, 2006b). Instead, "issues of importance to participants emerge from the stories that they tell about an area of interest that they have in common with the researcher" (Mills, et al.,

2006b, p. 3). Grounded theory " is a general approach of comparative analysis linked with data collection that uses a systematically applied set of methods to generate an inductive theory about a substantive area" (Amir, 2005, p. 365). Its principal aim is theory generation (Strauss & Corbin, 1997) and it "has spread from its original use by sociologists to the other social sciences and to practitioner fields, including at least accounting, business management, education, nursing, public health and social work" (Corbin & Strauss, 2008, p. vii).

Numerous grounded theory studies about different subjects have been published, including also the area of medicine (for example Kumar, Little, & Britten, 2003; Malm & Hallberg, 2006; Walton & Sullivan, 2004; Zahourek, 2005). Grounded theory is also increasingly used in music therapy research (Amir, 2005) and a number of grounded theory or modified grounded theory studies have been published in this field (for example Amir, 1996; Edwards & Kennelly, 2004; O'Callaghan, 1996, 2001; O'Callaghan & Hiscock, 2007; O'Callaghan & McDermott, 2004).

The original or traditional form of grounded theory was devised by Barney Glaser and Anselm Strauss (Glaser & Strauss, 1967). For traditional grounded theorists, there is a belief in an objective reality, which – however – cannot be perceived accurately (Mills, Bonner, & Francis, 2006a). Eventually, there was disagreement between Glaser and Strauss, the initiators of grounded theory, "about grounded theory‟s epistemological implications and required methodological procedures" (O'Callaghan & McDermott, 2004, p. 157). As a result, grounded theory has developed in different and sometimes conflicting directions (Ghezeljeh & Emami, 2009). Glaser developed his own approach which has been described as rather "formal and rigid" (Amir, 2005, p. 366) and "assumes an objective, external reality and a neutral observer who discovers data in an objective and neutral way" (Ghezeljeh & Emami, 2009, p. 16).

Strauss and Corbin devised a different approach which was "more flexible" (Amir, 2005, p. p.366). Mills, Bonner and Francis (2006b) have referred to Glaser‟s approach as "traditional grounded theory" and to Strauss and Corbin‟s approach as "evolved grounded theory" (Mills, et al., 2006b, p. 3). Ghezeljeh and Emami have characterised Strauss and Corbin‟s method as "reformulated grounded theory" and as "relativist" and "subjectivist" (Ghezeljeh & Emami, 2009, p. 16). As they had rejected a "pre-existing reality", Strauss and Corbin were described as having adopted a "relativist ontological position that leaves behind the traditional grounded theorists‟ subscription

to the discovery of truth that emerges from data representative of a "real" reality" (Mills, et al., 2006b, p. 3). This re-orientation may have brought them closer to a constructivist approach in grounded theory (Mills, et al., 2006b).

Modified grounded theory.

Music therapy researchers have pointed out that in music therapy often a modified approach to grounded theory is taken because researchers often stop short of generating theory (Amir, 2005; O'Callaghan & Hiscock, 2007). One reason for this is the necessity of adapting the approach to the field of music therapy (Amir, 2005). Daveson, O''Callaghan and Grocke advocated the development of theory building that is "idiosyncratic to the field of music therapy" (Daveson, et al., 2008, p. 281), using grounded theory as a basis (Daveson, et al., 2008). The authors suggested "that „indigenous music therapy theory" can emerge from analysing the lived experiences of music therapists and/or clients in „complete" grounded theory studies" (Daveson, et al., 2008, p. 280).

Depending on the extent to which the analytical process is followed through, Daveson et al. (2008) proposed different outcomes of the analysis, such as the development of a grounded theory where the complete grounded theory methods are applied, including selective coding and devising a core category, as was put forward by Strauss and Corbin (Corbin & Strauss, 2008; Strauss & Corbin, 1997). Other research outcomes include "conceptual ordering", "a grounded descriptive statement", "theorised outcomes", models, descriptions and events (Daveson, et al., 2008, p. 281). Conceptual ordering will be focused upon here, since it was the route taken in this study. According to Daveson et al., conceptual ordering comes about through applying a modified approach to the grounded theory method (examples include Edwards & Kennelly, 2004; O'Callaghan, 1996, 2001; O'Callaghan & Hiscock, 2007).

The term modified grounded theory is applicable when the researcher chooses to apply "the use of a collection of grounded theory methods rather than the entire grounded theory methodology" (Daveson, et al., 2008, p. 283). This is congruent with the approach taken in this study. In a conceptual ordering approach, open and axial coding is used to deepen an understanding of the data and to generate categories. Then dimensions and properties of the categories, as well as relational statements, are developed (Daveson, et al., 2008). According to the authors

A conceptual ordering outcome will result when the research ontology does not permit the reaching of theoretical saturation, or when the research ontology supports the achievement of theoretical saturation, yet saturation cannot be reached in the study, as the data does not support this point being reached (Daveson, et al., 2008, p. 281).

The latter point applies to the research undertaken in this thesis. It would not have been possible and neither was it the intention of this study to achieve „saturation" and the type and depth of data did not support this. Further explanation is presented later in the description of the method.

Constructivism and Constructivist Grounded Theory

Constructivism.

In the constructivist research paradigm it is assumed that reality is constructed and created by and between people while the existence of an objective reality is doubted (Ghezeljeh & Emami, 2009). The constructivist research paradigm is characterised by a relativist ontological and a subjectivist epistemological position (Edwards, 1999; Mills, et al., 2006b) and "acknowledges multiple views that varying people can have about a specific research phenomenon" (O'Callaghan & McDermott, 2004, p. 154). Constructivist ontology, which deals with the question of what is understood as reality (Edwards, 1999), implies that researchers "construct the worlds they research" (Ghezeljeh & Emami, 2009, p. 7) together with the research participants (Mills, et al., 2006b). Constructivist epistemology – the way knowledge is gained (Edwards, 1999; Ghezeljeh & Emami, 2009) within the ontological frame of reality – is characterised by the fact that data are generated through the interaction between researcher and participant (Ghezeljeh & Emami, 2009; Mills, et al., 2006a). Accordingly, a "Subjective interrelationship between the researcher and participant" is emphasised (Mills, et al., 2006b, p. 2). Therefore a "constructivist approach sees data and analysis as created from shared experiences and relationships with participants and other sources of data"

(Ghezeljeh & Emami, 2009, p. 17). In this way, the "knower" is closely related to and inseparable from the "known" (Ghezeljeh & Emami, 2009, p. 17).

Qualitative methods are congruent with a constructivist methodology, that is the "approach to research practice" (Edwards, 1999, p. 74). Edwards pointed out that since constructivist knowledge is context-bound, researchers should be aware of the context of their own view and be prepared to consider and describe how this influences the research (Edwards, 1999). Therefore, at various points in this chapter and those that follow I have elaborated the background to the choice of this research topic and my own relationship to the ideas that have emerged.

Constructivist grounded theory.

Charmaz has been described as one of the main advocates of constructivist grounded theory (Mills, et al., 2006b). In her approach, there "is a sense that researchers need to immerse themselves in the data in a way that embeds the narrative of the participants in the final research outcome" (Mills, et al., 2006b, p. 7). Raw data are used in the depiction of the theory as the participant's voice is meant to be present throughout the research. Creative writing techniques are sometimes used to achieve this (Mills, et al., 2006b). In constructivist grounded theory the "researcher's interpretative understanding of how participants create their understanding and meaning of reality is the result of the analysis" (Charmaz, 2000, 2006, cited by Ghezeljeh & Emami, 2009, p.18).

Interviews are one method of data collection used commonly in this approach, as they are a useful site for the interaction between researcher and participants, which is in turn central in creating data (Mills, et al., 2006a). A "Relationship of reciprocity with the participants" (Mills, et al., 2006a, p. 9) is required, as well as "equal sharing of power" (Mills, et al., 2006a, p. 10). In constructivist grounded theory data generation rather than data collection is proposed as central to the process (Mills, et al., 2006a). The researcher is not seen as an objective analyst. Instead, his or her values and beliefs play into the research and need to be reflected, for example through reflective memo writing (Mills, et al., 2006a). Ideally, the researcher should be transparent as a human being, which can show, for example, in not writing in the third person, but in the first person singular about the experience of the research and their individual perspective should be heard in the analysis and presentation of results (Mills, et al., 2006a).

One example for a grounded theory study informed by the constructivist research paradigm within the field of music therapy is O'Callaghan and McDermott's investigation of "the relevance of music therapy in a cancer hospital" (O'Callaghan & McDermott, 2004, p. 151). This research investigation explored the relevance of music therapy in inpatient wards of a cancer hospital. The findings of five studies were contrasted and compared. Music therapy methods encompassed mainly live music requests and music relaxation. 128 patients who participated in music therapy, 27 patients who witnessed music therapy, 41 visitors and 61 staff members answered a questionnaire with two open-ended questions about what music therapy and memories elicited by the music meant to them. The music therapist-researcher wrote a reflexive journal which was also analysed.

Analysis methods included thematic analysis based on grounded theory and discourse analysis, as well as content analysis. Results showed that music was meaningful and helpful for most participants, including visitors and staff members. The authors stated that the constructivist research paradigm was "a useful foundation for researchers examining the relevance of music therapy programs" (O'Callaghan & McDermott, 2004, p. 178) for cancer patients and their significant others, as well as staff members and visitors, all of them being verbally expressive participants. Meanings constructed from the different viewpoints of the participant groups could be transmitted in this way.

What is constructivist about this study?

I consider that the constructivist part of this study can be found in the attempt to create a picture of the anthroposophical music therapy approach assembled from the experiences and insights of four different practitioners. The picture revealed through this process was completed through the use of relevant literature in the field. The interviewees' statements confirmed my impression that there was no such thing as a „unified" approach to AnMt, although certain characteristics are shared and all the different AnMt approaches to the work are clearly based on Steiner's world view. In this way, the different viewpoints and descriptions of the interviewees and my own interpretation of them, contributed to the picture of AnMt depicted in this thesis. Besides that, during open coding of the interview materials I deliberately tried to use a lot of "in-vivo-codes" (Corbin & Strauss, 2008) and included as little of my own

interpretation as possible in the early stages of coding. In this way, I hoped to keep the interviewees" voices present for as long as possible. It was only at a later stage that my own interpretations were consciously included into the coding and analysis process. Besides that, I tried to keep my own background and experiences of anthroposophy and AnMt in mind throughout the research process. While I did not strive to be an „objective researcher" exploring the „objective reality" of AnMt, I made efforts to be as rigorous and thorough as possible in the implementation of this research, in accordance with the resources that were available to me.

Justification of the Research Paradigm, Methodology and Method Chosen

Research paradigm and method.

Due to the complexity of finding my way into the anthroposophical approach I considered the constructivist approach useful in exploring this topic. Since Steiner"s anthroposophical concepts are also characterised by a strong rejection of a positivist or materialist world view (Florschütz, 2007) I felt it was consistent with anthroposophical principles to approach the research in this way. It may have been difficult to apply the positivist research paradigm and quantitative research methods to a topic that doesn"t respond to and doesn"t strive to respond to these methods. Anthroposophy also relates closely to the phenomenological approach as practised by Goethe (Cameron, 2005; Childs, 1995; Florschütz, 2007; Goethe, 1977; Kern, 2007; Pfau, 2010; Ruland, 1990; Seamon, 1998b, 2005; Simms, 2010).

Although Goethe"s phenomenology pursues its own path (Seamon, 1998b), there are some who have proposed the inclusion of Goethe"s model into the general phenomenological approach (Cameron, 2005; Seamon, 1998b, 2005; Simms, 2010) and some who suggest that it is most closely related to existential phenomenology (Seamon, 1998b; Simms, 2010). Since phenomenology is part of the post-positivist research paradigm and also uses qualitative research methodology (Edwards, 1999), this may be a justification to apply qualitative research methodology in this study. This view may be supported by Florschütz"s remark that Steiner"s approach to research is not compatible with modern scientific or positivist research approaches but is closer to post-positivist qualitative research approaches, such as hermeneutics or phenomenology (Florschütz,

2007). In view of the fact that phenomenological inquiry is seen as a qualitative research methodology which is historically at least partly based on Goethe"s writings (Forinash & Grocke, 2005), to which Steiner referred and other anthroposophists – including AnMt practitioners – refer frequently (for example Felber & Spalinger, 2003; Florschütz, 2009; Ruland, 1990), a qualitative research method seems appropriate to explore AnMt, even from a philosophical point of view.

In fact, Amir pointed out that philosophically, grounded theory is closely related to phenomenology (Amir, 2005). What it shares with phenomenology is open-mindedness, a letting go of preconceived notions about the topic to be researched (Amir, 2005), which is also called „bracketing" (Amir, 2005; Forinash & Grocke, 2005). Both research approaches, grounded theory and phenomenology, use similar methods of data collection, such as open-ended and semi-structured interviews. However, in contrast to phenomenology, grounded theory is traditionally concerned with theory building (Amir, 2005).

While it would be beyond the scope of this thesis to design a specifically anthroposophical research method with which to explore AnMt, which may encompass the use of Goethean phenomenology as practised by Steiner, Steiner"s approach is a path that is not congruent with my own way of thinking and with my own epistemological and ontological stance, my beliefs about how knowledge and reality come about. Some scholars have stressed the importance of inclusion of the researcher"s beliefs into the research process (Edwards, 1999; Mills, et al., 2006a, 2006b). The constructivist approach, which assumes that realities are constructed by individuals and by social systems was the approach that appealed to me most and which seemed most congruent with my own way of thinking.

I believe that reality depends both on the object observed and on the observers stance, socialisation, cultural background and context. In that sense, reality would be a construct consisting of multi-layered and interconnected parts. In fact, at some stage while writing up reflexive memos for the first interview I began thinking about subjectivism – the epistemological position of constructivism - when dealing with the topic of the assumption of universality of musical elements in AnMt, which is illustrated by the following excerpt from the memos for interview 1:

The objective part [of interval perception], then, would be the perception of the gesture of the interval or other musical element. I am not quite sure whether I would agree with that. I am not sure if there is such a thing as an objective gesture of an interval. Does it not also depend on the factors mentioned in code 85 [timbre, instrument used, musical context] and on my own personal frame of mind how I perceive an interval? Is perception not always subjective to a certain degree?

For example, if you ask witnesses, say, of an accident, it is a commonly known phenomenon that each witness tells a different story of the same event.

Is there such a thing as objective perception? Is there such a thing as objectivity? What I find difficult is when people call their own perceptions objective. That is potentially dangerous – probably just as dangerous as merely dwelling in subjectivity. But I don‟t think that is the idea behind anthroposophy, behind AnMt. I think there is a genuine striving to perceive things beyond the boundaries of mere subjectivity. And yet – coming back to objectivity: what has it got to do with perception? Perception, i.e. how a person perceives something very much depends on the person‟s point of reference, but also the context. Perception can also be selective. People can fail to perceive certain things. People can perceive things they want to perceive. Perception of the same event changes over time. Things can seem different in hindsight. Perception is coloured by a person‟s psychological and physical make-up, a person‟s frame of mind. How can a person perceive objectively?

Maybe these thoughts are connected to subjectivism and scepticism, maybe this is also just a thought model, that there is no such thing as objective perception or perception of the objective.

In terms of the musical elements, anthroposophists try it through a kind of meditation, through phenomenological study, as another interviewee said.

Can we learn to perceive objectively through meditation, through phenomenology, through contemplation? Is it just something we are not good at and need to learn to do? Are anthroposophists better at it than other people? Do they educate themselves in a certain way? (Interview 1, open coding, codes & memos, p.65).

The doubts I had about the existence of objective musical elements showed me that my own thinking was influenced by subjectivism and by constructivism – although this realisation emerged at some later time when I began reading about and dealing with these concepts.

Choosing the Research Method – Modified Grounded Theory

Before choosing the grounded theory method I looked into alternative approaches within qualitative research that I might have found useful, such as ethnographic research or ethnographically informed research (Al-Janabi, Coast, & Flynn, 2008; Somerville, Featherstone, Hemingway, Timmis, & Feder, 2008; Stige, 2005; The, Hak, Koeter, & van der Waal, 2000; Williamson, 2006) and also narrative analysis (Gramling, 2004; C. Kenny, 2005; Kohler Riessman, 1993; Milner, 2007). However, grounded theory appealed to me most because its methods, such as open coding and axial coding seemed to offer comprehensible and straightforward procedures that could take one quite deeply into the materials generated from the interviews.

Grounded theory is helpful in showing patterns and tendencies in the data (Amir, 2005). It is thoroughly grounded in the data and thereby "close to the reality being described" (Amir, 2005, p. 375). The inductive process of a hypothesis evolving out of close scrutiny of the data, rather than being pre-set, appealed to me. In this study, grounded theory was helpful in distilling "issues of importance for specific groups of people" and in "creating meaning about those issues through analysis" of data (Mills, et al., 2006a, p. 8).

In choosing grounded theory I particularly appreciated the fact that categories and codes were not necessarily to be viewed using parameters related to quantity. That is, counting the number of codes in a category was not relevant. I liked the emphasis on parameters relating to quality. To me this meant that categories with maybe only one or two codes assigned to them depending on my perspective could be considered highly relevant for the analysis and the interpretation of data.

In this study, modified grounded theory was applied. Open coding and axial coding, including categorisation of codes, a consequential matrix and the properties and dimensional ranges of the main themes developed out of categories were provided, but selective coding and development of a core category were not undertaken. Instead, conceptual ordering as described by Daveson et al. in their approach to modified grounded theory (Daveson, et al., 2008), was engaged in. Due to the small sample of participants, consisting of four interviewees, theoretical saturation of categories could not be achieved and the application of theoretical sampling was limited. At the same time, the representativeness of the sample of participants for a wider community of AnMt practitioners was not sought. Although two of the interviewees were both AnMt practitioners and directors of AnMt training courses in European countries and are therefore representative for this group to a higher degree, the two other interviewees were practitioners in Camphill who had not undergone formal AnMt training. Since the music therapy approach practiced in Camphill can differ from modern AnMt practice outside Camphill, even though it has its origins in that context these practitioners were not necessarily representative of the field. This is an impression I gained in an informal conversation with William, one of the interviewees, but also in attending the AnMt conference in Berlin in 2009, where I learned about approaches and practices within AnMt, that differ from those I experienced in Camphill.

Therefore theory generation was not the aim but rather an engagement in conceptual ordering processes according to Daveson et al. (2008). The principal aim of the study reported here is to highlight the basic tenets of AnMt and to facilitate a dialogue between AnMt practitioners and representatives of other MT approaches, as well as laying a foundation for future discussion and theory building, as a „precursor to theory" (Daveson, et al., 2008).

Applying the Method

The method applied consisted of the following steps: First, a working title for the topic of the thesis and the research questions were devised. After studying some relevant literature in connection with the topic, decisions were made in connection with data collection and choice of participants. Getting in touch with possible participants was facilitated through my contacts to anthroposophical music therapists which dated back to the time I worked in Camphill as a co-worker and music therapy assistant. As a next step, the interviews were conducted and audio-recorded, and verbatim transcriptions were written up. Analysis of data was undertaken, beginning with open coding and reflective memo writing.

Codes that fitted together were then put together into categories and at a later stage, super-categories and sub-categories emerged. Due to the high number of codes and categories, after generating categories these in turn were treated as codes and new higher-level categories were created. In order to further reduce the amount of data, ten major themes were extracted out of 15 main categories. I arrived at these ten themes by trying to summarise and find headings or higher-level concepts for those contents of the categories I considered most important in connection with the four research questions guiding the thesis (see beginning of this chapter). As a next step, axial coding was performed and both a consequential paradigm and a matrix referring to the themes" properties and dimensions were devised. While writing up the results of the grounded theory study, some codes and categories were rearranged and renamed and some mistakes in the written expression were corrected.

Trustworthiness and Rigour

In order to achieve internal validity, four interviewees were chosen who are well appreciated within the field of AnMt and who have decades of experience in working within this approach. Besides that, information collated by writing two therapy journals about music therapy work with my own clients (Appendix A), using ideas from AnMt, was considered for a deeper understanding of the subject of anthroposophical music therapy and how its methods could be applicable for music therapists not trained in the approach. However, the information gathered in these journals was not analysed with

grounded theory methods. Instead, thoughts about my own therapeutic work with patients suffering from anxiety disorders and with patients in a persistent vegetative state, as put into writing in the therapy journals, were included in the discussion of the categories in chapter 9 of this thesis.

I strove to use a comparative approach by going back and forth between the different types of data and between the categories and raw data (Amir, 2005). I made a specific effort to transcribe the recorded interviews as accurately as possible, which required listening back to and rereading certain interview sections several times. In doing so, I familiarised myself with the raw data as advised by Amir (2005) in a way that eventually I knew passages of the interviews by heart. External validity was aimed at by being supervised by an experienced music therapy practitioner and qualitative researcher expert in grounded theory techniques, as also suggested by Amir (2005). I also communicated with the interviewees about the transcriptions and in once case about some of the codes and categories (Amir, 2005). However, the latter process had its limitations as it seemed to ask a lot of the interviewees, who had already dedicated some of their time to the interviews, to read through all the transcriptions, codes and categories. For this reason, I did not continue this process with the other three interviewees, but limited it to letting them read the interview transcriptions and to suggest alterations as they thought necessary.

Researcher's Stance

My stance as an informed outsider in connection with the topic of AnMt had both helpful and less helpful aspects. It was helpful that I had experienced AnMt in action and had even participated in it as an assistant and later also as a trainee music therapist supervised by one of the two AnMt practitioners I had previously assisted. I had also experienced and partly also used and played some of the instruments used in AnMt. Hence, I had developed a considerable amount of respect for this music therapy approach. It was less helpful that during my six years of living and working in anthroposophical Camphill communities in Ireland, I encountered some serious difficulties with community life and with anthroposophy as such. I found community life in Camphill very challenging from a personal point of view and even developed a certain „grudge" against aspects of its implementation. While my six years of

community life in Camphill had some wonderful aspects and I made some very good friends during this time, I also encountered some of my experiences in Camphill outside of the music therapy situation as extremely trying. To some extent, this showed me my limitations as a carer, as an educator, as a musician and as a person. For me personally, this was a most painful process but also a healing experience from which I learned a lot. However, I cannot thoroughly exclude the possibility that some of the negative feelings attached to it may have been brought into my consideration of the subject of AnMt. At the same time it is possible that I was able to consider it in an inquisitive rather than idealised way, making sure I kept track of my internal narrative about the pros and cons of this approach.

On the other hand, my experiences with AnMt were much more positively coloured than my general experiences with anthroposophy and with anthroposophical community life. This may have offered some further balance. The complex nature of my encounters with anthroposophy may have helped me to maintain a critical distance to this subject.

Participants and Data Collection

The fieldwork interview participants were recruited in accordance with the principles of theoretical sampling (Corbin & Strauss, 2008; Flick, 2002). After the first interview had been recorded, criteria for selection of the next interviewee depended on the relevant topics that still needed to be covered in order to find answers that helped to give a varied, complex and thorough context in which the research questions could be explored. For example, in the first and second interview, the interviewees expressed the opinion that elements from AnMt can also be applied by practitioners not trained anthroposophically under certain circumstances. Therefore, I chose the third interview partner on the basis that they had a different opinion regarding this topic. This provided a further perspective to the questions to be explored. The fourth interview partner was initially chosen to answer several factual questions about AnMt that had remained open in the course of the unfolding of the project.

All four interview partners were practitioners in the area of AnMt, but not all of them had undergone formal music therapy training: two were music practitioners in anthroposophical Camphill communities and had undergone informal music therapy

training in being an „apprentice" to a renowned and respected music therapist within Camphill. They had collaborated with their respective mentors for several years before working therapeutically with music independently. A third interviewee had undergone a similar process and then successfully completed the final exams in an AnMt training course. This interviewee is currently co-directing another AnMt training course. A fourth interviewee had undergone formal anthroposophical music therapy training course and is also directing a course. All four participants have had several decades of experience in working in AnMt with different client groups and some of them have also written AnMt publications.

Three of them are or were involved in teaching in AnMt training courses. Two of the interviewees were male and two were female. However, gender was not a criteria for the choice of participant. For the first two interviewees practising in Camphill, the main area of practice is with children, and sometimes also adults, with intellectual disabilities and sometimes severe behaviour problems. The third interviewee has worked with children with learning disabilities, with cancer patients, and with children who have been sexually abused. The fourth interviewee works with patients with psychosomatic illnesses and also has a lot of experience in hospice work.

Four in depth, semi-structured, narrative fieldwork interviews were conducted with practitioners working within the framework of AnMt. Questions were open-ended and after an initial question, interviewees narrated their stories and further questions mainly emerged out of the conversation. There were some guiding questions that I tried to incorporate into the interviews as more structured influences. These questions related to the use of elements from AnMt by other music therapists, to AnMt"s basic tenets and to the process of designing individual therapeutic treatment in this approach. Three of the interviews were conducted in English although not all of the interviewees were native English speakers. One of the interviews was conducted in German as the interviewee did not feel comfortable speaking English. The German recording was also transcribed verbatim and I subsequently translated this German interview text into English.

All of the interviews were transcribed verbatim and after transcription the written interviews were posted to the respective interviewees to make sure they agreed with the contents. With the interviews 1 and 4 I found it necessary to consult the interviewees again for clarification about certain issues related to the contents of the

interviews. These data are referred to as „personal communication" with the interviewees in this thesis. These conversations were conducted via telephone and were not transcribed. Instead, I took notes and later created a prose text out of these notes which were intended to represent the interviewees" responses as accurately as possible. In one case the prose text was again posted to the research participant. He responded by stating that the text represented his views very well. In another case this was not done because responses were difficult to obtain in this case, due to a variety of circumstances.

Processing the Data

Transcription of fieldwork interviews.

Transcription rules were devised in the process of verbatim transcription of the four fieldwork interviews. The initial transcriptions were very accurate and detailed, including every slip of the tongue and interjections such as "Hm, hm", "ehm", etc. But soon it showed that these transcriptions were difficult to read and that it was disproportionately time-consuming to proceed in this way. Flick (2002) has proposed that transcription rules can be applied so that only data vitally relevant to the research questions need to be transcribed in detail. Flick (2002) has advocated carrying out transcriptions as sparingly as possible including only those utterances that help to illuminate the research questions and warned that sometimes adhering to a large number of transcription rules could become a „fetish" (Flick, 2002).

In congruence with Flick"s ideas and also in connection with the practical reasons mentioned above, I decided to reduce the transcription of utterances unrelated to the contents of the interviews. However, I only came to this conclusion after I had transcribed the first two interviews very accurately, including also the length of pauses in the conversation and other details. However, I realised that such a detailed transcription wasn"t necessary to find answers to my research questions. So eventually, I loosened my transcription rules. I still indicated pauses, but not their length, and I didn"t transcribe all of the slips of the tongue and all the interjections, such as "hm, hm", "um", etc. This was also congruent with some of the interviewee"s wishes about being represented in the thesis, even if their names were kept confidential. The transcriptions were emailed to all of the interviewees and two of them indicated that they wished that the slips of the tongue, interjections, etc., be reduced.

Data analysis.

Open Coding.

Open Coding was performed on the verbatim transcriptions of the four fieldwork interviews. The coding was not done line by line, but in small units that fitted together context wise. When viewing other grounded theory studies, I gained the impression that the codes are often just very short and concise descriptors, just like newspaper headings (Daveson, et al., 2008; Edwards & Kennelly, 2004; O'Callaghan & McDermott, 2004) rather than full sentences. Often, the codes also appeared to contain already a certain level of abstraction, as if they were already on a meta level. I found that using longer codes that consisted of grammatically complete sentences transferred and expressed much more of the meaning of what was said by the interviewees than short headings would have done. It seemed that much of the meaning of the interview contents would have been lost without taking this approach. A similar course was taken with the categories and only the themes developed out of the major categories resembled short headings. With the initial open coding, I tried to stay as closely with the raw data as possible, including as little of my own interpretations and as little abstraction as possible and using also in-vivo-codes (Corbin & Strauss, 2008). With this approach, I intended to do justice to the raw data, focusing on their contents rather than on my own interpretation of the same. Only at a later stage, when themes and categories emerged, a higher degree of interpretation was included.

All in all, there were almost two thousand codes generated from all four interviews. As a next step, different-level-categories were then devised, integrating codes that fitted together thematically. There were so many categories that writing up about all of the categories generated would have been unwieldy. I discussed the problem with my supervisor and it was decided that allocating the different categories to the research questions might be helpful. In doing so, I then treated these categories as if they were codes, since they didn"t seem to contain a high enough level of abstraction yet, in a sense that I tried to find even higher level and more conceptual categories for these already existing categories, which were my new „codes". At the same time, codes that didn"t serve to illuminate the research questions, such as codes that contained information about the interviewees" careers and life stories, were discarded. The latter were, however, used for the description of the participants. As a result of the above-

mentioned process of data reduction, 15 major categories emerged, which had varying numbers of sub-categories again. These findings are discussed in detail in the next chapter.

Axial coding.

Strauss and Corbin stated that axial coding and open coding go hand in hand and that distinctions made between them are artificial "and for explanatory purposes only" (Corbin & Strauss, 2008, p. 198). In open coding naming of each small portion of the data is undertaken and in axial coding, connections are found between codes and categories (Corbin & Strauss, 2008).

According to Daveson, O″Callaghan and Grocke (Daveson, et al., 2008) axial coding consists of allocating properties and their dimensional ranges to each category identified in the process of open coding (Daveson, O″Callaghan & Grocke, 2008). It also involves providing a context in relation to the phenomena which are researched. This context pertains to "conditions, actions or interactions and consequences" (Daveson, O″Callaghan & Grocke, 2008, p.282) of these phenomena. Part of axial coding is also a process of examining the relationships between the categories and devising "relational statements" (Davson, O″Callaghan & Grocke, 2008, p.282) in connection with these relationships. These relational statements are usually written out as a text. A property defines a category more closely in terms of its character and the plane it is operating on. A dimension gives information on the scope and scale of this property.

Flick wrote that axial coding serves to differentiate and further refine the categories (Flick, 2002). He associated Strauss and Corbin″s coding paradigm (Corbin & Strauss, 2008) with axial coding (Flick, 2002). The paradigm entails linking categories with conditions, interactions and consequences (Corbin & Strauss, 2008). In this thesis, the paradigm as utilised by Konecki (Konecki, 1997) is applied. This model was also used by Edwards in her doctoral thesis (Edwards, 2000) and links a category with their causal conditions, the phenomenon, context, intervening conditions, action/interaction strategies and consequences (Edwards, 2000). In this thesis, the paradigm was applied only to the themes developed from the major categories. The table presentation style was borrowed from Edwards″s doctoral dissertation (Edwards,

2000), since it seemed clear and concise and helped to gain an overview of the conditions defining and surrounding the categories.

Relational statements.

Statements about relations between codes and categories, as proposed by Daveson et al. (2008) were made during open coding and memo writing. As the analysis progressed, it became more apparent that especially the major themes were related to each other in many ways. One topic that connected them was the fact that a lot of components and properties of AnMt are rooted in anthroposophy. Another issue that created connections between categories was the idea of universality of effects of musical elements on the human being, which is reflected in the way musical elements are used in AnMt.

Matrix.

Within grounded theory, there are differing ideas about and approaches to the development of a matrix. Corbin and Strauss defined what they called the conditional/consequential matrix as "an analytic strategy useful for helping analysts to consider the wide range of possible conditions and consequences that can enter into context" (Corbin & Strauss, 2008, p. 87). Here context was defined as the "structural conditions that shape the nature of situations, circumstances, or problems to which individuals respond by means of action/interaction/emotions. Contextual conditions range from the most macro to the micro" (Corbin & Strauss, 2008, p. 87).

Edwards & Kennelly provided a grounded theory matrix to represent the findings of an inquiry into the techniques used by a music therapist in work with three children in a hospital rehabilitation service (Edwards & Kennelly, 2004). Their matrix explored the properties and dimensional ranges of the categories. In this case the categories are overarching terms for the techniques used. An example would be "cueing" as a category which embraces different techniques that are regarded as cueing the responses of the patient musically and in relation to other aspects of the session (Edwards & Kennelly, 2004). Other categories found were synchrony, choices, orientation, preparation, feedback, incorporation and humour (Edwards & Kennelly, 2004). In the example of "cueing" the properties define on which levels the cueing is happening, e.g. verbal, gestural, physical, etc. The dimensional range pertains to each of the properties and indicates their „shades" along a continuum. So for example, gestural

cueing can be brief or long or anything in between, showing that this type of cueing has a temporal structure but has no specific timing length. Other dimensions of the category of cueing were verbal, physical or musical. The dimensional ranges are also directly connected to the categories themselves, as – in Edwards" and Kennelly"s example - cueing in general can be long, short, happening often or not so often. The model using the dimensional ranges and properties in connection with the categories was used in this thesis, as it seems clear and provides insights into the nature of the categories, further refining them.

Summary

This chapter provided an overview of the research traditions, approaches and paradigms that informed this study, including the qualitative research approach and constructivist grounded theory. A rationale for the research approach chosen, grounded theory and modified grounded theory, was provided. Information about the researcher"s stance, the method used and about the participants was included. Following this, the methods of data collection and data analysis were described. A presentation of the results of the modified grounded theory study will be provided in the next chapter. A discussion, critique and review of the findings of the study, along with findings from the literature and from other data sources, such as two therapy journals from a clinical music therapy work context, will follow in chapter 9.

Chapter 8

A Modified Grounded Theory Analysis of Interviews with Four Anthroposophical Music Therapy Practitioners: Analysis and Findings

Introduction

In the previous chapter the rationale and method for the analysis of four interviews with key practitioners was described and elaborated. In this chapter the findings of this grounded theory study are presented. The descriptions of the categories and sub-categories provide insight into the respondents‟ views. The elaborations on the sub-categories are based on information directly from the interviews and follow-up sessions with some of the interviewees. Substantial quotes include the reference to the interview and shorter quotes involving single words referenced to the interview appear in inverted commas without citations. Materials from a matrix devised during axial coding (Edwards & Kennelly, 2004) and from a consequential axial coding paradigm (Corbin & Strauss, 2008; Flick, 2002; Konecki, 1997) are incorporated in this chapter.

The goal of the research is to offer an exploration of the field of AnMt and discern its main tenets and foundations. The interviews revealed some views on which it is possible to find consensus but other areas where personal experience and professional wisdom inform therapist‟s ideas and decisions. Therefore, there is no unified consensus proposed in these findings.

Analysis

An analysis of interviews with four key anthroposophical practitioners revealed 15 categories, and ten major themes were distilled using grounded theory method:

(1) Anthroposophical Knowledge

(2) Universality of Musical Elements

(3) Use of Instruments

(4) Therapeutic Process

(5) Therapist‟s Qualities

(6) Therapeutic Relationship

(7) Psychodynamics and Psychotherapy

(8) Electronic Media

(9) Applicability for other Music Therapists

(10) Relationship to other MT Approaches

The 15 major categories were relevant to the four main research questions guiding the thesis as follows:

Research question

I. What role do anthroposophical concepts play in informing anthroposophical music therapy?

Categories

1. Specialist anthroposophical knowledge is required

2. Steiner‟s contribution to AnMt belongs in context

3. Pioneers of anthroposophical movement had an influence on AnMt‟s development

Research question:

II. What are the basic tenets of this approach?

Categories

4. Use of music implies universality of musical elements

5. General and specialised instruments are used

6. Therapeutic treatment entails several components

7. Therapeutic approach follows certain principles

8. AnMt is a music-centred and non-verbal approach

9. AnMt has been shown to be effective

10. Therapist needs to develop certain qualities

11. Psychotherapeutically oriented concepts play a certain role

12. Live music is preferred to electronic media

Research question:

III. How applicable are techniques of anthroposophical music therapy for practitioners not trained in the approach?

Categories

13. Application of AnMt methods by others may be problematic

14. Application of AnMt methods by others may be possible

Research Question:

IV. Where can AnMt be located in contemporary music therapy practice?

Categories

15. Common ground and differences between AnMt and other MT approaches.

Findings

Themes and major categories.

In this section the themes and major categories derived from the codes and from the transcribed interviews will be presented. While the main headings are analogous to the themes, the next-level-headings represent the major categories and the sub-headings are congruent with the sub-categories. For reasons of confidentiality, alias names are given to the interviewees. Where the direct interview text is used it is placed in quotation marks. A discussion of these findings will follow in chapter 9 of this thesis.

1. Anthroposophical knowledge.

Interview questions pertaining to anthroposophical knowledge aimed to explore the role of anthroposophical concepts and knowledge in the AnMt approach. The interviewees" responses revealed that anthroposophical knowledge largely informs and determines AnMt practice, as will become apparent in the following sections.

Specialist anthroposophical knowledge is required.

The following categories and sub-categories show that interviewees thought that anthroposophical knowledge is essential in AnMt practice. One of the interviewees, Gerry, pointed out that anthroposophical ideas were present before even seeing the client and that anthroposophy was not a dogma or belief system and could be put to the test through "healthy human understanding" (Interview 1, March 11th, 2008, p.13). In his opinion, the latter term is a better translation for the German expression *gesunder Menschenverstand* than *common sense*, which is the term mostly used in this context.

Dealing with anthroposophy is required.

Both Mary and Gerry stressed that in order to work within the framework of AnMt, anthroposophical knowledge is required. Mia admitted that a certain knowledge

would be necessary, that people needed to know what they were doing but that some areas could also be accessed through common sense. Gerry thought that detailed knowledge of anthroposophy and of the anthroposophical view of the human being was needed but that the use of anthroposophical instruments was not absolutely necessary. Mary was adamant that anthroposophical music therapists need to occupy themselves largely with anthroposophy and develop an appropriate background.

Anthroposophical knowledge influences AnMt work.

Mary explained that her therapeutic decisions are grounded both in anthroposophy and in experience. Gerry stated that anthroposophy made it possible for an AnMt practitioner to work with as much of an aim as a doctor, which he considered to be desirable. When asked whether working with the anthroposophical model may make a music therapist work in a certain way, he answered that a music therapist would be led rather than made to work in a certain way. As an example, Gerry mentioned that he was following Steiner's idea of the 4:1 relationship between pulse and breath as regards the frequency of music therapy sessions, which happened four times per week.

Anthroposophical knowledge is a tool in understanding the music therapy client.

Gerry mentioned that in AnMt, anthroposophical knowledge was used as a "tool" to understand the client. He expressed the view that instruments such as the lyre, models like the twelvefold-sensory model, the sevenfold life model, the fourfold human being and the threefold body, soul and spirit were all tools. Gerry thought that ultimately, anthroposophical knowledge helped in understanding how a musical sequence could help a client.

Anthroposophical knowledge is basis for use of instruments.

Mia explained that in AnMt different instruments are used to treat different parts of the human being and that one would need a bit of an idea about anthroposophy in order to work with these ideas. She stated as an example that the flute was related to melody and couldn't be used to get people to march.

Anthroposophical knowledge is basis for use of intervals.

Mia remarked that anthroposophy – and especially the idea of the evolution of consciousness – was the basis for use of intervals in AnMt. According to Mia, Steiner's idea of the evolution of consciousness implies that in ancient times people's consciousness lived in the wide intervals, such as sevenths or ninths. As the human ego and self-awareness grew stronger, the intervals connected to human beings' consciousness became smaller, as is illustrated in the following interview excerpt:

> Mia: (…) Rudolf Steiner has given indications that in the old very
> ancient times people's consciousness lived in music in the wide
> intervals, very wide intervals and…..”
> A.I.: Like sevenths and things like that?
> Mia: Even ninths. And that these intervals gradually became
> smaller the more the human ego became stronger in the person
> and the consciousness….self-consciousness became stronger.
> (Interview 2, August 29th, 2008, p.4).

Mia claimed – in accordance with Steiner's ideas – that in ancient times humans were closer to the Gods and that the Gods sounded through human beings. She said that today, an opposite gesture was present in that humans tried to sound towards the Gods.

Mia explained that the way Engel used intervals was based on the model of the seven life processes and that in AnMt there are general guidelines for the use of intervals which are based on indications made by Steiner for music as a therapy. Mia reported that anthroposophical music therapists worked out how they used intervals in music therapy on the basis of Steiner's ideas.

Principles of anthroposophical medicine apply.

William stated that anthroposophical medicine is an entirely psychosomatic medical approach. He expressed the view that every illness concerns all four members of the fourfold human being. In that sense, the soul is involved in every illness. William

considered the soul to be a gateway through which healing processes could be introduced. He said that therefore the soul plane was always targeted in anthroposophical medicine and expressed the view that every illness had its physiognomy or configuration and that this was a dynamic aspect. William explicated that inflammation and tumour are seen as polarities in anthroposophical medicine. Tumours could develop when contracting, crystallising forces were too strong and inflammation occurred when dissolving forces were too strong.

Anthroposophical knowledge about human constitution, karma and reincarnation is required.

In AnMt, constitutional planes are addressed through the way music therapy is conducted (Interview 4, December 14th, 2009). William expressed the view that music affects "process-related layers" before entering the physical-somatic area and saw these process-related layers as toehold in AnMt treatment (Interview 4, December 14th, 2009, p.28). In this context, the process-related layer is seen as the constitutional layer which is a layer that underlies illnesses. In AnMt, music plays a role in introducing different patterns into this constitutional layer. William stated that over-compensation also occurred on the constitutional plane, which could make something look like its opposite. He thought this was due to the fact that the organism had to adjust in some way.

When asked through which influences constitution comes about from an anthroposophical view, William answered that it was either karma or heredity. He claimed that in the reincarnation process, many souls didn"t actually get the physical body they needed [to fulfil their karma]. William narrated that he sometimes asked patients if they would buy a new body if they could and that many people answered this question in the affirmative. He mentioned that this could also be an issue with gender identity, getting a body with the wrong gender. William concluded that reluctance to immerse oneself into one"s own body or shying away from sexuality could be a result of having the „wrong body" and mentioned anorexia as an example for a condition connected with not wanting to immerse oneself into one"s own body. William thought that this was a highly significant and prevailing contemporary topic. He explained that in some people the relationship with their own body was a huge problem and that many diseases were connected to disturbances in that area. William assumed that trauma and

abuse could be one reason for this, but that there were also other reasons, such as not finding the right body that was assigned to one. From an anthroposophical point of view, nowadays contraception methods and abortion interfere into the natural course of karma, reincarnation and finding the right body (William, personal communication, April 27th, 2010).

Knowledge about fourfold human being is required.

Gerry pointed out that the human being is not just about a physical body, but that the etheric body, the astral body and the ego are also involved. Mary called these four bodies the "members" [of the fourfold human being]. As was mentioned above, she noted that improvisation and composition address different members. William declared that knowing which members were addressed and when one was on the astral or the etheric plane, was most exciting for AnMt practitioners. He remarked that communication oriented music therapy was clearly located on the astral plane and although music was an art that needed the astral body it was also possible to access the ether body via the astral body. However, when doing so, certain laws – also in composition – needed to be considered.

Knowledge about the seven life processes is required.

Mia explained that the seven life processes were basic processes in the human being and encompassed breathing, nourishing, warming, secreting, growing, maintaining and reproducing. According to Mia, the anthroposophists Engel, Pfrogner and König assigned intervals to the life processes, based on indications given by Steiner, who had also connected the life processes to the planets. Mia mentioned that Steiner"s indications were collated and developed into a system by Engel, Pfrogner and König. Mary recalled writing an essay on the seven life processes in which asthma and depression were explained from the point of view of the seven life processes.

Knowledge of human development forms a basis for the work.

Gerry pointed out that human beings develop throughout their lives but that children develop at a faster rate. He stressed that for this reason, early intervention is vital in work with children with special needs, due to the danger of undesired developments.

<u>Steiner‟s ideas about child development inform AnMt work.</u>

Gerry explained that changes could occur in therapy but that they happened organically and over time and were oriented at the child‟s development. He stated that Steiner‟s ideas about child development played a large role in his work and that he had used these ideas very directly in working out and applying music therapy treatment. For example, he mentioned Steiner‟s ideas about children‟s learning. Steiner had indicated that sensory impressions were a key to children‟s learning, that sensory impressions were taken in by children, were then forgotten and through this became a real memory which could be retrieved again at a later stage. Consequently, learning in AnMt – according to Gerry - is not conscious but involves inducing a mood, experience or learning a musical skill.

<u>Sameness is important in child education.</u>

Mary pondered about how one often tries to have a varied repertoire of activities with children. She actually thought that sameness was the key because a well protected heart was important for children. Mary referred to the idea that from an anthroposophical point of view, the heart needs repetition. She suggested that fairy tales should be told to children in exactly the same way for months, even at the same time of day. She believed that this strengthened children‟s hearts because the heart was connected to the blood and to the ego. These ideas are related to Steiner‟s model of the fourfold human being, whose different parts, the ego, astral body, ether body and physical body, also appear in the different human organs.

Steiner's contribution to AnMt belongs in context.

Gerry admitted that Steiner‟s teaching may be appropriate for now, but not necessarily forever. He narrated that Steiner himself had thought the teachings of his time to be outdated. He pointed out that Steiner‟s teaching career had ended with his death in 1925 and that Steiner had been speaking about the present human being at his time. Gerry proposed that some of Steiner‟s pupils noted that certain things had changed between Steiner‟s time and now. As an example, Gerry mentioned that Steiner had thought child education at school should begin at age seven, while Waldorf teachers nowadays thought that it should start already at the age of six and a half years. Gerry said that gradual changes were happening in human beings. He quoted the example that

boys" voices change earlier today than they did at Bach"s time. Similarly, universality in music might not be for all time. Gerry alluded to the idea that humans perceive musical elements differently during different epochs and that Steiner thought human consciousness and perception were evolving.

According to Gerry, Steiner was "a person of great insight" (Interview 1, March 11th, 2008, p.17) and had spiritual abilities that not many people have. However, Steiner was reported to have encouraged people not to take his teachings "at face value" but to test them with one"s "healthy human understanding" (Interview 1, March 11th, 2008, p.17). Another example mentioned was that Steiner had recommended anthroposophists should work on their own spiritual development (Interview 1, March 11th, 2008). Gerry expressed that he wasn"t sure all AnMt practitioners were following this. He pointed out that spiritual development took place in the human senses, that doing the exercises was a very individual matter and that in anthroposophy, no-one was looking over one"s shoulder whether one was doing it or not.

In connection with seeing Steiner"s recommendations in context, Mia was asked whether she adhered to Steiner"s suggestion that children shouldn"t play percussion instruments before the age of nine years. Although Mia admitted that children weren"t usually that young in the Camphill community she lives and works in, she fantasised that she would let children younger than nine years play small percussion instruments, but maybe not big drums. She explained that some children just couldn"t play anything but percussion instruments and that sometimes they were the only instruments through which these children could become involved musically.

In terms of Steiner"s remark about the piano, which suggested that it was an instrument that provided a musical experience that needed to be overcome, Gerry stressed that Steiner"s statements about the piano needed to be taken "with a pinch of salt" (Interview 1, March 11th, 2008, p.15) and William expressed a similar view.

Pioneers of anthroposophical movement had an influence on AnMt's development.

Two of the interviewees referred to Hans-Heinrich Engel as a major influence on AnMt. Mia reported that Engel, who was a medical practitioner, had an interest in music as a therapy and dealt a lot with the capacity of the intervals to stimulate changes. She recollected that Engel represented her first experience with music therapy and that she

thought what Engel did was mysterious. She remembered that studying Engel‟s writings made his ideas even more mysterious. Hans-Heinrich Engel, Karl König and Hermann Pfrogner assigned intervals to the life processes (Interview 2, August 29th, 2008). Mary recollected that she learned from music therapists who had worked with Engel, König and Pfrogner. She got to know Engel‟s work and regarded it as the essence of AnMt. She narrated that Engel was a medical doctor and the "boss" of a Camphill community. In her interview she provided detail about Engel, including that he had died in 1973, aged 52, after falling into an elevator shaft and being in a coma for ten days. Maria Schüppel was mentioned as a leading influence on AnMt by Mary and William.

2. Universality of musical elements.

Some of the literature sources reviewed in this thesis suggest that in AnMt, universality of musical elements and their effects on the human being is assumed (for example Reinhold, 1996; Ruland, 1990, 1992; von Kries, 2004). These views were largely confirmed by the interviewees‟ statements.

Use of music implies universality of musical elements.

Interviewees‟ responses suggested that the way tonalities, scales and even pre-composed music and improvisation are used therapeutically in AnMt, is closely connected to the anthroposophical idea that musical elements have universal gestures, qualities or effects and thereby to some extent prescriptive. Although this is also true for musical instruments, a separate theme has been allocated to the instruments in AnMt in order to give deeper consideration to this area.

Intervals and other musical elements have universal effects.

Certain intervals have certain qualities.

Interviewees stated that from their AnMt point of view, specific qualities or effects are associated with the intervals. For example, the rising fourth – as it appears in the introductory bars of the Marseillaise – was linked with a waking up quality:

> That being said I do believe… that certain sequences of music,
> certain rhythms, ….as has long been known – long before
> Rudolf Steiner (laughs) – will …. (...) have certain effects, you
> know. A rising fourth….wakes you up! As they knew during

the French Revolution. Ehm, mom ba ba ba ba, patrie [sings

first few bars of the Marseillaise] it…..just engages you in an

interesting way, and that‟s kind of universal (Interview 1,

March 11th, 2008, p.9).

The tritone, both the augmented fourth and the diminished fifth, was described as expressing the painfulness of being on this earth, while the perfect fifth is seen as the interval of breathing (Interview 2, August 29th, 2008). Mary pointed out that even rhythm can be perceived within an interval. In her opinion, the gesture and the whole being of an interval lies within the interval. In fact, she even expressed that she regarded the interval‟s name as secondary. If one listened behind the interval it wasn‟t important whether it was a fifth. Mary stated that ‟fifth‟ was only a name. In her opinion, what is really important is what is behind the interval: "How does it come towards you, what does it do with you? What colour does it give you? (…) what gesture does it have?" Interview 3, March 18th, 2009, p. 16). Mary expressed the view that qualities are not within people, but within the intervals and that people don‟t just "know" what an interval encompasses.

Chords and harmonies have certain qualities.

In his interview, William spoke about an interior space or an inner soul space which is connected to harmonies. In his opinion this interior harmony space is more strongly related to the human soul than the mere melody. While William didn‟t refer to the gestures and qualities of different kinds of harmonies, he elaborated on the difference in quality between harmonies played as a chord and harmonies played as an arpeggio: While the chord represents a crystallisation and has a static quality, the arpeggio brings the chord into movement and allows it to flow.

Rhythms have certain qualities.

While the qualities of different rhythms were not further explored in William‟s interview, he mentioned that rhythms are a key to the laws that are involved if one wants to therapeutically address the ether body via the astral body (Interview 4, December 14th, 2009). William pointed out that Christof Andreas Lindenberg, the founder and director of the Dorion School of Music Therapy, has worked out composition techniques that consider these laws.

Music has a universal effect on human vegetative functions.

During his interview, William made some remarks that allowed the conclusion that he considered music to have particular effects on human beings‟ vegetative nervous system. When asked whether the anthroposophical view of impacting on the ether body therapeutically was equivalent with impacting on the vegetative functions from a mainstream medicine point of view, he agreed with that and added that the idea that music has an effect on the vegetative functions is almost a commonplace understanding nowadays. He quoted the example of the interrelationship between music‟s loudness and muscle tone. William explained that muscle tone corresponds to intensity in music immediately. The general problem of noise ties in with this idea. He described how people living near airports have a significantly higher risk of suffering a stroke than people not living in such noisy surroundings. The idea is that the muscle tone increases with increasing loudness. William claimed that in music, every crescendo increases the muscle tone and that during the quiet sections in symphony concerts people often drop their things and start coughing. He explained that audience members‟ muscle tone decreases in the quiet sections. He understood that this is a phenomenon that has been measured scientifically.

Goethean phenomenology gives insight into universality of musical elements.

Mary pointed out that the universal gesture of an interval can be found by "listening to the unheard" (Interview 3, March 18th, 2009, p.16). She stated that in anthroposophy, intervals are experienced phenomenologically, using Goethe‟s approach to phenomenology. According to Mary, Goethe tried to find out what a plant is and found its archetype. Mary claimed that in the same way, intervals‟ archetypes can be perceived, with the archetype being the "true being" (Interview 3, March 18th, 2009, p.16) of a musical element, such as intervals like fifths or octaves, or the tone C. Mary concluded that in order to find the tone C‟s archetype, one has to ask certain questions:

"Who are you!? What do you want of me? What can I do for you? How do we come in contact? I ask so many questions to the tone C and the tone C answers me." (Interview 3, March 18th, 2009, p.16). Mary recounted that she had been doing this kind of phenomenological work for more than 30 years and that in each group of people the perception of a musical element was the same at the end of the process, which she thought was a phenomenon in itself. Mary, who is involved in training AnMt students

and running an AnMt course, reported that students are usually rather shocked about this unexpected consensus in the perception of musical elements, and that the way they listen changes a lot as a result of this kind of work. According to Mary, the above-mentioned congruence in perceiving musical elements occurs in every single group of students.

Phenomenological study requires not knowing anything as if coming from Mars.

Mary narrated in her interview, that Goethe demanded that in order to practice phenomenology one needed to pretend one came from Mars and didn"t know anything about the human world. She pointed out that this helped in creating an attitude of openness and was a key to truly perceiving phenomena. Mary stressed that preconceived ideas about musical elements didn"t help in finding their essence, that seemingly knowing about the tone A actually prevented access to the phenomenon of the tone A. Similarly, she thought that naming a phenomenon meant one didn"t know its being.

Mary suggested that instead it was necessary to perceive a tone as though one had never heard it before and that this should be attempted every day: "Every day you don"t know anything and you come from Mars and you suddenly hear: Ah….wow, what a surprise!" (Interview 3, March 18th, 2009, p.17). Mary answered in the affirmative when she was asked whether this approach to phenomenology required making oneself empty of everything and whether it was comparable to meditation practices. She mentioned that this type of phenomenological study was undertaken daily with AnMt students:

A.I.: But that would mean you"d have to make yourself empty of everything…..

Mary: Absolutely…..

A.I.: …you"ve kind of learned: of, of your major and minor perception….

Mary: Right…..

A.I.: ….of what you"ve learned about Funktionsharmonie [harmony] or whatever it might be.

Mary: Right. Right.

[…]

A.I.: I don‟t think that I could just sit down and decide: „Ok, I‟m listening to tones now, or to intervals and suddenly I don‟t know anything about it anymore‟‟. That‟s probably something you only arrive at after long discipline of practising, isn‟t it?

Mary: Yes. Yes. Yes, we are. Every day we do that with the students.

A.I.: Would you maybe compare that almost to a certain meditation process?

Mary: Right. Right. Absolutely. It‟s got to do with that. (Interview 3, March 18th, 2009, p.18).

Universality implies that wrong therapeutic use of musical elements is possible.

Gerry argued that the incorrect application of musical elements is possible in AnMt and that this could have negative consequences. This incorrect application of musical elements could mean using the wrong intervals for a client:

The idea I was presented with very early on in my training [was] that if I can do good with music I can possibly also do harm. And so I‟m the first one to make sure that I‟m not going to (...) use a sequence that would in any way…harm a child, and hopefully will… then help (Interview 1, March 11th, 2008, p.6).

The view is that in cases as described above, the incorrect application of musical elements could lead to the wrong results in therapy (Interview 1, March 11th, 2008).

Universality was known before Steiner.

Gerry pointed out that it was known before Steiner that certain musical elements have certain effects. In his opinion the great composers had all known about the universality of musical elements and knew how to use them.

Universality exists as well as individual responses.

Gerry stated that although there was room for individual responses to musical elements this didn‟t necessarily mean that universal effects didn‟t exist. He said that whether one liked the rising fourth or not was probably a very individual and subjective matter. Mary also agreed that different people can experience musical elements

differently and that subjectivity and cultural aspects can influence perception to some extent.

Universality changes over time.

Gerry mentioned that universality in music changes over time. He quoted the example of dominant seventh chords which were perceived as creating tension in baroque music and are perceived as "pretty sugary" in jazz music (Interview 1, March 11th, 2008, p.9). He thought this to be a change in the perception of seventh chords that is connected to a change in human consciousness. He described how thirds were perceived as dissonant in the middle ages. Gerry doubted whether Ruland‟s (Ruland, 1990, 1992) statement that we are still living in the consciousness of the third was correct or whether Ruland had just repeated something that Steiner had said. Gerry himself wasn‟t entirely sure whether we still live in the consciousness of the third or whether something has changed.

Intervals and other musical elements are used therapeutically.

Interviewees made statements that suggested the qualities attributed to the intervals imply an indication for their therapeutic use. For example, Mia explained that children who are "really not on this earth" still live in the large intervals and children who find it painful to be on the earth feel at home in the tritone (Interview 2, August 29th, 2008, p.4). According to Mia, AnMt treatment with children with a suffering of this kind starts with sevenths or tritones in which they feel at home. However, in order to promote an experience of being on the earth children would be gradually led out of these intervals. Mia said that she would lead very young children to the fifth: According to her experience many children with special needs, which is the client group she is mainly working with, suffer from breathing irregularities. At the same time the fifth is "a magic interval, especially for small children" (Interview 2, August 29th, 2008, p.4). Mia reported that older children are led towards the fourth or the third.

Intervals as an integral part of composed music in AnMt.

For Mia, the use of intervals is the "main thing" (Interview 2, August 29th, 2008, p.2) in the way she practises AnMt. In her work, interval relationships are the main ingredients in composed therapy music for children. Mia writes pieces of music with certain intervals and so the intervals used therapeutically in AnMt are not purely presented as intervals but rather they are embedded purposefully in a tune.

Intervals as part of pre-composed therapy music.

Mia explained that in AnMt, the music therapist can also choose existing pre-composed music in which therapeutically indicated intervals are central. Some of these pieces have been composed for lyre by anthroposophical composers. Besides that, according to Mia, pieces by Mozart and Beethoven were sometimes used by her and her music therapy tutor in Camphill in receptive music therapy in the past.

Especially composed music is used in AnMt.

Music especially composed for clients by the therapist is used in AnMt. Gerry and Mia both reported using music they composed for clients. Mia specified that part of the music therapy that was carried out in the past by her and her tutor was always "especially for the child" (Interview 2, August 29th, 2008, p.2), using elements and compositions tailored to the needs of a particular child. As was seen above, some of this especially composed music focuses on the use of intervals, but there is also composed music that aims at influencing organs (Interview 3, March 18th, 2009).

Composed music for human organs.

Mary explained that in AnMt, composition and improvisation address different parts of the fourfold human being. For example, if one aims at playing music addressing the liver this requires deciding whether to address the ego or the astral body in the liver. Musical decisions about composing or improvising depended on this. Mary stated that when treating the ego in an organ one uses composition. She recollected having written a large number of pieces for liver, kidneys and lungs and explicated that when treating the ego in an organ one had to always play exactly the same music again and again with not one note being different. She claimed that although the human brain gets bored with repetition, the heart needs it. In her opinion people often only thought about brains, but for treatment of the heart the music played should never change (Interview 3, March 18th, 2009).

Improvisation is used in AnMt.

All four interviewees reported use of improvisation in AnMt, albeit to varying degrees.The types of improvisation used varied to some degree. Mia indicated that she had participated in non-anthroposophical improvisation courses, out of which she got quite a lot, and that she was using elements of non-anthroposophical improvisation in her music therapy approach, but more with adults than with children. Both Mia and Gerry said that improvisation, joint play and spontaneous musical interaction can be part of AnMt. While Mia stressed that this is only one part of the therapy process, Gerry pointed out that whether improvisation was used or not always depended on the client"s needs.

Improvisation in pre-therapy.

Mia spoke about using improvisation in music therapy in what William may have called *pre-therapy* as "an introduction to the real thing", in order to bring clients into the right frame of mind for further therapeutic work (Interview 2, August 29th, 2008, p.12). For example, she mentioned a client who didn"t want to do anything at all in music therapy but improvising on the lyre helped her to get out of that. Mia also reported about a small boy with "hysteric tendencies" (Interview 2, August 29th, 2008, p. 7) who was very fixed on always playing the same instrument. Improvisation sometimes helped him to relax although this didn"t always work.

Improvisation for the members of the fourfold human being and for organs.

Mary spoke about improvisation for the four members of the human being, the physical, ether and astral body and the ego. She stated that working via the brain was connected to astrality and that treating the astrality in an organ required improvisation. According to Mary, the brain and the astral part in the organ need the music to be different all the time. She also claimed that this kind of improvisation is a measure to feel and understand the state of an organ: "(...) the lyre is not really an instrument for me. It"s an ear. I listen with the lyre" (Interview 3, March 18th, 2009, p.14).

Improvisation according to Knierim: Freies Tongespräch.

The Freies Tongespräch, an improvisation technique developed by Julius Knierim originally for anthroposophical music education was briefly touched on in one of the interviews. William mentioned that Knierim"s technique was also used in AnMt, mainly in group therapy.

<u>Expressive improvisation.</u>

William described what he called "expressive improvisation" (Interview 4, December 14ᵗʰ, 2009, p.63), which is connected to expressing feelings and emotions, is also a part of AnMt. According to William, lyre, chrotta and percussion instruments are used for expressive improvisation. The Bleffert metal instruments are excluded from this, because it‟s considered to be harmful for these instruments, which need to be treated with a lot of care. William revealed that Monica Bissegger is very good at expressive improvisation and that she teaches it to AnMt students as well. In this context, William said that in the AnMt curriculum in the course he is directing, there are two kinds of improvisation. One is the above-mentioned expressive improvisation, the other is what he called "phenomenon-related improvisation" (Interview 4, December 14ᵗʰ, 2009, p.64).

Mia described how she used elements of active and expressive improvisation in her music therapy work with children with special needs:

Very often if they‟re capable they would ask „can I play the lyre‟
or „can I play the chrotta‟ or whatever and I would just – kind of -
improvise from there. I use quite a bit of improvisation also (...). I
think there‟s (….) something in it (Interview 2, August 29ᵗʰ, 2008,
pp. 8,12).

<u>Phenomenon-related improvisation.</u>

According to William, different parameters can be striven to be expressed in phenomenon-related improvisation. One is the sound of the material, such as metal or wood. For example, one could get a group to play iron bars and to try and do justice to the material iron. Through the group process and the playing together the metal quality shows:

The other one is the….phenomenon-related…improvisation, as I
would call it, this is a term I am making up now…..but….maybe
you can safely say it in these words….phenomenon-
related….where, for example ….I‟ve got iron bars, right? (…)
And now I‟m trying to achieve that a group of people sort of tries
to do justice to the quality of this instrument. (…). Because, if I
am *only* expressing my emotions *using the iron* it basically

doesn"t matter to me…so to speak….and….the iron is beautiful, it

is hard, you can….also play loudly with it, well, as far as that

goes the iron cooperates, but everything else is…..I"m not

interested in it. I can drop it, I can use it for fencing or I don"t

know what, but on the phenomenon-related level I am sort of

trying to show the quality of the sound of the iron, somehow

through a group process, through music one plays together, to

make a kind of music sound which shows something of this

quality. (…). Which bears this in it. Or wood or….whatever,

right? (…). Well, especially, one likes to have the materials. With

wood it"s actually cherry or…and so on. The different kinds of

wood or also metals such as copper. (Interview 4, December 14th,

2009, pp. 64, 65).

When asked if qualities of musical elements, such as rhythm or intervals, could be expressed through this improvisation technique as well, William agreed. He also mentioned that the energetic aspect was important and needed to emerge in phenomenon-related improvisation. The energetic element didn"t emerge per se but needed to be brought together in a special way. William reported that if a group of people improvises in this way it is quite special. According to William, as regards instrument choice, the Bleffert metal instruments are a good example for instruments used in phenomenon-related improvisation.

Specific scales and tonal sequences are used.

In AnMt, some specific scales, tonalities and tonal sequences are used. They relate to the subject of universality in music, as they are, for example, based on certain intervals, such as the fifth, to which particular effects and therapeutic qualities are attributed, as can be seen in the sections below.

Mia and Gerry reported using specific scales and sequences in their therapeutic work. They can be played on different instruments, not only the lyre. As another possible instrument, the metallophone was mentioned (Interview 2, August, 29th, 2008). Gerry expressed the view that children, when listening to these sequences are not consciously acquiring something as it is the case when learning instrumental skills. He thought that the processes elicited by the musical sequences were rather intuitive. Mia

proposed that not all children will easily listen to these sequences or scales. In such cases, one might try to apply them at a later stage in the therapy process. As was already indicated above, Gerry mentioned that certain scales and sequences can be counter-productive when applied wrongly.

Listening to sequences is core part of AnMt.

Both Mia and Gerry considered the therapeutic use of special scales and sequences to be a vital part in AnMt and referred to it as "the real thing" (Interview 2, August 29th, 2008, p.12) and as "pure music therapy" (Interview 1, March 11th, 2008, p.5).

Some existing sequences can be used for anybody.

Gerry stated that existing sequences may or not find a place in AnMt. The sequences mentioned in the interviews were the Mercury Bath and the Atemmusik (breathing music), also called Atemmelodie (breathing melody). Mia and Gerry mentioned that these sequences can be used for almost anybody.

The Mercury Bath.

According to William, Maria Schüppel who was the founder and former director of the "Musiktherapeutische Arbeitsstätte" in Berlin composed the Mercury Bath. William narrated that Frau Schüppel had originally composed it as a phenomenological study for planetary music and was playing it in a room when Karl König entered and said: "My goodness, this is actually a Mercury Bath!" (Interview 4, December 14th, 2009, p.18), baptising it in this way. It was only later that Maria Schüppel incorporated the Mercury Bath into music therapy. According to William, this story of the history of the Mercury Bath was only known at a later stage. Accordingly, the Mercury Bath is a sequence that wasn't originally composed for a patient, but to show the Mercury process.

William stressed that the Mercury Bath was really a canon and that this got forgotten easily. According to William, the complete Mercury Bath has to be played with two lyres in canon, with the second lyre starting on the first lyre's second note. Sometimes the Mercury scale can be sung along with the Mercury Bath, which, in Williams opinion, is especially helpful if the therapist wants to use the Mercury Bath on a soul plane. William thought the octave at the end of the mercury bath significant, as it created "a skin around the whole thing" (Interview 4, December 14th, 2009, p.17),

which was the reason for its wide range of applications. William claimed that the mercury bath played in canon wasn‟t really nice to listen to as there are a lot of frictions and dissonances in it. In his opinion Mercury is not beautiful and he referred to this planet as being "crooked" and a "court jester" (Interview 4, December 14th, 2009, p.18). Its real beauty actually lay in the fact that when something was nice and harmonious, Mercury stirred it up. William traced the Mercury Bath‟s reported harmonising effect back to its ability to bring things into movement:

> It‟s like when you are in a discussion somewhere or one…..talks
> and talks and talks and then the discussion sort of gets stuck,
> right? And then one has to [get] coffee or one has to open the
> window and go outside for a moment and then one gets together
> again and one notices, this is somehow……well, something like
> that. That‟s how it [Mercury] works, right? So it first takes it all
> apart and then…..it assembles it again (Interview 4, December
> 14th, 2009, p.19).

William referred to this as Mercury‟s watery quality. The relaxing effect often attributed to the Mercury Bath happened through bringing things into a flow. It is proposed this is the case because the Mercury Bath influences the breathing. Mary raised the question why that was the case and said that the reason was quite obvious, one just needed to look at it more clearly. While Gerry stated that the Mercury Bath harmonised the breathing, William said it influenced the breathing and the fluid aspects in the human being, which are connected to metabolism. Mia pointed out that the Mercury Bath was a very harmonious scale and that it could also be used in alternation with pentatonic improvisation, which was quite healing. A young woman with cerebral palsy that Mia is working with, often relaxes completely and even falls asleep when listening to it.

Mary reported undertaking phenomenological studies of the Mercury Bath with students. This comprised letting students play it in different ways and letting one group play while the other listened, swapping over at a later stage. Students were to ask questions, which included questions referring to how it worked or how it worked on the students themselves. Mary concluded that by experiencing the Mercury Bath in different ways and from different angles, students got a feeling of what they were doing.

Interviewees mentioned different indications for the Mercury Bath. As was already mentioned above, most interviewees think that the Mercury Bath can be used for everybody. In that context, Mia called it a "hygienic" musical measure, which she often uses at the beginning or end of a music therapy session. She described how she applies the Mercury Bath in music therapy work with smaller children, with people in wheelchairs or with children and adults with cerebral palsy. William explained that the Mercury Bath was indicated when something was stuck and needed to be brought into movement. He said that processes were important in connection with the Mercury Bath and that the former could happen on different levels, for example on a physical level. Stagnation, according to William, can happen on a physical or soul level and can also be part of physical illnesses. William concluded that dry, held-back forces could be brought into movement through application of the Mercury Bath.

As Mercury"s main element was water, the Mercury Bath was indicated wherever things needed to be brought to flow. William mentioned constipation as an example, and answered in the affirmative when asked whether fears, phobias and emotional blocks could be an area of application as well. He added that the Mercury Bath is indicated on every level where stagnation occurs. In that sense, the Mercury Bath can be used to treat more than one condition. William referred to it as a "Doron therapy" (Interview 4, December 14th, 2009, p.17). "Doron" medicines are made by Weleda, such as Hepatodoron or Cardiodoron. According to William, a "Doron" therapy or exercise harmonises something into both directions. For example, in heart conditions, Cardiodoron can bring both hardening and dissolving forces into balance. William claimed that the Mercury Bath has the same effect.

In a telephone conversation long after the interview, Gerry said that the Mercury Bath is often used to calm a person who is in distress, possibly also people who have experienced physical trauma, as well as people who struggle with anxiety. Gerry pointed out that the Mercury Bath works in a general and not in a specialised restorative way. He stressed that the change of minor and major chords - although not exactly alternating - was also related to breathing in and out, with inhalation being related to minor chords and exhalation to major chords. Another aspect Gerry reminded me of was contraction and expansion. The mercury bath goes up in pitch and "when the musical pitch goes up, the soul expands" (Gerry, personal communication, August 10th, 2009).

The Tao.

Mary stated that the Tao, a musical sequence used in AnMt, was wonderful and came from the cosmic spheres. She said it entered the digestive sphere and all the organs. Gerry and William both indicated that the Tao was originally given by Steiner as a meditation for eurythmists and was linked to the creation of the world in tone. Gerry pointed out how it was primary music with an archetypal, creative and ordering capacity. He also stressed the fact that apart from one note - the missing G - the Tao was the same as the pentatonic scale, which is also quite archetypal in that it is one of the oldest scales. Gerry also described the Tao as "pre-melodic sounding" (Gerry, personal communication, August 10th, 2009).

William emphasised the creative aspect attached to the Tao and mentioned that Engel – who had created several Tao sequences – called it the *creator's Tao*. He pointed out that although the Tao tones are B, A, E and D, the C has to be taken on board as well as an inaudible tone. He called the C, which is to be heard inaudibly, a constant of gravitation which created intervals such as sixth and seventh in this sequence. When the Tao is played, the B and A follow each other quickly while the E and D are held long. William explicated that the Tao can be played as a melody and as a harmony. When playing it as a harmony, a harp or a Tao lyre is tuned to the Tao tones and they are then all played simultaneously. When playing it as a melody, the Tao tones are played consecutively (William, personal communication, April 27th, 2010). He pointed out that in music therapy one needs to know which way one wants to use the Tao, as a harmony or as a melody.

William also explained that the Tao had a strong pre-natal quality which was one of the reasons why it helped in the incarnating process: it aided re-connection of the four members of the fourfold human being in supporting the re-connection of physical body and ether body with the astral body and ego (Interview 4, December 14th, 2009). In spite of furthering this re-connection the Tao is – according to William – not contra-indicated for dying patients.

As the Tao is indicated in every process connected to incarnation, William also considered it to be indicated for comatose patients. At the same time he stressed that whether and how to use the Tao always needed to be worked out in accordance with the need of the situation. In his opinion, the use of the Tao for coma patients can't be generalised and it depends on why someone is in a coma. He thought that it may be

possible to play a melody-related progression of Tao tones first – especially for patients returning from coma. In a next step, the Tao could be played as a harmony.

William explained that like the Tao and like breathing, a comatose state was connected to incarnation and excarnation and that coma patients are not incarnated properly. He compared this to the different states of consciousness when sleeping, receiving surgery or dying. According to William, during normal sleep physical and ether body stay connected to each other but separate from the astral body and ego, although a certain connection always remains. If the connection was completely severed, one wouldn‟t wake up any more (Interview 4, December 14th, 2009). William established that a higher degree of disconnection could be experienced during a shock, when people may not be able to feel parts of their bodies any more. He explicated that loss of perception of one‟s own body indicated a partial withdrawal of the ether body and that in comatose states, the disconnection between ether body and physical body on the one hand and astral body and ego on the other hand, was further progressed.

The breathing melody.

William stated that although the breathing melody was quite simple and almost anyone could come up with it, there was something beautiful about it with the accompanying fourths and fifths and the arpeggiation. He thought that the arpeggio style was chosen deliberately instead of playing the chords straight through in order to bring the chord into movement. Humming or sung vowel sounds, as well as the chrotta, can be added to the breathing melody. According to William, playing bass notes on the chrotta adds grounding while the vowel sounds are boosting "inside and outside effects". "A" [as in: far] has an opening, "o" a closing quality, "i" [as in: see] represents light and "e" [similar to: stay] also has a closing quality. William stated that through vowel use with the breathing melody the movements inherent in the melody can be amplified. In his interview, William was keen to repudiate the rumour going around in anthroposophical circles that the breathing melody was composed by Rudolf Steiner. He believes that it could have been composed by Pracht, and he pointed out that Christof-Andreas Lindenberg thinks Valborg Werbeck-Svärdström could be the author.

William pointed out that the breathing melody isn‟t a powerful therapeutic exercise but that it unfolds its effect in a subtle way, adjusting the breathing unconsciously and working via listening. The breathing melody is perceived to have

indirect effects, and listeners are reported to often yawn and state that they are present in a different way. According to William, the qualities of breathing in and out are amplified by the arm movements accompanying the breathing melody. He indicated that the breathing melody relies on the use of thirds. At the same time, it is perceived to be strongly soul-related and to harmonise the breathing in both directions, both for people who tend too much towards inhalation and those who tend too much towards exhalation (Interview 4, December 14th, 2009). William suggested that inhalation and exhalation are also connected to being in- and outside of oneself. Both an excess outside and an excess inside orientation can be balanced out with the breathing melody.

William mentioned that although the existence of a cancer personality was debated and this should be put in perspective, cancer patients often had a strong outside orientation, looking more after the needs of others than after their own. According to William, a strong outside orientation can be regulated by exposing clients to the breathing melody in the beginning and at the end of music therapy sessions. William mentioned some other client groups that he thought could benefit from the breathing melody, such as most seriously ill patients and patients with breathing difficulties, such as lung problems or asthma. He described how in working with asthma patients he wouldn"t work directly on the breathing and would only sing the breathing melody, not use the instruments, and would only apply it receptively.

When asked whether the breathing melody would be suitable for coma patients, William answered that this depended on how far away patients were. If they seem to be more present, the breathing melody could be used. William stated that with dying patients one had to observe at which phase they were in the process of dying. Only where there were acute indications, such as pain, fear or loneliness, could the breathing melody be used. If a dying person was not so present any more the breathing melody would not be used because it would draw them in again.

Planetary Scales.

Mia reported using planetary scales in music therapy. She stressed that she wasn"t using the Schlesinger scales – which she referred to as "a different world altogether" (Interview 2, August, 29th, 2008, p.6) – but the mirrored planetary scales. Mia explained that the mirrored planetary scales are based on modal music, but while modal music has the same accidentals in the ascending and descending scales, the

planetary scales are different in the ascending and descending form. Mia pointed out that while the Mercury scale was the same upwards and downwards, all the other planetary scales got into interesting combinations due to interval mirroring of half-tones and full tone steps. They ascend in the same way as the modal scales but descend in a way that the intervals are mirrored back in the same way as they are in the ascending scale. According to Mia, the Moon and Venus scales have a "wonderful tritone" (Interview 2, August, 29th, 2008, p.6).

Mia explicated that the therapeutic use of the planetary scales has various aspects. They could be used in connection with intervals or in the shape of songs for the days of the week. She reported that one boy she is working with comes to music therapy on Mondays and Fridays and so she is using the Moon and Venus scale. Mia said that singing songs in the planetary scales was part of the music therapy. The sun scale is reported to be wonderful for ending a therapeutic treatment, to bring light into the work that has been done with a child (Interview 2, August 29th, 2008).

According to Mia, the planetary scales and the organs are a special arena of practice. She explained that the planetary scales are connected to organs, which is a field in which Hans Heinrich Engel worked intensively. The idea is that every planet is connected to an organ. For example, will forces are seen as connected to the liver and if there is a problem with the will forces in a patient, this can be treated with the Jupiter scale. A lack of ego forces is reported to be treatable with the Mars scale and the Sun scale is regarded as connected to the heart (Interview 2, August, 29th, 2008).

Major and minor are used and have therapeutic effects.

For Mia, working with major and minor is part of her music therapy approach. She reported that they are tools in working with children who suffer from being on this earth or with children who have had a hard time. Starting with minor and leading children into major keys was described as helping in getting them out of themselves. On the other hand, if children needed to develop a sense of self one started with major and led them into the minor keys (Interview 2, August, 29th, 2008).

Singing has therapeutic benefits and contra-indications.

<u>Singing is used in AnMt.</u>

Mia related that she sang in music therapy whenever possible. She uses songs or sings with the lyre.

<u>Pre-speech-singing.</u>

Mia applies what she calls "speech singing" (Interview 2, August, 29th, 2008, p.9) in music therapy. In these pre-speech exercises, she encourages children to sing sounds and songs through her own sounding and singing. Mia admitted that few children could do this.

<u>Therapeutic values of singing.</u>

Mia stated that singing had many therapeutic values but that they were different for people who have and who don"t have speech, that the differences between them were great.

<u>Singing with co-workers in Camphill.</u>

Mia reported singing therapeutically with co-workers in Camphill, addressing people who can"t listen or who are "socially deaf" (Interview 2, August 29th, 2008, p.9). She claimed that people who can"t listen also often can"t sing, are socially deaf and can sometimes be tone-deaf. Mia explained that learning to sing with Werbeck exercises often improved these co-workers" social behaviour in the community.

<u>Singing with children who have been abused.</u>

Mary stated that children who had been abused sang wonderfully and that singing helped them, while talking wasn"t something they wished to engage in.

<u>Singing is contra-indicated in the last phase of dying process.</u>

William explained that work with a dying person required intervention if there was a stagnation in the dying process. In such a case, William would work with instruments rather than singing because he thinks that instrumental music is more objective and provides a space for patients to be in while singing is much more immediate and soul-related.

<u>Singing attracts the soul.</u>

William claimed that singing attracted the soul as the voice involved a strong relationship on a voice level.

<u>Singing affects the listener‟s larynx.</u>

When hearing a human voice, the listener‟s larynx gets activated. In William‟s opinion, this shows how strongly people co-resonate on that level.

3. Use of instruments.

General and specialised instruments are used.

The interviewees‟ statements about the use of instruments in AnMt show that both conventional and specialised anthroposophical instruments are used in AnMt and that the piano has a special position in AnMt because it is perceived as problematic in some ways and yet it is used occasionally.

General instruments are used.

Gerry stated that he worked with instruments that are not considered to be specifically anthroposophical but that he was glad at the same time that he had the anthroposophical instruments. He pointed out that any instruments could be used in AnMt. Mia reported using metallophone, bells, flute and recorders in addition to the lyre. She spoke about sequences and intervals played on the metallophone. Mia also used the drum to desensitise patients. Similarly, William spoke about percussion instruments being used in AnMt.

<u>The piano is perceived as problematic.</u>

The piano is sometimes perceived as problematic in AnMt, due to some remarks Steiner had made about this instrument, as can be seen from the interviewees‟ remarks.

<u>The piano is not typically used in AnMt.</u>

Gerry mentioned that the piano was marginalised in AnMt and that in the Camphill community where he lived and worked the piano was hardly used in music therapy.

<u>The piano is an abstraction.</u>

Gerry and William commented on a statement by Steiner that was quoted by the interviewer and that claimed that the piano was an abstract instrument that provided a musical experience that needed to be overcome.

<u>....in its „anatomy" and „physiology".</u>

Gerry described how with other instruments, such as a violin, there was a direct connection to the forms, the strings, the horse hair bow or the tree resin. He pointed out that the harpist plays the gut strings with his or her fingers. In contrast to this, according to Gerry, the piano is a "wooden box" with "a whole set of false teeth": "And what you face with the piano – it"s a wooden box. And there"s something that sounds in that wooden box. But what you"re actually faced with is a whole set of false teeth." (Interview 1, March 11th, 2008, p.16). With the piano, pressing down a key generates the tone. According to Gerry, Steiner saw that the other instruments were conceived of spiritually and intuitively while the piano was "bounded by physical laws" (Interview 1, March 11th, 2008, p.16).

<u>....in its tempered tuning.</u>

Gerry remarked that the arrangement of the „false teeth", the circle of fifths, was a lovely, clever abstraction and a "human construct" (Interview 1, March 11th, 2008, p.16). William said that the accurate arrangement of the tempered tuning delivered all keys but that the tempered tuning was dead and abstract.

<u>The piano is an instrument for megalomaniacs.</u>

Gerry stated that the piano could be a whole symphony orchestra or even two symphony orchestras and that it was an instrument for megalomaniacs, but that it was wonderful. While William rather referred to the piano as being a philistine instrument in Steiner"s view, he also pointed out that pressing the keys generated a fantastic sound.

<u>Is the piano not sensitive enough?</u>

Gerry thought that while the piano may be good for children on the autistic spectrum it may not be sensitive enough for those children suffering from acoustic over-sensitivity.

Steiner‟s remarks are the reason for the piano‟s rejection in AnMt.

William remarked that Steiner‟s depreciatory remarks about the piano as a philistine instrument and in need of being overcome were the reason for the rejection of the piano in AnMt.

Universal presence of the piano in Steiner‟s days.

Gerry hypothesised that Steiner‟s "nasty" remarks about the piano may have been due to the universal presence of the instrument in Steiner‟s days. He wondered whether in those days the piano may have been used as a "honky-tonk in the corner" in a similar way to how the guitar is present all the time nowadays (Interview 1, March 11th, 2008, p.16).

The piano is not mobile.

William pointed out that if one had to do bedside work in music therapy the piano was no use at all and indicated that a portable instrument might be much more useful in these cases.

The piano belongs to the past.

According to William, every instrument that just needs to be "tapped" in order to create sound belongs to the past. He specified that when the outer sound was important with an instrument it was an instrument of the past. He explained that a modern instrument was characterised by the fact that a lot of "inner creative forces" needed to be applied to facilitate the musical experience (Interview 4, December 14th, 2009, p.67). William stressed that modern music always lead to an inner experience while the use of outward elements could be reduced. He found that reduction was generally observed in modern music and that this was the only reason for the negativity towards the piano. He reasoned that in the future our tuning systems wouldn‟t suffice any more to do justice to musical expression and that new tuning systems would be needed. He pointed out that in this context, Steiner had spoken about Slendro scales and tunings.

<u>The piano is sometimes used.</u>

As indicated above, Gerry considered the piano to be a wonderful instrument even though he assumed it was an instrument for megalomaniacs. He stated that he had no problem at all using the piano in music therapy. William said that whether the piano was used or not depended on the therapist and that in AnMt its use was chiefly rooted in group music therapy.

<u>Steiner"s remarks have to be put into perspective.</u>

Gerry assumed that in spite of his remarks about the piano, Steiner had probably been aware of the virtues of the clavier, of the family of harpsichord, organs, and so on. He thought that although Steiner"s remarks were intriguing, they had to be taken "with a pinch of salt" (Interview 1, March 11th, 2008, p.15) and that he may have meant that the piano was "a wonderful, clever human construct" (Interview 1, March 11th, 2008, p.16). Gerry stressed that one had to be careful about taking Steiner"s remarks out of context. Instead, it was necessary to find out what point he was trying to make. William also noted that Steiner"s statement about the piano had been made from a certain point of view.

<u>The piano is often used in spite of Steiner"s remarks.</u>

Gerry stated that Steiner"s comments about the piano would not stop him from using this instrument in music therapy. In fact, he stressed that he loved the piano and wouldn"t be put off by what Steiner had said. Mia reported that her music therapy mentor in Camphill used mainly the piano in therapy sessions. Similarly, William narrated that Maria Schüppel often used the piano, especially in therapeutic treatments which sought to emphasis the quality of the interval of the second. In addition to this, William knew that one of his students had written his final project in his AnMt training about the therapeutic use of the piano. According to William, there are pianos in many AnMt therapy rooms and they are used quite willingly by therapists.

<u>.....even by Steiner himself.</u>

Gerry pointed out that the Goethanum had an organ and a piano at Steiner"s time and that both were used "pretty often" (Interview 1, March 11th, 2008, p.16). William indicated that Steiner used the piano all the time, albeit mainly in eurythmy, and not in music therapy which was not his field of practice.

The piano can be sensitive.

Gerry, who had previously presumed that the piano may not be sensitive enough for clients suffering from hyperacusis, put his own remark into perspective by saying that a piano could be very sensitive "in the hands of a skilled person": "A Steinway model D, you can play very loud on it, but you can play much quieter than on any other piano, also. You can play much quieter! It"s very sensitive…..anyway, so in the…hands of a skilled person, I think the piano can be sensitive" (Interview 1, March 11th, 2008, p.16).

The piano has therapeutic benefits.

Gerry also proposed that the piano could do things other musical instruments can"t do. He reported using the piano with one particular client with "tremendous piano skills" and that it would have been "nonsense" not to use the piano with this person (Interview 1, March 11th, 2008, p.15). Gerry remembered several other AnMt treatments where the piano had been the indicated instrument. William thought the piano to be useful in treatments using the quality of the second, as was indicated above, using the example of Maria Schüppel"s work. He mentioned that at the piano, therapist and client experience shared musical play differently than with other instruments. Sitting together without looking at each other was a contributing factor, and the piano answered the players" impulses. William felt that from that point of view, the piano was quite exciting for use in therapy.

AnMt specialist instruments are used.

The interviewees made comments referring to specialist anthroposophical instruments that are used in AnMt. These instruments are anthroposophical and have been developed for music therapy, often modelled on ancient instruments, such as the Celtic Crwth or the Greek lyra (Beilharz, 2004b; Oberkogler, 1976), or on traditional instruments, such as the Finnish kantele (Rahkonen, 2007-2011). Mary stated that the anthroposophical instruments were exceptional.

Relationship to Steiner's ideas makes instruments suitable for AnMt.

Gerry explained that in AnMt one looked at the anthroposophical instruments first. He added that they were related to Steiner"s ideas and to his view of the human being.

221

Sensitivity is addressed and promoted.

Gerry stated that the anthroposophical instruments were sensitive and addressed the sensitive parts in the human being.

User-friendliness is an aspect.

According to Gerry, the anthroposophical instruments are user-friendly for the untutored player.

Lyre and chrotta.

The interviewees mentioned using the lyre or chrotta in AnMt. Mia reported using the lyre in AnMt, sometimes in combination with singing. As indicated above, Mary uses the lyre as an ear and listens with the lyre. She also used the chrotta for a female patient with depression who needed grounding. William spoke about the use of lyre and chrotta for expressive improvisation in AnMt.

4. Therapeutic Process.

This theme shows the complex process of AnMt, beginning with the indications for this music therapy approach, then the diagnostic process and devising a treatment, as well as how the approach of AnMt works. It was called therapeutic process rather than therapeutic approach because it involves several stages and bears the characteristics of a process rather than being something static or compact.

Therapeutic treatment entails several components.

The therapeutic process in AnMt has different properties and components as shown in the description of the following categories.

AnMt indications involve a wide range of conditions.

Indirectly, Mia mentioned autism as an indication, since many of the children who are residents in her Camphill community and receive music therapy treatment there have autism. Mary mentioned working with children with special needs, patients with psychosomatic disorders and patients with cancer, as well as children who had been sexually abused. She stated that AnMt is indicated for the latter client group, because it "goes to the centre without coming too close"(Interview 3, March 18th, 2009, p.6). Her area of specialisation lies in work with cancer patients, which she is fascinated with.

222

She explained that each treatment for a cancer patient had to be found individually. Mary said that AnMt worked very well with cancer patients, and that she had treated a lot of patients with metastases of the liver. Dying persons were mentioned by William as a client group that could benefit from AnMt, especially if there is stagnation in the dying process. William hinted that indications for AnMt are a complex topic and said that there was a whole catalogue of indications. According to William, written material on indications and contra-indications of AnMt can be found on the website of the AnMt professional organisation.

There are also some contra-indications.

Some possible contra-indications for AnMt were mentioned, for example acute psychosis or conditions involving a temperature of 39 degrees centigrade and higher (Interview 4, December 14th, 2009). However, tumour fever was not seen as a contra-indication, unless it is very high. William thought that there could be contra-indications connected to AnMt‟s lacking suitability for confrontation. He stated that music therapy may not be as suitable for confrontation as the visual arts. He assumed that this had to do with the fact that the player had to open up so much to even play one tone and had to reveal so much on a soul level. William presumed that if the therapy was too confronting the patient would shut down, hide and compensate and then the therapist wouldn‟t see him or her properly any more. William claimed that the anthroposophical music therapist had to work with a lot of sympathy forces – which was the way he was working. He hypothesised that the degree of confrontation a patient needs may be indicative of which anthroposophical artistic therapy should be prescribed: “(...) you don‟t necessarily prescribe music therapy when a patient needs to be confronted in a big way, but for example rather sculpting, right?” (Interview 4, December 14th, 2009, p.38).

Referral to AnMt is mostly done by doctors.

Mia stated that in the Camphill community where she lives and works, referrals to AnMt usually happen through an anthroposophical doctor. Gerry mentioned that the anthroposophical doctor also gives diagnostic information. According to Mia, the doctor‟s diagnosis is the starting point for devising AnMt treatment. William referred to the situation in Germany where AnMt practitioners principally work on a doctor‟s prescription. He explained that the doctor could be anthroposophical or not and that some doctors working according to the principles of mainstream medicine also

sometimes prescribed AnMt, especially with AnMt practitioners who worked in an outpatient context. William remarked that „mainstream" doctors somehow knew that AnMt helped and that AnMt was integrated into the medical system.

According to William, in special schools the team can also refer patients to music therapy. He stressed that experienced team members had a good sense of which therapies were good for children. He explained that team members" referrals were also valid, since expertise developed in teams. He stressed that the prescription of or referral to AnMt constituted the therapeutic mandate.

Designing a therapy is a multi-stage process.

Interviewees" statements showed that several stages are involved in devising an AnMt treatment for a client or client group that is congruent with the anthroposophical view of the human being and meets the client"s physical, spiritual and emotional needs.

<u>The process character of designing therapeutic treatment is shown with an example.</u>

Mary gave the example of a female client with depression to show how the process of devising an AnMt treatment for a patient works for her:

> A patient has a depression, and comes to me. And I ask her: „Do
> you lack the ground under your feet or do you lack the light?"
> And the person says: „Oh, I lack so much the ground under my
> feet". So this gives a clear indication to me, because I"ve
> perceived the same thing in the patient and she can say it like this.
> And I give her ground under the feet. Now how do I do that? In
> music therapy, of course I have many ways to do that, so I choose
> the right way for her……what is the right way to do. And I
> offered her this instrument. And she started to play and…..a deep
> sigh and she said: „That"s it. I was lacking this so much".
> (Interview 3, March 18th, 2009, p.8).

In this case, the instrument Mary gave to the client was the chrotta. Mary stated, that the low tone was important for the client, that it carried her for a week and after another music therapy session it went on carrying her.

Designing a therapy needs a certain preparation period.

Gerry explicated that according to his way of working arriving at a therapeutic treatment for a client could take several weeks. In his approach, there is a diagnostic period not longer than two weeks with sessions happening four times per week, which comes up to eight diagnostic sessions altogether. Gerry thought that after this time the therapist might see where the music therapy for a particular client might be going. He explained how the next step was to begin applying these ideas and to adjust them, which was a process that could take a couple of weeks. Gerry stressed that while in his own approach there were four clear stages in designing a therapeutic treatment, this was individual and not every anthroposophical music therapist worked in this way. According to Gerry‟s experience, working out therapeutic treatment for an individual client could take anything from four weeks up to eight weeks, depending also on the urgency of the case. He thought that this long preparation period was justified by the idea that if one could do good with music one could possibly also do harm. Gerry said he wanted to get it right, to find the right musical sequence, in order to avoid doing harm.

There are differences between long- and short-term therapy.

Gerry indicated that the preparation for long-term therapy was different from the preparation for short-term therapy. He thought that while in short-term therapy a different method was needed, long-term therapy could be carefully worked out over several stages.

Sometimes treatment is worked out in a team of colleagues.

Gerry recounted that he had always collaborated with colleagues and music therapy helpers. He remembered that when colleagues took it in turn to make suggestions it was often the least experienced person who came up with a musical solution.

Multi-disciplinary aspects play into the process.

Mia reported studying clients‟ case sheets before trying to work out music therapy treatment. Gerry described that working out therapies involved case conferences with representatives from different professions, such as medical doctors, teachers and other professionals.

<u>Theoretical aspects play into the process.</u>

Interviewees mentioned some theoretical issues that had an influence on devising AnMt treatment: Mary explained that one way of finding therapeutic treatment for clients was based on the model of the seven life processes. Gerry found that the study of certain syndromes or other problems clients might have were involved in the process.

<u>Musical aspects play into the process on the therapist‟s side.</u>

Gerry said that the therapist may find it necessary to acquire new musical skills for a certain therapeutic treatment or to find someone to help with that. Similarly, the therapist may have to study about the "musical direction" of a therapy (Interview 1, March 11th, 2008, p.6). Another aspect Gerry mentioned was the fact that the therapist could get bored musically by always playing the same sequence for a client. However, he thought that if the music was fitting for the client, the therapist had to fight these impulses and remain faithful to the therapy music.

<u>The therapist‟s experience plays into the process.</u>

Two of the interviewees, Mia and Mary, found the therapist‟s experience important in the process of devising therapeutic treatment, in addition to other aspects, such as anthroposophy or the doctor‟s diagnosis. Mia expressed the view that with growing experience, one got a feeling for children‟s needs.

<u>Diagnostic sessions and musical diagnosis are an important part of the process.</u>

Gerry related that diagnostic sessions were more open and unprepared than ordinary music therapy sessions. According to Gerry, they almost always bring up information of which the music therapist had been previously unaware. In fact, he believed that in a diagnostic session, "even the most torpid child would show something" (Interview 1, March 11th, 2008, p.7). Both Gerry and Mary stated that in a diagnostic session, the observation of the client was necessary. Mary thought this was especially important for the musical diagnosis and that observing the life processes in a client was also indicated.

For example, skin complexion, gestures and gait could be keys to his or her state of wellbeing. Through observation and looking at the client, the therapist gets a picture of the person. Mary mentioned listening to the patient as an important aspect of the diagnostic process. This doesn‟t only include the client‟s music playing, but also how

they speak. Mary claimed that it wasn″t so important what clients said but how it was said. She thought that how someone spoke showed a lot about the person. Mary described hearing the musical sounds or tones a client needs, as an important part of the diagnostic process. She claimed that she herself often heard what a client needed and told me about one of her colleagues who had this ability as well, but didn″t allow herself to be guided by this in music therapy. This colleague was reportedly not working anthroposophically and thought that clients had to choose the instruments and music themselves.

William pointed out the existence of a referral process, a referral form and systematic diagnosis in AnMt. He explained that although the prescription of music therapy by a physician constituted the therapeutic mandate, during the AnMt diagnosis the therapist thought about how AnMt could help the client, independently from the doctor″s diagnosis. According to William, the question is what the patient should develop with the help of AnMt. He described how the results of the AnMt diagnosis were added to the information given with the referral, how they helped to get to know the patient better and to gauge whether the therapeutic aims were realistic in the given time frame.

William stressed that realistic goals needed to be developed and that the AnMt assessment helped to organise these goals in a hierarchical order. In this context, he regarded the highest degree of urgency to be central. William pointed out that in a clinical context there was often not much time for AnMt diagnosis. A way of dealing with this lay in the practice of paying attention to diagnostic aspects in every music therapy session. William mentioned that consistent therapists used the first session as a diagnostic session. The same setting can then be used in the last session again to see how a patient has changed.

Views are held in AnMt that something manifests in the musical diagnosis, which helps in understanding the disease process (Interview 4 December 14th, 2009). It is assumed that observations similar to those made in the musical diagnosis can be found again in the disease process, albeit in different parameters (Interview 4 December 14th, 2009). However, care has to be taken not to jump to conclusions to early: something that appears like an extreme on one end could also be a compensation of something totally different – according to William a phenomenon that can also be apparent on a psychological level. This can be the case, for example, when

overcompensation makes a behaviour seem the opposite (Interview 4 December 14th, 2009). William stressed that in AnMt it was necessary to do justice to clients in an individual way and that no diagnostic rules were set in stone. He said that the question was in the foreground, whether one wanted to treat emotional suffering or other aspects in a person. Only certain goals could be pursued within the therapeutic time frame. William understood the relationship between the indication of the therapy and the therapeutic mandate to be central. The question was how this mandate could be realised with the help of the observations made in the diagnostic process. William thought that in this context, the patient had to be taken on board, as his or her positive attitude was important.

<u>The musical diagnosis.</u>

According to Mary, the musical diagnosis is the first step in the whole AnMt process. Interviewees mentioned several parameters, such as listening or responding to music, instrument choice, playing instruments and musical memory. They reported that in listening, the therapist observes how a client listens or doesn"t listen to music. This again can give important information as to where a client"s problem may lie. Mary observed that initially, most clients do not listen. She stressed that being able to listen was also an important aim in AnMt.

Gerry remembered how in the past a child"s only response to a musical sequence played were "funny movements in the lower diaphragm" (Interview 1, March 11th, 2008, p.7). At the time, this response made Gerry look at the child"s breathing and made him realise that it needed to be harmonised. He assumed that music could make a change here and decided to use the Mercury Bath, as this sequence is reported to harmonise the breathing.

Gerry explained that diagnostic sessions involved bringing certain experiences and observing whether there were certain instruments a child felt attracted to. He also pointed out that sometimes clients who normally didn"t seem to pay much attention to music could unexpectedly show interest in certain instruments when exposed to them. He thought that this was "very worth noting" and that an instrument chosen in this way by a child may then be used in music therapy (Interview 1, March 11th, 2008, p.7).

Playing instruments was reported to be part of the musical diagnosis. Mary said that using an instrument that is easy to play, such as the bordune lyre, showed a lot

about a client. As is the case with listening, the way a client plays can also show where his or her problems lie (Interview 3, March 18th, 2009). William explicated that the instrument type can be a parameter in the diagnosis as well. That means the therapist observes how a client plays percussion or wind instruments, how he or she plucks or bows. He noted that the level of engagement was important to observe, as well as when patients were not playing properly or pounding on the instruments.

William expressed the view that it was very important whether a client was able to let go of an impulse in the right moment, for example when playing the gong. He thought that the presence or lack of this ability showed something about a person"s status of incarnation. He pointed out that AnMt was very interested in how a tone could become audible when listening and the soul were starting points, and described how the process of playing the gong started with listening, then the swinging came in and finally the beater hit the gong. According to his observations, patients with Crohn"s Disease have problems finding the right moment of hitting the gong. He explained that playing the gong was like pushing a child on a swing. One had to give the impulse at the transition point.

William reported seeing several patients with Crohn"s Disease over a period of four weeks. Most of them either hit the gong too early or too late so that it started wobbling. William admitted that these could be teething problems which could be compensated with practise. However, he believed that a disturbed balance of the four members in the digestive system could be the reason. Deciding about when to hit the gong was a formative process that came from above. The gong then had to receive the impulse and answer with the tone. William thought that this was a process connected to the physical-etheric plane. He stressed that this interplay of processes could be practised with percussion instruments. But at the same time he considered it important that the musical diagnosis happened before the process had been practised. He expressed the view that it was important to use musical activities in the diagnostic sessions with which clients had little practice and of which they had little awareness.

<u>An inner exercise can be used to find a fitting therapy design.</u>

Gerry pointed out that another way to work out music therapy treatment was through an inner exercise. Whether anthroposophical or not, Gerry thought that "any therapist worth their salt" would think about the client and the therapy session

afterwards (Interview 1, March 11th, 2008, p.7). He added that any therapist might think of a client consciously or unconsciously before going to sleep. He compared this with thinking of a movie or a concert in hindsight. Gerry explained that this could be carried out as a conscious process: anthroposophical music therapists could turn their minds to a client before going to sleep. It involved having a very positive image of the client. Gerry reported that sometimes an answer could be found for the client"s treatment after waking up in the morning.

According to Gerry, the "Camphill way of looking at things" (Interview 1, March 11th, 2008, p.8) suggests that something from the client himself enters the mind of the sleeping therapist at night. He expressed the view that the therapist experienced this with "the wider consciousness of sleep" (Interview 1, March 11th, 2008, p.8). He explicated that anthroposophy assumed that people were more divided in normal consciousness, but more connected in sleep consciousness. He believed that in the process of designing therapeutic treatment for a client it was possible to find a musical answer by carrying an image of the client into sleep. Mia also mentioned that concentrating on a child helped in devising therapeutic treatment and that thinking about the child brought musical ideas.

<u>Treatment is reviewed by observing clients" responses and by communicating with peers.</u>

Gerry narrated that once a new music therapy treatment was devised, the next step consisted of applying it and observing how clients responded to it. He pointed out that ideas could be discarded again if they didn"t seem to be right. He related that eventually there would be a period of reviewing the AnMt treatment with peers and that this may involve changing and further developing the therapy in accordance with the therapeutic aims.

<u>There are a variety of therapeutic aims.</u>

Interviewees mentioned different therapeutic aims that could be important in AnMt. Mary found that learning how to listen could be an important aim. Mia spoke of relaxation, which was an aim both in work with children and with adults. She also mentioned bringing children, who were out of themselves, back on the earth. Eye-hand-coordination can be promoted through playing instruments. Desensitisation, for example in connection with over-sensitivity to certain types of sounds, also came up as an issue

in Mia''s interview. Getting him to "come to himself" was mentioned as a goal in AnMt treatment with a boy with "hysteric tendencies" (Interview 2, August 29th, 2008, p.7). William explained that aims were never entirely somatic in AnMt. He said that therapy goals were often raised on a process-related plane and that, for example, getting something into movement was process-related. William explicated that sometimes latent retentive themes reaching down into the physical plane needed to be brought into movement.

AnMt working principles help to meet therapeutic aims.

William made some remarks on the way AnMt works. It balances or substitutes and repeated impact is necessary in some, for example chronic, conditions. According to William, catching up developmentally is another principle of AnMt, as well as vitalising and stimulating the life forces. Fostering the ability to resonate, which is not only known in anthroposophy, and reactivating soul forces were mentioned as important aspects of AnMt treatment (Interview 4, December 14th, 2009). If the soul is brought to resonate again, this is also significant on an organ level, as there is an interplay between body and soul (Interview 4, December 14th, 2009).

Documentation and evaluation are part of the AnMt process

The following sub-categories show that documentation and evaluation are a part of the AnMt process, which is also an important aspect in many other music therapy approaches. However, some of the methods used in AnMt may differ from conventional ones.

The therapy review is part of reflexive evaluation process.

Interviewees indicated that a follow-up after therapeutic treatments is important in AnMt (Interview 1, March 11th, 2008; Interview 4, December 14th, 2009). One method of follow-up consists of the so called *therapy-review* (Interview 4, December 14th, 2009). In the therapy review, the therapist recalls the situation of the therapeutic session in his inner mind, observing his or her own behaviour and perceptions from an external perspective (Interview 4, December 14th, 2009).

<u>Therapy review deals with aspects of the therapeutic relationship.</u>

According to William the therapy review deals with aspects of the therapeutic relationship as it entails seeing oneself and the client in the music therapy session in retrospective. The therapist‟s main focus is his or her own role in the session, observing him- or herself as if he or she were a stranger. William expressed the view that during the therapy review one was engaged in an intensive relationship with the client. He emphasised that the therapy review also helped to keep the Doppelgänger at bay, as the Doppelgänger was not so destructive anymore when it was seen or realised.

<u>The therapy review is done regularly and mentally.</u>

William stated that ideally the therapy review would be done after every AnMt session. He advocated that in fact it could also be done while travelling home in public transport after a session.

The therapeutic approach follows certain principles.

The therapy involves spontaneous processes.

Some of the interviewees‟ responses indicated that AnMt is not only an approach that is structured and carefully planned, but that it also involves spontaneous processes. Gerry related that therapies may or may not involve improvisation and spontaneous interaction with the client, depending on clients‟ needs. Mia often improvises from the point where adults ask to play the lyre or chrotta in AnMt sessions. She stated that playing it by ear was important in music therapy. In her opinion, spontaneous musical interaction brings children joy. She indicated, that for some children this spontaneous interaction is the only way they can get involved in music therapy. Mia expressed that if these spontaneous elements were used in AnMt as well, the approach wasn‟t that prescriptive. However, from her point of view, improvisation and spontaneous interaction are just an introduction to the "real thing" in AnMt (Interview 2, August 29th, 2008, p.12).

AnMt can be prescriptive.

Gerry stated that AnMt could be prescriptive or responsive, depending on what was needed. He narrated that more often, he had worked in a carefully prepared and prescriptive way, working with as much of an aim as a doctor. Gerry added that human

empathy helped to gain insight into the client‟s problems and that sensitivity was needed to work prescriptively.

Mia, Mary and Gerry, each said that they believed An Mt to be prescriptive to a lesser or greater extent. Mary pointed out that music was applied like a "musicament" in AnMt, much in the way that a doctor doesn‟t tell patients to take any medication they liked for a particular condition, as patients didn‟t know themselves what they needed. Mary added that the doctor prescribed and that AnMt did the same. And in the same way that a doctor was trained to prescribe medication, AnMt practitioners were trained to choose music for patients (Interview 3, March 18th, 2009).

AnMt's positive effects justify making decisions for patients.

Mary and Mia made remarks that allowed the conclusion that from their point of view, making decisions for patients was justified by the way patients benefited from AnMt. In her work, Mia had observed that it showed in the sessions if music therapy was doing children good. She believed that AnMt influenced children‟s usual behaviour patterns. She explained that in AnMt the therapist felt that something in the music was good for the client. She expressed the view that while the music therapist led the child to where she felt it needed to go, children may not have chosen this out of their own free will. Mia thought that music therapy „interfered‟ with children‟s destiny but if they enjoyed coming to sessions it was alright to go on. She admitted that to close AnMt sessions, she sometimes played something children enjoyed, in order to entice them to want to come back to music therapy.

According to Mary, therapists allow themselves to give their therapeutic intuitions to patients in AnMt. She stressed that patients had the freedom to say if they didn‟t like an intervention. Mary described that the way she worked included asking the patient if he or she would appreciate working with a certain instrument. She reported that most of the time patients said it was just the right thing for them. According to Mary, music, musical elements and instruments are taken very seriously in AnMt. Mary said that just like physicians, AnMt practitioners prescribed musical elements. In order to illustrate that this was a valid approach, she narrated the story of a male cancer patient who came to her to music therapy and had strong resistance to the treatment initially, behaving in a very „macho‟ manner and challenging Mary in various ways. Mary gave an account of how after the first tone had been played, this man started

crying and completely lost his macho posture. The instrument chosen by Mary was the bowed psaltery. When the work with the psaltery started, the patient didn"t want to let go of this instrument any more (Interview 3, March 18th, 2009). Mary claimed that the psaltery was this patient"s instrument and that she just knew he needed this.

AnMt has a connection with spirituality.

Mary maintained that the ideas for therapeutic work in AnMt didn"t come from the therapist, but from somewhere else. She indicated that there was a certain humbleness connected to the idea that it wasn"t the therapist who was doing the therapeutic work. She answered in the affirmative when asked whether the therapist was seen as a channel for it. Mary suggested that the force behind AnMt work came from the spiritual world, from the music of the spheres, which was connected to anthroposophical spiritual science. Mary emphasised that there was a spiritual context in every tone, interval, instrument, rhythm, melody, harmony and in everything AnMt did. She stressed that everything was taking seriously in AnMt and that this was about the quality of "listening to the unheard" and to be able to "see the invisible" (Interview 3, March 18th, 2009, p.11).

AnMt interventions are balancing out extremes by starting where a client is and gradually aiming for the opposite.

Some of what the interviewees said about their work raised the impression that a lot of AnMt interventions balance out extremes by starting where a client is and then gradually aiming for the opposite, depending also on therapeutic goals and objectives.

Mia explained that very active children often started by playing themselves and were gradually guided towards listening. Similarly, AnMt treatment with less active children started with listening but the therapeutic aim was to stimulate activity. Mia affirmed that one started where the child was, and gradually moved towards achieving therapeutic goals. One example is the above-mentioned initial use of sevenths, nines or tritones for children who find it difficult to be "on this earth" which gradually changes into use of fourths, fifths or thirds (Interview 2, August 29th, 2008, p.4). A similar example is the use of major and minor to meet children"s emotional state and to lead them more inwards or outwards by gradually moving into the complementary tonality.

Mia also described how children with hyperacusis can be desensitised by gradual and careful introduction of the drum until they finally play the drum themselves. The above mentioned boy with "hysteric tendencies" Mia was working with in AnMt, received a treatment of alternating progressive acceleration and deceleration in order to encourage him "to come to himself" (Interview 2, August 29th, 2008, p.7).

Active and receptive music therapy methods are used.

Mia indicated that in her own work there was always a part of the session in which children were actively involved in playing music if they were able for it. A receptive part was often in the beginning, although very active children started by playing themselves. With the other interviewees, this question wasn"t explicitly raised but some of their responses to other questions implied that both active and receptive methods were used in their approaches as well.

For instance, when Gerry spoke about doing music therapy on the piano with a client with tremendous piano skills or when William described how patients with inflammatory bowel diseases tended to play the gong, use of active music therapy methods was implied. The same applies for Mary"s remarks about how clients" way of playing showed a lot about their personalities and about where their problems were. In fact, the whole area of AnMt assessment or diagnostics includes both active and receptive methods, as was shown above.

Self-expression is not an issue.

When confronted in her interview with the idea that in some music therapy approaches, self-expression through music was important, Mary responded by saying: "We don"t do self-expression" (Interview 3, March 18th, 2009, p.15). Mary explained that self-expression was connected to the Astral body and that in AnMt the ego was more important. Mary said that AnMt practitioners didn"t want to "lower the human being only to astrality" (Interview 3, March 18th, 2009, p.15).

Self-expression also exists.

William mentioned in his interview that expressive improvisation, in which feelings are expressed, also existed in AnMt and that it was one part of the curriculum taught to the students in the AnMt training he is directing.

A certain amount of verbalisation is necessary.

Although AnMt is often seen as a non-verbal music therapy approach, as will be mentioned below, William admitted that a certain amount of verbalisation was also necessary. Sometimes one needed to explain oneself to the client and verbalisation was also necessary to build up trust. That amount of talking was necessary. When something was unclear or when things emerged in AnMt, verbalisation was necessary and important. William claimed that this had not been taken seriously enough in the past in AnMt. He narrated that sometimes patients told the therapist of the effects of the music. He emphasised that patients could talk as much as they wanted and that he as the therapist would listen very intently.

Verbal communication doesn't include exploration of clients' issues.

William pointed out that if patients told the therapist about how the music affected them in AnMt, therapists wouldn't explore this more deeply. He expressed the view that listening very intently was enough for the therapist and that this was also beneficial for the patient. He stated that if clients' issues needed to be explored more deeply, he would pass this on to a psychotherapist. He thought that if verbal exploration was necessary, psychotherapy was indicated and that this was the psychotherapist's area of expertise. As an example, William mentioned the case of traumatic material coming to the fore in music therapy. He remembered a female patient had broken down completely during music therapy, and in the end, the problem was dealt with through psychotherapy.

Therapy setting and situation play a role.

Like in other music therapy approaches, the setting plays a role in AnMt, for example when decisions need to be made about conducting individual or group therapy.

<u>Group and individual therapy play a role.</u>

Views about use of group and individual settings in AnMt varied between two of the interviewees, Mia and William, while this question didn't come up in Gerry's and Mary's interviews. Mia thought that AnMt treatment usually consisted of individual therapy while group work was rather "generally therapeutic music" or music making (Interview 2, August 29th, 2008, p.15). In contrast to this, William stressed that group work was very important in AnMt. He related that more and more group work was done in the hospital where he is working and that diagnosis-related groups existed as well, for

example groups for patients with coronary heart diseases, lung diseases, for oncologic patients and for those patients in oncology who suffered from tumour fatigue syndrome.

Resistance in AnMt needs to be accepted.

Mia and William, both stated that clients" resistance had to be taken seriously in AnMt. Mia remembered once experiencing resistance with a child that didn"t want to come to music therapy. She recalled that she gave up and didn"t force the child to come. Mia pointed out that children went through crises and if music therapy wasn"t the way to go maybe a different kind of therapy could be found for them. William expressed the view that if clients experienced resistance, a way might be found by the therapist, but that wasn"t always possible. He contemplated that reasons for this could lie in the fact that the therapist might be too limited or that the patient wasn"t able for it, or that sometimes the patient may not want music therapy. William reflected that this resistance could be related to the approach or to the therapist, and stressed that if patients didn"t want music therapy that was their freedom.

AnMt with adults is different from work with children.

According to Mia, anthroposophical music therapy with adults is different from work with children in that therapy doesn"t interfere into adults destinies as much as is the case with children. It may be important to note that in this case, Mia spoke from a background of Camphill communities catering for the needs of persons with intellectual disabilities. According to Mia"s experience, AnMt with adults rather works with what clients enjoy musically. She saw real therapeutic input only for adults in crisis, which is a scenario not often occurring in the Camphill community where Mia lives and works. Mia remembered that in one situation in which she worked with an adult in crisis, singing and playing the lyre were involved. Gerry, Mary and William were not asked about the difference in work between adults and children, but especially Mary and William, who have worked with different adult populations a lot, might have had a different view on this subject.

Some symptom-oriented treatments are used in AnMt.

Mia mentioned some treatments for children with different symptoms or conditions that were developed within the framework of AnMt but – according to Mia - are seen as treatments rather than music therapy and are applied in a prescriptive way, such as the Tonstärke-, listening space- and deaf treatment. Mia stated that the

Tonstärke- and listening space therapy were wonderful ways of working with children and that children who were hyperactive or had low muscle tone benefitted from these treatments. When asked what the differences between therapy and treatment were, Mia specified that in contrast to therapy, treatments were done with groups of children, such as classes, and also incorporated the element of movement. It has already been mentioned above that in terms of the exclusion of group work in AnMt, Mia"s view may not be representative for all four interviewees.

AnMt is a music-centred and non-verbal approach.

Mary expressed the view that AnMt is a music-centred music therapy approach. She thought that AnMt therapists "do music from beginning to end" and that music was "the only thing" in AnMt (Interview 3, March 18th, 2009, p.14). Mary indicated that AnMt is non-verbal when speaking about her work with children who have been sexually abused. She stated that these children didn"t want to talk, that talking was often too much and that instead they talked through music. Mary called music a "special language" Interview 3, March 18th, 2009, p.6) and stated that in AnMt verbalisation was not used, that the word was not important.

William also affirmed that AnMt was a non-verbal approach. He stated that where a therapeutic treatment had really been worked out talking rather hindered its effectiveness. He found that talking while playing the lyre would rather be disruptive and that explanations to the client after playing music would not be helpful. William admitted that he had done this at some stage during music therapy sessions and that this had not worked. He compared instrumental play with painting, where a white canvas was needed to paint on. William thought this was the same on an instrumental plane and that music and talking didn"t at all go together. He said it was like when, during a concert, someone suddenly shouted: "Hey, can you go and get a coffee?" (Interview 4, December 14th, 2009, p.57). William stated that when talking, people were not immersed into the music any more. Music needed a certain frame in order to work and no words were necessary on this level.

AnMt has been shown to be effective.

Mary stated that AnMt was effective independently from the fact whether patients saw the connection between music and themselves or not. She described a case

of a patient with severe hepatitis whom she had helped by diagnosing with the lyre that her liver was unwell. Following music therapy treatment, the patient felt worse initially and went through a period of infection until she finally really got better. Mary claimed that in 99.9 per cent of all cases, AnMt practitioners did the right thing.

A study indicating the efficacy of anthroposophical arts therapies exists.

William pointed out the fact that a four-year prospective cohort study, called the AMOS study, had indicated the efficacy of anthroposophical arts therapies, including AnMt. He found that this study, which also has been published and is available on the internet, was a very good outcomes study that was in line with clinical practice.

5. Therapist's qualities.

The following categories and sub-categories refer to the qualities the AnMt practitioner is supposed to develop in order to work therapeutically with music within the anthroposophical framework. The first category is a more introductory category that shows that the therapist"s personality is seen as an important influence in AnMt.

The therapist's personality plays a role.

William referred to Steiner who – in his course for young doctors – stated that it wasn"t irrelevant which doctor gave or prescribed a remedy (Steiner, 1997a). William mentioned that empirical findings supported this. He thought that this could be transferred to all therapies and said that the subjective element was wanted in the anthroposophical therapies, albeit not as an unrecognised element. William concluded that the „who" might be just as important for a therapy"s effectiveness as the „what".

The therapist needs to develop certain qualities.

The following sub-categories show that, from an AnMt point of view, therapists need to develop qualities that will enable them to truly engage in the profession.

An open mind is needed.

An open mind means stepping back from preconceived ideas.

Gerry emphasised that he tried to keep an open mind around his own prejudices and that he thought all therapists should do that. He also advocated that people not working anthroposophically should keep an open mind about the anthroposophical

approach and vice versa. In terms of the music therapy situation, Mary expressed the view that following preconceived ideas was "nonsense" in music therapy. Instead, music therapy needed flexibility.

<u>An open mind means being upside down and not knowing anything.</u>

Mary claimed that being stupid and not knowing anything was wonderful. She narrated that when AnMt students got "upside down" in the course of their training this was wonderful as well because it made them open up more (Interview 3, March 18th, 2009, p.19). Mary explicated that not always knowing what was the right thing and not being able to do anything meant one had to let it pass. She suggested that in being stupid and not knowing anything one got to know everything. According to Mary, being upside down means not being rigid any more. She reflected that in not being upside down one knew exactly where the ceiling and where the ground was, and when being upside down one was freer to find a different "posture", which resulted in everything being possible. This category is linked to the category dealing with Goethean phenomenology where the natural attitude needs to be overcome and the phenomenologist has to pretend coming from Mars and not knowing anything.

Experience of musical phenomena is more important than knowledge about them.

In her interview, Mary stressed the importance of the experience an AnMt practitioner has made with musical elements before using them in music therapy. The essence of these ideas is that preconceived knowledge can sometimes be a hindrance rather than a help when trying to explore a subject phenomenologically.

Mary gave the example of tones in relation to human organs in Engel"s approach. She pointed out that it wasn"t enough to play the appropriate tones if one knew which tones were allocated to which organs. In fact, Mary stressed that this wasn"t how it worked at all. She stated that she herself perceived with her lyre, what the liver "said". She reported playing the lyre and weaving a golden thread from the lyre to the patient"s liver. According to Mary, every liver listens differently. Mary explained that she had worked with many patients with metastases of the liver and that she had developed a way of playing for patients" livers. Mary, who also gives courses on this subject, expressed that it was amazing what could be done in this way.

Another example Mary gave for the necessity that AnMt practitioners truly encounter the musical elements they use, is the story of one of her students. The student in question had difficulties using the *inner movement of uprightness* in music therapy with a girl with special needs, until she was able to inwardly experience it. It was then that the therapeutic treatment was working. Mary explained that the therapist‟s inner experience of the inner movement of uprightness needed to be transferred onto playing it for the client. Just playing the tones of this sequence was purely external. This is illustrated by the following interview excerpt:

> (...)…one student of mine said…. she has a handicapped child in music therapy that is always bent very much and she tried to play the inner movement of uprightness, and it doesn‟t work at all. And I said to her: „When you play the inner movement of uprightness to this child, what do you think?‟ And she said: „What do you mean?‟ I said: „Well, where is your attention?‟ And she said: „Well, with the child.‟ I said: „But…how is your attention to the child?‟…. – Ah, it was a bit difficult for her to understand what I really mean. And I said to her: „Look, if you just play the tones of the inner movement of uprightness, it‟s external. But if you inwardly do the movement of uprightness and transfer it in playing this interval, in doing it yourself to the child then it will work out‟. Next day she called and said: „It worked, it worked!!‟(Interview 3, March 18th, 2009, p.21).

When I told Mary that I was sometimes playing the Mercury Bath for my own music therapy clients, she pointed out that I needed to let someone play the Mercury Bath for me, that I even needed to lie down like my clients were lying and that I needed to experience what the Mercury Bath did to me. Mary felt very strongly that in AnMt the therapist couldn‟t use anything he or she hadn‟t experienced him- or herself. She stressed more than once that it was very important for the therapist to experience what was later used in music therapy. Mary thought this concerned the Tao, the life processes and anything else one used.

Sensitivity and empathy are required.

Gerry commented that human empathy helped to gain insight into the client"s problems and that sensitivity was needed to work in a prescriptive way in AnMt. He concluded that his own approach was guided by sensitivity and "healthy human understanding" (Interview 1, March 11th, 2008, p.18). He expressed the hope that other anthroposophical music therapy approaches might also be guided by sensitivity and healthy human understanding and the wish that these principles might also be applied in other, non-anthroposophical music therapy approaches. According to Gerry, empathy is an important factor in therapeutic work. He stressed that empathy was not the same as sympathy but that it was about partaking in someone else"s experience through shared humanity and one"s own sensitivity. He believed that empathy was something objective in spite of having "warm and fuzzy outlines" (Interview 1, March 11th, 2008, p.18). Gerry stated that empathy"s components were sensitivity and healthy human understanding.

AnMt students need to learn certain skills.

Mary felt that the question of the AnMt practitioner"s qualities was a very complex one and that anthroposophical music therapists needed to have so many qualities. For example, she mentioned that the therapist needed to be able to listen to the unheard, which was the main quality needed in AnMt and which wasn"t that easy to accomplish. Mary stated that every tiny little gesture needed to be perceived and that the therapist needed to be totally flexible in and totally open to everything. At the same time, therapists needed to know their way exactly. According to Mary, anthroposophical music therapists need to be able to perceive what wants to flow from them to the patient. Mary recalled that students in AnMt training were often a little "bossy" to begin with, but that gradually they became more humble as they began to understand that what they were dealing with was "huge":

> Students in the training – they start like a bit bossy, usually. And
> they become more and more and more and more humble…..
> …..and understand that it is so huge what they are dealing with.
> And that"s wonderful to see this change in people. And the ones
> that will not change are not able to do the profession (Interview 3,
> March 18th, 2009, p.10).

Mary stated that she had success with some students, that some of them really grasped the idea of AnMt. She explained that the way students asked questions illuminated whether they had understood AnMt or not. According to Mary, something similar is true for the way students talk about the therapies they conduct. Mary stressed that in AnMt training students were not taught what intervals meant. Instead, teaching encompassed listening to intervals, rhythms and tones, with the students. In this way, intervals were perceived phenomenologically. In her opinion, teaching is bad teaching if it answers all questions. Mary said that she was satisfied when more questions came from the students after a teaching session. She related that it was wonderful to watch students realise that AnMt worked, but stressed that they needed to know how to do it.

Mary explained that Engel‟s book on musical anthropology (Engel, 1999) was so complicated that students needed to be prepared for it. According to Mary, tone eurythmy and singing are part of this preparation. She pointed out that students only deal with this book once they have arrived at the core of anthroposophy.

An anthroposophical spiritual path of self development is important.

William pointed out that in the past, AnMt practitioners had difficulties becoming members of the German professional organisation for all music therapists, not just AnMt practitioners. This was because they were lacking the required hours of experiential work. William explained that instead, self-awareness had been practised in an anthroposophical way, and it included self-education according to the anthroposophical path of spiritual development.

Subsidiary exercises are one way to anthroposophical self-development.

William mentioned that the six subsidiary exercises were part of the anthroposophical path of self-development. He explained that from an anthroposophical view, spiritual exercises help preventing the unfiltered transference of issues onto the client in AnMt:

> And…..in the past, everyone who was somehow a music
> therapist, Frau Schüppel, of course they did these exercises until
> the cows came home, partly, although something can still happen
> there, that‟s clear, even there you can make mistakes……(…).
> But initially one assumed that this area didn‟t have to be covered
> through music therapy itself, through the traditional music

therapy core subjects, but one just assumes that everyone is doing

these exercises (Interview 4, December 14ᵗʰ, 2009, p.45).

William stated that in AnMt circles, self-experience or self-awareness was credited to the spiritual exercises.

6. The therapeutic relationship.

Some of the interviewees" statements in connection with the therapeutic relationship show that different importance is attributed to it by different AnMt practitioners. Views of what the therapeutic relationship might be in AnMt could differ from views more common amongst practitioners of more psychotherapeutically oriented music therapy approaches.

The therapeutic relationship is not important.

Mary narrated that in her meetings with representatives of other, non-anthroposophical music therapy approaches, she had had a hard time because the only subject discussed had been the therapeutic relationship. Mary remembered getting really fed up because she thought this was so unimportant:

If I love the patient or don"t love the patient, it was so important,

but for us it is not. Because I have somebody who is in need. And

I see this and I see a lack, I perceive a lack, so this musical

symphony has one lack and I just add this lack. And it doesn"t

matter if I love this person or don"t love this person or think this

person is great or not great, or….(Interview 3, March 18ᵗʰ, 2009,

p.15).

In the therapeutic process – according to Mary – the therapist"s feelings towards the client don"t matter.

The therapeutic relationship may play a role.

William made some comments that allowed the conclusion that for some AnMt practitioners, the therapeutic relationship may play a role. He stated that the therapist needed to get to know the client and gain his or her trust, and that it wasn"t possible to

conduct therapeutic treatment without trust. Getting to know and perceiving the client and building up a trusting relationship were described by William as steps in the therapeutic process. Trust, in AnMt, according to William, is indispensable and he found this particularly important in work with adolescents and children. He also pointed out that the therapy review partly dealt with aspects of the therapeutic relationship, as it entailed seeing oneself and the client from a distance and revisiting what had happened during an AnMt session.

In the section on the anthroposophical view of electronic media, William also mentioned that the rejection of electronic musical media in AnMt was partly connected to the fact that these media couldn"t transmit the relationship aspect in music making. This shows, and was also stated by William, that the relationship level is an important momentum in AnMt. When asked whether the therapeutic relationship helped the music to take effect in AnMt, William agreed with this and added that it was actually a precondition for AnMt. He hypothesised that in AnMt, the term relationship may be understood in a more comprehensive way than in other contexts. He explained that in anthroposophical terms, the image of the human being was important in connection with relationships, as well as the question on which level relationships operated. In Williams opinion, a mere input-output- or stimulus-reaction-view of the human being generated a different view of the term relationship. If the level of the human ego was included, a different view of relationships arose and the latter depended on the view of the human being.

William assumed that where he already spoke of a relationship, a psychoanalyst might not yet see one. For example, according to William, during the therapy review, when the client is not physically present, the therapist engages in an intensive relationship with the patient. William spoke of a real inner engagement in a spiritual way and stressed that the spirit didn"t know any boundaries. William found that this was similar to a relationship one can have with a deceased person when bringing him or her to mind, which created a relationship. He presumed that a person with a different world view might say this was not a real relationship but just subjective imagination.

When told that another interviewee had stated that the therapeutic relationship was unimportant in AnMt, William suspected that the other person may have had a different relationship concept. William reasoned that the importance of the therapeutic relationship depended on this concept. He said that one tone played by a musician

already created a relationship with everyone present and that AnMt‟s efficacy was connected to the relationship level. William proposed that music played on the piano by a machine would not have a therapeutic effect, while this was different with a person playing, where intentionality was brought across.

According to William, a deep relationship is generated through music making, which can sometimes develop such a depth that this relationship can‟t always be maintained. For William this is the reason why it doesn‟t work when partners do therapy with each other. He expressed the view that the therapeutic relationship created through music has such an intensity that it‟s not feasible to integrate it into everyday life. He called it a „call-response‟- relationship or a relationship based on dialogue. The therapist offers something and asks the client if he or she can make use of it. The client answers accordingly and in that sense there is a constant dialogue between therapist and client. William concluded that the more of a trusting relationship existed between both, the more the "bitter pills" (Interview 4, December 14th, 2009) could also be administered by the therapist, which was sometimes necessary.

7. Psychodynamics and psychotherapy.

This theme deals with the complex question of the role psychodynamic ideas and concepts may play in AnMt. Interviewees made some statements referring to this topic, especially William. Both critical and positive remarks were made in relation to this theme. The first category described ties in with the last topic mentioned above, the experiential work inherent in AnMt and the critical attitude AnMt practitioners may have towards experiential work with a psychodynamic orientation. Some aspects were added to this theme that may be more related to general psychotherapeutic aspects than specifically to psychodynamic aspects, such as the topics related to anthroposophical psychotherapy, which has some overlaps with behaviouristic psychotherapy.

Psychotherapeutically oriented concepts play a certain role.

Psychodynamics are more and more considered in AnMt.

William spoke about the role of psychodynamics in AnMt. His statements show that psychodynamics are becoming more important in AnMt but that AnMt has its own specific view on psychodynamics. William narrated that the overarching topic of the 2010 AnMt music therapy conference in the Netherlands was psychodynamics in AnMt. He stressed that psychodynamics were taken very seriously in AnMt and that a lot of material existed on this subject. He explained that in anthroposophy, the concept of the Doppelgänger was important. William pointed out that the need to look at psychodynamics in AnMt was the reason for the topic choice of the 2010 conference. At the time William"s interview was conducted the conference hadn"t taken place yet and he assumed that it was going to be exciting as it covered a topic that wasn"t so well known in AnMt. William informed me that Odulf Damen, a Dutch anthroposophical music therapist, had pursued psychodynamics over a long time, because it had been an element he had missed in AnMt. William stated that Odulf Damen had done an awful lot of work in this area, including also improvisation on a psychodynamic level.

Anthroposophical and psychoanalytical concepts have some similarity.

William expressed the view that some phenomena were the same in the psychoanalytical and the anthroposophical view of psychodynamics, even if they were termed and explained differently. In this context, William spoke about the anthroposophical concept of the Doppelgänger again. According to William, the latter encompasses the whole range of imprinting people can have. William stated that this imprinting co-resonated with everything a person did and that this resonating wasn"t usually consciously grasped by the person. However, he described that the Doppelgänger created certain impressions in people and triggered certain signals which were transmitted without realising. William quoted Karl König, who had said that it was not possible not to operate on the Doppelgänger level at all and to just be professional because the Doppelgänger came in unconsciously. William stressed that self-knowledge was the best remedy against the Doppelgänger"s unconscious influence. He pointed out that while the Doppelgänger was destructive if it remained unconscious and wasn"t realised it ceased to be destructive when seen or realised. When asked whether phenomena of transference and counter-transference were considered in AnMt, William

answered that they were not really relevant although some psychotherapists worked in this way. It was not quite clear in this context, whether William spoke of psychotherapists in general or of anthroposophical psychotherapists.

In anthroposophical psychotherapy it's possible to integrate ideas from other psychotherapy concepts.

William explained that the term *anthroposophical psychotherapy* hadn"t existed as a technical term for a long time. He added that anthroposophical psychotherapists partly adopted other approaches as their own. For example, on the psychosomatic ward of the hospital where William works, behaviouristic principles were strongly adopted. According to William, one approach often used by anthroposophical psychotherapists is schema therapy. He pointed out that often anthroposophical psychotherapists were able to integrate behaviouristic ideas into anthroposophy and to transfer issues without difficulties. For instance, therapists were able to connect behaviourism with the fourfold human being and to integrate the former into anthroposophy.

There is scepticism in AnMt towards experiential work.

William explained that a lot of anthroposophical music therapists, who engaged in their own spiritual exercises with the aim of self-knowledge and self-development, thought that psychodynamic experiential work was too superficial, not profound enough and too much influenced by Freud. According to William, experiential work is seen as not congruent or compatible with anthroposophy amongst AnMt practitioners.

Psychodynamics were/are neglected.

William expressed the view that to date psychodynamics hadn"t been discussed enough in AnMt. He explained that this was due to AnMt"s history and that there were reasons for this lack of dealing with psychodynamics. As was already indicated above, William mentioned that in the 1980s anthroposophical music therapists were not accepted in the „mainstream" music therapy professional bodies and that the topics of self-awareness and experiential work were the reason for this.

William thought that in the past, music"s power to elicit "an awful lot" had not been taken seriously enough (Interview 4, December 14th, 2009, p.58). According to

William, in AnMt, music"s potential to reactivate trauma had been given too little attention. He assumed that the enthusiasm about what could be achieved with music was one reason for this. He also felt that the therapist"s possible negative influence had been neglected because the music was focused on:

> And this was given too little….attention in the past. (...).Also due to a certain enthusiasm about all you can achieve with music, anyway, the music, „I mean, that isn"t actually a problem that you have a negative influence as a person, because the music is there and one has always got the music……". And this is a wrong conclusion because I am also in the music with how I am conditioned and so on, right? (...). Well, (...) one has to extend one"s knowledge there as well, right? (Interview 4, December 14th, 2009, p.59).

For example, according to William, a person"s imprinting comes to the fore in playing music. William believed that the process of extending one"s knowledge in this area was a process that needed time to develop.

Not everyone can do psychotherapeutic work: It requires skill and deserves respect.

William acknowledged that "incredible skills" (Interview 4, December 14th, 2009, p.56) had been developed in the area of psychotherapy and felt that this deserved respect. In William"s opinion, some therapists possess ingenuity in handling relationships. He thought that handling relationships in the right way was an important skill and that working psychotherapeutically was also a question of skill. William doubted that he himself would be the right person to work with psychosomatic patients in that way, but mentioned another AnMt practitioner who had this ability, in his opinion. William believed that he himself had a weakness in this area and wouldn"t be able to do this very well. He stated that he rather worked in a substituting way, nourishing difficult patients. He felt that his skills as a therapist were rather in this area.

Anthroposophical and psychoanalytical concepts are hard to reconcile.

Mia thought that it was difficult to combine AnMt and psychoanalysis because anthroposophy in itself was a kind of psychology. Mia expressed the view that

anthroposophy was a different stream of psychology and backed her view up by pointing out that all of Steiner‚s ideas were based on the human being. Mia pointed out that the word anthroposophy meant knowledge of the human being and that this was very much "a soul thing" (Interview 2, August 29th, 2008, p.13). She felt that psychoanalysis went against everything anthroposophists knew to be true. Mia stressed that anthroposophy also had past and future in mind and worked towards a future, while psychoanalysis was "all (...) here and now" (Interview 2, August 29th, 2008, p.14). She put forward that a person might have a particular disability "because he‚s trying to teach us something" (Interview 2, August 29th, 2008, p.14).

8. Electronic media.

Live music is preferred to electronic media.

The following section shows, that in AnMt, there is a strong ethos of preferring live music to music played back on electronic media. At the same time, electronic musical instruments are usually avoided in AnMt.

Electronic media/music are avoided.

The interviews revealed that in accordance with Steiner‚s beliefs, electronic instruments and playback devices are generally avoided in the AnMt approach. However in two of the interviews the contexts in which such instruments or devices may be used was discussed. Respondents described work with adolescents which may require openness to their interests. The discussion of the sub-categories below presents the findings from the grounded theory analysis of the interviews.

Electronic media are contra-indicated in AnMt.

Electronic media such as electronic playback devices, as well as electronic instruments including piano keyboards, are avoided in AnMt. Interviewees reported that electronic media are regarded as counter-productive in the AnMt approach, in accordance with Steiner‚s views. One of the interviewees said that if one wanted to influence the client on an organic plane with music therapy treatment, electronic media were actually contra-indicated. He was adamant that in AnMt treatment sessions where one is trying to work on a more etheric or organic plane, there is no place for electronic

media. The organic plane is seen as connected with the constitution of the organs of the body.

Electronic media recall a frozen musical situation.

During his interview Gerry fantasised that listening to the mercury bath on an i-pod may or may not work and that while he wasn"t against someone trying it he suspected that it "may have no effect whatsoever" (Interview 1, March 11th, 2008, p.13). William stated that he believed music played electronically represented a "frozen" musical situation, which was "reheated over and over again" (Interview 4, December 14th, 2009, p.51).

Electronic media cannot convey the relationship aspect in music making.

In discussing this in the various interviews one of the main concerns raised was that listening to recorded music cannot incorporate the listener"s perspective. Therefore it doesn"t convey the relationship aspect in music making. This was seen as one of the most important reasons for not using electronic media in AnMt. The relationship suggested by engagement with electronic media was perceived as not genuine, since engagement with the feedback of the listener isn"t possible. One of the interviewees, William, reported an incidence from the early stages of his career, when he encountered a woman who was dying:

> I once experienced…..a dying female patient (…) I tell you it was
> so cruel, (…), she also didn"t have any relatives any more, and
> some visitor attached such a small portable radio above her…(…)
> and she was *dying* and, well, I can"t [missing verb: tell?] you
> now….that is….for me…, well I was really in tears, that was
> so……(…). That was so crazy, yes, because, there…..**it was
> babbling up there, you know,** (…) **and everything** [talking
> loudly and excitedly as if imitating the radio] **and then**, and (….
> …. ….) the woman was in an incredible distress, ha, and how this
> completely…(...) …..no relating, nothing! (Interview 4,
> December 14th, 2009, p.50).

William perceived that the frantic omnipresence of the radio was unhelpful in alleviating this patient‟s loneliness. He additionally stressed that electronic media and playback devices represented a "one-way-street" (Interview 4, December 14th, 2009,p.49).

<u>Rejection of electronic media is based on insights not on dogma.</u>

The interviews revealed a strongly held view that electronic media were unhelpful for the client and should not be used. In refinement of this stance, William pointed out that the rejection of electronic music making media in AnMt was not a dogma but that it was based on insights. William said that while this was often referred to as being apodictic and dogmatic by non-anthroposophists, the exclusion of electronic media use as an intrinsic element of AnMt was based on insights relating mainly to the absence of the dynamics and momentum of a musical relationship.

Live music makes contact with listener possible.

Live music is preferred by AnMt practitioners. When music is played live, feedback with the listener is always possible and the musician receives the listener‟s reaction, sometimes even without noticing it. William, who is experienced in practising AnMt in a hospice context, noticed that sometimes it is difficult to play certain pieces of music to dying people. While a piece may have been practised 200 times it might still not work with certain patients while with other patients a piece that doesn‟t normally work might suddenly work. For William, this shows that the relationship aspect with the listener is involved when playing music live even when the listener may not be able to give verbal feedback about their experiences.

Electronic music/media may be indicated for some clients.

Some of the interviewees made statements that indicated that under certain circumstances, electronic media could be used in AnMt, as is shown below.

<u>Electronic media may be indicated when preferred by clients.</u>

There was some discussion in interviews that there might be situations in which the use of electronic media may be indicated even in AnMt. This was explored in the interviews with Gerry and with William. Gerry said that some AnMt practitioners may decide to work with electronic media for certain reasons. For instance, this decision could be based in a client‟s fascination for these media. In this case, their use would be

a starting point in music therapy. William expressed a similar view. He explained that if a client‟s musical preference was mainly in the area of music played on electronic playback devices, such as techno music, he would take this up, deal with it and be very interested in it.

> There is a consensus that modern musical media are incorporated in working with adolescents.

William reported that one of his colleagues working in social pedagogy in the anthroposophical hospital where he is employed as a music therapist always lets adolescent clients bring along their music and listen to it on CD. This forms a part of the therapy in the social pedagogy programme. William pointed out that there was an existing consensus that electronic media needed to be incorporated in work with adolescent clients.

> *Electronic media as a means to building up a therapeutic relationship.*

William, said that in order to build up a trusting relationship with adolescent music therapy clients and to get to know them, it is necessary to find out what the client listens to and what he or she is interested in musically. An example could be rap music played on electronic playback devices. In that case AnMt therapists would have to be selfless and deal with this music, even if it is not their usual musical preference. According to William, in this situation it is irrelevant whether the therapist gets anything out of the music. Building up a trusting relationship with and getting to know the client were described as the first steps in AnMt, since without trust it was not possible to carry out music therapy treatment.

> *There are no set rules as to using or not using electronic media.*

William stressed that there were no set rules as to using or not using electronic media in AnMt and as to what is allowed or not allowed. This question needed to be dealt with according to the requirements of the situation with a particular music therapy client.

> *Electronic media as a starting point in therapy.*

Gerry said that under certain circumstances the use of electronic media could be a starting point in music therapy. In agreement with this, William compared the AnMt setting with a house with a corridor and a parlour. In order to get into the parlour, which

was compared with the pre-music therapy situation, one needs to go through the corridor, which was compared with the "peri"-therapy situation (William, personal communication, April 27th, 2010). While electronic media can be used in pre-therapy, they are regarded as contra-indicated in "peri-therapy", as the above descriptions regarding electronic media explains.

Use of electronic media requires careful consideration on relationship level.

William pointed out that the use of electronic media was legitimate in other music therapy approaches. In his opinion if one was using them one had to know them quite well and be clear about what they were and were not, especially on a relationship level. William regarded that the use of electronic media required knowledge of what had to be compensated for when using them:

> Yes, one has to, if one includes media, very much, one has to be
> quite clear about it. Well, I also find, one can certainly also
> include media, it is surely legitimate in the one or the other
> method, but one really has to know the medium very well. (...)
> What it is particularly on this relationship level and what it is not,
> what I have to compensate when I use it, right? (Interview 4,
> December 14th, p.50)

If use of electronic media/music is indicated then patients may be referred elsewhere.

William proposed that if the declared therapeutic goal is in the area of relationship building and not in the area of influencing the organic or etheric plane, it would be possible to move along with the client"s musical taste. At the same time, he stated that if he himself was required to do the latter, he would probably refer the client to another music therapist who uses electronic playback devices and instruments. Perhaps a therapist who plays rock music, as he himself didn"t feel confident to play this kind of music. He stated that he didn"t have to participate in and go along with absolutely everything, "like a pastor who is trying to appear modern" (Interview 4, December 14th, 2009, p.43) and remarked that a music therapist works best in an area where he or she feels at home.

9. Applicability of AnMt methods for other music therapists.

The following two categories are related to the applicability of anthroposophical methods for music therapists not trained in the anthroposophical approach. One of the interviewees, Mary, strongly expressed the opinion that an integration of methods was not possible, while Gerry and Mia seemed to be more open towards this idea. With William, this question wasn‟t raised during the interview.

Application of AnMt methods by others may be problematic.

Mary indicated that it wasn‟t possible to integrate elements from AnMt into other music therapy approaches. She expressed the view that working with anthroposophical methods required developing oneself anthroposophically. She felt that if such a development didn‟t take place, music therapists coming from other approaches could only use the anthroposophical instruments.

AnMt is more than using anthroposophical instruments.

Mary stressed that practising AnMt meant much more than using the anthroposophical instruments, such as lyre and chrotta. She proposed that it was necessary to be well informed and trained and that the background behind AnMt was important for using the methods and techniques. She pointed out that one could play nice music on anthroposophical instruments but that the therapeutic quality in AnMt, working on an organ level, was something entirely different and that Maria Schüppel had been able to work in this way.

It is necessary to know exactly what one is doing in AnMt.

Mary claimed that in AnMt it was necessary to know what one was doing and why. She stated that she always told her students that if they didn‟t know what they were doing and why, they shouldn‟t do it. The failure to know what one was doing delivered no results. For example, if one was playing the Tao and didn‟t know about its background, there was little chance of therapeutic benefit. Mary explained that one couldn‟t just play the sequence of tones attributed to the Tao and think this was the Tao. The Tao had a huge background and one needed to take along this background when playing it to clients. Mary thought that if one only played the tones of the Tao it wasn‟t going to do anything for a client in music therapy.

Anthroposophical concepts in connection with AnMt need to be lived experiences.

The example of the movement of uprightness, quoted by Mary, was already mentioned above, where the student performing this sequence only had success with her client when she inwardly experienced it herself. Mary stressed that it wasn"t only a matter of understanding anthroposophical concepts but that they needed to be lived experiences.

Application of AnMt methods by others may be possible.

Some of the interviewees" statements indicated that an application of AnMt methods through other music therapists may be possible to a certain extent.

It may be enough to know about certain aspects of anthroposophy.

Mia pondered about the idea that a detailed background in the whole of anthroposophy may not be necessary when applying anthroposophical methods in music therapy. She thought that knowing about music and anthroposophy could be enough. Gerry also commented that one could possibly use the idea of the threefold human being without having read all of Steiner"s 300 volumes and 6000 lectures.

Non-anthroposophical music therapists should use anthroposophical ideas.

Gerry stated that people not calling themselves anthroposophical music therapists could and should use anthroposophical ideas if it worked for them. He said that it could not necessarily be concluded that music therapists coming from other approaches couldn"t use anthroposophical ideas because all types of music therapy training were sensitising processes. Mia remarked that she would be very interested in other music therapists using anthroposophical ideas and that she thought that was wonderful. Both Mia and Gerry indicated that certain aspects of anthroposophy could be grasped with the help of common sense, but that a certain basic knowledge of anthroposophy would still be necessary.

The anthroposophical instruments could be used by non-AnMt music therapists.

Both Gerry and Mary pointed out that the anthroposophical instruments could be used by other music therapists. Gerry expressed the view that the anthroposophical

instruments could have a "wide application well beyond the ghetto of anthroposophy" (Interview 1, March 11th, 2008, p.18).

10. Relationship to other music therapy approaches.

The following sub-categories illuminate AnMt‛s relationship to other music therapy approaches from the point of view of the four AnMt practitioners interviewed for this thesis.

Common ground and differences between AnMt and other music therapy approaches.

Interviewees had different ideas about common ground with and differences to other music therapy approaches. For example, Mary thought that there wasn‛t much common ground at all, maybe a little bit. Mia, Gerry and William appeared to find more similarities but were also clear that there were important differences, that AnMt had its own distinct approach of practising music therapy and was based on a view of the human being that wasn‛t easily reconciled or combined with other views, such as the psychoanalytical one.

Similar tonalities may be used.

Gerry found a similarity between AnMt and other music therapy approaches that was based on the use of musical tonality. He thought that music therapists not working within AnMt might use similar tonalities as AnMt practitioners, such as modal music.

Helping people through music is another area of common ground.
Gerry expressed the view that the idea that people could be helped through music should be shared by any nurse or hospital manager in the world and that everyone who contributed to this was on the right path: "(...) anybody who is doing anything towards that end is (...) going in the right direction, no matter whether they are doing it using a squeeze-box or piano or even an electric guitar" (Interview 1, March 11th, 2008, p.18). Gerry thought that helping people using music was more important than "carrying the torch of anthroposophy" (Interview 1, March 11th, 2008, p.18).

Thinking about the client after the session may be another area.

Gerry‟s statement mentioned earlier, in which he said that any therapist "worth their salt" (Interview 1, March 11th, 2008, p.7) may think about the client and the session afterwards, whether he or she was working anthroposophically or not, can also be seen as an area of common ground.

There may be similar concepts in AnMt and in other music therapy approaches.

Some of the comments made by William during his interview suggest that some concepts underlying AnMt and other music therapy approaches might be similar. Some of these concepts are specified below.

Resonating.

William explicated that a patient‟s ability to resonate was another specific area in AnMt and that the idea of resonating is not only known in anthroposophy.

Impacting on vegetative functions in music.

As was explained earlier, impacting on the ether body can be seen as impacting on the human being‟s vegetative functions. It was already mentioned above that William spoke about the effects of music on the vegetative system, in connection with muscle tone and loudness.

Compensation-motivated behaviours.

William spoke about the fact that some behaviours or other, also physical phenomena in human beings, can be a sign of compensation or even over-compensation. This may mean that some behaviours or phenomena might appear like their opposite. William pointed out that this principle was also evident in psychology.

Creative Music Therapy is often linked to AnMt.

Gerry and Mary commented on the idea that in the general public, Creative Music Therapy was sometimes linked with AnMt. Gerry thought that as far as Nordoff and Robbins were concerned, Creative Music Therapy was an anthroposophical approach. He believed that the Nordoff/Robbins approach was responsive and not at all prescriptive. According to Gerry, Nordoff and Robbins stated in their first book that their method was based on anthroposophy and on their experiences with Karl König and in Camphill. Gerry pointed out that he didn‟t dispute the idea that Creative Music Therapy was based on anthroposophy and that he didn‟t have much experience of the

Nordoff and Robbins''s approach. However, he also mentioned that he didn''t have a problem with other people with an anthroposophical background stating that Creative Music Therapy was not anthroposophical. He added that if it was anthroposophical, it was certainly "in its own little corner" (Interview 1, March 11th, 2008, p.14). Gerry said that the Nordoff and Robbins-approach used an instrument not usually associated with AnMt, the piano. The latter was probably put to good use in the approach and the therapist needed considerable pianistic and improvisation skills.

Mary also referred to the fact that both Nordoff and Robbins began working in music therapy in an anthroposophical context. She mentioned that Clive Robbins developed the approach further and that a similarity with AnMt consisted of the emphasis of music as a therapeutic agent, rather than verbal interaction.

AnMt and other music therapy approaches have an equal right to exist.

It has already been mentioned that Gerry thought that helping people with music was more important than carrying the torch of anthroposophy. William also indicated that he was glad there was a variety of music therapy approaches. He thought that it was great that there were different therapists working in different ways and that every approach had its right to exist. He said that there were always people who needed an approach and that this was the way one had to look at it, that this was the freedom factor in it.

Only music-centred approaches are really music therapy.

Mary narrated that one of her colleagues had told her that only anthroposophical music therapists should call their approach music therapy and that psychotherapeutically oriented music therapists should maybe call their approach "talking therapies with a bit of music" or "psychotherapy with music" (Interview 3, March 18th, 2009, p.26). She laughed while saying this and added that in Traditional Oriental Music Therapy, the music was also the main therapeutic "engine" in the therapeutic process. Mary indicated that AnMt, Creative Music Therapy and Traditional Oriental Music Therapy, were all music-centred approaches and that they were "the real music therapies" as opposed to "talking therapies with a bit of music" (Interview 3, March 18th, 2009, p.26).

Findings from the matrix and the axial coding paradigm.

This section provides a brief presentation and discussion of the findings gained during axial coding of the interview data. At first, a process of allocating properties and dimensional ranges to the ten major themes „anthroposophical knowledge", „universality of musical elements", „use of instruments", „therapeutic process", „therapist"s qualities", „therapeutic relationship", „psychodynamics and psychotherapy", „electronic media", „applicability for other music therapists" and „relationship to other music therapy approaches" was undertaken, as was also suggested in the literature, for example by Daveson et al. (2008). I am referring to this process as „matrix", following the approach of Edwards and Kennelly who devised a matrix with properties and dimensional ranges for their research in connection with therapeutic techniques in music therapy work with children with neurological impairments (Edwards & Kennelly, 2004).

During axial coding, a consequential process was also used to explore the causal conditions, the phenomenon, context, intervening conditions, action and interaction strategies, and consequences in relation to each theme (Corbin & Strauss, 2008; Edwards, 2000; Flick, 2002; Konecki, 1997). I refer to this as „axial coding paradigm", following Flick"s description of this process as „coding paradigm" ["Kodierparadigma"] (Flick, 2002, p. 265). Other authors, such as Corbin and Strauss, refer to this process as "conditional" or "consequential matrix" (Corbin & Strauss, 2008, p. 229). In order to avoid confusion about two different kinds of „matrices" I decided to refer to the process allocating properties and dimensions to the themes as „matrix" and to the consequential process described above as „axial coding paradigm". Both strategies, matrix and axial coding paradigm, serve to examine the themes more closely, to understand their connections to the other themes (Flick, 2002) and to analyse "data for context" (Corbin & Strauss, 2008, p. 229).

1. Anthroposophical knowledge.

Matrix.

Different anthroposophical concepts, such as the models of the threefold and fourfold human being and the model of the 12 senses, were identified as properties of the theme, since they define the term „anthroposophical knowledge" further. The dimensional ranges were located between general and specialised anthroposophical

knowledge, between knowledge that is expertise-based and knowledge that can also be applied by others and between „Steiner oriented" and „applied in context". General anthroposophical knowledge could be seen as knowledge that is not so specific and exists on a more peripheral level. As was pointed out by Gerry and Mia, a qualified music therapist who is not anthroposophically trained and who is interested in using techniques from AnMt, will need some general anthroposophical knowledge. However, specialised anthroposophical knowledge is required to be developed by the AnMt practitioner. He or she is then an expert in AnMt and has detailed insight into anthroposophy. Usually, the anthroposophical knowledge applied in AnMt is „Steiner-oriented" in a sense that it is based on Steiner's views and recommendations. However, it was noted from the interviews that AnMt practitioners apply anthroposophical knowledge in the context of the demands of the therapeutic situation, which are largely determined by clients' needs. This may lead to variation in application of Steiner-based knowledge, as exemplified in the finding that some AnMt practitioners do and others don't use the piano in AnMt treatment (Interview 1, March 11th, 2008; Interview 2, August, 29th, 2008; Interview 4, December 14th, 2009).

Axial coding paradigm.

The axial coding paradigm reveals that the intervening conditions apply especially to music therapists not trained anthroposophically who have an interest in AnMt-methods and techniques. Obstacles for their use of techniques from AnMt could lie in the esoteric and difficult to grasp nature of anthroposophy, which is, for example, interwoven with different philosophies and esoteric schools, such as theosophy, Gnosticism or Platonism and cannot easily be comprehended by the uninitiated person. In this context, the theme „anthroposophical knowledge" is related to the theme „applicability for other music therapists", since anthroposophical knowledge is one of the prerequisites for the applicability of techniques from AnMt for other music therapists. For the specialist AnMt music therapist, detailed knowledge of anthroposophy is essential, as was stressed by interviewees (Interview 1, March 11th, 2008; Interview 3, March 18th, 2009). It constitutes the „tools" that are necessary to apply techniques and methods of AnMt correctly and effectively.

Action and interaction strategies lie in the systematic application of anthroposophical knowledge to treat clients in music therapy, with the desired

consequence of improvement of clients" wellbeing, although „curing" the client may not always be the ultimate goal in AnMt. There are impressive accounts of AnMt work with terminally ill or dying patients, who found a new outlook on life through the AnMt treatment, for example by improving their relationships with loved ones, being able to communicate differently or finding relief for physical and emotional symptoms (for example Bissegger, 2001; Treichler, 1996).

2. *Universality of musical elements.*

Matrix.

In the matrix exploring the properties and dimensions of the theme of universality of musical elements, the properties of these musical elements were named as tonality, scales and intervals, but also composition and improvisation were mentioned as properties of this theme, because composed and improvised music are mostly used on the basis of the assumption that music"s universal or archetypal properties are effective here as well and take influence on the client in a specific way. The dimensional range of this theme is located between individual and universal on the one hand, as regards music"s effect on the human being. Music"s individual effects are not entirely denied but it is assumed that this still allows universal effects to happen (Interview 1, March 11th, 2008).

The range between expressive and phenomenon-based applies specifically to improvisation in AnMt, which can move between these two poles, as was described by William (Interview 4, December 14th, 2009). Music used in AnMt can be either tailored to clients" needs or pre-composed, and sometimes a mixture of both is used in AnMt, as Mia described in her interview (Interview 2, August 29th, 2009). Music"s universal effects can be used in an isolated way, which means that a particular symptom is treated. However, more often they are used in a holistic way in AnMt, which means that the human being as a being with a body, soul and spirit is addressed. This holistic aspect always plays into AnMt treatment to some degree, even if specific symptoms, such as inflammatory bowel diseases, are focused on. As William said in his interview, the soul is always at play in the treatment processes. He stated that AnMt is an allied discipline of anthroposophical medicine (AM), a medical practice aligned to psychosomatic medicine (Interview 4, December 14th, 2009). Isolated treatment of particular symptoms

is rarely undertaken in AnMt and in AM. Most of the time the whole person is kept in mind, based, for example on the model of the fourfold human being (Interview 3, March 18th, 2009; Interview 4, December 14th, 2009). So even if musical elements address a specific symptom or imbalance in the human being, the whole person is always addressed, because AnMt often aims to restore equilibrium (Felber, et al., 2003; Reinhold, 1996) and the word equilibrium implies that there is more than one part of a whole involved, maybe in the shape of a system consisting of interdependent parts. For example, the Oxford English Dictionary defines the term "equilibrium" as follows: "The state of equal balance between powers of any kind; equality of importance or effect among the various parts of any complex unity" (OED, 2010, 'equilibrium', definition 2a).

Axial coding paradigm.

In the consequential paradigm that was used for axial coding, causal conditions for the universality of musical elements implied Pythagorean and Platonist ideas about a „music of the spheres" (Pfrogner, 1981; Ruland, 1992; Zipp, 1985) but also insights gained from anthroposophy as a „spiritual science" were present (Interview 3, March 18th, 2009). The phenomenon of universality of musical elements in AnMt is related to the way these elements are used, taking music"s universality as a basis, in order to treat clients in music therapy, within the context of clients" needs. Intervening conditions may be related to music"s idiosyncratic effects on clients or to the fact that certain music used in AnMt may not be meaningful to all clients, for example if one thinks of adolescents in crisis. Action and interaction strategies in AnMt include the application of musical elements in congruence with their universal meaning, with clients" needs and difficulties and with anthroposophical principles. This may also mean that the client is picked up where he or she is musically and then one gradually moves towards application of therapeutically indicated musical elements from an AnMt point of view (for example Interview 2, August 29th, 2008). Consequences may imply alleviation of symptoms in the client, but also changing „imprinting", especially if the client gets stuck in certain patterns (William, personal communication, April 27th, 2010).

3. Use of instruments.

Matrix.

In the matrix, the different instruments used in AnMt were mentioned as properties of the theme „use of musical instruments". These included the lyre, chrotta, metal instruments by Manfred Bleffert, flute, metallophones, percussion instruments and piano. These were only a few of the instruments referred to by the interviewees. Instruments used in AnMt can be anthroposophical or traditional or traditional instruments adapted by AnMt for therapeutic purposes, such as the chrotta, which was developed out of the Celtic Crwth (Reinhold, 1996). Instruments can be specialised, such as the lyre and chrotta or the Bleffert metal instruments or they can be general instruments used in AnMt, such as the flute or metallophone (Interview 2, August 29th, 2008). The dimensional range also includes instruments that are either used in AnMt, such as lyres, chrottas, and many other instruments, or avoided, such as the electric guitar and, in some cases, the piano (Interview 1, March 11th, 2008). Instruments can be perceived as problematic in AnMt, such as the piano or electronic instruments or as called for because they are tailored to Steiner"s views of the human being, such as the lyre and chrotta (Interview 1, March 11th, 2008). The piano was partly perceived as not sensitive enough, as a lovely abstraction and as an instrument for megalomaniacs (Interview 1, March 11th, 2008), while other instruments, like lyre, bordune lyre, choroi flutes, the violin or even the classical guitar, were on the other side of the continuum as instruments regarded as sensitive, intuitively arrived at or user-friendly for the untutored person (Interview 1, March 11th, 2008).

Axial coding paradigm.

In the consequential axial coding paradigm, the causal conditions for use of instruments in AnMt were once again related to Steiner"s view of the human being, which is a criterion for instruments to be regarded as helpful or not so helpful in AnMt. Steiner"s view of the human being also called for development of new, specific and anthroposophical instruments (Beilharz, 2004b; Gevecke, 2004; Reinhold, 1996). The phenomenon of the use of instruments in AnMt was described above, with the properties and dimensions of this theme. Anthroposophical and conventional instruments are used to treat clients in accordance with anthroposophical principles, but clients" preferences and dislikes as also taken on board (Interview 3, March 18th, 2009).

The context is, for example, situated in Steiner‟s model of the threefold human being, with wind instruments seen as connected to the upper human being and to thinking, stringed instruments as linked to the middle human being and to feeling and percussion instruments as related to the lower human being and the will (Felber, et al., 2003; Reinhold, 1996). Depending on clients‟ diagnosis and symptoms, instruments are then used accordingly. Intervening conditions can, for example, be related to the fact that clients might not always feel attracted to those instruments that are therapeutically indicated for them. One of the interviewees, Mia, also mentioned that in AnMt it was sometimes necessary to let clients play the instruments they are interested in before other music therapy interventions can take effect (Interview 2, August 29th, 2008). Action and interaction strategies include using the client‟s interest in a certain instrument as a starting point in music therapy and gradually introducing other instruments as indicated (Interview 1, March 11th, 2008; Interview 2, August 29th, 2008). However, other views were expressed. Mary claimed that usually the therapist chose the instrument for the client and that in most cases this was the right thing (Interview 3, March 18th, 2009). Again, consequences of the use of musical instruments in AnMt are grounded in the client‟s wellbeing. Symptoms may be alleviated or blocked energy flow may be restored.

4. Therapeutic process.

Matrix.

In the matrix I attributed different properties to the theme „therapeutic process‟, such as diagnostic sessions, design of therapy and methods applied. These properties have different dimensional ranges: Elements of the AnMt-process can be seen as prescriptive or spontaneous or can contain elements of both. Prescriptive elements can, for example, entail the use of certain planetary tones or scales in connection with certain organ malfunctions (Interview 2, August 29th, 2008; Interview 3, March 18th, 2009). Spontaneous elements can consist of improvisation (Interview 2, August 29th, 2008; Interview 4, December 14th, 2009). Therapeutic interventions and methods can be music-centred or relationship-centred. In this context, music-centred means that the music is seen as the main "engine" promoting therapeutic change in clients (Interview 3, March 18th, 2009). Accordingly, the term relationship-centred implies that the therapeutic relationship is the main therapeutic agent. The interviews revealed that both

aspects are present in AnMt. Processes in the approach can be seen as non-verbal or verbal, and both of these opposites exist in AnMt in varying degrees, even though it is mainly seen as a non-verbal music therapy approach (Interview 4, December 14th, 2009). William pointed out that a certain amount of verbal interaction is necessary in AnMt, for example when clients communicate how the music played in the therapeutic process affects them. However, he also indicated that verbal interaction is not used to process clients‟ inner conflicts in AnMt (Interview 4, December 14th, 2009).

Axial coding paradigm.

In the axial coding paradigm, causal conditions in connection with the theme of the therapeutic process in AnMt were identified as different stages that form the therapeutic process, such as diagnosis, design of the therapeutic treatment, application of the therapeutic treatment and other components of the process. The phenomenon of the therapeutic process with all of its different stages and components was described at length in this chapter. The context is to be seen in Steiner‟s view of the human being and in clients‟ needs. The musical diagnosis plays a key role for the whole therapeutic process of AnMt as it is considered that the way a client plays, listens or doesn‟t listen reveals a lot about his or her personality and his or her problems which require treatment (Interview 1, March 11th, 2008; Interview 3, March 18th, 2009; Interview 4, December 14th, 2009). Intervening conditions could lie in the fact that sometimes there is not enough time for a differentiated musical diagnosis, as was mentioned by William in his interview (Interview 4, December 14th, 2009). Action and interaction strategies consist, for example, of incorporating the musical diagnosis into the treatment like a continuous assessment (Interview 4, December 14th, 2009) or of making an extra effort to keep the therapeutic frame consistent and provide sessions in a regular rhythm (Interview 4, December 14th, 2009). Consequences of the multi-stage process character of AnMt lie in creating possibilities for differentiated assessment and treatment tailored to clients‟ needs (Interview 1, March 11th, 2008).

5. Therapist's qualities.

Matrix.

In the matrix the properties „experience with musical phenomena‟, the „therapist‟s personality‟, „sensitivity‟ and „pursuing an anthroposophical path‟, for

example by doing anthroposophical spiritual exercises, were allocated to the theme „therapist‟s qualities‟. Experience with musical phenomena was deemed important when these phenomena are applied therapeutically (Interview 3, March 18th, 2009). Mary stressed that it was not possible for an AnMt practitioner to use musical elements in therapeutic treatments without having encountered his or her own experiences of these musical elements. William mentioned that the therapist‟s personality played a role in AnMt, that the "who" was just as important as the "what" (Interview 4, December 14th, 2009).

The dimensional ranges of the therapist‟s qualities were located between inflexible and open-minded. According to interviewee Mary, being inflexible is "nonsense" in AnMt and a great amount of openness and flexibility is needed (Interview 3, March 18th, 2009). Other dimensional ranges included „anthroposophically trained‟ and „using common sense‟. The latter concept was expressed both by Mia and by Gerry, who thought that music therapists not anthroposophically trained might be able to apply some elements from AnMt by using their common sense. Music therapists can have a spiritual or materialistic outlook on life and on their therapeutic approach, but in AnMt the spiritual side would be more congruent with the approach.

Axial coding paradigm.

In the axial coding paradigm, causal conditions for the theme „therapist‟s qualities‟ were seen as determined through the need to develop certain qualities as an AnMt practitioner from an anthroposophical point of view. Anthroposophical music therapists have to be able to "listen to the unheard" and to develop themselves anthroposophically (Interview 3, March 18th, 2009, p.10). The phenomenon of the „therapist‟s qualities‟ is related to the demands of the profession of an AnMt practitioner. Knowledge alone isn‟t enough. The therapist needs to have a lived experience of musical elements applied in therapy (Interview 3, March 18th, 2009). The context lies in the phenomenological approach to exploring properties of musical elements and in the need to be able to apply musical elements correctly. AnMt practitioners also have to be able to deal with the pitfalls of therapeutic work, as expressed in the idea of the Doppelgänger. Intervening conditions can lie in the personality of the therapist, who may think knowing intellectually about methods and musical elements applied is enough (Interview 3, March 18th, 2009). Mary described

how AnMt students in training have to empty themselves of preconceived notions in order to have the openness required to perform the profession (Interview 3, March 18th, 2009). Action and interaction strategies include careful training of AnMt students, including phenomenological studies and spiritual exercises (Interview 3, March 18th, 2009). The intended consequence of these efforts is to train competent and effective clinicians within the approach of AnMt.

6. Therapeutic relationship.

Matrix.

With the „therapeutic relationship as a prerequisite" for music therapy taking effect, „trusting relationship" and „elicited by music" were mentioned as properties of the theme „therapeutic relationship" in the matrix. In his interview, William mentioned that the therapeutic relationship was a precondition for the possibility that music therapy takes effect (Interview 4, December 14th, 2009). William specified, that no therapeutic treatment was possible without a trusting relationship. At the same time, he pointed out that even when playing just one tone, a musician already had a relationship with everyone present in the room (Interview 4, December 14th, 2009). In this way, according to William, the music elicits a relationship. In the dimensional range, the therapeutic relationship moved between interaction-based and music-based. In this context, music's interactional quality was not overlooked. Instead, the term „interaction-based" included all other interactions that were not musical, such as verbal interactions. Another dimensional range of the therapeutic relationship was located between „separation-oriented" and focused on „playing together". This issue was mentioned by Mary in her interview. She stated that when commencing music therapy with a client she already thought of separation and not of playing together (Interview 3, March 18th, 2009). The therapeutic relationship could also be seen on a range between unimportant and important by different interviewees. Mary thought the relationship was unimportant, while William rather saw it as playing an important role in AnMt (Interview 3, March 18th, 2009; Interview 4, December 14th, 2009).

Axial coding paradigm.

In the axial coding paradigm for the theme „therapeutic relationship", causal conditions were linked to the fact that the therapeutic relationship was not regarded as central in AnMt in the past (Interview 4, December 14th, 2009). This has changed to some degree as music"s power to elicit different processes in the human being has been recognised as a reason to deal with this topic more (Interview 4, December 14th, 2009).

The phenomenon of the therapeutic relationship in AnMt implies that it is sometimes seen as a pre-condition for effective AnMt treatment (Interview 4, December 14th, 2009), while the music is regarded as the main vehicle of therapeutic change (Interview 3, March 18th, 2009). The context of this theme implies that different concepts of the term „relationship" may be responsible for attributing more or less importance to this aspect in AnMt (Interview 4, December 14th, 2009). The therapy review is a way of dealing with aspects of the therapeutic relationship in AnMt:

> ….[one] tries to recall the situation once more or also to see oneself and the patient, but especially oneself, right? How one…or also why, sort of (…):"Yes, he reacted like that" and then turning the mirror around: "Well, what happened maybe from your side?" So this is part of the review. That one can face oneself as if one were a stranger. (Interview 4, December 14th, 2009, p.48).

The context of the importance that is or isn"t attributed to the therapeutic relationship in AnMt is also connected to the fact that in anthroposophy, psychodynamic concepts that may be linked to the therapeutic relationship are seen with a certain amount of scepticism (Interview 4, December 14th, 2009).

As mentioned before, conditions that may intervene with paying attention to the therapeutic relationship in AnMt may lie in the view that it is the music that elicits therapeutic processes (Interview 4, December 14th, 2009). Action and interaction strategies include the increased discussion of issues related to the therapeutic relationship in AnMt, for example at the 2010 AnMt conference in the Netherlands (Interview 4, December 14th, 2009).

7. Psychodynamics and psychotherapy.

Matrix.

In the matrix the following properties were attributed to psychodynamics: Transference, countertransference and the Doppelgänger. While transference and countertransference are truly psychodynamic concepts, the Doppelgänger is an anthroposophical concepts that deals with issues that are partly reminiscent of psychodynamic ideas, especially in connection with unconscious materials that can have a destructive impact on the therapeutic relationship (Interview 4, December 14th, 2009). Consequently, the dimensional ranges of psychodynamics were located between an anthroposophical and a psychodynamic view. They were also situated between being ignored, for example in the past, and noticed, as is more and more the case in the present (Interview 4, December 14th, 2009). Two further dimensional poles on a continuum were related to how psychodynamic issues were dealt with: Through anthroposophical exercises or through experiential work and supervision. Supervision is also known in AnMt, as is shown by the fact that in the AnMt training at the "Musiktherapeutische Arbeitsstätte" in Berlin, supervisors are part of the staff responsible for student training and development ("Musiktherapeutische Arbeitsstätte," 2010).

Axial coding paradigm.

In the axial coding paradigm, the causal conditions in connection with psychodynamics were linked with the fact that after past negligence of this issue, recently it has been noticed that in a music-centred music therapy approach, the therapist‟s personality plays a role and that music has the power to elicit processes that need to be handled, such as reactivation of trauma (Interview 4, December 14th, 2009). This has lead to a greater openness towards psychodynamic aspects in some AnMt practitioners (Interview 4, December 14th, 2009). The phenomenon of psychodynamics in AnMt is still influenced by anthroposophical concepts, such as the Doppelgänger, the therapy review and anthroposophical exercises that are intended to enhance spiritual self-development. Some anthroposophical music therapists, such as Odulf Damen, have moved closer to actual psychodynamic views (Interview 4, December 14th, 2009). The anthroposophical view on psychodynamic aspects has to be seen in the context of Steiner‟s Menschenbild, including the models of the threefold and the fourfold human

being. The concept of imprinting and resolving or loosening unhelpful imprinting is also an issue that influences the unique anthroposophical views on psychodynamic processes in therapy (Interview 4, December 14th, 2009). The perceived irreconcilability of anthroposophical and psychodynamic concepts can intervene into processes that may work towards an integration of psychodynamic ideas into AnMt (Interview 2, August 29th, 2008). Similar to the therapeutic relationship, which can be related to psychodynamics, the action and interaction strategies striving to incorporate psychodynamic ideas into AnMt consist of getting a dialogue and discussion between holders of opposing views started. Consequences of this process could but don"t have to lie in a greater openness towards psychodynamic ideas in AnMt. This conclusion is not meant to suggest that AnMt is going to be a psychodynamic approach but that a greater acceptance of the effectiveness of psychodynamic processes in AnMt could be reached. William mentioned in his interview that there is an anthroposophical stream of psychotherapy which is related to behaviouristic ideas (Interview 4, December 14th, 2009). Although behaviouristic ideas are not related to psychodynamics they are mentioned here because they are related to psychotherapeutic approaches in general.

8. Electronic Media.

Matrix.

In the matrix the properties of the theme „electronic media" that were mentioned by interviewees included different devices used in production and playback of electronic music, such as MP3-players, other electronic playback devices, and electronic keyboards (Interview 1, March 11th, 2008). On the dimensional ranges between useful and problematic, used or avoided and indicated or contra-indicated they were mainly regarded as problematic and are usually avoided in AnMt. In the actual "peri-therapy" part of AnMt (William, personal communication, April 27th, 2010) they are seen as counterproductive (Interview 1, March 11th, 2008) and contra-indicated (Interview 4, December 14th, 2009). However, interviewees admitted that the use of electronic media can sometimes be indicated, for example if clients have a certain "unhealthy fascination" with them (Interview 1, March 11th, 2008, p.3) or in work with adolescent clients (Interview 4, December 14th, 2009).

Axial coding paradigm.

The causal conditions identified in the axial coding paradigm in connection with the way electronic media are dealt with have already been discussed above. They are partly related to the view that electronic media reproduce a "frozen" musical situation (Interview 4, December 14th, 2009). Electronic media are regarded as providing a "one-way-communication" in which the listener‟s side is not included (Interview 4, December 14th, 2009). The context of the theme consists of the omni-presence of electronic music and electronically played-back music and its assumed negative effects on clients in music therapy (Interview 1, March 11th, 2008; Interview 4, December 14th, 2009). Intervening conditions can be connected to clients‟ interest in and fascination for music played on electronic media. Interaction strategies can consist of starting the therapeutic process of with inclusion of electronic media (Interview 1, March 11th, 2008; Interview 4, December 14th, 2009) in the „pre-therapy-corridor‟ of AnMt (Interview 4, December 14th, 2009). Consequences include avoidance of electronic media in "peri-therapy" and possibly referring clients to other music therapists who work with these media.

9. Applicability for other music therapists.

Matrix.

The use of elements from AnMt by other music therapists was identified as one of the properties of the theme „applicability for other music therapists‟. This was specified further into the components instruments, sequences and techniques. The dimensional ranges of this theme moved between „possible‟ and „problematic‟ on the one hand, and between „instruments could be used‟ and „more elements could be used‟ on the other hand. Two of the interviewees thought that elements from AnMt, such as the Mercury Bath, breathing melody and other sequences, could be used by other music therapists if they manage to acquire a certain anthroposophical knowledge (Interview 1, March 11th, 2008; Interview 2, August 29th, 2008). One interviewee didn‟t make any statement about this topic and another interviewee, Mary, found the use of elements from AnMt by other music therapists, such as sequences like the Mercury Bath or Tao, problematic (Interview 3, March 18th, 2009). She stressed that sequences such as the Mercury Bath or Tao have a very differentiated and specialised anthroposophical background and that therapists using these sequences needed to be familiar with this

background (Interview 3, March 18th, 2009). Mary also stressed that music therapists interested in using anthroposophical elements in their clinical work needed to develop anthroposophically (Interview 3, March 18th, 2009). While Mary thought that non-anthroposophical music therapists could only use the anthroposophical instruments (Interview 3, March 18th, 2009), Gerry and Mia indicated that they could imagine the use of other elements from AnMt as well, if the therapist using them knew what he or she was doing. Mia even stated to be quite excited about the idea of other music therapists using elements from AnMt, such as the Mercury Bath (Interview 1, March 11th, 2008; Interview 2, August 29th, 2008).

Axial coding paradigm.

The causal conditions were interpreted as the possibility that music therapists from other music therapy approaches may be interested in using elements from AnMt. While anthroposophical musical sequences such as the Mercury Bath or breathing melody or scales such as the planetary scales may only be used by music therapists who are familiar with AnMt to a higher degree, practitioners not so familiar with the approach may still be interested in using some of the anthroposophical instruments, such as the lyre. For example, the music therapy course I am teaching in is psychodynamically oriented. However, the instruments available in this course include a kantele and a bordune lyre, a tenor chrotta and various choroi flutes.

The phenomenon of the applicability of AnMt methods for other music therapists is dependent on the fact that AnMt is a distinct music therapy approach with its own knowledge base, referral and assessment procedures and guidelines regarding clinical practice. It is a highly developed and complex approach. This implies that an application of its methods by other music therapists may not be straightforward.

Here, the context of anthroposophy and the anthroposophical view of the human being needs to be considered again. There is a certain danger of taking methods and elements from AnMt out of this context. Anthroposophical knowledge, such as the models of the threefold and fourfold human being, play an important role in connection with methods from AnMt. AnMt is a music therapy approach which is adapted to and geared towards the anthroposophical view of the human being. In this way the theme „applicability for other music therapists" is related to the theme „anthroposophical knowledge".

The intervening conditions imply that music therapists interested in applying methods or ideas originating in AnMt into their clinical work may not have enough knowledge of anthroposophy. Not knowing the background of the anthroposophical sequences, such as the Tao, Mercury Bath or breathing melody, as well as the planetary scales, may make it difficult to apply these sequences in an informed, ethical and effective way and should be refrained from (Interview 3, March 18th, 2009).

Action and interaction strategies could include that non-anthroposophical music therapists interested in using ideas from AnMt make themselves knowledgeable about anthroposophy. They could attend courses, conferences, read literature, watch AnMt in action, communicate with AnMt practitioners and participate in phenomenological studies of musical elements. These interaction strategies were not mentioned by the interviewees, but are ideas I took into consideration when thinking about the context of my own clinical work in which I tried to include elements from AnMt, and in connection with the therapy journals I wrote.

The consequence of this could be that if music therapists acquire an adequate background in anthroposophy it may be safe to use some of the more general elements of AnMt, such as the lyre, chrotta or other anthroposophical instruments, as well as the Mercury Bath, Breathing melody, or planetary scales. For mainstream music therapists the possibility to use these elements could present an enrichment of their clinical practice. However, the AnMt elements would need to be applied with care and with ethical awareness, that is the awareness of not using methods they don"t know enough about.

10. Relationship to other music therapy approaches.

Matrix.

In the matrix, other music therapy approaches, namely psychotherapeutically oriented approaches and Nordoff-Robbins music therapy, were mentioned as properties of the theme „relationship to other music therapy approaches." In AnMt"s relationship to these approaches, dimensional ranges moved between „different" and „having common ground", between „contradicting" and „reconcilable" and between „more meaningful" and „equal". The latter dimensional range refers to statements made by interviewees that suggested that to them AnMt was more meaningful than other music therapy approaches. For example, Mary wondered whether only the music-centred approaches

should be called music therapy (Interview 3, March 18th, 2009). At the other side of this dimensional range, William indicated that different music therapy approaches had an equal right to exist and that different approaches appealed to different kinds of clients (Interview 4, December 14th, 2009). Mia proposed that AnMt and psychoanalytical or psychodynamic approaches are hard to reconcile (Interview 2, August 29th, 2008). Gerry saw some common ground between AnMt and other music therapy approaches, for example in the intention to help people with music (Interview 1, March 11th, 2008).

Axial coding paradigm.

Causal conditions in connection with AnMt"s relationship to other music therapy approaches are partly related to Steiner"s views, which create a distance to psychoanalytical or psychodynamic approaches but have certain similarities with other approaches, such as Creative Music Therapy, which has some roots in anthroposophy. The phenomenon of AnMt"s relationship to other music therapy approaches is coloured by these differences and similarities, for example also by a certain affinity for humanistic psychology, which again has had an influence on some other music therapy approaches, such as Creative Music Therapy.

While the context of Creative Music Therapy being partly rooted in anthroposophy suggests that the two approaches are related to each other, there are also some profound differences. There are some points of overlap between AnMt and other music therapy approaches, which may also seek to connect music therapy with spirituality, work with the assumption that musical archetypes exist or which could be seen as being music-centred. Prescriptive use of musical elements also occurs in some other approaches.

Intervening conditions that may prevent AnMt from being fully integrated into the general music therapy picture are partly based in AnMt"s esoteric foundations in anthroposophy which representatives of other approaches are sometimes critical of. AnMt practitioners have their own professional bodies and rarely present at general music therapy conferences. Action and interaction strategies could consist of beginning a dialogue, especially if both AnMt practitioners and „general" music therapy practitioners manage to have an open mind (Interview 1, March 11th, 2008).

Themes	Properties	Dimensional Range	
Anthroposophical knowledge	3fold human being 4fold human being 12 senses 7 life processes	Specialised Expertise based Steiner oriented	– General – applicable by others – applied in context
Universality of musical elements	Tonality Intervals Scales Improvisation Composition	Individual Isolated Expressive Tailored to client needs	– universal – holistic – phenomenon based – pre-composed
Use of instruments	Lyre Chrotta Bleffert instruments Flute Metallophones Percussion instruments Piano	Anthroposophical Specialised Avoided Problematic Not sensitive enough Lovely abstraction Instrument of megalomaniacs	– traditional – general – used – called for – sensitive – intuitively conceived of – user friendly for the untutored person
Therapeutic process	Diagnostic sessions Design of therapy Methods applied	Prescriptive Music-centred Non-verbal	– spontaneous – relationship-centred – verbal
Therapist''s qualities	Experience Personality Pursuing an anthroposophical spiritual path Sensitivity	inflexible Anthroposophically trained Spiritual	– open-minded – using common sense – materialistic

Themes	Properties	Dimensional Range	
Therapeutic relationship	Prerequisite for therapy Trusting relationship Elicited by music	Music based Separation oriented Unimportant	– interaction based – playing together – important
Psychodynamics and psychotherapy	Transference Countertransference Doppelganger	Psychodynamic view Ignored Dealt with through anthroposophical exercises	– anthroposophical view – noticed – dealt with through experiential work/supervision
Electronic media	MP3 player Electronic playback devices Electronic keyboard	Useful Used Indicated	– problematic – avoided – contra-indicated
Applicability for other music therapists	Use of elements from AnMt Instruments Sequences techniques	Possible Instruments could be used	– problematic – more elements could be used
Relationship to other MT approaches	Psychotherapeutically oriented approaches Nordoff/Robbins	Different Contradicting More meaningful	– having common ground – reconcilable – equal

Table 5.: Matrix. Expert practitioners indicated that the nature and purpose of AnMt is informed by a number of aspects in the approach. These are grouped in the matrix above with reference to the theme (left hand column) and some elements emerging from the categorisation of the codes that are included in a dimensional range (right hand column).

Summary

The findings of a modified grounded theory study exploring AnMt were presented in this chapter. Themes, categories and sub-categories that emerged out of the data created from four in-depth interviews with renowned AnMt practitioners were described, as well as the findings from a matrix exploring the properties and dimensions of the ten major themes gleaned from 15 major categories. Findings from a consequential axial coding paradigm were also included. The major themes and categories were grouped around the four main research questions guiding this thesis. A discussion of the findings of this thesis, including findings from the literature, the modified grounded theory study and the two clinical therapy journals (Appendix A) will follow in chapter 9.

Chapter 9

A Discussion of the Findings of the Exploration of AnMt in the Thesis

Introduction

This chapter presents a discussion of the results of the research for the thesis including the results of the interviews, the reflection on inclusion of the elements in practice by a non-AnMt practitioner (Appendix A), and the various reviews of literature in previous chapters. The chapter is structured around the four research questions guiding the thesis; 1. What role do anthroposophical concepts play in informing anthroposophical music therapy? 2. What are the basic tenets of this approach? 3. How applicable are techniques of anthroposophical music therapy for practitioners not trained in the approach? 4. Where can AnMt be located in contemporary music therapy practice?

An in-depth discussion of categories and themes generated by the Grounded Theory analysis is presented with reference to the guiding questions of the thesis. Relevant AnMt literature is accessed for additional reflection and commentary.

Research question: I. What Role do Anthroposophical Concepts Play in Informing Anthroposophical Music Therapy?

Anthroposophical knowledge.

A stated goal of the thesis is to explore the role of anthroposophical concepts within AnMt. Although anthroposophy is the philosophical paradigm informing AnMt, a variety of practices are utilised within this approach. For example, over many years I have met anthroposophical music therapists who use the planetary scales, and some who don"t use them. Similarly, some AnMt practitioners use the piano in music therapy and have no issues with its usefulness while others don"t for reasons that are informed from anthroposophical views of music. This observation of the diversity of practices and applications sparked my interest in the extent to which anthroposophy informs the techniques and methods used in AnMt. In the interviews, I specifically sought more details to work with a response to this question.

In this section of the chapter, the interviewees" views are discussed in consultation with the findings from the literature. The tendencies revealed in close examination across these data sources suggest that the anthroposophical view of the human being – namely Steiner"s view – is the basis for all techniques, methods, instruments and materials used in AnMt. Anthroposophical concepts about musical elements and their effects on the human being play an important role. Musical elements are understood to have archetypal qualities that are analogous to processes happening in the human being (Damen, 2004). Some influences outside of AnMt were found in the literature and expressed in the interviews, such as influences from Jungian or humanistic psychology. However, the primary factors informing AnMt were clearly anthroposophical.

Anthroposophy is the philosophy that underlies AnMt. It is the root and foundation of an understanding of human behaviour and experience within AnMt. The interviewees indicated in their responses that the anthroposophical view of the human being permeates the whole process of AnMt including the way that indications and contra-indications are conceptualised and also how the diagnostic process is followed. In the AnMt approach the diagnostic processes are partly based on the concept of the fourfold human being, a key Steiner concept. Additionally the choice of instruments and musical means of devising and delivering the treatment, to the evaluation forms such as the therapy review, are all specifically anthroposophical.

The interviews and the literature reviewed revealed that Steiner"s view of the human being pervades all therapeutic decisions in AnMt. One example is making a decision as to whether improvisation or composition should be used with a particular client. This decision was described by Mary in her interview as a process that is based on the model of the fourfold human being. Similarly, anthroposophical ideas can influence choices about the frequency and rhythm of AnMt sessions. Gerry indicated this in his interview when he said:

> So for example the idea of doing a therapy.....for a short time,
> four times a week (...) comes directly from an idea from Rudolf
> Steiner (.....) he does speak very much about a rhythm, of a four-
> one rhythm. For that reason I try to do my therapies four times a
> week. For a short period only (Interview 1, March 11th, 2008,
> p.4).

In reviewing the findings from the interviews, and the literature, the view of anthroposophical ideas within AnMt was that they were "tools" (Interview 1, March 11th, 2008) for understanding the music therapy client in AnMt. These anthroposophical ideas were reported to be the basis of the therapeutic use of intervals, rhythms, musical instruments and other musical or clinical aspects. In this whole process, Steiner"s ontogenetic and phylogenetic ideas about the individual human being were central to understanding the anthroposophical view of child development (Lievegoed, 2005; Steiner, 2004), and, for example, the evolution of consciousness and its relationship to musical intervals (Pfrogner, 1981; Ruland, 1992; Steiner, 1970).

The interviews revealed that in the opinion of the respondents anthroposophical music therapists need a detailed knowledge of anthroposophy in order to practise. This is congruent with the observation that AnMt approaches are based on Steiner"s view of the human being (for example Steiner, 1998, 2004; Steiner, 2005). Most anthroposophical music therapists who have published on AnMt or anthroposophical musicians who have published on music or music education have attached great importance to and elaborated on anthroposophical concepts, such as the fourfold human being (Felber, 2003c; Gäch, 2004; Kern, 2007), the threefold human being (Damen, 2004; Felber, 2003a; Gäch, 2004; Reinhold, 1996), the twelve senses (Damen, 2004; Ruland, 1992; Scheuerle, 2004), and the seven life processes (Engel, 1999; Pfrogner, 1978). Some pioneers of anthroposophy have also been pioneers of AnMt, such as Karl König and Hans-Heinrich Engel who have published on AnMt topics (Engel, 1999; König, 1966). In fact, Engel"s very sophisticated and complex music therapy approach within AnMt is based on Steiner"s model of the seven life processes (Engel, 1999; Steiner, 1990), as well as other ideas by Steiner about connections between the cosmos and the human being (Steiner, 2005).

Bissegger has stated that Steiner"s ideas about music are also an important basis for AnMt (Bissegger, 2004). Additionally, the principles of anthroposophical medicine are also closely related to AnMt (Bissegger, 2001). Reinhold (1996) and Felber, Reinhold & Stückert (2003) have referred to these principles, especially to the idea of the polarity between dissolving and constitutive forces in the human being or to the view that illness emerges when forces are out of balance or one-sided (Felber, et al., 2003). William also mentioned these forces in his interview and pointed out that the human being"s constitution is important in anthroposophical medicine and in AnMt.

The influence of karma on the human constitution and on illness and health was stressed in the interviews. This aspect is also discussed in the literature. For example, Florschütz pointed out that diseases can have karmic origins (Florschütz, 2007).

The literature findings and the analyses of the interviews suggest that Steiner‟s worldview functions as a foundation for AnMt and has an all-permeating influence on the way the therapeutic approach is taught and practiced. This has parallels with other music therapy approaches that are founded on an existing psychological approach. Psychoanalytical music therapy is an example where contemporary psychoanalytic ideas were brought into the practice of music therapy (Priestley, 1994). Morphological music therapy is similarly an approach where Salber‟s morphological approach to psychology is a foundational structure on which the therapy is based (Salber, 2009; Tüpker, 1996).

Anthroposophical influences are the most dominant in AnMt but further research may reveal a wider influence of ideas. There is little to be found on this subject in the AnMt literature, but in an informal conversation before his interview, William stated that AnMt was additionally influenced by humanistic psychology. In the interview he pointed out that in anthroposophical psychotherapy there were influences of behaviourism, but he didn‟t mention AnMt in this context.

Ruland had also referred to C.G. Jung‟s proposition of the existence of the collective unconsciousness (Ruland, 1992). Ruland suggested that the psychoanalytic ideas of the „conscious‟ and „unconscious‟ mind could be replaced with "superconscious" and "subconscious" respectively (Ruland, 1992, p. 163). Ruland described musical archetypes or archetypal qualities in music, such as the polarity between more static rhythmic play, which he called after the Greek "rhythmos" and more legato, melodic and flowing play, which he called "tonos" (Ruland, 1990, p. 21). This could indicate incorporation or influence of some of C.G. Jung‟s ideas within AnMt.

Although most of the interviewees agreed that anthroposophical knowledge is indispensable some also indicated that not all of Steiner‟s teachings could be taken at face value. This applied, for example, to Steiner‟s comments about the piano, or about his demand that children should not play percussion instruments before the age of nine years. Here, pragmatic reasons, clients‟ or therapists‟ preferences or other aspects can be in the foreground and lead a therapist to make decisions that may differ from

Steiner‟s original ideas. However, adherence to Steiner‟s views was generally advocated by the interviewees participating in the study. In fact, some interviewees suggested that it was not only necessary to know about anthroposophical ideas but to also live them, experience them, to be an anthroposophist and to even develop oneself "anthroposophically" (Interview 3, March 18th, 2009). This also hints at the involvement in the anthroposophical path of self-development through meditation practices and other exercises, such as the six subsidiary exercises. While most interviewees referred to this aspect, references to it are also found in the literature (Bissegger, 2004; Florschütz, 2007; Lowndes, 2000). This subject will be discussed further in the section dealing with anthroposophical spiritual exercises.

While some of the interviewees were adamant that AnMt practitioners have to have an anthroposophical background it was also indicated that in order to use ideas from AnMt, a non-anthroposophical music therapist wouldn‟t necessarily have to know everything about anthroposophy. One of the themes that emerged in the analysis was „anthroposophical knowledge‟ in direct correspondence with this first guiding question of the research. The axial coding paradigm shows that Steiner‟s view of the human being is the anthroposophical knowledge in which AnMt-methods, techniques and applications in treatment are grounded. These concepts are applied in diagnosis, assessment, treatment and evaluation in AnMt and thereby permeate all aspects of this music therapy approach. In this context, Steiner‟s concepts have a direct impact on therapeutic interventions. This is as shown in the specific uses of musical instruments and of the musical elements, such as timbre, rhythm, and intervals.

Research question: II. What are the Basic Tenets of this Approach?

The basic tenets of the AnMt approach.

Exploration of the basic tenets of AnMt in this research has resulted in a rather complex picture emerging. In order to honour this complexity and its dimensions, views in other music therapy approaches are included in this discussion. Highlighting similarities and differences with these approaches shows additional tenets of AnMt. Any discussion of the basic tenets of the AnMt approach must include reference to an understanding of specialised notions of how music functions and the use of the

instruments in the therapy process. This particularly concerns some of the categories that emerged in the GT analysis of the interviews.

In AnMt musical elements and their effects on human beings are viewed in a very specific, universal way (Pfrogner, 1981). This section therefore deals extensively with information about the view of music in AnMt. It also considers issues such as the therapeutic process with all its different components, such as referral, diagnosis and devising a treatment. Electronic media are regarded as counter-productive in AnMt, and this topic is discussed from different angles.

Theme: Universality of musical elements.

One of the most important categories that emerged in the grounded theory analysis of the interviews was the anthroposophical claim of the universality of musical elements, including the effects and gestures of musical elements. The idea of universality of music‟s elements and their effects is neither new, nor originally anthroposophical. Plato described in „The Republic‟ how certain modes may have certain qualities, albeit educational rather than therapeutic (Plato, 1994-2000).

Receptive universality.

The application of receptive listening experiences for music therapy clients in AnMt is based on the idea that musical elements have universal effects on the human being. For example, intervals are proposed to have universal characteristics (Beckh, 1987; Felber, 2003a; Pfrogner, 1981; Reinhold, 1996; Ruland, 1990, 1992; Steiner, 1970, 1980; von Lange, 1968; Wünsch, 2004b). This view is strongly supported by remarks made by Mary, Gerry and Mia who commented on intervallic gestures.

The use of specific scales, intervals, rhythms, ragas, makams and other musical elements in order to treat specific conditions, as practised in AnMt, and in Traditional Oriental music therapy or in Indian Raga Therapy (Pfrogner, 1981; Sundar, 2007; Tucek, 2004), may be seen as prescriptive. Most of the interviewees, Mary, Mia and Gerry, agreed with the idea that AnMt could operate prescriptively in terms of the application of the musical elements. Both Mia and Gerry pointed out that in addition to the musical elements and their prescribed use there were also spontaneous elements and elements tailored particularly to a client‟s needs in the way they work. When I was teaching AnMt students about Traditional Oriental Music Therapy their responses indicated that they found this approach very prescriptive and didn‟t seem to perceive

AnMt, the approach they were being trained for, as prescriptive. On the other hand, one of the interviewees, Mary, said quite clearly that AnMt was prescriptive in that music was used in a more or less pharmacological way, like a "musicament" (Interview 3, March 18th, 2009). The findings from the general music therapy literature show that universality in music is also a basis for clinical music therapy work in some other approaches, such as Traditional Oriental Music Therapy. While the anthroposophical literature is mostly congruent with interviewees" statements about universality in music, there are also voices who point out that the way AnMt makes use of universality in music is not to be confused with musical pharmacology which can be generalised without considering clients" individual dispositions (for example Florschütz, 2009).

Expressive universality.

The analysis of the anthroposophical literatur revealed that an objective, universal expressive quality is attributed to music and that the expression of subjective feelings through music is not intended in AnMt. (Ruland, 1990). Some of the findings from the interviews indicated that this picture may look different in today"s modern AnMt practice. For example, William had remarked that what he called "expressive improvisation" (Interview 4, December 14th, 2009) can sometimes be part of AnMt. In using the term „expressive improvisation" he meant improvisation expressing aspects of clients" emotional state. While most interviewees saw such musical interactions as a useful means in motivating clients and building up a trusting relationship, expression of feelings through music was not seen as a central part of AnMt.

The claim that more individualised aspects are considered in AnMt practice is also substantiated in the literature, and through presentations at an AnMt conference I attended. For example, Bissegger reported picking up clients" movements or expressions in free improvisation (Bissegger, 2004). When I attended the 2009 AnMt conference in Berlin, I participated in a workshop by Viola Heckel about AnMt work with patients in psychiatry. During the workshop, Heckel pointed out that some clients in the psychiatric context needed to improvise freely and express their emotions before they were able to engage in any other kind of music therapy work. This was illustrated by giving the example of a female patient with a borderline diagnosis.

Most of the interviewees described that subjective, individual and not so universal influences played a role in the musical experience as well. However, as Gerry

stated, this doesn"t necessarily exclude the existence of universality in music. Phenomenological improvisation which expresses this perceived musical universality was regarded as an important part of AnMt (Interview 4, December 14th, 2009). In the design of AnMt treatment for individual clients, both universal and idiosyncratic aspects are combined, as on the one hand universal effects of musical elements are assumed (Interview 1, March 11th, 2008), while on the other hand, treatment is devised individually in context with the client"s needs (Interview 1, March 11th, 2008), based on a musical diagnosis (Damen, 2004).

   Goethean phenomenology gives insight into universality of musical elements.

   In an anthroposophical context, the universal aspects of music are conceived of with the help of phenomenological studies, according to Goethe"s phenomenological approach (Bissegger, 2004; Florschütz, 2009; Goethe, 1977; Ruland, 1990). William and Mary spoke about these phenomenological studies in their interviews. Mary pointed out that seemingly knowing about phenomena, such as musical elements, knowing about them through intellectual study, is not what Goethean phenomenology is about but that it is the experience that counts.

   In one part of an interview it was described how a student tried to apply the *inner movement of uprightness* in therapeutic work with a client with an intellectual disability, the student was only able to achieve therapeutic success with the inner movement of uprightness once she was able to inwardly experience its quality. The inner movement of uprightness is related to Steiner"s ideas about the seven life processes and life movements. It would be beyond the scope of this thesis to explain these concepts, but they have been described in great detail in the relevant anthroposophical literature (Engel, 1999; Lindenberg, 2004; Pfrogner, 1978). Musically, the inner movement of uprightness is characterised by the use of certain intervals, especially octaves and primes, which are played on the lyre in different constellations and in combination with other intervals (Gerry, personal communication, November 23rd, 2010; Lindenberg, 2004).

   The example of the inner movement of uprightness described above supports the conclusion that this is often used in AnMt for clients who have difficulties keeping an upright posture, which is also indicated in the literature (Lindenberg, 2004) From my own professional practice as a music therapist I know that problems in keeping an

upright posture can, for example, occur in children and adults with developmental disabilities, such as Down Syndrome or cerebral palsy. In the latter case – according to my own experience as a carer and as a music therapist for children with multiple disabilities – it is often particularly difficult for individuals to keep their head upright. In children and adults with Down Syndrome postural problems can be present, especially in cases of low muscle tone, which can also be a feature in other conditions and syndromes.

The example of the student and the movement of uprightness is reminiscent of the observer‟s participation in Goethean phenomenology. Being able to participate inwardly makes sense in a music therapy context. Having experienced the quality of musical elements before using them therapeutically is a prerequisite to AnMt (Interview 3, March 18th, 2009) that is understandable and is –amongst other things - connected to the therapist‟s empathy with the music therapy client. This aspect is also stressed by representatives of other music therapy approaches who have no connection with AnMt. For example, Mary Priestley advocated that any analytical music therapist should have undergone a process of analytical music therapy themselves first (Priestley, 1994). The AnMt practitioner‟s therapeutic competence relies on having experienced the elements used in therapy and knowing them „from the inside‟ before exposing clients to them.

When visiting an AnMt programme with some of my own students, who are trained in a psychodynamic music therapy approach, I had the chance to participate in phenomenological studies as practiced in AnMt. In this particular group of students, no-one had any prior knowledge of anthroposophy, of AnMt and of music‟s role in it. The lecturer played some intervals to the group and students were asked to write down their impressions and share them with the group later. Interestingly, some of the students spoke about the fifth as having an open, breathing quality, which is congruent with the anthroposophical view of this interval. This made me wonder whether there was some truth in the anthroposophical view of musical elements. I think the universal aspect in music can‟t be completely denied. However, maybe there are limitations to this universality which are defined by culture and socialisation.

Applied musical elements.

The interviewees revealed that a range of musical means were applied in AnMt. These musical processes included improvisation, music especially composed for

287

therapeutic treatment, and pre-composed music, sometimes applying suitable intervals. Bissegger described how pre-composed music is individually selected for each patient, considering the patient''s state, his or her present situation and his or her needs in this situation (Bissegger, 2004). The therapist needs to know whether the patient needs music that is uplifting, calming or invigorating (Bissegger, 2004). Bissegger (2007) stated that in order to find out about patients'' musical needs, the AnMt practitioner needed empathy and sensitivity, aspects that Gerry had mentioned also. Mary described that improvised music can be applied for the treatment of human organs and this music can also be expressive and develop into a dialogue with the patient (Bissegger, 2004).

Music composed specifically for AnMt treatment can either have an archetypal character and therefore be used for several patients, or it can be specifically composed for a particular client (Bissegger, 2004). As an example for a more archetypal sequence that can be used for a number of patients, Maria Schüppel''s Mercury Bath was mentioned by Bissegger (2007). In contrast to this, music composed specifically for one client is to be connected to the therapeutic goals and objectives (Bissegger, 2004), as was also pointed out by most interviewees.

The perception that musical elements have objective, universal effects that can be used prescriptively is the predominant view I encountered in exploring AnMt. Even if music is chosen, composed or improvised very individually for a particular client and adjusted to his or her needs and situation, it can still have prescriptive aspects with assumed universality of the musical elements and style. For example, if certain compositions or sequences are evaluated as uplifting, calming or invigorating or even archetypal there is an inherent assumption that universal effects occur.

Use of specific scales or sequences.

Specific scales and sequences, such as the breathing melody, the Mercury Bath, the Tao and the planetary scales, are used in AnMt. These appear frequently in the literature (Bissegger, 2004; Engel, 1999; Pfrogner, 1986; von Lange, 1968). William proposed that the Tao sequence is indicated for clients in a comatose state because it has to do with states of incarnation (Interview 4, December 14th, 2009). It was also mentioned in interviews that the Mercury Bath is invigorating and harmonising, the latter especially in connection with the breathing. Similarly, the breathing melody harmonises the breathing in a gentle and subtle way. The planetary scales are connected

to certain organs in the human being and also to certain days of the week (Interview 2, August 29th, 2008; Engel, 1999; von Lange, 1968). In my own music therapy work with patients in a persistent vegetative state I used the planetary scales, partly also for improvisation, as well as the Tao, the Mercury Bath and the breathing melody (see appendix A). In doing so, I realised that these sequences were highly effective, for example when one client with an anxiety disorder was nearly over-sedated by the Mercury Bath, but that in applying them the therapist needs to know about the background of these sequences. Detailed knowledge of the presumed effects of the planetary scales is necessary in order to apply them therapeutically. Probably, representatives of other music therapy approaches would find it problematic to use music in such a way. While some of the effectiveness of AnMt has been shown scientifically (Hamre, et al., 2004; Hamre, et al., 2007), it needs to be acknowledged that these are elements indigenous to AnMt, which probably have little application outside of the approach.

The role of musical instruments.

The anthroposophical view regarding general and specialised anthroposophical instruments has been discussed at great length in the chapters on musical instruments in this thesis. This will not be repeated in this chapter, but it may be important to mention that, as some of the interviewees pointed out, anthroposophical instruments don"t necessarily have to be used in AnMt. Mary put forward the view that any instrument can be used in AnMt. This was also indicated by Gerry, who nevertheless also pointed out the important role of anthroposophical instruments in AnMt. They are seen as ways and means of understanding the client and meeting his or her needs. This thinking is influenced by Steiner"s view of the human being and of musical elements. This is probably especially true for the lyre and for the chrotta, as they are instruments that were especially developed for therapeutic work in AnMt (Beilharz, 2004b; Gevecke, 2004; Reinhold, 1996).

As Gerry pointed out, the anthroposophical instruments could probably have wide applications beyond AnMt. Some of these instruments can exert a strong attraction on particular clients. For example, one of the patients with anxiety disorders attending music therapy (Appendix A), described that she had totally "fallen in love" with the lyre and that she experienced a strong calming effect when listening to this instrument. The

fact that some of the anthroposophical instruments are not very well known in the general population and that some of them look quite unusual and interesting may contribute to this attraction and curiosity towards instruments such as the lyre, who might have a certain „exotic" appeal to novices.

I remember when listening to the lyre played by a competent player, Gerry, for the first time during my time in a Camphill community, I was surprised, taken aback and absolutely charmed by the sound of this instrument, which I perceived as delicate and yet intense, and also quite beautiful. At the time, I had a sense of listening to a „heavenly" or „ethereal" instrument.

The piano may or may not be perceived as problematic for use in AnMt but as the interviewees" responses show, it is used to a range of degrees by AnMt practitioners. This is noted to depend on the therapist as well. Reinhold pointed out that every anthroposophical music therapist has his or her own collection of instruments used in therapy, depending on the therapist"s preferences and style (Reinhold, 1996).

This variance of views on the piano suggests that it is not always possible to make firm claims about how the instruments are used that can be generalised to all contexts in which AnMt is practiced. However, in relation to an exploration of the basic tenets of AnMt, the choice and use of the instruments was highly important. The materials of the instruments, their sounds, their effects, and their therapeutic possibilities is a distinct focus in the AnMt approach.

Therapeutic treatment entails several components and properties; Consideration of the therapeutic process theme.

What is noticeable about the AnMt approach is the care that is taken with diagnosis, musical diagnosis and devising a treatment that is tailored to the individual client"s needs. Such processes are also present in other music therapy approaches. Music therapy students in the psychodynamically oriented course I am teaching in are encouraged to reflect about the indications of music therapy for clients in their clinical placements and to devise a therapy plan, including goals and objectives, and a choice of methods by which the goals and objectives might be achieved. A final, written out reflection on the therapeutic work with a client or client group is also part of these proceedings (Bauer et al., 2010). This is a highly differentiated process as well.

AnMt is distinguished from other music therapy approaches by the emphasis placed on the musical diagnosis, on the basis of Steiner‟s view of the human being. As the analyses of the interviews showed, clients‟ musical expressions on different instrument types are interpreted with the help of Steiner‟s models about the human being, such as the fourfold human being, the threefold human being, or the seven life processes. The picture that emerges about the client in this process is the foundation for the music therapy treatment that follows. During my work in an Irish Camphill community I was impressed with the effort that was put into composing therapy music for children with intellectual disabilities that would meet their needs and help alleviate some of their problems. As described by one of the interviewees, Gerry, this process could sometimes take several weeks. entailing several stages and different processes, such as studying about conditions and syndromes, learning new musical skills or instruments, and composing and practising the music.

AnMt is also distinguished from many other music therapy approaches by the regular inclusion of spiritual and meditative exercises in the process of devising AnMt treatment for clients. One such exercise is to think of the client before going to bed at night as a conscious attempt to find inspiration from the unconscious mind while sleeping.

AnMt is a music-centred and non-verbal approach.

One of the interviewees, Mary, mentioned that for her AnMt was a music-centred approach, along with Creative Music Therapy and Traditional Oriental Music Therapy. In music-centred approaches, music is regarded as the therapeutic agent promoting changes in clients, as opposed to more verbal approaches (Interview 3, March 18th, 2009). However, another interviewee, William, remarked that relationship always comes in as well, as soon as music is involved. William‟s interview highlighted that in AnMt, the relationship doesn‟t serve to provide a „corrective emotional experience‟ and doesn‟t operate from the point of view of a transference relationship, as is the case in analytical music therapy (Priestley, 1994). It is probably seen as a musical relationship, as proposed by Aigen (2005) in relation with music-centred music therapy approaches.

According to Aigen, music-centred music therapy is closely linked to the concept of "music as therapy", as opposed to "music in therapy" (Aigen, 2005, p. 47).

One of the shared characteristics is the proposition that musical goals are clinical goals (Aigen, 2005). Aigen suggested that in a music-centred approach, there was a "license to express clinical goals in purely musical terms" (Aigen, 2005, p. 93), even if goals in other areas are also pursued (Aigen, 2005). AnMt certainly aims towards goals in other areas, such as strengthening of the astral body or of the will forces (Reinhold, 2006) and these goals are also formulated. However, a change in musical behaviour and even in musical preferences can also indicate that clinical goals have been achieved in AnMt and that transformations of soul forces have taken place (William, personal communication, April 27th, 2010). Aigen wrote about "convergence of personal process and musical development" (Aigen, 2005, p. 95).

The above-mentioned statement by William can be seen as an example of such convergence, in which, as Aigen put it, "clinically directed music making can be inherently therapeutic" (Aigen, 2005, p. 95). The music making process in active music therapy or the music listening process in receptive music therapy are the primary aspect in music-centred music therapy and there is " a congruence of clinical and musical process" (Aigen, 2005, p. 94) because clinical and musical processes are regarded to be identical in music-centred music therapy (Aigen, 2005). This would be congruent with AnMt practice, where clients" problems are dealt with on a musical and not on a verbal level and, as Mary said in her interview, the music functions as a central healing agent (Interview 3, March 18th, 2009).

AnMt is also seen as a non-verbal approach, because the verbal interaction, although taking place to some extent, isn"t central in processing the client"s problems, as this is taken care of by the music (Interview 3, March 18th, 2009; Interview 4, December 14th, 2009).

This is reminiscent of what William said about verbal interaction in AnMt, where verbal interaction is only carried out to some extent and if further processing is necessary, clients are referred to a psychotherapist. However, in the literature one finds mention of musical experiences and how they reflect the client"s biographical context being verbally processed in AnMt (Bissegger, 2004). The extent to which verbal reflection is included in AnMt sessions or not depends on the therapist to some extent. As was mentioned by William in his interview, he doesn"t feel comfortable engaging in deep verbal reflection with clients in music therapy, but he considered that other AnMt practitioners might feel that it was necessary.

These views on verbal interaction in AnMt are congruent with Aigen"s postulation that verbal reflections are not necessarily a part of music-centred music therapy. Aigen also pointed out that music therapists working within a music-centred framework use or don"t use verbal reflection with clients in varying degrees while the musical interaction is still in the foreground of the therapeutic process (Aigen, 2005).

There are some clear parallels between AnMt and the general principles of music-centred music therapy as described by Aigen. However, due to its esoteric anthroposophical background it may not be so easy to fit AnMt into this approach. Maybe the fact that Aigen (2005) doesn"t mention AnMt as one of the music-centred approaches he has identified reflects this. Apart from being music-centred, AnMt is also centred around Steiner"s views and concepts, and this additionally sets it apart from other music-centred music therapy approaches.

The AnMt practitioner is an expert on clients' musical needs and makes decisions for clients.

One of the interviewees, Mary, stated that AnMt practitioners were trained to make musical decisions for clients in music therapy and that mostly they were right with their decisions. For Mary, the real freedom of the client lies in this approach. She also pointed out that clients were included in decision making and were asked whether they agreed to play or listen to certain instruments.

The participation of the client in musical choices was not mentioned explicitly in the AnMt literature I studied. However, Reinhold (1996) described a case of a female patient for whom the lyre would have been indicated from the therapist"s point of view. However, the client rejected this instrument and preferred the recorder, which was rather contra-indicated from the therapist"s point of view. Reinhold then described how initially, the client"s preferred recorder music was used in AnMt treatment, eventually leading to use and acceptance of the lyre (Reinhold, 1996). This example shows that clients" musical preferences are not necessarily ignored in AnMt in spite of the fact that therapists may make informed musical decisions for them. Mary"s claim that AnMt practitioners are trained to decide which music may be good for the client isn"t only based on knowledge and training but also on sensitivity and empathy for clients" needs which can be fostered through spiritual exercises, such as the six subsidiary exercises (Bissegger, 2004).

However, some music therapists not working anthroposophically may find it difficult that clients are not necessarily free to choose their instruments and music themselves, as Mary also indicated in her interview. On the other hand, Mia described how she let children and sometimes also adults play instruments they enjoyed playing in order to keep them motivated for the music therapy work, even if this was not seen as the main part of the therapeutic sessions (Interview 2, August 29th, 2008). Ultimately, musical elements, timbres, experiences and instruments are offered to the client and the latter is free to reject unwelcome musical experiences (Interview 3, March 18th, 2009). This is of course more difficult for clients who are not able to speak or communicate, in which cases therapists need to be particularly intuitive and sensitive to clients" responses (Bissegger, 2004). However, any music therapist working with, for example, comatose or severely disabled clients would find himself or herself in this position, no matter which approach or paradigm he or she was working with.

In my own music therapy work with children and adults with special needs who were often living with multiple disabilities, including severe physical ones, I tried to incorporate situations in which clients could make choices, for example between two instruments offered to them. In many cases, I considered these choices to be particularly important for clients who otherwise had little or no opportunities to make decisions and take control of their lives. In the music therapy sessions I observed and participated in within the Camphill setting, this way of thinking about what music therapy could offer was not so prominent.

AnMt's connection with spirituality and esotericism – a double-edged sword?

Any discussion of AnMt"s connections with spirituality in a short section of a thesis will necessarily be incomplete. A complex and multi-layered picture emerges when engaging with anthroposophical views on spirituality. The interviews and the literature are replete with commentary about spirituality so it is necessary give the topic some critical treatment in this discussion. This is briefly examined here from an outsider"s position.

One of the interviewees, Mary, claimed that spiritual processes occur in AnMt and that the therapist"s ability to heal comes from a sphere beyond the personality of the therapist, which is a spiritual sphere (Interview 3, March 18th, 2009). In this view, the therapist is seen as a channel to perform acts whose essence comes from a spiritual

realm (Interview 3, March 18th, 2009). Similarly, the existence of a music of the spheres was also proposed by Mary in her interview. Mary also pointed out that it"s necessary for an AnMt practitioner to be able to "listen to the unheard" (Interview 3, March 18th, 2009, p.10). This can also be seen in a spiritual context and is reminiscentof ideas of an *empty mind* and using one"s *empty consciousness* as a *spiritual resonance organ* prevalent in Goethean phenomenology (Kern, 2007, p. 135)

The importance of anthroposophical spiritual exercises in connection with practising AnMt was mentioned by most interviewees and has also been written about in the literature (Bissegger, 2004; Lowndes, 2000). From an anthroposophical point of view, anthroposophy is permeated with spirituality. This becomes apparent, for example, in the use of the term *spiritual science* as an equivalent for anthroposophy (Steiner, 2002). In fact, Steiner himself and anthroposophists claimed that Steiner was clairvoyant (Steiner, 2002) and saw some of what are truths to anthroposophists in the Akasha chronicle by way of spiritual vision (Badewien, 1994). The Akasha chronicle is also known in theosophy and in gnosis and is believed to be a living chronicle that only initiated spiritual seers can access (Badewien, 1994; Steiner, 1959). The idea of the existence of a human ether and astral body, as shown in Steiner"s model of the fourfold human being includes spiritual aspects and this structure is known in Eastern thinking (Pond, 2003). It also appears in Theosophy, which is partly influenced by Eastern religions, mythology and philosophy (Badewien, 1994). Theosophy, in turn, had an influence on anthroposophy through Steiner"s initial involvement (Childs, 1995). Models such as the fourfold and threefold human being or the seven life processes have spiritual and esoteric aspects.

It must be acknowledged that the kind of spirituality proposed as central to AnMt may not be acceptable or comprehensible to everyone. In the discussion outside of anthroposophy, its specific form of spirituality and its esotericism seems to be somewhat of a double-edged sword. Critical voices have referred to Steiner as a leading influence of the New Age movement, who knew little about music and whose musical concepts could easily be seen as absurd (Summer, 1996). The fact that anthroposophical musicians, musicologists and music therapists, as well as physicians, have followed up Steiner"s ideas, have made recommendations and developed them further (Engel, 1999; König, 1966; Pfrogner, 1981), has not been considered. Summers" critique of the planetary scales and the music of the spheres of different music healing approaches,

including AnMt, can be comprehended on the basis of the fact that today"s world view is not geocentric anymore and that a new knowledge base has been developed in connection with planets, their movements and their distances to the earth and to each other (Summer, 1996). Summer argued that some of the calculations in connection with planetary and intervallic relationships could be proven wrong (Summer, 1996). However, Ruland contradicted such an opinion with the argument that although nowadays more is known about the planets and their workings, deliberations about a seven-planet-system in connection with musical concepts are not necessarily based on error but rather a sign of humanity"s limitations at any given point in time and could still be a path to true understanding (Ruland, 1992).

Concerns that anthroposophy may be operating as a sect or a cult have also been raised: The *Evangelische Zentralstelle für Weltanschauungsfragen* in Germany, which deals also with questions in connections to sects, doesn"t necessary classify anthroposophy as a sect, but considers that it is irreconcilable with the Christian faith (Badewien, 2005). Certainly, Steiner"s claims of having seen visions from the Akasha chronicle, his doctrine about karma and reincarnation, and his lectures about a fifth gospel (Steiner, 2006), which he also claims to have seen in the Akasha chronicle, are difficult to reconcile with contemporary Christian faith (Badewien, 1994). In the general public in Germany there are discussions about whether or not the anthroposophical movement is a sect, as can be seen in some internet fora ("Nachrichten aus der Welt der Anthroposophie," 2010). There is a website of the diocese Fulda in Germany which classifies anthroposophy as a sect, along with the New Age movement.

The meaning of anthroposophical spirituality for clients was not pursued in this thesis. It can be supposed that clients will not be required to convert to anthroposophy or be urged to become anthroposophists. In the years that I have worked alongside anthroposophical music therapists I have never encountered this, nor have I heard of it in any other context. Clients who come to AnMt are not necessarily anthroposophists. If they have been referred to an anthroposophical clinic or hospital by a GP, this may be the case because the clinic has a good reputation or because the doctor knows that the client is interested in healing methods other than mainstream medicine. As William said in his interview, non-anthroposophical doctors often refer clients to AnMt, because they have heard positive things about it (Interview 4, December 14th, 2009).

What may happen to a client coming to AnMt treatment is that a holistic diagnosis is performed, considering the human being as consisting of body, soul and spirit (Steiner, 2004). Treatment will be devised for the client, based on Steiner‟s models. Clients‟ spiritual needs will be considered in the treatment, as well as their physical and soul-related needs. The treatment may or may not work for a particular client. As Mary stated in her interview, quite a lot of music therapy clients benefit from the treatment and report improvements in their wellbeing. A lot of the success of AnMt treatment may also depend on the therapist‟s personality, as indicated by William in his interview.

As Gerry proposed, music therapists need to have an open mind towards AnMt, in spite of the esoteric aspects that can be difficult to grasp. At the same time, Gerry advocated that AnMt practitioners may benefit from keeping an open mind towards other approaches. This does not ignore the controversial aspects about anthroposophy but rather suggests that in order to appreciate AnMt as a valid music therapy approach with a wide range of clinical applications it is necessary to understand that it is an approach that puts considerable emphasis on spirituality, including also the therapist‟s own spiritual development in order to promote sensitivity, awareness, mindfulness and empathy (Bissegger, 2004).

AnMt is a unique and original approach because of the way spiritual practices and beliefs are involved in tailoring music therapy treatment specifically to clients‟ needs. AnMt is by no means the only music therapy approach that includes spirituality and includes the human being as a spiritual being. I am aware that the specific spiritual and esoteric context AnMt is embedded in, anthroposophy, is not necessarily a path a majority of music therapists would choose. Nevertheless, there may be aspects in AnMt from which other music therapy approaches could receive inspiration. These aspects will be discussed at the end of the thesis.

"We don't do self expression" – or do we?

There are different ideas within AnMt as to whether self expression through music is an issue for therapeutic practice. Mary was quite adamant that in AnMt "we don‟t do self-expression" (Interview 3, March 18th, 2009, p.15). In contrast to this, William spoke of ‚expressive improvisation‟, as mentioned above. One improvisational approach in AnMt mentioned in the literature is Julius Knierim‟s *Freies Tongespräch*

(Oerter, 1991; Tobiassen, 2004a). This approach has elements of free, expressive, interactive and of structured improvisation (Oerter, 1991; Tobiassen, 2004a).

Oerter concluded that both improvisation approaches, Freies Tongespräch as used in AnMt, and conflict-centred music therapy used in psychodynamic music therapy share that the human being is in the centre of attention and that the latter is aimed to be strengthened and freed through improvisation. However, according to Oerter (1991), Freies Tongespräch is music therapy, and the aesthetics in music operates as the healing agent while conflict-centred improvisation operates within a music psychotherapy approach and an aesthetic product doesn"t necessarily have to emerge where music is a medium and is not seen as an independent entity (Oerter, 1991). In the anthroposophical Freies Tongespräch, music is an end in itself and in the analytical approach it is a means to an end, with the end ultimately being self-expression. Mahns stated that Freies Tongespräch fosters an active musical togetherness but that its improvisational potential was limited by the anthroposophical view of music (Mahns, 2004).

I did not find any explicit reference to *expressive improvisation* in the AnMt or other related literature. Many authors mentioned that improvisation in AnMt did not aim towards expression of the feelings and state of being of an individual person but that it had the character of an exercise (Florschütz, 2009; Oerter, 1991; Ruland, 1990). I think that music played from the notation, or music with an exercise character can hold expressive elements. I believe that it is not possible for a musician not to express him- or herself in playing music and the same thing is probably true for clients in music therapy. As Gerry said in the interview, "even the most torpid child" expresses something in diagnostic music therapy sessions (Interview 1, March 11th, 2008). This is probably also true in a sense of Paul Watzlawicks first axiom of communication: "One cannot not communicate" (Watzlawick, Beavin, & Jackson, 1967). Maybe it could also be said that „one cannot not express something in music". A client playing music in AnMt will always express something, even if his or her play seems initially expressionless. That in itself also shows something about the client. Certainly it also depends on how one defines the term self-expression. If self-expression means cathartic expression of feelings and inner conflicts it is probably not in the centre of musical interaction in AnMt.

AnMt has been shown to be effective.

In her interview, Mary was confident that AnMt works and that usually AnMt practitioners get it right when applying music in clients'' treatment. William spoke about the Anthropsophic Medicine Outcomes Study (Hamre, et al., 2004; Hamre, et al., 2007). The result of the study indicated effectiveness of AnMt, alongside with other anthroposophical arts therapies (Hamre, et al., 2004; Hamre, et al., 2007)

This is also supported by William''s statement in his interview that AnMt was also prescribed by non-anthroposophical authors and that they „somehow knew it helped'' (Interview 4, December 14th, 2009). In how far AnMt practitioners always get it right, as Mary claimed, cannot really be discussed here as there are no data supporting this claim. I believe that – like any other therapist – AnMt practitioners can also make mistakes. This is what Gerry also indicated in his interview when he said that if one could help with music one could possibly also do harm. In order to "get it right" (Interview 1, March 11th, 2008, p.6), Gerry employs a long and elaborate preparation period that encompasses different components which is described in the previous chapter. William also mentioned in his interview that sometimes things may not work out between client and therapist and that when engaging in anthroposophical spiritual exercises one could also make mistakes (Interview 4, December 14th, 2009). Further research may be necessary to explore how and in what way AnMt is effective and which role the specialised instruments play in this context, as well as the application of special scales and musical sequences.

Therapist's Qualities.

The interviewees mentioned that AnMt practitioners need to have certain qualities, such as an open mind, the ability to let go of preconceived notions and a certain humility. Some of these qualities are, for example, necessary to perform phenomenological studies in a Goethean sense, but also to be open towards the client without judging. Besides that, experience is more important than intellectual knowledge, for example in terms of the effects of musical elements, of sequences, tonalities, instruments, and other factors. As Mary pointed out in her interview, AnMt practitioners need to have experienced the musical means they apply themselves in the role of the recipient of these means (Interview 3, March 18th, 2009).

This is not only a question of empathy with the client, but also of musical perception. If musical elements really have universal effects, the therapist"s own experience is an important source of information about these effects. This may be congruent with Goethe"s idea of the observer"s inner participation of a phenomenon when engaging in phenomenological research (Goethe, 1977). In this way, the theme of the therapist"s qualities, which emerged in the grounded theory undertaken for this thesis, is related to the topic of phenomenological research, which is conducted in the AnMt approach in exploring the effects of musical elements on the human being (Felber & Spalinger, 2003; Florschütz, 2009; Ruland, 1990). Maybe a certain phenomenological attitude is needed in an AnMt practitioner, which encompasses the readiness to experience musical phenomena, as well as to let go of one"s *natural attitude* (Cameron, 2005; Simms, 2010) in order to have an open mind in connection with the application of musical elements in the therapeutic setting which may sometimes equal behaving as if „coming from Mars" and „not knowing anything" (Interview 3, March 18th, 2009).

The topic of empathy and sensitivity was brought up by one of the interviewees, Gerry. It is an issue that is also mentioned in the literature, especially in connection with work with particularly vulnerable clients, such as seriously ill, comatose or dying persons (Bissegger, 2004). This is certainly not an issue that is specific to AnMt. Sensitivity and empathy are needed in all therapeutic professions, anthroposophical or not. This was also alluded to by Gerry, who said that all music therapy programmes, including also the non-anthroposophical ones, are sensitising processes (Interview 1, March 11th, 2008). The theme of the therapist"s qualities is also related to anthroposophical self development, for example in the shape of spiritual exercises, as mentioned below.

Role of anthroposophical spiritual exercises.

As is also discussed in the chapter "Locating AnMt", there are certain spiritual exercises done by anthroposophists that are meant to counteract the destructive effects of the *Doppelgänger*, an anthroposophical concept for a patient"s shadow or unconscious mind (Interview 4, December 14th, 2009). Carrying out these exercises is also related to the qualities needed by the therapist in order to perform AnMt. The exercises are meant to protect the therapist from acting negatively towards the client and

to help him or her to work effectively as a therapist (Interview 4, December 14th, 2009). But besides that, they are also intended to further a person"s spiritual development and to promote the above-mentioned qualities of empathy and sensitivity. The exercises foster the therapist"s ability to perceive and see the client (Bissegger, 2004). Steiner gave indications for a number of exercises. One example is the exercise described by Gerry, consisting of imagining the client before going to sleep in order to find a musical solution for devising therapeutic treatment (Interview 1, March 11th, 2008).

As William explained in his interview, the AnMt pioneers, such as Maria Schüppel, practised these exercises, "until the cows came home" (Interview 4, December 14th, 2009, p.45). William admitted that it is possible to make mistakes with these exercises and it is also mentioned in the literature that they have their pitfalls (Lowndes, 2000). Exercises such as the six subsidiary exercises replaced experiential work for AnMt practitioners for a long time. However, some of William"s statements indicate that this may not be enough in the long run, since working with a powerful art like music can have its catches. He expressed the view that psychological processes had probably been neglected in AnMt in the past. This is a strong statement that shows that in contemporary AnMt there is a certain openness towards influences not originally inherent in the anthroposophical approach.

The therapeutic relationship.

While the interviewees expressed different views about the importance of the therapeutic relationship, there is little to be found about this subject in the anthroposophical literature. However, some of what is implied indirectly in the literature, especially in case descriptions, shows that verbal interaction takes place in sessions. It can be observed in the literature sources that a trusting relationship between client and therapist in AnMt is established in which the client describes how the music affects him or her and where the parallels to his or her life and biography are (Bissegger, 2001, 2004; Felber, et al., 2003; Reinhold, 1996). The guidelines of the professional organisation of anthroposophical arts therapists indicate that next to the artistic medium, the therapeutic relationship is also employed in anthroposophical arts therapies, including music therapy, in order to achieve therapeutic outcomes (Pütz, 2008).

It has already been mentioned that there are maybe different concepts of the term „relationship", but maybe there are also different concepts of the term „therapeutic relationship". It could be questioned whether a relationship elicited by music is necessarily a therapeutic one. Maybe it is more a relationship between musician, listener and everybody else who is in any way involved in the process of music making or music performance, as is suggested by Christopher Small in his concept of „musicking" (Small, 1995). The question of what makes a relationship „therapeutic" remains unanswered in this context. For example, one could question whether a relationship elicited by music, happening in an anthroposophical music therapy situation in which music is used therapeutically qualifies as a therapeutic relationship. There are many kinds of different relationships in different social situations, wherever people come together and communicate. But what are the ingredients that make a relationship therapeutic?

A trusting relationship between therapist and client is considered a pre-condition for the music to take effect (Interview 4, December 14th, 2009). On the other hand it is assumed that the music itself creates relationship, and another way of engaging in what happened in AnMt sessions on a relationship level is engaging in the so called „therapy-review" (Interview 4, December 14th, 2009; see also below). William even stated that one of the reasons why AnMt doesn"t usually employ the use of electronic playback devices and other electronic media is their lack of including the relationship side (Interview 4, December 14th, 2009).

William mentioned the issue of the therapeutic mandate (Interview 4, December 14th, 2009). However, it is not quite clear in how far the therapeutic mandate and the goals and objectives to be pursued in music therapy are discussed with the client and thereby based on mutual agreement between client and therapist. This isn"t explicitly clarified through the data gained in the interviews with Gerry, Mia, Mary and William. If reference is made to the therapeutic mandate and the way goals and objectives are devised in AnMt, it is usually mentioned in context with a doctor"s diagnosis or collaboration in a multi-disciplinary team (Interview 1, March 11th, 2008; Interview 2, August 29th, 2008; Interview 4, December 14th, 2009) but inclusion of clients in this process is not mentioned in the interviews and could not be found in the relevant AnMt literature.

William mentioned in his interview that not only the „how" but also the „who" was important in the therapeutic process (Interview 4, December 14th, 2009). Further research would be needed to fully illuminate the impact and meaning of the therapeutic relationship in AnMt. However, maybe it is true to some extent what Jörg Fachner said at the European Music Therapy Congress in Cadiz in 2010: That it can"t be completely separated what is effective in music therapy: the therapeutic relationship or the music (Magill, et al., 2010).

In music-centred music therapy, the therapeutic relationship is a musical relationship (Aigen, 2005). Since the musical interaction is in the centre of the client-therapist relationship in AnMt, from a music-centred point of view, this would probably qualify as a therapeutic relationship.

Role of psychodynamic and psychotherapeutic concepts: Considering the theme of psychodynamics and psychotherapy.

One of the interviewees, Mia, stated that psychodynamic concepts were hard to reconcile with anthroposophical concepts. She thought that the former were quite opposed to what anthroposophists knew to be true (Interview 2, August 29th, 2008). In contrast to this, William stated that psychodynamics were taken very seriously in AnMt although they had been neglected in the past (Interview 4, December 14th, 2009). William mainly referred to the anthroposophical concept of the Doppelgänger, which is also mentioned in the literature (Schneider, 2002). This suggests, that in anthroposophy there may be a different, or at least very specific view of the term psychodynamics.

William mentioned in his interview that there is skepticism towards psychodynamic experiential work amongst AnMt practitioners. Freudian and anthroposophical concepts don"t go together well and Steiner himself was very critical towards Freud and towards psychoanalysis (Steiner, 1946). As was mentioned before, the view was held amongst AnMt practitioners that anthroposophical spiritual exercises, such as the six subsidiary exercises, would be enough to promote self-development and enable the therapist to deal with difficulties in the therapeutic process. William explained that this was one of the reasons for past negligence of psychodynamic processes in AnMt, including the therapeutic relationship. The latter is mainly dealt with by means of the „therapy review" in AnMt, as described by William in his interview. However, William indicated a certain readiness in AnMt to deal with what he

called psychodynamic processes, as for example demonstrated in the topic choice for the 2010 AnMt conference in the Netherlands. However, this rather entails the anthroposophical view of psychodynamic processes, as is expressed, for example, in the concept of the Doppelgänger. The Doppelgänger encompasses what a psychodynamic therapist may call the unconscious, and what William called the whole range of imprinting that a person has accumulated, which co-resonates with everything a person does. From a psychodynamic point of view, this might also be seen as an expression of aspects of transference and countertransference. In his interview, William expressed the opinion that some phenomena in psychoanalysis and anthroposophy are in fact similar or the same but are explained in different ways. The Doppelgänger concept is certainly reminiscent of the therapist"s countertransference processes, which can be helpful if noticed and dealt with and destructive or at least unhelpful if ignored or not recognised (Priestley, 1994).

After his interview, William spoke about the connections and differences between psychodynamics or psychoanalysis and anthroposophical views. He stated that in analytically oriented psychotherapy mostly the unconscious mind and the astral body were addressed. He stressed that from an anthroposophical point of view there was also a super-conscious mind, which consisted of the consciousness soul and the intellectual and sentient soul (William, personal communication, April 27th, 2010). According to William, it is the aim of anthroposophical therapy to free the soul forces and to resolve imprinting. In this context, imprinting is seen as learned, conditioned ways of perceiving and behaving. William explained that anthroposophical therapies aim to re-imprint and to transform soul forces that are constitutional or bound by organs. William gave as an example certain musical preferences or dislikes patients sometimes have. He stated that they could often change through a transformation of soul forces and that this was how transformation showed on a musical level (William, personal communication, April 27th, 2010).

William said that he didn"t believe in the idea that an emotional problem is already overcome when one lifts it into consciousness. He thought that it was desirable to build up new patterns as is done in behavioural therapy. He expressed the view that it would be best to apply both in conjunction with each other: Disclosing unconscious conflicts in a psychoanalytical sense and then building new behaviour patterns as is done in behavioural therapy (William, personal communication, April 27th, 2010).

William raised the question how much disclosure a patient could tolerate. He said he thought that in cases of very low self esteem disclosure would be contra-indicated as the patient might not be able to cope with it (William, personal communication, April 27th, 2010). He compared the transformation of soul forces with „spinning straw to gold"; a reference to the Grimm fairy tale "Rumpelstiltskin" (William, personal communication, April 27th, 2010). He pointed out that imprinting was necessary during childhood in order to cope with the world but as an adult one had to free up the soul forces bound through imprinting.

Some similarity can be seen here to cognitive-behavioural therapy or even behaviouristic therapies, which assist clients in unlearning unhealthy behaviours and which operate from the supposition that behaviours are learned. It is challenging to conclude how „psychodynamic" the anthroposophical view on psychodynamics is. However, it can be said that, at least according to the information William provided in his interview, there is an increasing interest in emotional processes and processes concerning the therapeutic relationship in AnMt.

The existence of the unconscious mind is not denied in AnMt but is also not seen as the only instance in the human being that therapeutic treatment needs to address. Maybe some overlap or common ground between „anthroposophical" and „general" psychodynamics is also indicated through the fact that on the website of the German association for anthroposophical creative arts therapies, Balint groups are recommended as a measure of further education for anthroposophical creative arts therapists ("Association for Anthroposophic Art Therapy in Germany (AAArTiG), Fortbildungen," 2009)

Electronic Media and live music.

Most interviewees indicated that electronic media, such as playback devices like CD- or MP3-players, are avoided and AnMt while live music is preferred. At the same time, pop or rock music played on electronic instruments is not a genre readily used in AnMt. This view is also expressed quite strongly in the relevant AnMt literature (Engel, 1999; Ruland, 1992).

Depending on a client"s musical preferences, AnMt practitioners may have to leave these preferences outside of the music therapy room if they include electronic, rock or pop music and similar genres. As William mentioned in his interview, it could

also mean referring the client to a different music therapist, if working with the client"s preferred genre is therapeutically indicated. This idea expresses a certain genuineness and humility as it does not propose the client has to be „converted" to not listening to electronic music but that he or she is given the freedom to work with a music therapist who can answer to the need of expressing oneself electronically in music. This statement made by William, as well as his positive remarks about GIM in connection with the use of electronic playback devices in therapy, shows acceptance of and tolerance towards other paths in music therapy than the anthroposophical one and the readiness to admit that AnMt may not be relevant for every music therapy client.

Interviewees" responses indicated a certain readiness to consider the use of electronically played back music, for example in the beginning stage of music therapy (Interview 1, March 11th, 2008; Interview 4, December 14th, 2009). At the same time, no doubt is left about the fact that there is no place for electronic media in the „peri-therapy" stage of AnMt treatment (Engel, 1999; Ruland, 1992; Interview 1, March 11th, 2008; Interview 4, December 14th, 2009).

From a certain angle the anthroposophical stance on not using electronic instruments and playback media, can probably be understood and appreciated, especially if one considers that AnMt is striving to be effective also on an organic and constitutional plane (Damen, 2004; Interview 4, 14th December, 2009). The missing relationship aspect in music making mentioned by William is not to be confused with establishing a therapeutic relationship. What William meant here was the relationship aspect in the actual process of playing music live, in which a direct rapport between player and listener is established, which is missing when the music is played on CD or MP3-player, and thereby the process becomes a "one-way-street" (Interview 4, December 14th, 2009).

The situation with the dying woman described by William earlier in the thesis shows that played back music cannot replace interpersonal relating and may even increase distress due to sensory overload or inappropriate, unfiltered sensory stimuli. There are also music therapists outside of the AnMt approach who prefer playing music live to clients to using music played from sound storage media. Timmermann, for example, mentioned that he was mainly concerned with playing music live to patients in receptive music therapy, and also in teaching music therapy students (Timmermann, 2004).

In my own music therapy work with clients with anxiety disorders and clients in a persistent vegetative state I have made mixed experiences with the use of electronic media, as described in appendix A. With the former client group these media proved useful, while with the latter client group I didn't usually experience them as helpful. Although in my own music therapy work I usually try to gauge whether to use electronic media and if so in what way, I appreciate that in AnMt this is not an integral part of the music therapy process. Most certainly every music therapist – whether anthroposophical or not – has to decide for him- or herself whether or not to use electronic media and if so in which way. However, I think that in this decision, the client has to be taken on board and his or her needs should be an absolute priority. Especially with clients who can't speak or otherwise express themselves, such as comatose or dying people or people with most severe intellectual disabilities, utter care needs to be taken concerning both the use of electronic media as well as instruments played live.

The use of electronic sound storage, playback devices and instruments is not a music therapy technique indigenous to AnMt, as was shown through the literature excerpts and statements made in the interviews. Therefore, the possibility of referring clients wishing to use these media to practitioners of other music therapy approaches makes sense. The wide applications of AnMt in spite of the exclusion of certain musical genres and media may indicate and suggest that there is still a broad enough client cohort that benefits from AnMt, even without use of electronic media. Findings made by music therapists, such as Rieger (2006) or Ruud (1998), pertaining to the connection between „electric" music and identity or culture, indicate the usefulness of electronic media in other music therapy approaches like Community Music Therapy.

Research Question: III. How Applicable are Techniques of Anthroposophical Music Therapy for Practitioners not Trained in the Approach?

Theme: Applicability for other music therapists.

In this section, interviewees' remarks about the applicability of elements from AnMt for music therapists not anthroposophically trained are discussed, as well as my own experiences in trying to apply AnMt-elements in my clinical work with four clients in a persistent vegetative state and two clients with anxiety disorders. Interviewees

presented mixed views on this topic. This mirrors in my own experiences with applying AnMt methods in my work. Some of my experiences were positive and encouraging whilst others were ambivalent and difficult to gauge. This leads to the conclusion that the applicability of AnMt-methods for other music therapists is at least a complex question.

While Mary was adamant that non-anthroposophical music therapists could use nothing but the anthroposophical instruments, Gerry and Mia proposed that informed use of anthroposophical methods by other music therapists could be possible to some extent. Mary had concerns about other music therapists using anthroposophical methods, even playing the Mercury Bath, the Tao or the breathing exercise. She thought that one had to know a considerable amount about the anthroposophical view of the human being in order to use any element from AnMt, except for the anthroposophical instruments.

Mary"s view is congruent with AnMt"s perception as a distinct music therapy approach that requires several years of specified training. For example, the AnMt course at the "Musiktherapeutische Arbeitsstätte" in Berlin lasts 4 ½ years, including one year"s internship in connection with extensive documentation of therapeutic processes ("Musiktherapeutische Arbeitsstätte," 2010). During these 4 ½ years, students receive a substantial training in areas relevant to the AnMt approach. Anthroposophical music therapists have their own professional organisation, their own guidelines in connection with issues such as music therapy practice, ethics and documentation (Pütz, 2008). It has been sufficiently discussed in the body of the thesis that the use of musical elements or instruments in AnMt is based on Steiner"s view and concepts of the human being. Therefore it makes sense to expect that a music therapy practitioner using anthroposophical sequences or elements has a certain background in these views and concepts. It also wouldn"t be immediately obvious why someone with an anthroposophical background would want to use anthroposophical music therapy methods.

In my opinion and based on my own experience it depends what a music therapist wants to achieve by using methods from certain music therapy approaches. If, for example, a music therapist not trained as a psychoanalytical music therapist claimed to provide psychoanalytical music therapy because he or she has experienced its methods at some stage to some extent, this could certainly be called fraudulent, just as

much as if a non-anthroposophical music therapist who has encountered AnMt in Camphill without being trained as an AnMt practitioner called his or her approach anthroposophical music therapy. However, music therapists can be influenced by different approaches, much in the way as a psychodynamic music therapist may be influenced by psychoanalysis or psychoanalytical music therapy or a practitioner of Creative Music Therapy can be influenced by concepts from humanistic psychology or by psychodynamic concepts, such as transference and counter-transference (Turry, 1998) .

In a similar way, „mainstream" music therapists could be influenced by anthroposophical ideas and use elements of anthroposophical approaches. However, the prerequisite would be that a therapist gains a certain amount of training in and information about the techniques or methods he or she uses.

When I began my clinical work with the two clinical client groups mentioned, using the lyre and the Mercury Bath, as well as the Tao and some of the planetary tones and scales, I was convinced that my six years of background in Camphill and three years of assisting and working in AnMt in Camphill in Ireland were enough to justify exploring the use of these methods. I wasn"t always sure about this when I actually used these musical elements and methods in my clinical work. I often had to think of what Gerry had said in his interview: "If I can do good with music I can possibly also do harm" (Interview 1, March 11th, 2008, p.6).

In my work with the client group as vulnerable as clients in a coma state, I worried about this. On the other hand, I didn"t think that clients responded more adversely to what I did with the lyre than to other musical experiences I tried to provide. Especially trying to match aspects of clients" breathing with single notes played on the lyre, whether they were planetary tones or not, proved to be quite helpful in establishing musical contact that responded to clients" physical or vegetative expressions. At a later stage, when the lyre wasn"t used any more in music therapy with these clients, I continued using this technique with the guitar, voice and low tin whistle (Therapy Journal 1, September 2008-May 2009).

In my work with the clients with anxiety disorders I perceived the lyre, Mercury Bath and breathing exercise to be helpful (Therapy Journal 2, June-August, 2009). In the future, I would be interested in using elements from AnMt again, but before doing so, I would like to refresh my information about these elements and maybe do courses,

read literature or communicate with AnMt practitioners or even get supervision from an anthroposophical music therapist. I would also be interested to go through a period of experiencing AnMt in the role of the client, as an experiential measure.

For music therapists with absolutely no prior experience of AnMt who somehow feel attracted by its instruments or methods it would be necessary to sit in some AnMt sessions, to see AnMt in action and to gain some basic information about anthroposophy and about AnMt methods. Lyre lessons and learning how to tune the lyre would be necessary if one wanted to use this instrument in music therapy.

I would conclude that these methods have some applications but also some limitations. Mia mentioned that she went to „mainstream" music therapy improvisation courses and used some of what she learned there in her own music therapy work (Interview 2, August, 29th, 2008). In a similar way, music therapists that wish to use anthroposophical elements could attend relevant courses, AnMt conferences and explore their familiarity with the approach before venturing to use anthroposophical elements in their clinical music therapy work.

Research Question: IV. Where can AnMt be Located in Contemporary Music Therapy Practice?

The question of where to locate AnMt is not easy to answer. In the chapter exploring this earlier in the thesis, I attempted to position AnMt in the traditions of anthroposophical music education and music therapy approaches with a psychotherapeutic orientation. In addition to this, AnMt's similarities and differences with other music therapy approaches that may be called music-centred approaches (Aigen, 2005) or approaches that may apply musical elements in a more prescriptive way, such as Traditional Oriental Music Therapy (Tucek, 2006), were considered in this chapter. AnMt's connections with Creative Music Therapy and with approaches in which weight is put on spiritual aspects or on musical archetypes were included. In this section, statements made by the interviewees and findings from the literature are combined to show some differences and similarities between AnMt and the above-mentioned approaches.

Interviewees perceived similarities between AnMt and other approaches for example in the use of musical tonalities, such as modal or pentatonic scales. Modal or

pentatonic improvisation is used in other music therapy approaches, and there are also references to it in the literature (for example Turry, 2009). One of the interviewees, William, also expressed the view that some concepts were similar in the different approaches, as for example described above in the chapter on psychodynamics. He also mentioned the idea of resonating or impacting on what is described as the vegetative functions with music (Interview 4, December 14th, 2009). Impacting on vegetative functions with music, such as heart rate, anxiety levels or stress hormones has been referred to frequently in the general music therapy literature (for example Burns et al., 2002; Kim, 2008).

Gerry pointed out that it was most important to help people with music and not necessarily to carry "the torch of anthroposophy" (Interview 1, March 11th, 2008, p.18). Helping people with music was seen as an area of common ground between AnMt and other music therapy approaches. William indicated that AnMt and other music therapy approaches had an equal right to exist and that different clients benefitted from different approaches. Mary stated in her interview, that for her, along with AnMt, Traditional Oriental Music Therapy and Creative Music Therapy were the music-centred approaches in which music was the main therapeutic agent. She suggested that only the music-centred approaches, such as AnMt, Traditional Oriental Music Therapy or Creative Music Therapy should call themselves music therapy.

While some basic similarities between AnMt and other music therapy approaches were admitted by some of the interviewees, the general impression created by the interviewees" statements was that AnMt is seen as distinct approach, which is music-centred and spiritual and cannot really be compared to other music therapy approaches. AnMt practitioners view themselves as a channel for a force that comes from a spiritual realm (Interview 3, March 18th, 2009) rather than as practitioners working psychotherapeutically on a human relationship level. This is a perception which sets AnMt apart from many other music therapy approaches.

AnMt and Creative Music Therapy.

In his interview, Gerry claimed that as far as Nordoff and Robbins were concerned, Creative Music Therapy was an anthroposophical music therapy approach. He also referred to the fact that not all anthroposophical music therapists recognise

Creative Music Therapy as an anthroposophical approach. Mary also mentioned that both Nordoff and Robbins were originally influenced by anthroposophy.

Paul Nordoff and Clive Robbins themselves described that they had encounters with anthroposophy, were influenced by it to some extent and commenced their work in music therapy in anthroposophical homes for children with special needs (Nordoff & Robbins, 2004; Robbins, 2005). However, anthroposophical music therapy differs from Creative Music Therapy. Robbins (2005) described how, while providing music therapy in anthroposophical homes on their European tour in 1960, he and Paul Nordoff met quite mixed reactions to their approach. Their way of practising became rather controversial in anthroposophical circles of the time. Some of the criticisms they were confronted with were that "the music was too modern and rhythmic, too American, too pianistic and deviated from accepted anthroposophical considerations of music" (Robbins, 2005, p. 21). Robbins"s remarks in the literature certainly don"t suggest that he and Paul Nordoff considered their approach to be anthroposophical. For example, this is illustrated by an excerpt from an interview Brynjulf Stige conducted with Clive Robbins in which he talked about himself and Paul Nordoff and the beginnings of their collaboration:

> Our backgrounds were different, but we both loved music and we
> both had a Rudolf Steiner background. We soon moved beyond
> that though, we moved into a modern more contemporary way of
> thinking. The practice of anthroposophy, as we met it, we found
> quite dissatisfying. It had become dogmatic instead of creative.
> There were certain attitudes to how music should be done in „an
> anthroposophical way", which had little to do with the human
> realities we were then reaching and working with (Robbins, 1998,
> p. 70).

In the same interview, Robbins spoke about his attitude towards Steiner"s philosophy in general: "And, it is only fair to say, that despite my misgivings about the anthroposophical movement, I owe a tremendous amount to Steiner's searching, painstaking life's work" (Robbins, 1998, p. 70). These statements show that although Nordoff and Robbins began their work in music therapy under the influence of anthroposophy they developed their approach into a different direction, which could be

described as more responsive and spontaneous than AnMt, as Gerry mentioned in his interview (Interview 1, March 11th, 2008).

The role of spirituality.

Some of the approaches to spirituality in other music therapy traditions described in chapter 6 of this thesis show parallels to the anthroposophical culture of listening with reverence and of listening to music being a spiritual act (Bissegger, 2004; Felber, et al., 2003; Reinhold, 1996; Steiner, 1970, 1980). This applies, for example, to Arnason‟s remarks in connection with "sacredness of listening" (Magill, et al., 2010)

There are music therapy approaches that include spiritual aspects, such as Traditional Oriental Music Therapy, which is partly based on Shamanic and on Sufi traditions (Güvenc & Güvenc, 2009). Music therapists and music therapy clients don‟t necessarily have to be Sufis or Shamans in order to perform or benefit from the music therapy methods of this approach (Tucek, 2004). Maybe in a similar way, clients in anthroposophical music therapy don‟t have to be anthroposophists in order to benefit from AnMt, including some of its spiritual aspects, and be it only the fact that in AnMt, the client is seen as a partly spiritual being with spiritual needs. A nourishing of the human soul, as is sometimes performed through AnMt (Interview 4, December 14th, 2009) always has spiritual aspects. However, according to some of the interviewees who participated in this study, the converse argument is not necessarily valid in this context: Mary explicitly said that an anthroposophical music therapist needed to develop anthroposophically. Gerry stated that an AnMt practitioner needed to have detailed knowledge of anthroposophy.

GIM shares common ground with AnMt in connection with an emphasis on spirituality in both approaches (see Bonny, 2002). There are probably many more music therapy approaches that incorporate spiritual aspects. For example, Carolyn Kenny‟s book "The mythic artery" contains numerous references to spirituality in connection with music therapy (Kenny, 1982). Turry (2009) mentioned that spiritual aspects played a role in music therapy with a female client who held the Christian faith. Her spiritual search and beliefs sometimes also manifested in the music and where thereby part of the music therapy process (Turry, 2009).

While spirituality isn‟t explicitly practised with clients in AnMt, it nevertheless plays a part in the whole therapeutic process, beginning with the anthroposophical view

of the human being (Steiner, 2004), which has an influence on diagnostic aspects (Damen, 2004), but also on issues connected to treatment, for instance in the importance it places on listening to music in an inward, spiritual way (Reinhold, 1996). It also extends to aspects of therapy evaluation and the therapist"s self-development, as expressed in the therapy review (Interview 4, December 14th, 2009), or in the therapist"s practice of spiritual anthroposophical exercises while engaging in different stages of the therapeutic process (Interview 4, December 14th, 2009). Some may call these aspects rather esoteric than spiritual and may therefore reject them. While the anthroposophical way of practising spirituality is certainly not suitable for everyone and can"t be forced upon anyone, it also has to be mentioned that some aspects of other music therapy traditions, could probably also be associated with esotericism in some way.

The Oxford English Dictionary defines the term esoteric as follows:

> Of philosophical doctrines, treatises, modes of speech, etc.: Designed for, or appropriate to, an inner circle of advanced or privileged disciples; communicated to, or intelligible by, the initiated exclusively. Hence of disciples: Belonging to the inner circle, admitted to the esoteric teaching (OED, 2010, esoteric, definition 1a).

According to this definition, the term could probably be applied to a number of music therapy approaches incorporating spiritual aspects but this issue would need further investigation in the future. I believe that incorporating esoteric elements is not necessarily to be judged negatively, unless these esoteric beliefs are forced upon the client in music therapy. According to my own experiences with AnMt and with anthroposophy, this is not the case.

Role of electronic media and pop or rock music.

Part of what the interviewees explained about the reasons for avoiding electronic media in AnMt appears comprehensible, such as the loss of the relationship aspect, mentioned by William in his interview (Interview 4, December 14th, 2009). However, some of the statements in the anthroposophical literature about the destructive or even evil effects of music that is played back electronically, such as pop, rock or even jazz seem out of place today, as electronic media are so much part of daily life that people take them for granted. It is interesting to compare other music therapy approaches to engage in some critical reflection about these different views of the uses of electronic

media and popular music. Other music therapy approaches have shown that music which is meaningful to clients and belongs to their culture, is part of their identity or helps to build identity, has been useful and effective in music therapy (Ruud, 1998).

For some music therapists not working within the anthroposophical approach, the exclusion of pop, rock, electronic and played back music from the actual music therapy treatment may represent an unwelcome limitation of the term music. Timmermann postulated that in music therapy it is helpful to operate with a view of music that is as wide and flexible as possible (Timmermann, 2004). Stige specifically criticised about AnMt that it suggested that only certain instruments and certain "high art" musical genres were considered to be valuable therapeutically (Stige, 1998). GIM is an approach in music therapy that relies on the use of electronic equipment in playing back mostly classical music to clients (Bonny, 2002; Trondalen, 2010).

Role of the therapeutic relationship, verbal interaction and self-expression.

In Traditional Oriental Music Therapy, according to Tucek, the therapeutic relationship plays a role in spite of the prescriptive, almost pharmacological use of makams to treat diseases and disturbances in a regulatory way (Tucek, 2004). In Creative Music Therapy, "the dynamic forces inherent to musical elements (i.e., tone, melody, rhythm, harmony, dynamics, tempo, etc.) are the primary agents for change" (Turry, 2009, p. 106). In contrast to AnMt, in Creative Music Therapy, spontaneous musical interaction, usually in improvisation, is in the foreground of the therapeutic process (Robbins, 2005). The central idea is that a person's problems also show in the way the person plays music and that these problems, such as developmental or emotional challenges, can also be resolved through music (Nordoff & Robbins, 1986, 2004). This is based on the idea that musical and psychological processes are linked to each other (Turry, 2009).

One musical focus in Creative Music Therapy lies in improvised songs (Nordoff & Robbins, 2004; Turry, 2009). While improvisation in AnMt is not necessarily geared towards self-expression, in Creative Music Therapy, the client's self-expression is an integral part of the therapeutic process (Nordoff & Robbins, 1986, 2004; Turry, 2009).

In an informal conversation I had with a Nordoff-Robbins music therapist while attending the 2009 AnMt conference, this colleague told me that it was common practice in Creative Music Therapy not to go into issues too deeply by means of

verbalisation and to let the music resolve clients" issues. However, she also pointed out that parallels between how people played music and how they acted in „real life" were sometimes drawn in verbal conversations. According to this colleague, the actual processing of these issues was left to verbal psychotherapy.

Verbal interaction can be part of Traditional Oriental Music Therapy (Tucek, 2004) but doesn"t seem to be central. At least, I got this impression while I had the opportunity to observe a session with a traditional oriental music therapist in 2009. The first part of the session consisted of music played receptively to patients. In the last part, which was rather short compared to the first one, there was a time for patients to speak about how they perceived the music and what it elicited in them. However, these issues were not explored very deeply in this particular session. Other music therapy approaches strive to be psychotherapeutic approaches and work in a psychotherapeutic way, which includes extensive verbal interaction next to the musical interaction ("Kasseler Thesen zur Musiktherapie," 2008; Mössler, 2010).

In AnMt, verbal discussion has the function of building up a trusting relationship and of communicating about the effects of the music and about the musical experience, but deep emotional issues and their resolution is not part of the verbal interaction (Interview 4, December 14th, 2009). In this context, AnMt shows similarities with Traditional Oriental Music Therapy in that it sometimes relies on prescriptive use of musical elements (Interview 3, March 18th, 2009). It bears resemblance with Creative Music Therapy and other music-centred approaches, in that it emphasises the use of musical processes as a main therapeutic agent (Interview 3, March 18th, 2009) and assumes analogies between pathological processes in the human being and musical expression (Damen, 2004).

Concluding thoughts about the location of AnMt.

AnMt can be described as a non-verbal, music-centred approach in music therapy. It shares the attribute of being music-centred with other approaches, such as Traditional Oriental Music Therapy, Indian Raga Therapy, Creative Music Therapy or GIM. It also shares a spiritual orientation with some music therapy approaches, as well as the ultimate goal in music therapy to help people with music (Interview 1, March 11th, 2008). It may be prescriptive in some ways, using music in an almost pharmacological way, like a "musicament" (Interview 3, March 18th, 2009). However,

this is not the only aspect of AnMt. As revealed through some of the interview excerpts, there are improvisational, expressive or spontaneous aspects to it as well, and verbal communication plays a certain, albeit not central, role in exploring clients" issues. The avoidance of electronic playback devices and of rock and pop music may be a distinct element of AnMt. However, elements of this can also occur in other music therapy approaches. For example, pop and rock music is not usually used in GIM. Also Timmermann (2004) has reported mainly employing music played live to the clients in receptive music therapy. Additionally, Psychoanalytic Music Therapy tends towards improvising live music rather than using receptive techniques.

Although AnMt and Creative Music Therapy share their origin in Rudolf Steiner"s philosophy they are two distinctly different approaches which have developed in different directions. While AnMt has also developed further and new ideas have emerged over time such as expressive improvisation, its dominant orientation remains rooted in Steiner"s view of the human being and the musical and therapeutic ideas some of his contemporaries and followers, such as Engel (1999), König (1966), Pfrogner (1981) or Lindenberg (2004), have developed out of this. In contrast to this, Creative Music Therapy has developed into an approach using methods such as spontaneous improvisation or song improvisation (Turry, 2009).

Creative Music Therapy gives clients opportunities to express and process their feelings, and has developed more psychotherapeutic ways of working (Turry, 2009). Whether AnMt is working in a psychotherapeutic way is a question which is not easy to answer. This question is also dealt with in chapter 6 of this thesis. However, in informal conversations with AnMt practitioners and students I got the impression that most anthroposophical music therapists and music therapy students would consider it to be a reduction of AnMt"s scope of practice if it were to be called a psychotherapeutic approach. This is informed from the intended effects of AnMt on an etheric and somatic plane (Damen, 2004).

AnMt may share certain aspects, such as the emphasis of spirituality and a certain prescriptive use of music, with GIM. However, GIM would differ from AnMt in its use of recorded music played back on electronic media and its reliance on inducing altered states of consciousness (Bonny, 2002). According to Florschütz (2007), the latter is rejected in anthroposophical therapies, including AnMt.

317

While it may not be possible to give a definite answer to the question of where to locate AnMt within the international community of music therapy, I would suggest accepting AnMt as a valid mainstream music therapy approach, which is based on some esoteric assumptions and is basically a music-centred music therapy approach.

Summary

In this chapter, the findings gained in undertaking a detailed literature review and a modified grounded theory study, were discussed and compared in connection with the four main questions guiding the thesis. The role of anthroposophical concepts for the approach was reviewed, as well as the basic tenets of the approach, including different aspects of the underlying assumption of music''s universal effects on the human being. This was followed by a discussion of the applicability of elements and techniques from AnMt for other music therapists not trained in the approach. The location of AnMt within contemporary music therapy approaches was given some consideration. The following chapter will provide a summary and conclusion of the findings of this thesis.

Chapter 10

Summary and Conclusion

This chapter summarises the approach, method and the findings of this research in connection with the four research questions guiding the thesis. The contribution of this research in the field of music therapy in general and of AnMt is reflected upon. In addition to this, an outlook on future possible research in connection with AnMt is given.

Research Undertaken

This research sought to explore different aspects of anthroposophical music therapy, including its key concepts, traditions and its standing within contemporary music therapy practice internationally. The four research questions guiding the thesis were:

1. What role do anthroposophical concepts play in informing anthroposophical music therapy?
2. What are the basic tenets of this approach?
3. How applicable are techniques of anthroposophical music therapy for practitioners not trained in the approach?
4. Where can AnMt be located in contemporary music therapy practice?

In the first part of the thesis, a detailed review of the relevant anthroposophical literature was undertaken in order to explore a variety of topics associated with AnMt, such as its foundations in anthroposophy and in the world view of Rudolf Steiner, as well as in principles of anthroposophical medicine. The anthroposophical view of music and musical elements was also investigated through examination of the anthroposophical literature. In this context, particular attention was paid to the phenomenological approach of exploring qualities of musical elements which is based on Goethean phenomenology as interpreted by Rudolf Steiner (Felber & Spalinger, 2003; Florschütz, 2009).

Furthermore, different aspects directly connected to AnMt were explored, such as its procedures pertaining to referral, assessment and diagnosis, evaluation and design of treatment for clients, as well as some of the contents of AnMt training. The location of AnMt within the context of contemporary music therapy practice and theory was of particular interest, as most modern recognised music therapy approaches are positioned around the idea of being approaches allied to psychotherapy or even psychotherapeutic approaches (Florschütz, 2007; "Kasseler Thesen zur Musiktherapie," 2008; Mössler, 2010). When necessary in order to illuminate the questions guiding the thesis, literature sources from outside of the fields of AnMt and anthroposophy were included in this first part of the thesis.

In the second part of the thesis, a grounded theory study was undertaken in order to further investigate the four questions guiding the thesis, especially the third research question: „How applicable are techniques of anthroposophical music therapy for practitioners not trained in the approach?" to which little or no reference was found in the relevant AnMt literature. Four renowned AnMt practitioners were interviewed about their views of AnMt, its connection to anthroposophy, its current scope of practice, its traditions and most recent developments. This also included questions related to whether or not aspects of the approach were applicable for other, non-anthroposophical music therapists and where interviewees located AnMt within the vast variety of contemporary music therapy approaches.

Interviews were recorded and transcribed verbatim and analysis took place in accordance with a modified grounded theory approach (Edwards & Kennelly, 2004; O'Callaghan & Hiscock, 2007). In addition to the literature review and the modified grounded theory study, a description of my own experiences in trying to apply elements from AnMt, such as use of the lyre and certain scales and sequences, in my clinical work with clients in a persistent vegetative state and clients with anxiety disorders, was included in the thesis. It can be found in appendix A. These experiences were put in connection with the third research question, which deals with the applicability of elements from AnMt for music therapists not trained in the approach.

Reflection on the Rationale for Undertaking the Thesis

My interest in exploring anthroposophical music therapy, its applications for other music therapists and its relationship to other music therapy approaches arose in connection with my prior experience of assisting in AnMt in Irish Camphill communities and working alongside two experienced AnMt practitioners. Even after training as a music therapist in a non-anthroposophical, psychodynamic context I felt that my clinical work was to some extent still influenced by my experiences with AnMt. This made me interested in possibilities of integrating elements from anthroposophical music therapy into other music therapy approaches. I wondered whether these possibilities existed and what mainstream music therapy practice could gain by inclusion of anthroposophical influences. Subsequently I decided that exploring AnMt more closely and examining its basic tenets, its traditional and more recent developments against more psychotherapeutically oriented music therapy approaches might help in finding answers to these questions.

Besides that, I hoped to further a dialogue between AnMt and other music therapy approaches. Some music therapists are quite critical towards AnMt and anthroposophical concepts of involving music in therapy and education, even those whose origins are rooted to some extent in anthroposophy, such as representatives of Creative Music Therapy (Robbins, 1998, 2005). Others have critiqued esoteric healing traditions in music therapy, including aspects of AnMt (Summer, 1996). In discussions with colleagues and music therapy students I gained the impression that while on the one hand there were quite a few prejudices against AnMt, for example in reducing it to a merely prescriptive approach devoid of spontaneous elements, on the other hand there was also a certain fascination with some of its aspects. I remember one of our student groups in the MA in Music Therapy course in which I am teaching coming back from a visit in an anthroposophical facility in which AnMt was practised. Some of them were very impressed with the instruments and with the care that was taken with these instruments and with the rooms and the surroundings.

I hope that through this contribution more information about AnMt will be available to other music therapists and that this information may encourage the dialogue. It was not intended or indeed possible to provide a comprehensive picture of AnMt but rather to provide an overview of this approach through exploring its

underlying philosophy, its basic tenets and its relevance to contemporary music therapy practices.

Findings

The findings of this research were emergent and complex. In order to deeply immerse myself in the literature I read many texts in German and translated them either in whole or part into English. I worked on the assumption that if I understood the concepts I could explain them to others. I used as many sources as possible to inform the answers to the guiding questions. I also engaged with criticisms of the AnMt approach and its foundations that came from within the approach and from outside. In order to make these findings as comprehensible as possible they are discussed below in connection with the four main questions guiding the thesis.

What role do anthroposophical concepts play in informing anthroposophical music therapy?

A review of the AnMt literature revealed that anthroposophical concepts developed by Rudolf Steiner form a central basis for the music therapy approach (Beilharz, 2004c; Felber, et al., 2003; Reinhold, 1996; Ruland, 1990). Concepts such as the fourfold (Steiner, 2002, 2004) and the threefold human being (Steiner, 2004), the twelve senses (Steiner, 2004), the seven life processes (Steiner, 1910) have been directly related to the therapeutic application of musical elements (Damen, 2004; Engel, 1999; Felber, 2003a; Gäch, 2004; Reinhold, 1996; Ruland, 1992), based on Steiner"s ideas about music (Steiner, 1970, 1980). These findings from the literature were confirmed by the interviewees" statements. Interviewees proposed that detailed knowledge of anthroposophy was necessary (Interview 1, March 11th, 2008) in order to practice anthroposophical music therapy. Besides that, it was also pointed out by interviewees that an anthroposophical path of self development needed to be pursued (Interview 1, March 11th, 2008; Interview 3, March 18th, 2009). Anthroposophical knowledge was seen as a "tool" in understanding the client (Interview 1, March 11th, 2008) and as a basis for the skilful therapeutic application of musical elements, such as intervals (Interview 2, August 29th, 2008). Anthroposophical knowledge deemed particularly important in the context of AnMt included, next to the above-mentioned

models of the human being, principles of anthroposophical medicine (Interview 4, December 14th, 2009) and the anthroposophical views on child development (Interview 1, March 11th, 2008). While all of the interviewees reported working from the basis of Steiner"s ideas which were developed further for a music therapy context by some of his successors, such as Engel (1999) or Pfrogner (1981), some also stated that Steiner"s contributions needed to be put in perspective. Steiner"s rather negative remarks about the piano as an instrument providing a musical experience that needed to be overcome (Steiner, 1970) did not prevent some of the interviewees from using it in music therapy treatment (Interview 1, March 11th, 2008; Interview 2, August 29th, 2008; Interview 4, December 14th, 2009).

What are the basic tenets of this approach?

This research question proved to be a complex one, as AnMt is a highly developed and established music therapy approach. The therapeutic process itself was described as a multi-stage process with incorporated a rather differentiated musical diagnosis, a period of design of treatment for a particular patient, and exchange with colleagues on an interdisciplinary level (Interview 1, March 11th, 2008; Interview 4, December 14th, 2009). One central characteristic of AnMt was shown to be its fundamental assumption that musical elements, such as intervals, scales, tonalities or rhythms, have universal effects on the human being. This was revealed in the literature (Pfrogner, 1981; Ruland, 1992; Wünsch, 2004a, 2004b) and in the interviewees" statements.

While interviewees agreed that individual responses to music were always possible to some extent (Interview 1, March 11th, 2008; Interview 3, March 18th, 2009) they also expressed the opinion that universal effects of musical elements existed and that these could be made use of in AnMt treatment. The application of specific scales, tonalities and sequences, such as planetary scales, the Mercury Bath, the breathing melody or the Tao, is closely connected with the idea of universality in music. Especially the Mercury Bath and breathing melody are sequences that can be applied to a variety of clients and have also various therapeutic indications (Interview 1, March 11th, 2008; Interview 2, August 29th, 2008). The planetary tones and scales are believed to be connected to human organs and thereby find their applications in conditions

related to certain organ malfunctions (Interview 2, August 29th, 2008; Interview 3, March 18th, 2009). In AnMt there is also therapeutic music composed specifically for a client, in congruence with his or her medical diagnosis, musical diagnosis and with the assumed effects of the applied musical elements (Bissegger, 2004; Florschütz, 2009; Interview 1, March 11th, 2008; Interview 2, August 29th, 2008).

Musical instruments play a distinct role in AnMt and their use is partly also connected with ideas about universality of musical elements, in this case, universality of the effects of certain instruments. For example, Reinhold described how certain stringed instruments, such as the lyre, have the effect of addressing the middle system in the human being (Reinhold, 1996). This idea is also connected to Steiner''s model of the threefold human being, consisting of the upper, middle and lower human being, which are in turn connected to the soul qualities of thinking, feeling and willing (Steiner, 2004). Different types of musical instruments were linked to these three different parts of the human being (Reinhold, 1996). The link between musical instruments and upper, middle and lower human being, as well as thinking, feeling and willing, gives indications for the therapeutic use of the instruments (Reinhold, 1996).

Other characteristics of the AnMt approach included its being a mainly non-verbal and music-centred approach, although a certain amount of verbalisation was deemed necessary to come into contact with the client (Interview 4, December 14th, 2009). One of the interviewees pointed out that AnMt was allied to anthroposophical medicine and that the latter was an entirely psychosomatic kind of medical practice and theory (Interview 4, December 14th, 2009). Spirituality, and in fact, the therapist''s own spiritual self-development were considered as important components of or even prerequisites for AnMt practice (Interview 1, March 11th, 2008; Interview 3, March 18th, 2009; Interview 4, December 14th, 2009).

Self-expression through music is a central aspect in many music therapy approaches, such as psychoanalytical music therapy (Priestley, 1994). Different importance was attributed to self-expression by the four AnMt practitioners I interviewed. While most interviewees acknowledged that certain expressive and spontaneous elements were present in their approach to the work, one of them said that in AnMt "we don''t do self expression" (Interview 3, March 18th, 2009, p.15). In general, findings from the modified grounded theory study showed that pre-composed music, music especially composed for AnMt treatment and improvisation are used in

AnMt. In terms of improvisation, both expressive and phenomenon-oriented improvisation are applied in AnMt (Interview 4, December 14th, 2009). A specialised kind of improvisation, which contains both structured and expressive elements, is Julius Knierim‟s "Freies Tongespräch" (Oerter, 1991; Tobiassen, 2004a). Symptom-oriented treatments are also used in AnMt, particularly in Camphill communities, such as the Listening Space Therapy and the Tonstärke therapy. They are usually carried out as a group treatment (Interview 2, August 29th, 2008; Müller-Wiedemann, 1989).

The role of the therapeutic relationship and of psychodynamic elements in AnMt seems to be controversial. One of the interviews claimed that these processes did not have any importance in AnMt (Interview 3, March 18th, 2009), but another interviewee expressed the opinion that the therapeutic relationship had importance in its role of building up trust with the client (Interview 4, December 14th, 2009). This interviewee explained that in the past too little attention had been paid to the therapeutic relationship and to psychodynamic aspects within AnMt but that this was gradually changing (Interview 4, December 14th, 2009). In AnMt, psychodynamic processes occurring within therapeutic treatment are often explained with the concept of the "Doppelgänger", which can be seen as the accumulation of the effects of psychological imprinting a person has experienced (Interview 4, December 14th, 2009). While in the past, anthroposophical spiritual exercises, such as the „therapy review‟ (Interview 4, December 14th, 2009) were seen as a pathway of dealing with phenomena such as the Doppelgänger, nowadays more reflexive processes and a greater openness towards experiential work are developed within AnMt. This process is encouraged and initiated by anthroposophical music therapists with experience in this area, such as Odulf Damen (Interview 4, December 14th, 2009).

Another important characteristic of AnMt revealed through the research undertaken for the thesis is the avoidance of electronic media in music therapy treatment. Two of the interviewees referred to the idea that electronic instruments and play back media are regarded as contra-indicated in AnMt (Interview 1, March 11th, 2008; Interview 4, December 14th, 2009). This is partly due to the perception of electronically played back music as a "frozen" musical situation in AnMt (Interview 4, December 14th, 2009; Ruland, 1992). Furthermore, the direct feedback with the listener which is usually present in a situation where music is played live, is seen as missing in music played from electronic music storage devices (Interview 4, December 14th, 2009).

Two of the interviewees stated that they could imagine using electronic media in the initial phases (Interview 1, March 11ᵗʰ, 2008) or in the „pre-therapy"(William, personal communication, April 27ᵗʰ, 2010) stage of AnMt treatment if this was indicated with particular clients, such as adolescents. However, in the „peri"-therapy stage, the part of the treatment in which techniques and methods indigenous to AnMt are applied, no place was seen for use of electronic media and electronic instruments (Interview 4, December 14ᵗʰ, 2009; William, personal communication, April 27ᵗʰ, 2010).

AnMt practitioners were perceived to need certain qualities, such as openness (Interview 1, March 11ᵗʰ, 2008; Interview 3, March 18ᵗʰ, 2009), humility (Interview 3, March 18ᵗʰ, 2009) and the ability to be flexible and to let go of preconceived notions (Interview 3, March 18ᵗʰ, 2009). Besides that, the therapist"s living experience of musical elements which are used therapeutically was deemed necessary (Interview 3, March 18ᵗʰ, 2009). Empathy and sensitivity were further characteristics seen as needed in an AnMt practitioner, as well as "healthy human understanding" (Interview 1, March 11ᵗʰ, 2008, p.18).

How applicable are techniques of anthroposophical music therapy for practitioners not trained in the approach?

This question was investigated using findings from the interviews and from the therapy journals recorded during my clinical work with two client groups (Appendix A). Interviewees expressed the view that one needed to have a certain insight into anthroposophy in order to use elements from AnMt. One of the interviewees held that it was necessary to engage in anthroposophical self-development in order to use methods and techniques from AnMt and that the anthroposophical instruments were the only elements to be used by a non-anthroposophical music therapist (Interview 3, March 18ᵗʰ, 2009). Two of the other interviewees were positive towards the idea of other music therapists using elements from AnMt but still thought that a basic understanding of anthroposophy, or at least of its musical concepts, was needed and that people using AnMt-elements needed to know what they were doing (Interview 1, March 11ᵗʰ, 2008; Interview 2, August 29ᵗʰ, 2008). However, they also expressed the view that some of the elements used in AnMt could be grasped with the help of common sense or the above-cited „healthy human understanding" (Interview 1, March 11ᵗʰ, 2008; Interview 2,

August 29th, 2008). Interviewees felt that the anthroposophical instruments could certainly be used in other music therapy approaches (Interview 1, March 11th, 2008; Interview 3, March 18th, 2009), but maybe in a more general way and not necessarily connected to other elements belonging to AnMt (Interview 3, March 18th, 2009).

My own experiences of using elements of AnMt in my own clinical work were also quite mixed. While on the one hand I perceived using the lyre, the Mercury Bath, the breathing melody and the Tao as helpful in some situations both with patients in a persistent vegetative state and patients with anxiety disorders, I felt many limitations in applying these methods. With the anxiety patients I gained the impression that other musical experiences, such as music played from electronic media, were also required. On one occasion a client‟s verbal feedback provoked the impression in me that she may have been over-sedated by listening to the Mercury Bath played to her on lyre. However, in general in the work with two young adult clients with anxiety disorders, I felt that the anthroposophical elements I applied, which consisted of playing the Mercury Bath and breathing melody on the lyre, were an enriching addition to my „usual‟ work consisting of joint play and free improvisation, especially in terms of providing a pleasant and relaxing receptive listening experience for clients struggling with managing their internal psychological regulation.

I found that applying these techniques was far more complicated in my work with clients in a persistent vegetative state. The strong vulnerability of these clients in combination with the fact that they were unable to provide verbal feedback, sometimes made it difficult to gauge how the musical experiences provided affected them. I encountered a considerable amount of self-doubt in applying the anthroposophical elements I used: the lyre, the planetary tones and –scales, as well as the Tao, Mercury Bath and breathing melody. Clients‟ responses to the music were often inconsistent and hard to interpret, for example when spasms or intense coughing fits occurred. Often I was worried about aggravating clients‟ condition with the music. While these issues were present with other musical elements unrelated to AnMt as well, I still felt much more insecure in applying the anthroposophical sequences and scales because I was very aware that I had limited knowledge of their background. On the other hand, some of the most beautiful moments of contact, mutual entrainment of breathing or eyelid movements and the music, happened when I used the lyre, either in free improvisation or while playing some of the AnMt-sequences. While I appreciated the potential of

these anthroposophical elements that I perceived to be valuable for mainstream music therapy, I sometimes wished to be able to find more guidance about using them, such as supervision from an AnMt practitioner, courses related to relevant AnMt topics, and so on. I also thought about the question of how the application of methods and techniques from AnMt would turn out for music therapists with little experience of AnMt and of anthroposophy in general, provided they had the wish to apply them. I came to the conclusion that it would not be feasible unless these practitioners familiarised themselves extensively with the anthroposophical approach and sought practical guidance, for example by communicating with AnMt practitioners, attending courses or getting supervision.

„Why does one have to mix elements from different approaches at all? Why not leave AnMt what it is and other approaches as well?‟ was a question that came up in my mind when thinking about possibilities of integrating techniques from AnMt into other approaches. And this is probably a valid question to ask. To some extent I believe that it is possible and should be possible to integrate elements from different music therapy approaches into one‟s work and thereby to create eclectic techniques in music therapy. However, there are certain dangers to this as well and it may be important to make sure one gains enough knowledge of and experience with the methods one incorporates. Elements from AnMt may be applicable to other music therapists to some extent, especially the instruments and maybe some of the sequences, but within limitations and in accordance with standards of professional ethics which require that one refrain from the use of methods exceeding the therapist‟s experience and knowledge (Frohne-Hagemann, et al., 2009).

Where can AnMt be located in contemporary music therapy practice?

This question is probably the most challenging one of the four main research questions that guided this thesis. The review of the literature and the interviews revealed some similarities between AnMt and other music therapy approaches. For example, music-centred approaches such as Traditional Oriental Music Therapy or Creative Music Therapy were perceived as sharing the focus on music as the main therapeutic agent with AnMt (Interview 3, March 18th, 2009). In music-centred approaches, verbal discussion may be present but is not necessarily seen as an imperative in processing

clients" experiences (Aigen, 2005; Interview 4, December 14th, 2009). Therapeutic goals are identical with musical goals and the therapeutic relationship is an entirely musical relationship (Aigen, 2005). While Creative Music Therapy shares part of its origin in anthroposophy with AnMt, it soon developed into a different direction and picked up other influences, such as those from the psychotherapeutic traditions (Robbins, 1998, 2005; Turry, 1998, 2009). One of the instruments used frequently in Creative Music Therapy is the piano, which one of the AnMt practitioners I interviewed considered to be an instrument not usually associated with AnMt (Interview 1, March 11th, 2008).

There are overlaps between AnMt and other music therapy approaches, for example in the shared assumption of musical archetypes (Timmermann, 2004), even if these archetypes may be associated with different connotations in other approaches. Like AnMt, Traditional Oriental Music Therapy involves prescriptive elements and references to cosmological aspects as well as connections between musical elements, planets and human organs (Tucek, 2004). Indian Raga Therapy may share some prescriptive uses of musical elements with AnMt, since certain ragas are applied in treatment of specific symptoms (Sundar, 2005, 2007). Spirituality, seen as an inherent element of AnMt as it is based on Steiner"s „spiritual science" (Interview 3, March 18th, 2009), increasingly plays a role in other music therapy approaches as well (for example Aldridge, 2000, 2007; Magill, et al., 2010).

The use of electronic playback media and instruments is practised in most other music therapy approaches. In fact, some other music therapy approaches, such as Community Music Therapy, even partly rely on the use of electronic sound storage devices and instruments, for example in band projects (Rieger, 2006; Ruud, 1998). The exclusion of certain musical genres in AnMt, which may go along with the exclusion of electronic media and instruments, has been criticised by others (for example Robbins, 2005; Stige, 1998). The roles of therapeutic components such as the therapeutic relationship or verbalisation, as mentioned above, may be congruent with principles of music-centred music therapy, as described by Aigen (2005), to some extent (Interview 3, March 18th, 2009). For example, in AnMt verbalisation is not used to process the client"s problems and the therapeutic relationship as a transference relationship is not viewed as the main therapeutic agent in AnMt.

While many of the contemporary music therapy approaches strive to be psychotherapeutically oriented in their practice (Mössler, 2010) the same can not

necessarily be said about AnMt. AnMt operates on the basis of Steiner''s models of the threefold and fourfold human being, which includes the upper, middle and lower human being and the physical, ether- and astral body, as well as the ego (Felber, 2003a; Steiner, 2004). Thus, the anthroposophical view of the human soul or psyche is different from the view predominant in psychodynamic approaches and these views cannot easily be compared or reconciled. AnMt also aims to be effective on a soul- or psychological level, which shows, for example, in the fact that AnMt practitioners work in areas in which psychotherapeutic treatment is indicated, such as with patients suffering from depression (Reinhold, 2006). However, AnMt practitioners pointed out that AnMt also strives to be effective on a somatic or etheric level (Interview 3, March 18th, 2009; Interview 4, December 14th, 2009). It is perhaps these spiritual aspects and the guiding principles based in anthroposophical views of the body, health and illness that are the most challenging for non-AnMt music therapists to understand.

Florschütz has proposed that the way AnMt practitioners view their approach as a discipline adjuvant to anthroposophical medicine is in a certain way a countermovement to the efforts made by professional music therapy bodies in Germany for the profession to be recognised as an independent approach (Florschütz, 2009). However, the German example, in which AnMt was part of a manifesto devised by representatives of the main music therapy approaches, shows the development of AnMt as being embedded in the general picture of mainstream music therapy approaches ("Kasseler Thesen zur Musiktherapie," 2008).

Meaning of the Findings for Contemporary Music Therapy Practice and Theory

The findings of this thesis show that AnMt is a distinct music therapy approach with its own knowledge base, professional bodies and procedures of referral, assessment, treatment and evaluation. My hope is that especially the thesis findings that give further explanation about less known details of AnMt may shed a different light on the approach. For example, the fact that expressive improvisation is also used in AnMt, and that the therapeutic relationship is considered, and that verbal interaction takes place in varying degrees, may not be known in the general music therapy community. There is also a perception of AnMt as an approach in which clients are „mollycoddled" in the way music is used. For example, Robbins indicated that strong rhythmic

impulses, loud volumes and what may be perceived as disharmonies are avoided in AnMt (Robbins, 2005). While this may have been true in the past, for example in the 1960s, when Paul Nordoff and Clive Robbins began their career in residential anthroposophical homes for children with intellectual disabilities, some developmental changes have happened in the meantime. From my time of assisting in AnMt in Camphill I remember therapeutic treatments in which strong rhythms and drum kits were used. Interviewees gave examples of „disharmonic" intervals being used in AnMt, such as seconds (Interview 4, December 14th, 2009), tritones and sevenths (Interview 2, August 29th, 2008). Some of the planetary scales are not entirely harmonious. While it may be true that certain genres, such as jazz, pop, rock, rap, and others, and certain instruments, such as electronic ones, are avoided in AnMt, the picture is maybe not as „lyre-centred" as previously. New ideas, such as the role of the therapeutic relationship, and of the importance of the dynamics between therapist and client, are entering AnMt (Interview 4, December 14th, 2009). The piano is sometimes used in AnMt (Interview 1, March 11th, 2008; Interview 2, August 29th, 2008; Interview 4, December 14th, 2009). Attempts have been made to integrate anthroposophical ideas with a music psychotherapy approach, although this is an approach distinct from AnMt (Florschütz, 2007).

While AnMt"s esoteric background may understandably prevent some contemporary music therapy practitioners from accepting AnMt as a valid mainstream music therapy approach (Summer, 1996), reference needs to be made to the fact that a four-year prospective cohort study has shown that AnMt, alongside with other anthroposophical therapies, is effective also on a long-term basis (Hamre, et al., 2004; Hamre, et al., 2007). While it is comprehensible that the background of an approach can be rejected, this doesn"t necessarily mean the approach is not effective. In this context, it may be interesting to conduct future research exploring the question of what it is that is effective in AnMt.

The findings of the thesis also reveal that the prescriptive aspects of AnMt are not as simplistic as is sometimes implied, for example, that certain tones are a „cure" for certain diseases (Summer, 1996). Instead, the findings show that treatments are devised individually and tailored to the needs of each client. While the universality of the effects of musical elements is not debated in AnMt, the view of these effects is more complex and multi-faceted than using music in a generalised pharmaceutical way, which

Florschütz referred to as "Musikapothekertum" (Florschütz, 2009, p. 36). Although AnMt is prescriptive in using musical elements like a "musicament" (Interview 3, March 18th, 2009, p.9), the approach is not prescriptive in a generalised, but rather in an individualised way. Great care is taken in AnMt to design a fitting treatment for each individual client (Interview1, March 11th, 2008). The exceptions to this individualised approach are probably the symptom-oriented treatments such as the Listening Space Therapy (Müller-Wiedemann, 1989).

The findings of this thesis in relation to AnMt's location in the international music therapy landscape show that there are overlaps between AnMt and some other approaches. The omission of AnMt in publications of leading practitioners and theorists in the area of music-centred music therapy, such as Aigen (2005), suggests that AnMt is not considered part of this stream in contemporary music therapy. However, this may reflect a lack of shared knowledge between English speaking and non-English speaking countries. My hope is that this thesis could be another influence in changing this view in favour of an inclusion of AnMt in the more music-centred approaches.

It has been mentioned before in this thesis that AnMt practitioners rarely present at international general music therapy conferences. Florschütz (2009) has also pointed out that in view of AnMt's seventy or nearly eighty years of clinical practice there are relatively few AnMt-related publications. Therefore, I hope that some of the findings gathered in this thesis could provide a basis for gaining insights into AnMt for music therapists not familiar with the approach.

While nearly all of the publications on AnMt and related subjects are written by AnMt practitioners (Intveen, 2010b), this thesis could be a step away from this kind of exclusivity. It is my impression that many music therapists shy away from mentioning or describing AnMt in their publications and if they do so, often isolated aspects are addressed, such as the fact that AnMt is an approach which works from the assumption that only certain musical genres have therapeutic value (Stige, 1998) or that it is an approach based on the assumption of analogies between musical structures and structures in the human being (Fachner, 2007). I would like to suggest that this thesis could help initiate a dialogue between AnMt and other music therapy approaches as proposed by Gidley on the level of a dialogue between anthroposophy and 21st century academic traditions (Gidley, 2010). At the same time, I hope that some of the findings

of this thesis could help „mainstream" music therapists to develop an informed critique of AnMt.

When I published an article related to this thesis (Intveen, 2010b), the two reviewers commented positively on the fact that this article provided an opportunity for dialogue between AnMt- and other music therapy practitioners, which both thought had been long overdue. While both reviewers admitted that some of the concepts of AnMt were quite esoteric and would probably be subject to criticism, they also indicated that the article was important in integrating AnMt into the music therapy dialogue in mainstream publications. At the time, I was delighted about these positive responses and I hope that this thesis can tie in with helping to establish the above-mentioned dialogue.

The Meaning of these Findings for AnMt

In 2007 and in 2010 I published two articles connected to the topic of this thesis (Intveen, 2007, 2010b). I received the feedback from one of the interviewees, Gerry, that the first article (Intveen, 2007) was used as a literature reference for AnMt students in a course in the United States. Gerry pointed out to me that he thought both articles were a great contribution to the AnMt literature-base. Another interviewee, William, made similar statements and thought about looking into possibilities of translating the second article (Intveen, 2010b) into German and publishing it in a German music therapy journal. I hope that this thesis could have a similar standing and contribute to the public picture of AnMt in a music therapy context.

I would be interested to understand further from AnMt practitioners how they perceive the location of AnMt within the general music therapy landscape and whether they would agree with my claim that AnMt belongs in the tradition of music therapy as a music-centred approach. If, as I am hoping, the findings of this thesis contribute to extending the dialogue between AnMt and other music therapy approaches, this could achieve a shift in perception of AnMt in the wider music therapy community from a more marginalised to a more integrated position. However, this may have its limitations, since there are quite a lot of aspects of AnMt which couldn"t be covered in this thesis, and other aspects that are included may present an incomplete picture. AnMt is a relatively integrated and established approach in Germany ("Kasseler Thesen zur Musiktherapie," 2008). However, it has always been my impression that this is not quite

the case in the English-speaking world. According to my experience, for example in Ireland, AnMt is almost exclusively practised in Camphill communities. Outside of this context, little is known about AnMt, even in the Irish community of music therapists. If this thesis could have a role in raising the awareness of and interest in AnMt and its core principles, this may lead to a greater integration of AnMt practitioners working in Irish Camphill communities into the Irish music therapy community.

I am not able to state whether AnMt practitioners wish to be integrated more into the general music therapy community or if they prefer their existing integration within anthroposophy and anthroposophical medicine. This would require further investigation. Some years back, when I was still an assistant in AnMt in an Irish Camphill community, I visited a Camphill-based AnMt conference in England with some colleagues. At the time, a young woman who had undergone „mainstream" music therapy training was visiting the conference in order to find out more about AnMt. In the following exchange between her and the AnMt practitioners, which was extraordinarily friendly and benign, I often heard AnMt practitioners present at the conference remark that they thought AnMt was less superficial than other music therapy approaches. However, a lot of these music therapists, some of whom also remarked very critically on their experiences of Nordoff and Robbins working therapeutically with children with special needs, belonged to the older generation of pioneering AnMt practitioners. I believe that in the younger generation of anthroposophical music therapists, the picture may be different.

In my communications with some of the interviewees and also when attending the German-speaking AnMt conference in Berlin in 2009, I picked up an atmosphere of openness towards and interest in other music therapy approaches. Some younger AnMt practitioners told me in informal conversations that they thought that other music therapy approaches were much further developed in terms of research and that such a development was also much needed in AnMt. In the same informal conversations, I also gained the impression that quite a few AnMt practitioners are also members of the general professional music therapy organisations, such as the "Deutsche Musiktherapeutische Gesellschaft" (DMtG) and that within AnMt, and especially in the younger generation of practitioners, the interest in political issues concerning the profession of music therapy is rising and this may in turn motivate openness to exchange of ideas. If interest emerges within AnMt to pursue a dialogue with

representatives of other music therapy approaches, maybe also in connection with research-related topics, I hope that the findings of this thesis could form one of many other influences in establishing and maintaining this dialogue.

One of the interviewees said: "People not working anthroposophically should keep quite an open mind to the fact that an anthroposophical approach may be a good approach, but also vice versa" (Interview 1, March 11th, 2008, p.18). I hope this thesis is one stepping stone on the path to achieving this mutual openness.

Future Research Opportunities in this Area

Future research in relation with AnMt could focus on clients" experiences. Narrative interviews with clients in AnMt or open, qualitative questionnaires could reveal how clients experience AnMt and which elements they perceive to affect them in which ways. Findings could be analysed with grounded theory methods (Amir, 2005; Corbin & Strauss, 2008). In this way, the above-mentioned question of what may be effective in AnMt could also be examined. A larger-scale research project in this context could explore the same issues in relation to other music therapy approaches. This may provide a most interesting picture of what clients perceive as effective in different music therapy approaches, including AnMt.

Other questions examined in future research could include a detailed examination of the differences and similarities between AnMt and Creative Music Therapy, as was already undertaken to some extent by Graefe in her Bachelor thesis (Graefe, 2006). Such a study could, for example, explore to what extent Creative Music Therapy is influenced by AnMt, for example in the interpretation of musical intervals. This could be done in the shape of a detailed literature review or by interviewing key practitioners of both approaches. In this context, it would be particularly interesting to interview Clive Robbins or AnMt practitioners who have experienced Nordoff and Robbins"s work in anthroposophical communities in the 1960s.

Further research examining the effectiveness of AnMt is needed. So far, studies, such as the AMOS study have investigated AnMt alongside anthroposophical medicine and other anthroposophical arts-based therapies, such as art therapy or eurythmy therapy (Hamre, et al., 2004; Hamre, et al., 2007). Future studies may focus specifically on AnMt, bearing in mind that AnMt also strives to be effective on a somatic or psychosomatic level (Interview 4, December 14th, 2009). Research examining the

effectiveness of AnMt, including long-term effects, would require comparative empirical methods rather than qualitative research. However, a mixed methods approach combining quantitative investigation with a qualitative exploration of clients" perspectives, as described above, would be possible. In general, an evidence base in relation to the effectiveness of AnMt, needs to be created and maintained.

A detailed exploration of the role of the therapeutic relationship and/or verbal interaction in AnMt may be another interesting research topic. For example, AnMt practitioners could be asked when and in what way they are using verbal interaction in AnMt treatment. Or, similar to other clinical based research (Edwards & Kennelly, 2004), an observer-researcher could witness AnMt sessions and monitor the verbal interactions. The therapeutic relationship would probably be a more complex topic to explore. It may be possible to conduct interviews with AnMt practitioners and ask them how they view this aspect in the therapeutic process. As was mentioned before, arts-based research (for example Ledger, 2010) may also present possibilities of further exploring the AnMt approach. Possibilities for arts-based research may also lie in the particular approach of Goethean phenomenology applied in anthroposophy, in which, for example, musical perceptions are translated into pictorial, visual or kinaesthetic perceptions (Florschütz, 2009). In this context, it may be of particular interest to investigate how Goethean phenomenological research, as described in chapter 3 of this thesis, could be utilised to not only explore musical elements, but also aspects of the AnMt process.

Conclusion

One aspect that still remains open for me is in what way AnMt could inspire other music therapy approaches. In accordance with the findings of this thesis and with my own experiences with AnMt I would conclude that the anthroposophical instruments could be made use of in other approaches, as was also stated by some of the interviewees (Interview 1, March 11th, 2008; Interview 3, March 18th, 2009). Especially the lyre, but also simpler lyre-type instruments such as the kantele or bordune lyre, comprises many possibilities of therapeutic use outside of AnMt. The inclusion of spiritual aspects into the music therapy treatment, that is, viewing the client as a person with a body, soul and spirit (Steiner, 2004), may also be an attractive characteristic of

AnMt, although the specific anthroposophical practice of spirituality may not suit some music therapists" orientation.

According to my own experience, immense care is taken in AnMt around the instruments and the therapeutic setting, including the music therapy room. In an anthroposophical context, great efforts are made to create a „therapeutic" and aesthetically satisfying environment for the client. In the anthroposophical communities where I lived, this included almost all areas of daily living, including diet, clothing, clients" bedrooms, and so on. This was sometimes in considerable contrast to some other facilities for people with learning disabilities I encountered, in which the surroundings were sometimes quite basic and even depressing.

I also experienced that in AnMt there is a strong ethos of using instruments that are well in tune, which is an aspect that appealed to me a lot. I remember that one of my mentors at the time said that he thought using out of tune instruments in music therapy could even be harmful or at least counter-productive. In my opinion some of the musical elements applied in AnMt are very beautiful and musically engaging, such as some of the scales and sequences used. I feel that if other music therapists have the chance to learn them, make themselves knowledgeable about them and experience them, they should do so. I particularly experienced the Mercury Bath as a wonderful addition to my own therapeutic work. Personally, I am in support of the idea of not using electronic playback media in AnMt, and as mentioned before, I would tend towards the avoidance of electronic media as well. On the other hand, I can also see some of the benefits of using these media with particular client groups. However, if clients accepted that these media would not be used, and depending also on the client group or age group, this could present great opportunities for the therapist to enable clients experiencing music beyond the constant influence of media such as television, radio, computer, MP3-players, and so on.

Rehearsing music for therapeutic treatment, as is sometimes done in AnMt, especially when therapy music is specifically composed for a client"s treatment (Interview 1, March 11th, 2008), may seem strange to some other music therapists. However, I enjoyed this during my time in Camphill and appreciated the idea of valuing the client by playing music that was well-rehearsed and had aesthetic appeal.

I was and still am quite intrigued by AnMt and how I encountered it in Camphill, but also by the impressions I gained while conducting the interviews with

four AnMt practitioners. Nevertheless, for me personally, anthroposophy is not the path I have chosen. However, I believe that in spite of the majority of music therapists being trained in approaches informed from psychodynamic principles, nonetheless „mainstream" music therapists can be inspired by elements of AnMt, as described above, if they so wish and I would encourage their openness to this approach.

References

Adler, A. (1912). *Über den nervösen Charakter. Grundzüge einer vergleichenden Individualpsychologie und Psychotherapie*. Wiesbaden: J.F. Bergmann.

Aigen, K. (2005). *Music-centered music therapy*. Gilsum, NH: Barcelona Publishers.

Al-Janabi, H., Coast, J., & Flynn, T. N. (2008). What do people value when they provide unpaid care for an older person? A meta-ethnography with interview follow-up. *Social Science & Medicine, 67*(1), 111-121.

Aldridge, D. (2000). *Spirituality, healing and medicine: Return to the silence*. London: Jessica Kingsley Pulishers.

Aldridge, D. (2007). Über den Sinn hinaus - eine transzendentale Sichtweise von Musik in der Therapie. *Musiktherapeutische Umschau. Forschung und Praxis der Musiktherapie, 28*(3), 293-301.

Amir, D. (1996). Experiencing music therapy: Meaningful moments in the music therapy process. In M. Langenberg, K. Aigen & J. Frommer (Eds.), *Qualitative music therapy research: Beginning dialogues* (pp. 109-130). Gilsum: Barcelona Publishers.

Amir, D. (2005). Grounded theory. In B. Wheeler (Ed.), *Music therapy research* (pp. 365-378). Gilsum: Barcelona Publishers.

Association for Anthroposophic Art Therapy in Germany (AAArTiG), Fortbildungen. (2009) Retrieved 23/11, 2009, from http://www.anthroposophische-kunsttherapie.de/pdf/AKT-Fortbildungen.pdf

Bader, H.-J., Leist, M., & Ravagli, L. (2002). *Rassenideale sind der Niedergang der Menschheit - Anthroposophie und der Rassismusvorwurf*. Stuttgart: Verlag Freies Geistesleben.

Badewien, J. (1994). *Die Anthroposophie Rudolf Steiners*. Munich: Evangelischer Presseverband für Bayern.

Badewien, J. (2005). Anthroposophie. Retrieved 05/11, 2010, from http://www.ekd.de/download/EZW_KI_Anthroposophie_5_2005.pdf

Bamford, C. (2002). Introduction. In R. Steiner (Ed.), *What is anthroposophy?* (pp. 1-32). Great Barrington: Anthroposophic Press.

Bauer, S., Intveen, A., Sembdner, M., Bergmann, T., Roeske, C., & Jahn-Langenberg, M. (2010). Prüfungsformen: Modul 7. Musiktherapeutische Klinik. Retrieved 05/02, 2011, from http://www.udk-berlin.de/sites/musiktherapie/content/e235/e240/e20807/infoboxContent33801/Prfungsformen_M7_MTKlinik_ger.pdf

Beckh, H. (1987). *Die Sprache der Tonart in der Musik*. Frankfurt am Main, Germany: Fischer.

Beilharz, G. (2004a). Acht Jahrzehnte Musik in der anthroposophischen Heilpädagogik. Ein Blick auf Entwicklungslinien und Pioniergestalten. In G. Beilharz (Ed.), *Musik in Pädagogik und Therapie* (pp. 79-90). Stuttgart: Verlag Freies Geistesleben.

Beilharz, G. (2004b). Die Leier. In G. Beilharz (Ed.), *Musik in Pädagogik und Therapie* (pp. 179-189). Stuttgart: Verlag Freies Geistesleben.

Beilharz, G. (Ed.). (2004c). *Musik in Pädagogik und Therapie*. Stuttgart: Verlag Freies Geistesleben.

Bento, W. (2004). *Lifting the veil of mental illness. An approach to anthroposophical psychology*. Great Barrington, MA: SteinerBooks.

Bissegger, M. (2001). Anthroposophische Musiktherapie. In H.-H. Decker-Voigt (Ed.), *Schulen der Musiktherapie*. Munich and Basel: Ernst Reinhardt Verlag.

Bissegger, M. (2004). Die rezeptive Musiktherapie in der Anthroposophie. In I. Frohne-Hagemann (Ed.), *Rezeptive Musiktherapie. Theorie und Praxis* (pp. 341-358). Wiesbaden, Germany: Reichert Verlag.

Bjelic, D. I. (1992). The praxiological validity of natural scientific practices as a criterion for identifying their unique social-object character: The case of the 'authentication' of Goethe's morphological theorem. *Qualitative Sociology, 15*(3), 221-245.

Bonde, L. O. (1996). Sound and psyche. Impressions from the 8th World Congress of Music Therapy in Hamburg, July 14-20th 1996. *Nordic Journal of Music Therapy, 5*(2), 122-127.

Bonny, H. (2002). *Music consciousness: The evolution of Guided Imagery and Music*. Gilsum, NH: Barcelona Publishers.

Boydell, B. R. (2007-2011). Crumhorn. Retrieved 28/02/2011, from Oxford University Press

http://www.oxfordmusiconline.com.proxy.lib.ul.ie/subscriber/article_citations/grove/music/06904?q=Crumhorn&search=quick&pos=1&_start=1

Bruscia, K. E. (1987). *Improvisational models of music therapy*. Springfield, IL: Charles C. Thomas Publishers.

Bruscia, K. E. (1998). *Defining music therapy.* (2nd ed.). Gilsum, NH: Barcelona Publishers

Bujalkova, M., Straka, S., & Jureckova, A. (2001). Hippocrates' humoral pathology in nowaday's reflections. *Bratisl Lek Listy (Bratislava Medical Journal), 102*(10), 489-492.

Burns, J. L., Labbé, E., Brooke, A., Capeless, K., Cooksey, B., Steadman, A., & Gonzales, C. (2002). The effects of different types of music on perceived and physiological measures of stress. *Journal of Music Therapy, 39*(2), 101-116.

Cameron, J. (2005). Place, Goethe and phenomenology: A theoretic journey. *Janus Head, 8*(1), 174-198.

Camphill Communities of Ireland. (2009) Retrieved 02/03, 2011, from http://www.camphill.ie

Childs, G. (1995). *Rudolf Steiner: His life and work. An illustrated biography.* Edinburgh: Floris Books.

Choroi.   Retrieved 27/07, 2010, from http://www.choroi.org/index.php?id=1

Clouder, C., & Rawson, M. (2003). *Waldorf education*. Edinburgh: Floris Books.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research* (3rd ed.). Los Angeles: Sage Publications.

Damen, O. (2004). Wesenszüge anthroposophischer Musiktherapie. In G. Beilharz (Ed.), *Musik in Pädagogik und Therapie* (pp. 265-283). Stuttgart: Verlag Freies Geistesleben.

Daveson, B., O'Callaghan, C., & Grocke, D. (2008). Indigenous music therapy theory building through grounded theory research: The developing indigenous theory framework. *The Arts in Psychotherapy, 35*, 280-286.

Dorion School of Music Therapy.   Retrieved 14/10, 2010, from http://www.dorionmusictherapy.org/Dorion_Music_Therapy/Welcome_to_Dorion!.html

Edwards, J. (1999). Considering the paradigmatic frame: Social science research approaches relevant to research in music therapy. *The Arts in Psychotherapy, 26*(2), 73-80.

Edwards, J. (2000). *Developing a platform for research to inform music therapy practice with hospitalised children.* Doctor of Philosophy Doctoral thesis, University of Queensland, Brisbane.

Edwards, J. (2004). Kann die Verwendung des Modells der evidenzbasierten Medizin behilflich sein bei der Einrichtung von Musiktherapie-Stellen im Gesundheitswesen? *Musiktherapeutische Umschau, 3*(25), 221-232.

Edwards, J. (2007). Antecedents of contemporary uses for music in health-care contexts: The 1890s to the 1940s. In J. Edwards (Ed.), *Music: Promoting health and creating community in healthcare contexts.* Newcastle Upon Tyne: Cambridge Scholars Publishers.

Edwards, J., & Kennelly, J. (2004). Music therapy in paediatric rehabilitation. The application of modified grounded theory to identify categories of techniques used by a music therapist. *Nordic Journal of Music Therapy, 13*(2), 112 - 126.

Engel, H.-H. (1999). *Musikalische Anthropologie.* Dornach, Switzerland: Medizinische Sektion der Freien Hochschule für Geisteswissenschaft am Goetheanum.

Fachner, J. (2007). Wanderer between worlds - Anthropological perspectives on healing rituals and music. *Music Therapy Today, VIII*(2), 166 - 195. Retrieved from http://www.musictherapyworld.de/modules/mmmagazine/showarticle.php?articletosh...

Felber, R. (2003a). Elemente der Musiktherapie und ihre Beziehung zum Menschen. In R. Felber, S. Reinhold & A. Stückert (Eds.), *Anthroposophische Kunsttherapie 3: Musiktherapie und Gesangstherapie* (2nd ed., pp. 24-35). Stuttgart: Urachhaus.

Felber, R. (2003b). Voraussetzungen und Grundhaltung des Musiktherapeuten. In R. Felber, S. Reinhold & A. Stückert (Eds.), *Anthroposophische Kunsttherapie 3; Musiktherapie und Gesangstherapie* (pp. 72-73). Stuttgart: Urachhaus.

Felber, R. (2003c). Wo finden wir das Musikalische? In R. Felber, S. Reinhold & A. Stückert (Eds.), *Anthroposophische Kunsttherapie 3: Musiktherapie und Gesangstherapie* (2nd ed., pp. 19-23). Stuttgart: Urachhaus.

Felber, R., Reinhold, S., & Stückert, A. (Eds.). (2003). *Anthroposophische Kunsttherapie 3: Musiktherapie und Gesangstherapie*. Stuttgart: Urachhaus.

Felber, R., & Spalinger, J. (2003). Bewusstes Erleben des Musikalischen - sogenannte "Phänomenstudien". In R. Felber, S. Reinhold & A. Stückert (Eds.), *Anthroposophische Kunsttherapie 3: Musiktherapie und Gesangstherapie* (pp. 73-75). Stuttgart: Urachhaus.

Flick, U. (2002). *Qualitative Sozialforschung. Eine Einführung.* Reinbek bei Hamburg, Germany: Rowohlt.

Florschütz, T. (2007). *Sinn & Sein. Aussagen Rudolf Steiners zum Phänomen des Unbewussten und deren Bedeutung für eine künstlerisch-psychotherapeutische Behandlungsmethodik auf anthroposophischer Grundlage - unter besonderer Berücksichtigung der Musiktherapie - Textuntersuchung, Konzeptentwurf und exemplarische Ausführungen zur psychotherapeutischen und musikpsychotherapeutischen Handhabe der imaginativen Selbstperspektivierung*. Doctoral Thesis. Hochschule für Musik und Theater Hamburg.

Florschütz, T. (2009). Anthroposophische Musiktherapie. In H.-H. Decker-Voigt & E. Weymann (Eds.), *Lexikon Musiktherapie* (2nd revised and expanded ed., pp. 33-41). Göttingen: Hogrefe.

Forinash, M. (2009). On identity. *Voices: A World Forum for Music Therapy*. Retrieved from http://www.voices.no/?q=colforinash290609

Forinash, M., & Grocke, D. (2005). Phenomenological inquiry. In B. Wheeler (Ed.), *Music therapy research* (2nd ed., pp. 321-334). Gilsum: Barcelona Publishers.

Frohne-Hagemann, I., Nöcker-Ribaupierre, M., Esch, A., & Weymann, E. (2009). Berufsordnung und Ethik-Kodex Retrieved 15/10, 2010, from http://www.musiktherapie.de/fileadmin/user_upload/medien/pdf/Ethikkodex_DMTG-04-09.pdf

Gäch, A. (2004). Das anthroposophische Menschenbild. In G. Beilharz (Ed.), *Musik in Pädadgogik und Therapie* (pp. 31-39). Stuttgart: Verlag Freies Geistesleben.

Gevecke, J. (2004). Die Chrotta. In G. Beilharz (Ed.), *Musik in Pädagogik und Therapie* (pp. 190-197). Stuttgart: Verlag Freies Geistesleben.

Ghezeljeh, T. N., & Emami, A. (2009). Grounded theory: Methodology and philosophical perspective. *Nurse Researcher, 17*(1), 15-23.

Gidley, J. M. (2010). Turning tides: Creating dialogue between Rudolf Steiner and 21st century academic discourses. *Research on Steiner Education, 1*(1), 101-107.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine Publishing Co.

Glöckler, M. (1993). Einleitung. In M. Glöckler, J. Schürholz & M. Walker (Eds.), *Anthroposophische Medizin: Ein Weg zum Patienten; Beiträge aus der Praxis anthroposophischer Ärzte, Therapeuten, Pflegender und Pharmazeuten* (pp. 15-28). Stuttgart: Verlag Freies Geistesleben.

Goethe, J. W. v. (1977). *Schriften zur Naturwissenschaft*. Stuttgart, Germany: Philipp Reclam jun.

Graefe, L. (2006). *A comparison of anthroposophical music therapy and Nordoff/Robbins music therapy as a possible enhancement for the current practice of music therapy in Camphill.* Bachelor Thesis.

Gramling, K. (2004). A narrative study of nursing art in critical care. *Journal of Holistic Nursing, 22*, 379-398. Retrieved from http://jhn.sagepub.com/cgi/content/abstract/22/4/379 doi:10.1177/0898010104269794

Güvenc, O., & Güvenc, A. A. (2009). *Heilende Musik aus dem Orient. Vom traditionellen Wissen der Schamanen und Sufis zur praktischen Anwendung altorientalischer Musiktherapie*. Munich: Südwest Verlag, Random House.

Hamre, H. J., Becker-Witt, C., Glockmann, A., Ziegler, R., Willich, S. N., & Kiene, H. (2004). Anthroposophic therapies in chronic disease: The anthroposophic medicine outcomes study (AMOS). *European Journal of Medical Research, 9*, 351-360.

Hamre, H. J., Witt, C. M., Glockmann, A., Ziegler, R., Willich, S. N., & Kiene, H. (2007). Anthroposophic art therapy in chronic disease: A four-year prospective cohort study. *EXPLORE, 3*(4), 365-371. doi: 10.1016/j.explore.2007.04.008

Heiser, J. (2010, 16/05/2010). Kosmisch komisch. Eine Doppelausstellung in Wolfsburg will den Anthroposophen Rudolf Steiner als Inspirator für die Kunst der Gegenwart entdecken, Feuilleton article, *Frankfurter Allgemeine Zeitung,* p. 24.

Herrmann, U. (2000). Developing in splendid isolation? A critical analysis of German art therapy approaches in key papers from 1990 to 1999. *International Journal of Art Therapy, 5*(1), 19-30.

Horvath, A. O. (2000). The therapeutic relationship: From transference to alliance. *Journal of Clinical Psychology/In Session: Psychotherapy in Practice, 56*(2), 163-173.

Husemann, A. (2007). Der Fluorprozess im Menschen und die musikalische Wirklichkeit der Chemie [The fluorine process in man and the musical reality of chemistry]. *Der Merkurstab, 60*(2), 108-115.

Intveen, A. (2007). Musical instruments in anthroposophical music therapy with reference to Rudolf Steiner's model of the threefold human being. *Voices: A World Forum for Music Therapy,* 7 (3). Retrieved from http://www.voices.no/mainissues/mi40007000245.php

Intveen, A. (2010a). *Music as therapy: The role of music in anthroposophical music therapy*. Paper presented at the VIII European Music Therapy Congress; Evidence for Music Therapy Practice, Research & Education, Cadiz/Spain.

Intveen, A. (2010b). "The piano is a wooden box with false teeth" - Perspectives in anthroposophical music therapy as revealed through interviews with two expert practitioners. *The Arts in Psychotherapy, 37*(5), 370-377. doi: 10.1016/j.aip.2010.09.004

Jackson, R. (2006). *Holistic special education: Camphill principles and practice*. Edinburgh: Floris Books.

Jacobs, R. (1995). Indications for anthroposophically-oriented music therapy. *Journal of Anthroposophical Medicine, 12*(3). Retrieved from http://anthromed.org/Article.aspx?artpk=185

Johnson, S. R. (2007). TV and our children's minds. *Lilipoh Magazine*. Retrieved from http://www.anthromed.org/Article.aspx?artpk=704

Jung, C. G. (1979). *Über die Psychologie des Unbewußten* (8th ed.). Frankfurt am Main: Fischer Taschenbuch Verlag.

Jungen, O. (2010, 18/05/2010). Form folgt der Religion, Feuilleton article, *Frankfurter Allgemeine Zeitung,* p. 32.

Karloff, D. J. (2005). Psychotherapie - eine Definition. Das Psychotherapieverständnis im österreichischen Psychotherapiegesetz. In D.J. Karloff,

Psychotherapieforschung in Österreich. Eine deskriptive Studie zur österreichischen Psychotherapieforschung von 1977-2003 (pp. 47-82). Hamburg: Dr. Kovac.

Kasseler Thesen zur Musiktherapie. (2008) Retrieved 15/04, 2010, from http://www.musiktherapie.de/fileadmin/user_upload/medien/pdf/Kasseler_Thesen.pdf

kat/dpa. (2007, 06/09/2007). Trotz rassistischer Passagen; Rudolf Steiners Bücher bleiben zugänglich. *Spiegel online; Schulspiegel*.

Kempf, D. (2008). *Symmetrie und Variation als kompositorische Prinzipien: Interdisziplinäre Aspekte*. Norderstedt: Books on Demand.

Kennedy, M. (2007-2011). Gemshorn. Retrieved 28/02/2011, from Oxford University Press http://www.oxfordmusiconline.com.proxy.lib.ul.ie/subscriber/article_citations/opr/t237/e4189?q=Gemshorn&search=quick&pos=2&_start=1

Kenny, C. (2005). Narrative Inquiry. In B. Wheeler (Ed.), *Music therapy research* (Second ed., pp. 416-428). Gilsum: Barcelona Publishers.

Kenny, C. B. (1982). *The mythic artery. The magic of music therapy.* Atascadero, CA: Ridgeview Publishing Company.

Kern, H. (2007). *Analyse einer phänomenologischen Didaktik am Beispiel der Musik. Goethes Erkenntnisart als Ausgangspunkt didaktischer Überlegungen*. Doctoral thesis. University of Bielefeld, Germany, Faculty of Pedagogics. Bielefeld. Retrieved from http://bieson.ub.uni-bielefeld.de/volltexte/2008/1334/pdf/Analysen_einer_phaenomenologischen_Didaktik__Holger_KERN.pdf

Kim, Y. (2008). The effect of improvisation-assisted desensitization and music assisted progressive muscle relaxation and imagery on reducing pianists' music performance anxiety. *Journal of Music Therapy, 45*(2), 165-191.

Kohler Riessman, C. (1993). *Narrative analysis*. Newbury Park, London and New Delhi: Sage Publications.

Konecki, L. (1997). Time in the recruiting search process by headhunting companies. In A. Strauss & J. Corbin (Eds.), *Grounded theory in practice*. Thousand Oaks, California: Sage.

König, K. (1966). Music therapy in curative education. In C. Pietzner (Ed.), *Aspects of curative education* (pp. 253 - 265). Aberdeen, Scotland: The Aberdeen University Press.

Kühlewind, G. (2005). *Vom Normalen zum Gesunden. Wege zur Befreiung des erkrankten Bewusstseins.* Stuttgart: Verlag Freies Geistesleben.

Kumar, S., Little, P., & Britten, N. (2003). Why do general practitioners prescribe antibiotics for sore throats? Grounded theory interview study. *British Medical Journal, 326*(138). Retrieved from http://www.bmj.com/cgi/reprint/326/7381/138

Kumpf, C. (2004). Die Metall-Klanginstrumente von Manfred Bleffert. In G. Beilharz (Ed.), *Musik in Pädagogik und Therapie* (pp. 227-245). Stuttgart: Verlag Freies Geistesleben.

Ledger, A. (2010). *Am I a founder or am I a fraud? Music therapists' experiences of developing services in healthcare organizations*. Doctoral thesis. University of Limerick. Limerick, Ireland.

Lievegoed, B. C. J. (2005). *Phases of childhood. Growing in body, soul and spirit.* (T. Langham & P. Peters, Trans. Revised ed.). Edinburgh: Floris Books.

Lindenberg, C. A. (2004). Musiktherapie und heilpädagogische Krankheitsbilder. In G. Beilharz (Ed.), *Musik in Pädadogik und Therapie* (pp. 340-353). Stuttgart: Verlag Freies Geistesleben.

Lowndes, F. (2000). *Enlivening the chakra of the heart. The fundamental spiritual exercises of Rudolf Steiner* (2nd ed.). Forest Row, GB: Sophia Books, Rudolf Steiner Press.

Magill, L., Arnason, C., Fachner, J., & Tucek, G. (2010). *Symposium on music therapy and spirituality: Multicultural theories, approaches and research*. Paper presented at the 8th European Music Therapy Congress, Cadiz, Spain.

Mahns, W. (2004). *Symbolbildung in der analytischen Kindermusiktherapie. Eine qualitative Studie über die Bedeutung der musikalischen Improvisation in der Musiktherapie mit Schulkindern*. Münster: Lit Verlag.

Malm, D., & Hallberg, L. (2006). Patients' experiences of daily living with a pacemaker. A grounded theory study. *Journal of Health Psychology, 11*(5), 787-798. doi: 10.1177/1359105306066642

Marom, M. K. (2004). Spiritual moments in music therapy: A qualitative study of the music therapist's experience. In B. Abrams (Ed.), *Qualitative inquiries in music therapy: A monograph series. Volume one: 2004* (Vol. 1, pp. 37-76). Gilsum, NH, USA: Barcelona Publishers.

McKinnon, J. W., van Ree Bernard, N., Remnant, M., & Kenyon de Pascual, B. (2007-2011). Psaltery. Retrieved 28/02/2011, from Oxford University Press http://www.oxfordmusiconline.com.proxy.lib.ul.ie/subscriber/article_citations/grove/music/22494?q=bowed+psaltery&search=quick&pos=14&_start=1

Merleau-Ponty, M. (2002). *Phenomenology of perception*. London: Taylor & Francis.

Mills, J., Bonner, A., & Francis, K. (2006a). Adopting a constructivist approach to grounded theory: Implications for research design. *International Journal of Nursing Practice, 12*, 8-13. doi: 10.1111/j.1440-172X.2006.00543.x

Mills, J., Bonner, A., & Francis, K. (2006b). The development of constructivist grounded theory. *International Journal of Qualitative Methods, 5*(1), 1-10.

Milner, H. R. (2007). Race, narrative inquiry, and self-study in curriculum and teacher education. *Education and Urban Society, 39*, 584-610. Retrieved from http://eus.sagepub.com/cgi/content/abstract/39/4/584 doi:10.1177/0013124507301577

Montagu, J. (2007-2011). Gemshorn. Retrieved 28/2/2011, from Oxford University Press http://www.oxfordmusiconline.com.proxy.lib.ul.ie/subscriber/article/grove/music/10851?q=Gemshorn&search=quick&pos=1&_start=1#firsthit

Moran, D. (2000). *Introduction to phenomenology*. London and New York: Routledge.

Mössler, K. (2010). "I am a psychotherapeutically oriented music therapist": Theory construction and its influence on professional identity formation under the example of the Viennese School of Music Therapy. *Nordic Journal of Music Therapy*. doi: 10.1080/08098131003768115

Müller-Wiedemann, S. (1989). Die Hörraum-Therapie und die Tonstärken-Therapie. In G. Beilharz (Ed.), *Erziehen und Heilen durch Musik* (pp. 310-323). Stuttgart: Verlag Freies Geistesleben.

Musiktherapeutische Arbeitsstätte. (2010) Retrieved 14/10, 2010, from http://www.musiktherapeutische-arbeitsstaette.de/index.php?open=home

Nachrichten aus der Welt der Anthroposophie. (2010) Retrieved 05/11, 2010, from
http://rudolf-steiner.blogspot.com/

Nordoff, P., & Robbins, C. (1986). *Schöpferische Musiktherapie. Individuelle Behandlung für das behinderte Kind*. Stuttgart and Kassel: Gustav Fischer Verlag and Bärenreiter Verlag.

Nordoff, P., & Robbins, C. (2004). *Therapy in music for handicapped children*. Gilsum: Barcelona Publishers.

O'Callaghan, C. (1996). Lyrical themes in songs written by palliative care patients. *Journal of Music Therapy, 33*, 74-92. Retrieved from Wilson Web website: http://vnweb.hwwilsonweb.com.proxy.lib.ul.ie/hww/results/getResults.jhtml?_DARGS=/hww/results/results_common.jhtml.35

O'Callaghan, C. (2001). Bringing music to life: A study of music therapy and palliative care experiences in a cancer hospital. *Journal of Palliative Care, 17*(3), 155-160.

O'Callaghan, C., & Hiscock, R. (2007). Interpretive subgroup analysis extends modified grounded theory research findings in oncologic music therapy. *Journal of Music Therapy, 44*(3), 256-281.

O'Callaghan, C., & McDermott, F. (2004). Music therapy's relevance in a cancer hospital researched through a constructivist lens. *Journal of Music Therapy, XLI*(2), 151-185.

Oberkogler, F. (1976). *Vom Wesen und Werden der Musikinstrumente*. Schaffhausen, Switzerland: Novalis Verlag.

OED. (2010). Oxford English Dictionary. The Definite Record of the English Language. Retrieved 03/02/2011, from Oxford University Press http://www.oed.com.proxy.lib.ul.ie/

Oerter, U. (1991). *Hintergrund, Beschreibung und Vergleich zweier Arten musiktherapeutischer Improvisation.* Diploma thesis, Fachhochschule der Stiftung Rehabilitation Heidelberg, Heildelberg.

Orpheus-Schule für Musiktherapie.   Retrieved 14/10, 2010, from http://www.orpheus-schule.org/orpheus_schule_f.htm

Ostermann, T., & Büssing, A. (2007). Spiritualität und Gesundheit: Konzepte, Operationalisierung, Studienergebnisse. *Musiktherapeutische Umschau. Forschung und Praxis der Musiktherapie, 28*(3), 217-230.

Pedroli, T. (2004). Die Choroiflöte. In G. Beilharz (Ed.), *Musik in Pädagogik und Therapie* (pp. 203-208). Stuttgart: Verlag Freies Geistesleben.

Pfau, T. (2010). "All is leaf": Difference, metamorphosis, and Goethe's phenomenology of knowledge. *Studies in Romanticism, 49*(1), 3-41.

Pfrogner, H. (1978). *Die sieben Lebensprozesse*. Freiburg i.Br., Germany: Verlag Die Kommenden.

Pfrogner, H. (1981). *Lebendige Tonwelt. Zum Phänomen der Musik.* Munich: Langen-Mueller.

Pfrogner, H. (1986). *Tao. Ein Vermächtnis*. Schaffhausen: Novalis Verlag.

Pietzner, C. (1990). *A candle on the hill: Images of Camphill life*. Edinburgh: Floris Books.

Plato. (1994-2000). The Republic (B. Jowett, Trans.). In D. C. Stevenson (Ed.): The Internet Classics Archive.

Pond, D. (2003). *Östliche Weisheit für westliche Menschen* (J. Eggert, Trans. 1 ed.). Munich: Lotos Verlag, Ullstein, Heyne, List.

Priestley, M. (1994). *Essays on analytical music therapy*. Phoenixville: Barcelona Publishers.

Pütz, H. (2008). Leitlinie zu Behandlung mit anthroposophischer Kunsttherapie (BVAKT) Retrieved 25/02/2010, from http://www.anthroposophische-kunsttherapie.de/pdf/2008_LL_BVAKT.pdf

Rahkonen, C. (2007-2011). Kantele. Retrieved 28/02/2011, from Oxford University Press http://www.oxfordmusiconline.com.proxy.lib.ul.ie/subscriber/article_citations/grove/music/14682?q=kantele&search=quick&pos=1&_start=1

Ravagli, L. (Ed.). (1993-2005). *Jahrbuch für anthroposophische Kritik*. Neukirchen, Germany: Novalis Verlag, Edition Trithemius.

Reinhold, S. (1993). Musiktherapie in der Intensivmedizin. In M. Glöckler, J. Schürholz & M. Walker (Eds.), *Anthroposophische Medizin: Ein Weg zum Patienten; Beiträge aus der Praxis anthroposophischer Ärzte, Therapeuten, Pflegender und Pharmazeuten* (pp. 93-100). Stuttgart: Verlag Freies Geistesleben.

Reinhold, S. (1996). *Anthroposophische Musiktherapie. Eine Hinführung* (1st ed.). Bad Liebenzell: Verein für Anthroposophisches Heilwesen e.V.

Reinhold, S. (2003). Die Instrumente in der Musiktherapie. In R. Felber, S. Reinhold & A. Stückert (Eds.), *Anthroposophische Kunsttherapie 3: Musiktherapie und Gesangstherapie* (2nd ed., pp. 45-57). Stuttgart: Urachhaus.

Reinhold, S. (2006). Therapie der Depression - Musiktherapie. *Der Merkurstab, 59*(5), 420-422.

Rentea, R. (2004-2009). Sensory overload. *Lilipoh Magazine*. Retrieved from AnthroMedLibrary website: http://www.anthromed.org/Article.aspx?artpk=354

Renz, M. (2007). Erfahrungen an der Grenze des Erfahrbaren - Spiritualität und das Medium Musik. *Musiktherapeutische Umschau. Forschung und Praxis der Musiktherapie, 28*(3), 205-216.

Rieger, G. (2006). Musiktherapie und Gemeinwesenarbeit. *Musiktherapeutische Umschau, 27*(3), 235-244.

Robbins, C. (1998). It's so universal! *Nordic Journal of Music Therapy, 7*(1), 70-75.

Robbins, C. (2005). *A journey into creative music therapy*. Gilsum: Barcelona Publishers.

Röschert, G. (1997). *Anthroposophie als Aufklärung: Dem Geiste Gotthold Ephraim Lessing*. Neukirchen, Germany: Novalis Verlag.

Ruland, H. (1990). *Musik als erlebte Menschenkunde*. Stuttgart and Kassel: Gustav Fischer Verlag and Bärenreiter Verlag.

Ruland, H. (1992). *Expanding tonal awareness. A musical exploration of the evolution of consciousness guided by the monochord*. London: Rudolf Steiner Press.

Ruland, H. (2004). Rhythmus und Tonos. In G. Beilharz (Ed.), *Musik in Pädagogik und Therapie* (pp. 119-130). Stuttgart: Verlag Freies Geistesleben.

Ruud, E. (1998). *Music therapy: Improvisation, communication and culture*. Gilsum, NH: Barcelona Publishers.

Salber, W. (2009). *Morphologie des seelischen Geschehens* (3rd ed.). Cologne, Germany: Bouvier.

Scheuerle, H. J. (2004). Musikalisches Hören und Erleben. In G. Beilharz (Ed.), *Musik in Pädagogik und Therapie* (pp. 40-49). Stuttgart: Verlag Freies Geistesleben.

Schilperoord, P. (2008). Anschauende Urteilskraft. *Elemente der Naturwissenschaft,* (89), 42-59. Retrieved from http://www.berggetreide.ch/Archiv/Elemente_89_Schilperoord.pdf

Schlesinger, K. (1923). The return of the planetary modes. *Anthroposophy II*. Retrieved from www.nakedlight.co.uk website: http://www.nakedlight.co.uk/pdf/articles/a-005.pdf

Schneider, J. W. (2002). *Der Doppelgänger. Die Schattenseite unserer selbst.* Dornach: Verlag am Goetheanum.

Schürholz, J. (1993a). Chronische Krankheiten - Krebs und Rheuma. In M. Glöckler, J. Schürholz & M. Walker (Eds.), *Anthroposophische Medizin: Ein Weg zum Patienten; Beiträge aus der Praxis anthroposophischer Ärzte, Therapeuten, Pflegender und Pharmazeuten* (pp. 121-129). Stuttgart: Verlag Freies Geistesleben.

Schürholz, J. (1993b). Heilmittelfindung und Heilmittelherstellung. In M. Glöckler, J. Schürholz & M. Walker (Eds.), *Anthroposophische Medizin: Ein Weg zum Patienten; Beiträge aus der Praxis anthroposophischer Ärzte, Therapeuten, Pflegender und Pharmazeuten* (pp. 197-205). Stuttgart: Verlag Freies Geistesleben.

Seamon, D. (1998a). Goethe, nature and phenomenology. *Goethe's way of science: A phenomenology of nature*. Retrieved from http://www.arch.ksu.edu/seamon/book%20chapters/goethe_intro.htm

Seamon, D. (1998b). Goethe, nature and phenomenology. In D. Seamon & A. Zajonc (Eds.), *Goethe's way of science: A phenomenology of nature*. Albany, NY: State University of New York Press.

Seamon, D. (2005). Goethe's way of science as a phenomenology of nature. *Janus Head, 8*(1), 86-101.

Simms, E.-M. (2010). *Research that blows the mind: Phenomenological research methods in Husserl and Goethe*. Paper presented at the Human Science Research Conference, Seattle, WA, USA.

Small, C. (1995). Musicking: A ritual in social space. *Musicians United for Superior Education*. Retrieved from Musicians United for Superior Education website: http://www.musekids.org/musicking.html

Somerville, C., Featherstone, K., Hemingway, H., Timmis, A., & Feder, G. S. (2008). Performing stable angina pectoris: An ethnographic study. *Social Science & Medicine, 66*(7), 1497-1508.

Steiner, R. (1910). *Anthroposophie - ein Fragment*. Dornach, Switzerland: Rudolf Steiner Verlag.

Steiner, R. (1946). *Psychoanalysis in the light of anthroposophy: Five lectures*. New York: Anthroposophic Press.

Steiner, R. (1959). *Cosmic memory. Prehistory of earth and man* (K. E. Zimmer, Trans.). West Nyack, New York: Rudolf Steiner Publications.

Steiner, R. (1960). *Reincarnation and karma. Two fundamental truths of human existence. Five lectures by Rudolf Steiner*. Hudson, NY: Anthroposophic Press.

Steiner, R. (1964). *The philosophy of freedom. The basis for a modern world conception.* (7th English ed.). London: Rudolf Steiner Press.

Steiner, R. (1970). The human being's experience of tone. In R. Steiner (Ed.), *Art In the light of mystery wisdom*. London: Rudolf Steiner Press.

Steiner, R. (1980). *Das Tonerlebnis im Menschen*. Dornach, Switzerland: Rudolf Steiner Verlag.

Steiner, R. (1990). *The riddle of humanity. The spiritual background of human history. Fifteen lectures by Rudolf Steiner*. Dornach: Rudolf Steiner Press.

Steiner, R. (1997a). *Course for young doctors. Meditative contemplations and instructions for deepening the art of healing. Lectures for physicians and medical students*. Spring Valley, NY: Mercury Press.

Steiner, R. (1997b). *Karmic relationships. Esoteric studies.* (Reprint ed. Vol. IV). Forest Row, U.K.: Rudolf Steiner Press.

Steiner, R. (1998). *Education for special needs. The curative education course. Twelve lectures by Rudolf Steiner*. Forest Row, Great Britain: Rudolf Steiner Press.

Steiner, R. (2000). *Guarding angels. Connecting with our spiritual guides and helpers.* Forest Row, East Sussex: Rudolf Steiner Press.

Steiner, R. (2002). *What is anthroposophy? Three perspectives on self-knowledge.* (C. Bamford & M. Spiegler, Trans.). Great Barrington, MA, USA: Anthroposophic Press.

Steiner, R. (2004). *Study of man. Fourteen lectures by Rudolf Steiner.* Forest Row: Rudolf Steiner Press.

Steiner, R. (2005). *Occult science. An outline* (G. Adams & M. Adams, Trans. 29 ed.). Forest Row: Rudolf Steiner Press.

Steiner, R. (2006). The fifth Gospel.   Retrieved from
http://wn.rsarchive.org/Lectures/FifthGosFTS/19131001p01.html

Steiner, R., & Thornton Smith, R. (2003). *Agriculture: An introductory reader*. Forest
Row: Rudolf Steiner Press.

Steiner, R., & Wegmann, I. (1996). *Extending practical medicine. Fundamental
principles based on the science of the spirit.* London: Rudolf Steiner Press.

Stige, B. (1998). Aesthetic practices in music therapy. *Nordic Journal of Music
Therapy, 7*(2), 121-134.

Stige, B. (2005). Ethnography and ethnographically informed research. In B. Wheeler
(Ed.), *Music therapy research* (Second ed., pp. 392-403). Gilsum: Barcelona
Publishers.

Strauss, A., & Corbin, J. (Eds.). (1997). *Grounded theory in practice*. Thousand Oaks,
London, New Delhi: Sage Publications.

Summer, L. (1996). *Music: The New Age elixir*. Amherst, New York: Prometheus
Books.

Sundar, S. (2005). The ancient healing roots of Indian music. *Voices: A World Forum
for Music Therapy*. Retrieved from
http://www.voices.no/?q=country/monthindia_march2005a

Sundar, S. (2007). Traditional healing systems and modern music therapy in India.
Music Therapy Today, VIII(3), 397-407.

Sutter, R., & Wormit, A. F. (2007). Spiritualität - persönliche und berufliche Relevanz
für Musiktherapeuten. *Musiktherapeutische Umschau. Forschung und Praxis
der Musiktherapie, 28*(3), 231-237.

The, A.-M., Hak, T., Koeter, G., & van der Waal, G. (2000). Collusion in doctor-patient
communication about imminent death: an ethnographic study. [medical]. *British
Medical Journal, 321*, 1376-1381.

Timmermann, T. (2004). Rezeptive Musiktherapie. Theorie und Praxis. In I. Frohne-
Hagemann (Ed.), *Rezeptive Musiktherapie* (pp. 381 - 398). Wiesbaden: Ludwig
Reichert Verlag.

Tobiassen, M. (2004a). Das freie Tongespräch. Musikpädagogik im Jugendalter. In G.
Beilharz (Ed.), *Musik in Pädagogik und Therapie* (pp. 463-474). Stuttgart:
Verlag Freies Geistesleben.

Tobiassen, M. (2004b). Die Choroi-Bordunleier. In G. Beilharz (Ed.), *Musik in Pädagogik und Therapie* (pp. 215-226). Stuttgart: Verlag Freies Geistesleben.

Treichler, M. (1993a). Die anthroposophischen Kunsttherapien. In M. Glöckler, J. Schürholz & M. Walker (Eds.), *Anthroposophische Medizin: Ein Weg zum Patienten; Beiträge aus der Praxis anthroposophischer Ärzte, Therapeuten, Pflegender und Pharmazeuten* (pp. 83-92). Stuttgart: Verlag Freies Geistesleben.

Treichler, M. (1993b). Psychosomatische Medizin. In M. Glöckler, J. Schürholz & M. Walker (Eds.), *Anthroposophische Medizin: Ein Weg zum Patienten; Beiträge aus der Praxis anthroposophischer Ärzte, Therapeuten, Pflegender und Pharmazeuten* (pp. 107-116). Stuttgart: Verlag Freies Geistesleben.

Treichler, M. (2004-2009). Art therapies - the current situation in Germany. *Journal of Anthroposophical Medicine, 12*(4). Retrieved from http://www.anthromed.org/Article.aspx?artpk=189

Treichler, M. (Ed.). (1996). *Den Sinn des Todes fassen. Mut zur Begleitung Sterbender*. Stuttgart: Verlag Urachhaus.

Trondalen, G. (2010). The flute and I: The Bonny Method of Guided Imagery and Music (GIM) with a young man. *Voices: A World Forum for Music Therapy, 10*(3). Retrieved from https://normt.uib.no/index.php/voices/article/view/356/430

Tucek, G. (2004). Rezeptive altorientalische Musiktherapie. In I. Frohne-Hagemann (Ed.), *Rezeptive Musiktherapie. Theorie und Praxis* (pp. 359-379). Wiesbaden: Reichert Verlag.

Tucek, G. (2006). Traditional oriental music therapy - a regulatory and relational approach. *Music Therapy Today, VII*(3), 623-647.

Tüpker, R. (1996). *Ich singe, was ich nicht sagen kann: Zu einer morphologischen Grundlegung der Musiktherapie* (2nd ed.). Münster, Germany: Lit.

Turry, A. (1998). Transference and countertransference in Nordoff-Robbins music therapy. In K. E. Bruscia (Ed.), *The dynamics of music psychotherapy* (pp. 161-212). Gilsum, NH: Barcelona Publishers.

Turry, A. (2009). Integrating musical and psychological thinking: The relationship between music and words in clinically improvised songs. *Music and Medicine, 1*(2), 106-116.

van der Bie, G. Anatomy. Morphological anatomy from a phenomenological point of view. *Bolk's companions for the study of medicine* Retrieved 21/12, 2010, from http://www.louisbolk.org/downloads/1294.pdf

Vandevelde, P., & Hermberg, K. (Eds.). (2011). *Variations of truth: Approaches in contemporary phenomenology*. London and New York: Continuum Publishing Corporaion.

von Kries, G. (2004). Streichpsalter. In G. Beilharz (Ed.), *Musik in Pädagogik und Therapie* (pp. 198-202). Stuttgart: Verlag Freies Geistesleben.

von Lange, A. (1968). *Mensch, Musik und Kosmos. Anregungen zu einer goetheanistischen Tonlehre*. Freiburg: Verlag die Kommenden.

Walton, J., & Sullivan, N. (2004). Men of prayer: Spirituality of men with prostate cancer: A grounded theory study. *Journal of Holistic Nursing,* (22), 133-151. Retrieved from http://jhn.sagepub.com/cgi/content/abstract/22/2/133 doi:10.1177/0898010104264778

Watzlawick, P., Beavin, J., & Jackson, D. (1967). *Pragmatics of human communication. A study of interactional patterns, pathologies and paradoxies*. New York: W.W. Norton.

Werbeck-Svärdström, V. (1980). *Uncovering the voice. The cleansing power of song*. Forest Row: Rudolf Steiner Press.

Weymann, E. (1996). Morphologische Musiktherapie. In H.-H. Decker-Voigt, P. Knill & E. Weymann (Eds.), *Lexikon Musiktherapie* (pp. 220-223). Göttingen, Germany: Hogrefe.

Weymann, E. (2001). Warte auf nichts. Zur Ausbildung in Improvisation als Verfahren der Musiktherapie. In H.-H. Decker-Voigt (Ed.), *Schulen der Musiktherapie* (pp. 78-101). München: Ernst Reinhardt Verlag.

Wigram, T., Nygaard Pedersen, I., & Bonde, L. O. (2002). *A comprehensive guide to music therapy. Theory, clinical practice, research and training*. London and Philadelphia: Jessica Kingsley Publishers.

Williamson, K. (2006). Research in constructivist fameworks using ethnographic techniques. *Library Trends, 55*(1), 83-101.

Willig, S. (2005). The Dorion school of music therapy - a personal journey. *Lilipoh, 10*(41), 26-27.

Wünsch, W. (2004a). Rhythmus, Takt, Tempo. In G. Beilharz (Ed.), *Musik in Pädagogik und Therapie* (pp. 159-168). Stuttgart: Verlag Freies Geistesleben.

Wünsch, W. (2004b). Über die Intervalle. In G. Beilharz (Ed.), *Musik in Pädagogik und Therapie* (pp. 145-158). Stuttgart: Verlag Freies Geistesleben.

Zahourek, R. P. (2005). Intentionality: Evolutionary development in healing: A grounded theory study for holistic nursing. *Journal of Holistic Nursing, 23*, 89-109. Retrieved from http://jhn.sagepub.com/cgi/content/abstract/23/1/89 doi:10.1177/0898010104272026

Zipp, F. (1985). *Vom Urklang zur Weltharmonie. Werden und Wirken der Idee der Sphärenmusik*. Kassel, Germany: Merseburger.